PROPOSAL TO ESTABLISH A PROGRAM IN GRADUATE STUDIES IN HEALTHCARE ADMINISTRATION AND INTERPROFESSIONAL LEADERSHIP FOR THE MS DEGREE AT THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Online /On-Campus MS Degree Program Proposal

Date of Preparation

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SECTION 1: INTRODUCTION

The UCSF School of Nursing (SON) is proposing a new Master of Science (MS) degree in Healthcare Administration and Interprofessional Leadership to meet the demands of the changing health care environment, increase the number of trained healthcare leaders in interprofessional teamwork, and generate a source of revenue for the School of Nursing. This program is unique among University of California graduate programs. Its vision is to prepare a cadre of interprofessional leaders to effect essential change in the healthcare system.

This graduate degree program is designed to accommodate the schedules and learning needs of working professionals through a blended online/on-campus program design. This curricular format will allow students, from across the country and around the world, to have access to the high quality education for which UCSF is known. In addition to reaching larger numbers of qualified students, the program’s flexible design will meet many of the needs of a diverse workforce. The blended on-campus/online model for advanced study can be accomplished in four quarters while students continue to live and work in their home environment.

The Healthcare Administration and Interprofessional Leadership (MHA-IL) program is a response to local, national and international calls for graduate healthcare education to move beyond discipline-based silos. The course selection, program design and mode of delivery ensure academic integrity while promoting access to a novel and innovative program. The program is developed in collaboration with the UCSF Center for the Health Professions (CHP) and aligns with the UCSF Chancellor’s support for online and interprofessional health education. The new program also complements the work of the Center for Innovation in Interprofessional Education and the Clinical and the Translational Science Institute (CTSI), all located at UCSF, easing access, support and cooperation among programs.

The MHA-IL program conforms to the MS Plan II of the UCSF Graduate Council Regulations and Rules which requires 36 academic units and a comprehensive exam. The target date for admission of the first cohort of 32 students is Fall Quarter, 2013. A new cohort of 32 students will be admitted in each successive quarter.

1.1 Aims and Objectives

The UCSF SON is consistently ranked as one of the nation’s highest regarded academic institutions for the professions of nursing and medical sociology. It is recognized for the caliber of faculty and students and the excellence of its research, teaching, and service programs. The SON has prepared nurse leaders for management roles for many decades. In today’s complex environment however, organizations are looking towards interprofessional leadership paradigms to manage and meet goals for high quality care, patient safety and satisfaction, and workforce engagement. The proposed MHA-IL program continues and extends the SON’s trajectory of preparing leaders by expanding and replacing the existing MS program with a focus in Nursing and Health Systems Leadership.

The MHA-IL program contrasts with the current MS program in six major ways: 1) the length of the program is reduced from two years to 12-months; 2) students are able enroll at the start of
each quarter rather than once a year; 3) a blended model of online and on-campus academic courses is used; 4) academic activities and professional experiences are grounded in interprofessional science; 5) admission to the program is expanded to include post-baccalaureate prepared nurses and non-nurses in the health care sciences (e.g., social work, pharmacy, dentistry, gerontology, occupational and physical therapy), and 6) the program is self-supporting.

The MHA-IL program aims to increase the number of well-prepared leaders across the country and internationally. The demand for graduate education is steadily rising. In nursing alone, over 14,000 applicants were turned away from graduate programs in 2011. Healthcare providers prepared in many of the allied health professions also desire accessible graduate education. According to the Commission on Accreditation Healthcare Management Education, a master's degree is becoming the standard credential for most medical or healthcare manager positions. The proposed program aims to provide maximum accessibility to high quality UCSF education for a large number of students through distance-learning modalities. When fully implemented in year two, the program will enroll 128 new students annually.

Proposed changes to the current MS program and rationale for instituting a new MHA-IL degree program are discussed below.

1) The length of the program is reduced from two years (6 quarters) to 12-months (4 quarters)

Rationale: The new program curriculum is constructed to meet the rigorous standards of a UC education using a delivery format compatible with the needs of working professional, adult learners. Course content is revised to decrease redundancy and strengthen essential knowledge and skill components. The reduced program length is attractive to working students who are eager to advance in their careers and wish to minimize disruption in family obligations.

2) Students are able to enroll at the start of each quarter rather than once a year

Rationale: The program responds to the needs of adult learners by increasing the number of entry points from once a year to four times in the academic year. Quarterly entry points are compatible with the Campus and SON admission procedures. These quarterly entry points along with a flexible curricular design allow students to enroll in the program at their convenience, or take a needed leave of absence without incurring untoward delays in completing the program.

3) A blended model of online and on-campus academic courses is used

Rationale: The blended online/on-campus model meets the needs of the non-traditional, adult student population. The online component is convenient for full-time employees, international students and those living outside the Bay Area. The on-campus component provides three face-to-face sessions when students engage with UCSF faculty and their colleagues, build the UCSF community, and develop a strong network of healthcare leaders. The administrative practicum, arranged at the student’s work site, allows the student to contribute to their place of employment and their local community. Employer support for the student’s educational activities is also enhanced by enabling students to remain in the workforce and participate in projects that benefit the organization.
4) Academic activities and professional experiences are grounded in interprofessional science

Rationale: The World Health Organization (WHO), the Institute of Medicine (IOM) and national study groups have challenged educational institutions to embrace interprofessional pedagogic approaches to strengthen health systems and improve healthcare outcomes. Interprofessional science, teamwork and collaborative management and leadership practices serve as foundational tenets of this program. Interprofessional leadership, a unique focus of the program’s curriculum distinguishes this MS degree from other graduate programs offered in health administration.

5) Admission to the program is expanded to include post-baccalaureate prepared nurses and non-nurses in the health care sciences

Rationale: Enlarging the applicant pool to include professionals from varied disciplines mirrors the realities of healthcare in which managers, staff, and clinicians from multiple backgrounds interact with each other and healthcare consumers. All too frequently, decision-making and communication suffer from inter-discipline misunderstandings. The program affords students of differing health science backgrounds the opportunity to learn together and create a network of interprofessional colleagues. Graduates will transfer teamwork skills into their workplace, paving the way for collaborative practice.

6) The proposed program is self-supporting

Rationale: Revenue from student fees is the source of funding for all program costs including faculty and staff salaries and operational expenses. Fiscal projections, further discussed in SECTION 6, indicate that by year two of program operation, revenues will cover expenditures. In year three and forward, revenue generated will fund program reserves, provide funding for additional faculty, staff and operating needs, contribute to the CHS department and SON budget, and provide scholarship funds for students in the program. The SON is particularly invested in supporting students from underrepresented groups. We also anticipate using revenue generated from the program to attract matching funds from foundations and individuals to assist with developing a consistent source of funding for students.

1.1.1 General Overview of the Program

The MHA-IL program is a response to local, national and international calls for graduate health care education to move beyond discipline-based silos. The plan of study is grounded in evidence-based management and leadership tenets and designed to address knowledge and skill acquisition through integrating multi-layered competencies within an interprofessional framework. Program graduates will be prepared to influence changes in health care organizations that are cost-effective, address quality and safety issues and improve access to care for diverse and complex patient populations.

The program of study is comprised of four curricular tracks: 1) leadership and change; 2) health systems research, data management and evaluation; 3) interprofessional teamwork, and 4) health systems management. Each track includes substantive content in critique and application of science based theories related to organizational complexity, leadership, innovation, healthcare policy and economics, business practices, and managing and developing human capital. Coursework, educational activities and professional experiences are presented in three major
forms including synchronous and asynchronous interactive web-based courses; in-person lectures, discussions and small group exercises; and a mentored administrative practicum at the student’s employment site.

Sixteen online courses are offered in 8 week modules. A “carousel” delivery format provides maximum flexibility for matriculation. Three on-campus classes totaling seven days occur at the end of the first, third, and fourth quarters of the program. The goal of on-campus courses is to integrate the learning objectives of online coursework. These courses also provide face to face opportunities for students to meet their online colleagues, work directly with UCSF faculty and guest speakers, and engage in essential interprofessional learning activities. Competencies acquired through online and on-campus coursework closely link theory to practice in 120 hours of administrative practicum. Practicums provide practical application of theory and idealized interventions for change in the student’s real-world work environment. Collectively, online, on-campus, and practicum courses prepare graduates with a nuanced understanding of the healthcare context, interprofessional competencies in management and leadership, and the knowledge and skills to institute change in practice.

The MHA-IL program meets criteria of the Policy on Self-Supporting Graduate Degree Programs and the Implementation of Guidelines for the Policy on Self-Supporting Graduate Degree Programs (2010) from the UC Office of the President. Admission standards and academic quality are equivalent to current on-campus programs. A cohort of 32 students will be admitted each quarter (four cohorts per year).

Students can complete the program in one calendar year and achieve a MS degree granted by the Graduate Division. The program format allows non-traditional, working adults access to graduate education. We anticipate larger numbers of diverse applicants and a requisite increase in graduates from underrepresented groups because of the length and blended design of the program. As previously stated and further discussed in SECTION 6, the fiscal viability of the program as a self-supporting model is positive.

Plans to select an education vendor to support the online learning system for the program are in process. UCSF administration, the SON Dean, and the Program Director are exploring a relationship with two major online vendors to provide package of services to the program. Services under consideration include start-up funding for the planning year FY2012-13, program website development, training in online course development for faculty and staff, technical support for students, faculty, and teaching assistants/instructors, and full responsibility for marketing and recruitment. We anticipate that a vendor, experienced in providing graduate level online services to top tier universities, will be selected by July 2012. The cooperative effort between the program and the vendor distinguishes clearly between technical (vendor) and academic (program) aspects and responsibilities. The SON and the MHA-IL program hold sole responsibility for admission decisions and academic content.

1.2 Historical Development of the Field and Institutional Strengths

Beginning in the mid-to-late 1990’s, health policy direction shifted towards operational and financial structures that promote comprehensive systemic change in the way care and services
are delivered. Multiple factors contributed to this change in policy, including the increasing proportion of the population in older age groups, the growing incidence of chronic illness, and the consumer education movement. Cost containment and the growth of managed care programs began to shape the healthcare industry and accelerate the need for new models of leadership to address the complex problems and fast-paced changes in healthcare organizations.

National and international organizations including the IOM, the WHO, the Inter-professional Education Collaborative (IEC) and the Health Resources and Services Administration (HRSA) recognize the urgency for flexible and distinctive leadership education to transform healthcare systems. Foremost among the priorities is the need for professionals to collaborate on the design and implementation of effective operational and financial structures at local and regional levels.

As far back as 1972, the IOM has been interested in team-based solutions to answer questions of national importance to health care. Findings from Crossing the Quality Chasm: A New Health System for the 21st Century (2001) shed light on the need for provider teams to work together to make care safer, more effective and equitable. Strong recommendations for new training models were put forth. Almost a decade later, The Future of Nursing: Leading Change, Advancing Health (2010) reports growing evidence of the continuing need for greater interprofessional approaches and accountability to enact needed reform – in practice, management and leadership.

The WHO Study Group’s Framework for Action on Interprofessional Education & Collaborative Practice (2010) states that effective interprofessional education and collaborative practice strengthens systems and improves health outcomes. The Study Group recommends moving toward interprofessional education to ensure that students develop the knowledge required to anticipate trends and lead changes to optimal health services.

The Patient Protection and Affordable Care Act (2010) has particular implications for an increase in demand for well-prepared and experienced healthcare managers and administrators. Provisions expand access to health care coverage, establish structures to improve the quality of health system performance, and authorize funds to operationalize a national strategy for prevention, wellness and public health activities. Of significance to the MHA-IL program are the provisions for workforce training and development. The emphasis on programs and models to increase access, prevention and primary treatment will necessitate a workforce of well-prepared healthcare leaders to enact the vision of extending healthcare to all.

In 2011, HRSA and the IEC, representing six national associations of health professions schools, issued the Team-Based Competencies: Building a Shared Foundation for Education and Clinical Practice report urging academic institutions to design interprofessional programs that strengthen health systems and improve health outcomes.

It is within this context that the MS degree in Healthcare Administration and Interprofessional Leadership is proposed.

1.3 Institutional and School of Nursing Strengths

UCSF is well positioned to support the proposed program. The UCSF campus is one of the nation’s major centers of patient care, education and research. As a graduate health-science
campus, teaching efforts center on graduate and post-credentialed professional education. The campus is home to the schools of Dentistry, Medicine, Nursing and Pharmacy. UCSF is cited in interprofessional literature for establishing a common academic calendar across all schools to ease access to shared learning experiences for all students.

One of the four professional schools, the SON attracts students from around the world. Graduate specialties consistently rank among the best in US News & World Report assessments of professional graduate programs. In the past decade, the SON has remained in the first two spots in NIH research funding awarded to schools of nursing. Faculty members practice and teach in numerous public schools, community health centers and hospitals in the Bay Area. In addition to strong nursing programs, the doctoral program in Medical Sociology offers one of the most in-depth curricula broadly conceived in the United States.

UCSF is home to the world renowned UCSF Medical Center and Benioff Children's Hospital. The campus also has close relationships with other major health care systems located within the San Francisco Bay Area. This rich health care environment attracts outstanding students and faculty and provides many opportunities for training and employment for our MS level students and graduates.

Thus, UCSF provides a rich environment for education, research and patient care with multiple programs, institutes, centers and research units from which to draw faculty and other academic resources to support the MHA-IL program.

1.4 Relationship of the Proposed Program to Existing Programs at UCSF

UCSF is the ideal location to initiate a new degree program in interprofessional leadership. Three campus centers are nationally recognized for work in leadership programs, translational science and interprofessional studies: the Center for the Health Professions, the Center for Innovation in Interprofessional Healthcare Education and the Clinical and Translational Science Institute. The School of Medicine also hosts the Pathways to Discovery Program which provides learning opportunities for students interested in clinical leadership. Directors of each center or institute have participated in this proposal development, provided letters of support for establishment of the new degree program at UCSF (Appendix G), and agreed to serve as faculty and continue as advisors for the program. The following sections discuss existing programs most closely aligned with the proposed MHA-IL program.

1.4.1 School of Nursing, Department of Community Health Systems

The MHA-IL program will extend and replace the current MS in Nursing and Health Systems Leadership in the Department of Community Health Systems (CHS), SON. The six changes discussed previously in Section 1.1 permit the SON to extend its educational reach not only to a national and international audience, but foster novel ways to collaborate with other campus Centers, Institutes and Schools for graduate education. The new program has the unqualified support of both the CHS department chair and the SON Dean, Dr. David Vlahov. Their endorsement and commitment to the program is captured in letters of support in Appendix G.
1.4.2 Center for the Health Professions

CHP is an active partner of the SON. The Center’s mission is to transform healthcare though workforce research and leadership development. CHP offers several nationally known leadership certificate programs. Some are discipline-specific or are developed expressly for professionals in particular practice settings. Others, like the highly subscribed Change Agent Program (CAP) and the California Healthcare Foundation Leadership program, train practitioners across disciplines in the principles of leadership and change. Dr. Ed O’Neil, the CHP Director and Dr. Mary Louise Fleming, the proposed MHA-IL Program Director are faculty for the CAP program and co-teach two courses in the current nursing leadership program in the SON. A number of graduates of CHP programs have requested that a degree option be developed in addition to certificate-level training. The proposed program addresses this appeal by developing a path toward graduate education that is available to professionals across multiple disciplines.

1.4.3 Clinical and Translational Science Institute

CTSI is a campus-wide institute that supports clinical and translational research. Dr. Clay Johnston, CTSI Director and UCSF Associate Vice Chancellor of Research is a member of the MHA-IL Program Advisory Group. His letter of support indicates that he believes, “The design of the MHA-IL program is innovative and academically sound… and (that) there is a natural connection between the MHA-IL program and CTSI.” He and other CSTI faculty like Dr. Ralph Gonzales will provide guidance based on their experience implementing multi-disciplinary programs. The Implementation Science program, for example, provides consultation for interdisciplinary collaboration and a master’s program in translational medicine. In a focused discussion with Dr. Gonzales, he emphasized the need to move beyond certificate preparation and toward an evidence-based, interprofessional curriculum of study in team science. CTSI’s primary mission is to translate research into practice and Dr. Gonzales identified that the proposed MHA-IL program will fill an existing gap by preparing students to test theories of interprofessional leadership in the realities of the healthcare context.

1.4.4 Center for Innovation in Interprofessional Healthcare Education

Dr. Scott Reeves, the Founding Director of the Center for Innovation in Interprofessional Healthcare, a new initiative of the UCSF campus, is a member of the MHA-IL Coordinating Council. The Center’s key focus includes faculty development, continuing education and interprofessional scholarship. As one of the Center’s major activities is leadership development through curricula design and implementation, Dr. Reeves intends to play a central role in the program’s ongoing development and evaluation. In fact, Dr. Reeves’ recent book, Interprofessional Teamwork for Health and Social Care (2010) is text for the interprofessional teamwork track in the proposed program curriculum.

1.4.5 Pathways to Discovery Program

The Pathways to Discovery Program is a multi-disciplinary program of the School of Medicine (SOM) in which students can pursue a special area of interest. Dr. Catherine Lucey, SOM Vice Dean for Education and a member of the MHA-IL Advisory Group, confirmed her enthusiastic
support for the new MS degree program in her letter of support. She notes that many medical students in the Pathways program have an interest in clinical leadership. She believes that the MHA-IL program will provide an additional educational opportunity for these and other UCSF students wishing to pursue careers in health care management and leadership.

1.5 Relationship of the Proposed Program with Other UC Institutions

This MHA-IL is the only MS online/on-campus program within the UC system specifically aimed to educate post-baccalaureate prepared health care professionals across disciplines. Of the programs and areas of study at other UC institutions, graduate programs in nursing, business administration and public health relate most closely to academic activities proposed in this new degree program.

While several UC campuses offer discipline-specific graduate degrees for professional education and training, the MHA-IL program differs from these programs by offering admission to health science professionals from all disciplines, providing a blended educational format to meet the needs and learning styles of today’s working professionals, and creating a curriculum grounded in interprofessional science and learning activities.

Nursing: Graduate nursing programs are available at four UC campuses, Irvine, UCSF, UCLA and Davis. The latter three offer a specialty in nursing leadership. Each program uses an on-campus teaching platform and restricts enrollment to applicants with a nursing degree. Generally, all nursing programs focus on inter-disciplinary collaboration and communication, however, the proposed MHA-IL program will prepare nurse and non-nurse members of the healthcare team together in a shared curricular program of study rather than in discipline-specific content. The MHA-IL program subscribes to the belief that interprofessional competencies are best developed in real-life educational environments where shared decision-making and collegial relationships develop.

- UCLA offers a two-year, traditional MSN degree in Nursing Administration, a two-year, Post-MS program to prepare administrative nurses for national certification, and a 3-year, concurrent MSN/MBA program that focuses on developing business acumen for health and business settings. All UCLA programs are solely for nurses, admit students only during fall quarter, and are campus-based programs.

- UC Davis provides a five-quarter long, in-residence MS in Nursing Science and Health-Care Leadership program. In addition to the differences in program length and in-residence requirements, this program is limited to nurse applicants.

Business Administration: Berkeley, Irvine and UCLA offer a Master of Business Administration (MBA). Each program serves a slightly different group of students. Students that seek an MBA degree wish to concentrate on learning operational and general business competencies. These are highly valued skills. While the proposed MHA-IL program also covers health systems knowledge and application of skills in finance, management, informatics and human capital management, a key difference between programs is the depth of focus on business fundamentals.
in MBA curriculum rather than the general application of business knowledge to the organizational context emphasized in the MHA-IL program.

- UC Irvine’s Healthcare Executive 2-year program primarily attracts students from pharmaceutical, medical device and insurance industries rather than clinical sites.

- UC Berkeley’s Innovative Leader Development program focuses on skills and competencies needed in the business arena.

- UCLA offers several “executive-style” MBAs, aimed at flexible scheduling for working professionals and students interested in international management.

Public Health: Berkeley, Davis, Irvine, and UCLA offer a Master in Public Health (MPH) degree. Organizational leadership is a shared thread through both curricula and both MPH programs admit applicants from varied fields of focus. A key distinction between the MPH programs and the MHA-IL program lies in the emphasis that MPH curriculum places on program planning and management, in-depth epidemiology coursework, and community-based public program evaluation.

- UC Davis and UC Irvine provide an on-campus public health master’s program.

- UC Berkeley and UCLA offer programs designed for working professionals that include flexible scheduling and online coursework. These programs focus extensively on in-depth coursework in health policy and program management.

The UC system offers numerous MS programs for health professionals. Most provide discipline-specific, advanced professional education in a traditional full-time, in-residence format. The few leadership and administration specialties are associated with the professional schools and restrict admission to students with a professional license. A review of UC campus programs concludes that this MHA-IL program is unique and non-competitive with other graduate or professional degree programs.

1.6 Administration and Governance of the MS Program

The SON is responsible to implement and administer all academic aspects of the MHA-IL program. The MS degree is granted by the UCSF Graduate Division.

As previously discussed, an online education vendor will be selected by the SON to provide technical support. The cooperative effort between the program and the vendor clearly delineates technical (vendor) support and academic (program) responsibilities. The SON and the MHA-IL program hold sole responsibility for admission decisions and the academic program.

The MHA-IL Program Coordinating Council has been working on various aspects of this proposal development since fall 2011. Council members, listed on the front page of this proposal document, bring diverse skills and knowledge into the planning process. Upon approval of the
proposal, the Coordinating Council will transition its focus from program design to ongoing program development and function as the MHA-IL Program and Curriculum Council.

An Advisory Group for the MHA-IL program was established by the UCSF SON Dean, Dr. Vlahov in November 2011. Members of the Advisory Group include Vice Chancellor and Interim Dean of the Graduate Division Joseph Castro, the Associate Deans for Education from the Schools of Pharmacy, Dentistry, Medicine and Nursing, the Director of CTSI, the Assistant Vice Chancellor for Library Services, and the Chair of Physical Therapy and Rehabilitation Science. The Advisory Group has and will continue to serve in a consultative role to the MHA-IL Program Director for curriculum development and program evaluation, as well as provide strategic and operational advice as the program matures.

1.7 Plan for the Evaluation of the Program

The MHA-IL Program Director and Program Coordinating Council are responsible for annual program evaluation activities aimed to refine, guide, and improve the program. Basic review components to evaluate the overall program quality include anonymous faculty evaluations, interviews with faculty, current students and graduates, financial reports, student characteristics, and metrics provided by the online vendor. These data allow for adjustments to the program as it grows including consideration for additional student support services and development of specialty content or program concentrations in underserved practice areas such as long term care.

Important measures of the program’s success also include the career development of graduates and their effectiveness in their work. The Program Director and Curriculum Specialist will obtain data from graduates and their employers at regular intervals and work closely with the Director of the Center for Innovation in Interprofessional Education to analyze data and disseminate program information to scholarly communities and at professional meetings.

The Program Director is responsible for keeping records that provide the basis for the systematic reports to the Advisory Group and other bodies concerned with the performance of the program. Program evaluation reports to the Graduate Division and the Graduate Council for the 5-year Academic Program Review will follow the guidelines and best practices for evaluating online degree programs identified by the Western Association of Schools and Colleges (WASC).

1.8 Timetable of Program Development

Figure 1 depicts the timeline for developing the MHA-IL program from the initial planning phases through program and course development to the admission of the first cohort of 32 students planned for fall 2013. We estimate approximately one year of proposal refinement while awaiting final approval from the UC Office of the President and from WASC.
SECTION 2: MS PROGRAM

2.1 Requirements for Admission

Application and admission procedures for the MHA-IL program are comparable to those used for standard master’s degree applicants. Prospective students are informed by recruiters and online materials about admission requirements, computer resources required, program costs, and the blended online/on-campus format for applicants to determine whether the offering is appropriate for their expectations.

This program admits baccalaureate prepared nurses and non-nurses prepared in the health care sciences (e.g., social work, pharmacy, dentistry, gerontology, physical and occupational therapy). Nurses with an associate degree in nursing and a bachelor’s degree in another field are also eligible to apply.

The SON and the MHA-IL program uses a comprehensive approach to review applications considering grade point average, work experience, evidence of leadership, work and volunteer performance, and references.
To be considered for admission, an applicant must have:

1. A bachelor’s degree or recognized equivalent in a health-related field from an accredited institution with a minimum grade-point average of 3.0. Nurses with and an associate degree in nursing and a bachelor's degree in another field are also eligible to apply.

2. Satisfactory completion of an introductory course in statistics.
   - Students who do not meet this requirement may petition to complete the program’s online statistics course by the end of the first quarter of study.

3. A minimum of 6 months full-time work experience in a health care system

4. Proficiency in English is mandatory. All applicants whose first language is not English must:
   - Take the Test of English as a Foreign Language (TOEFL, http://www.toefl.org) and achieve a minimum overall TOEFL score of 84 (internet-based test) and a minimum score of 24 in both the speaking section and the writing section, or
   - Demonstrate proficiency in English by completing one year of full-time study with a minimum GPA of 3.00 at an accredited college or university in the U. S.

5. Computer proficiency, especially word processing and internet/web skills.

Applicants are required to submit:

1. Official grade transcripts

2. Documentation of a minimum of 6 months full-time work experience, such as a letter from employer(s) stating periods of employment and respective job titles.

3. Three letters of recommendation, including at least one from a former professor or someone who knows the applicant’s academic potential and one from someone who knows the applicant’s professional potential (such as a professional colleague).

4. Statement of purpose describing the applicant’s interest and goals for entering the program and how the program would complement and contribute to his or her career goals.

2.2 Foreign Language

There is no requirement for any foreign language proficiency in this program.

2.3 Program of Study

2.3.1 Specific Fields of Emphasis
The MHA-IL program will start without specific fields of emphasis. All students engage in the same curriculum. In the second year of program operation, specialty tracks for areas such as leadership in underserved areas of practice such as long term care settings may be considered.

2.3.2 Plan for a Master’s Program

The MHA-IL conforms to the Master of Science Plan II, which requires 36 units of coursework and a comprehensive examination.

2.3.3 Unit Requirements

The minimum University of California requirement for a master’s degree is three quarters in residence and completion of 36 units of study. This blended online/on-campus 12-month program meets the UC requirements of the MS degree.

2.3.4 Required Courses

All courses are required rather than recommended. The one-year degree program consists of four quarters of online instruction (25 units), three on-campus courses (7 units) completed across three quarters, and 4 units of administrative practicum completed across three quarters in the students’ place of employment. A sample curriculum showing the sequence of courses is illustrated in Table 1. All courses are described in greater detail in SECTION 5 and course descriptions for the UCSF catalogue are presented in Appendix B.
Table 1 Healthcare Administration and Interprofessional Curricular Grid

<table>
<thead>
<tr>
<th>COURSES</th>
<th>QUARTER 1</th>
<th>QUARTER 2</th>
<th>QUARTER 3</th>
<th>QUARTER 4</th>
<th>Total Units</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Online Tracks</strong></td>
<td><strong>Online Courses &amp; Units</strong></td>
<td><strong>Online Courses &amp; Units</strong></td>
<td><strong>Online Courses &amp; Units</strong></td>
<td><strong>Online Courses &amp; Units</strong></td>
<td></td>
</tr>
<tr>
<td>Leadership &amp; Change</td>
<td>Leadership I: Leadership Theory (2 units)</td>
<td>Leadership II: Change Theory (2 units)</td>
<td>Leadership III: Health Care Policy (1 unit)</td>
<td>Leadership IV: Health Care Strategy (2 units)</td>
<td>7 units</td>
</tr>
<tr>
<td>Health Systems Research, Data Management &amp; Evaluation</td>
<td>Research I: Advanced Scholarship (1 unit)</td>
<td>Research II: Data Management &amp; Project Planning (2 units)</td>
<td>Research III: Project Implementation (2 units)</td>
<td>Research IV: Project Evaluation (2 units)</td>
<td>6 units</td>
</tr>
<tr>
<td>Interprofessional Teamwork</td>
<td>Teamwork I: Communication Theory (1 unit)</td>
<td>Teamwork II: Interprofessional Science (2 units)</td>
<td>Teamwork III: Interprofessional Collaboration (2 units)</td>
<td>Teamwork IV: Building Networks &amp; Partnerships (1 unit)</td>
<td>6 units</td>
</tr>
<tr>
<td>Health System Management</td>
<td>Management I: Quality &amp; Safety (2 units)</td>
<td>Management II: Finance (2 units)</td>
<td>Management III: Human Capital (1 unit)</td>
<td>Management IV: Informatics (1 unit)</td>
<td>6 units</td>
</tr>
<tr>
<td>Administrative Practicum*</td>
<td>Practicum I 2 units</td>
<td>Practicum II 1 unit</td>
<td>Practicum III 1 unit</td>
<td></td>
<td>4 units</td>
</tr>
<tr>
<td><strong>On-Campus Courses</strong></td>
<td><strong>On-Campus Courses</strong></td>
<td><strong>On-Campus Courses</strong></td>
<td><strong>On-Campus Courses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td>Competency Integration I (3 units)</td>
<td>N/A</td>
<td>Competency Integration II (2 units)</td>
<td>Competency Integration III (2 units)</td>
<td>7 units</td>
</tr>
<tr>
<td>Research</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interprofessional Teamwork</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health System Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Units/Quarter</strong></td>
<td>Online: 6 Practicum: 0 On-campus: 3</td>
<td>Online: 7 Practicum: 2 On-campus: 0</td>
<td>Online: 6 Practicum: 1 On-campus: 2</td>
<td>Online: 6 Practicum: 1 On-campus: 2</td>
<td>Online: 25</td>
</tr>
<tr>
<td>* Administrative Practicum to be complete in the student’s home healthcare organization*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.3.4.1 Learning Approach

The MHA-IL program meets the rigorous standards set by the Commission on Accreditation of Healthcare Management Education (CAHME), the sole organization recognized by the U. S. Department of Education to grant accreditation to graduate degree programs in healthcare management. This program prepares early to mid-career professionals who are on a leadership trajectory. Graduates are expected to lead healthcare organizations by providing evidence-based management and leadership, creating healthy work environments, and influencing quality and safety outcomes for consumers, local communities, and global populations.

A blended online/on-campus program format addresses core competencies within four curricular tracks: 1) leadership and change; 2) health systems research, data management and evaluation; 3) interprofessional teamwork, and 4) health systems management. Substantive content focuses on critique and application of science–based theories related to leadership, innovation and change, organizational complexity, healthcare economics and finance, and strategic business practices. The four-quarter curriculum includes 25 units of online courses, seven units of on-campus classes, four units of administrative practicum at the student’s work site, and a comprehensive examination. The web-based, face to face and practicum experiences provide students with multiple approaches to learning.

2.3.4.2 Proposed Online Courses

On-line coursework (25 units) consists of a sequential series of 16 courses across four curricular tracks. Knowledge and skill acquisition is achieved through synchronous and asynchronous learning activities presented in a structured format.

Key components of this platform include defined learning objectives, access to learning materials in modular and case-based format, and frequent tests to evaluate students’ grasp of new knowledge. Each learning module is centered on specific content areas considered foundational for longitudinal application of skills in students’ practicum experiences, in the development of evidence-based projects, and in exchange-based learning activities in on-campus courses.

The proposed online format offers several advantages, especially for today’s students who regularly use digital interface in their daily lives. Key features of online pedagogy that offer efficient and new ways to enhance learning are listed below.

- Students can pace their learning by having access to archived lectures and information to review at their convenience or when needed.
- Synchronous and asynchronous sessions require students to participate at a greater level than traditional large classroom settings.
- Content, assignments, and assessments are based on clearly established learning outcomes for each module so students know what is expected for each learning section.
- There are frequent evaluated exchanges where students receive feedback on participation and assignments from instructors and peers in real time throughout the course.
- Learning occurs both though lectures presented as narrated slide presentations with slide by slide navigation and through structured activities that are integrated within each module.
• Lectures are pre-recorded which allows more time for the instructor to interact with students and to answer questions. The asynchronous feature gives the instructor greater flexibility to respond to questions and share answers with the whole class.

2.3.4.3 Proposed On-campus Courses

The three on-campus courses (7 units) focus on integration of competencies across the four curricular tracks. These sessions, presented in an executive weekend format, are scheduled during the first, third and final quarters of study. Each session promotes exchange-based learning through use of action-based activities and simulation to address real-life situations. Content aims to support the application of leadership and management principles in practice. Social and learning theories are used to engage students in interprofessional teamwork and collaboration. Students work in small interprofessional teams (PODS) to carry out specific assignments during and between sessions. Each POD has a Faculty Coach to work with the group throughout the program.

2.3.4.4 Proposed Administrative Practicum

The Administrative Practicum (4 units) occurs during quarters 2, 3 and 4 at the student’s home healthcare organization. Practicum focuses on the application of theories and evidence-based knowledge essential to manage and lead change within healthcare organizations. Working with an executive mentor, students will assess the organization’s culture in regard to safety, interprofessional teamwork, and adequacy of data for key health care indicators to develop and implement an evidence-based project that benefits their organization.

2.3.5 Licensing or Certification

No licensing or certification is required for the MS program in MHA-IL program. A goal of the program is to obtain voluntary accreditation by CAHME after the first year of program operation. The guidelines for the accreditation process are included in Appendix C.

2.4 Field examination: Grading

Letter grades will be assigned for online and on-campus courses in accordance with Graduate Division requirements for a specified number of courses needing such grades. Grades for the administrative practicum series (4 units) will be issued on an S/U basis.

2.5 Qualifying Examination

No written or oral qualifying examination is required.

2.6 Thesis and/or Dissertation

The Master of Science Plan II does not require a thesis or dissertation.
2.7 Comprehensive Examination

The MS Plan II requires a Comprehensive Examination. The capstone for this program is a final evidence-based project. The focus of the each student’s project is determined by the needs of their work setting, however, the scope and implementation of students’ projects is expected to meet a defined standard of rigor. There are two components of the Comprehensive Examination.

- A written scholarly project report is submitted in the last quarter of the program. The report, no longer than 20 pages, will include a critique of relevant literature, discussion of the conceptual framework for project implementation, a business plan for the project, and an evaluation and discussion of the project results.

- Each MS candidate presents their final paper at a day-long seminar and poster session hosted by the MHA-IL program.

2.8 Special Requirements

The program has no requirements over and above the Graduate Division requirements.

2.9 Relationship to Doctoral Programs

While the MHA-IL program curriculum is designed to develop scholarly investigation of healthcare problems, the primary intent is to prepare graduates for management and leadership roles in healthcare organizations.

2.10 Special Preparation for Careers in Teaching

The program does not provide preparation for a teaching career.

2.11 Normative Time from Matriculation to Degree

The time from matriculation to degree for full-time students is one year. The flexible program of online courses is web-based for convenient student enrollment and access. This allows students to progress from matriculation to degree on a part time basis as well. Students who take a leave of absence may re-enter the program at the start of any subsequent quarter.

2.11.1 Advancement to Candidacy

Advancement to Candidacy must take place no later than the first day of the last quarter during which the student will be registered. At least one quarter in registered student status must elapse between advancement to candidacy and conferral of the degree. Candidacy lapses if a student has not completed requirements for the degree within five quarters after advancement to candidacy.
SECTION 3: PROJECTED NEED

3.1 Student Demand for the Program

Target enrollees for the MHA-IL program are early to mid-career health care professionals. The program’s format and design appeal to working professionals by providing a rigorous academic program that uses a blended online/on-campus model for adult learners.

To test the demand for potential applicants, three market feasibility studies were conducted using differing methods and data sources. The first study was conducted by EmbanetCompass, one of the online vendors under consideration to work with the proposed program. The second, a focus group study conducted by the SON and funded by the Gordon and Betty Moore Foundation, included group and individual interviews with local stakeholders and UCSF campus participants. These reports are collectively attached as Appendix D. Existing market analysis data from studies conducted at Center for the Health Professions was also reviewed.

EmbanetCompass Research and Institutional Development

The EmbanetCompass Research and Institutional Development team produced a brief derived from secondary research data which provides preliminary insight into the marketplace for the proposed program. Their market analysis covers three areas: 1) audience profile, 2) degree demand, and 3) competitive landscape. Additionally, a search was conducted to inform titling of the program.

Audience profile: The audience profile data indicates that the size of the potential student market is “quite large and capable of supporting a sustainable level of program” (p.2). As expected, the primary target audience will be health service managers and registered nurses in administration or management. A secondary audience likely to be interested in this type of educational program was also discovered.

Degree demand: A proxy search of closely related master’s degree in Healthcare Administration or Management shows positive growth trends for degrees granted over the past five years. Some caution is warranted stemming from: 1) the market presence of for-profit institutions granting degrees, 2) the number of alternative pathways available to obtain degrees in healthcare management and leadership, and 3) programs that offer graduate preparation in a general area with specialization in an administrative or leadership track such as an MBA, or MPH. Despite these threats, the number of master’s degrees granted in Health Administration (the proxy field) is seen as consistently strong.

Competitive landscape: The proposed program with an interprofessional focus represents a unique market. No existing interprofessional program is offered online or in a distance learning format. Again, consideration must be given to several threats. In addition to threats associated with degree demand, the number of highly ranked online MHA and MSN programs may be strong competitors with the newer UCSF program. The research brief suggests several strategies to manage the competitive landscape and increase our ability to reach the broadest and most qualified candidate pool. These strategies are in line with current Campus directions.
The EmbanetCompass report also includes data and early strategies to select appropriate titling for the new program (pp. 18-33). Based on this information, the program title of Master of Science in Healthcare Administration and Interprofessional Leadership was selected to increase marketing and recruitment.

UCSF Focus Groups and Interviews

In January 2012, the School of Nursing conducted two focus groups and three interviews with 15 key informants to assess the local landscape. Participants included leaders from UCSF’s professional schools suggested by the Advisory Board members, representatives from campus programs and the Library, and Bay Area acute and long-term care settings. In addition a telephone interview was conducted with the Dean of an online program for nursing administration. Invitees were selected because of their knowledge of health care systems, experience in managing and leading organizations and educating health care professionals. Participants represented the disciplines of nursing, library science, psychology, dentistry, medicine, sociology and physical therapy.

Key findings included: 1) unanimous support for the new program; 2) confirmation that the program would fill a needed gap in interprofessional graduate education; 3) unanimous support for expanding admission to non-nurse health professionals; 4) confirmation that a blended online/on-site model will appeal to working professionals; and 5) confirmation that a 12-month program would appeal to a broad market of qualified applicants.

UCSF Center for the Health Professions

Over the past three years the CHP has conducted several market assessments and found ample evidence of demand for leadership development programs that:

- Focuses on practical leadership challenges facing health care leaders
- Works across the health professions and with non-clinical leaders
- Integrates knowledge across traditional disciplines
- Uses a variety of instructional methods to focus on real problems
- Allows for study and full time employment
- Ties to the latest research based development in best practices

3.2 Opportunities for Placement of Graduates

We anticipate that graduates of the proposed program will have ample opportunities for employment. Healthcare is one of the fastest growing and largest industries in the U.S. (Bureau of Labor Statistics, 2011). Multiple demands stemming from healthcare reform, the need for cost containment, and demographic, social and cultural changes are reshaping the ways in which healthcare is provided. These changes are predicted to create new managerial positions as healthcare systems diversify. Specialized clinical training, often not required for management positions, is considered an asset in today’s market. Applicants to this academic program possess
both educational preparation and experience in healthcare which further strengthens their employment portfolio.

Positions for graduates predictably include continued employment at their work site. With broadened expertise, skills and experience gained from this program, advancement opportunities for graduates within and outside their organization is highly promising. In addition, graduates with knowledge, skills and competency in leading and managing people, interprofessional teams and projects will qualify for specialized roles in staff development, quality and safety, human resources, and informatics. Career advancement is predicated on effective performance in increasingly complex positions. The MHA-IL program specifically prepares graduates for workplace complexities though administrative practicum experiences and completion of an evidenced-based project as a Comprehensive Examination.

Graduates of respected healthcare management programs with concurrent experience in local or district facilities are attractive candidates to organizations that have a national and international reach. Examples include the American Red Cross, Disability Rights California, the National Council on Aging, as well as government agencies and non-profit foundations.

3.3 Importance to the Healthcare Professions

Healthcare education is primarily focused on discipline-specific training. After graduation, however, experienced clinicians are often tapped to take on management responsibilities, lead teams or launch new initiatives that require project planning and evaluation skills not addressed in their training. Traditional discipline-specific curriculum leaves little room for clinicians to consider leadership positions or prepare them for these opportunities. This program, in design and curricular content, aims to fill this educational gap. Admission requirements of a professional background and employment in a healthcare setting provide the real-world context for students to translate academic coursework to practice.

3.4 Ways in Which the Program will Meet the Needs of Society

The proposed MHA-IL program is vital and marketable. The program is being developed in collaboration with the Center for Excellence in Interprofessional Health Education and aligns with the Chancellor’s support for online and interprofessional health education. Multiple changes in population trends and policy reform must be addressed, but systems cannot make effective responses until education systems prepare health professionals for the current realities of everyday practice. This program presents an opportunity to heed the call of national, international and local organizations to prepare the next generation of healthcare leaders.

3.5 Relationship of the Program to Research and/or Professional Interests of the Faculty

The proposed program is compatible and consistent with the professional and research interests of faculty throughout the UCSF community. This proposal earlier addressed the program’s close association with the Center for the Health Professions with its extensive offerings in leadership training. Likewise, the directors and faculty associated with CTSI note the common goals of translating research to practice. The Director of the Center for Innovation in Interprofessional
Healthcare Education is highly involved in research and development of novel interprofessional education models. Students involved in the SOM Pathways to Discovery Program interested in additional management training may augment their education through the program’s online courses. Dr. Joanne Spetz, and Dr. Dan Dohan, both professors in residence in the Institute for Health Policy Studies, SOM are also committed to teaching in the MHA-IL program.

SON faculty members also have research and professional interests compatible with this program. Dr. Susan Chapman and other faculty in the department of Social and Behavioral Sciences, which offer both masters and doctoral preparation in health policy, will teach in the program’s health policy course. Students interested in gerontology or long-term care settings have access to noted faculty in the Institute for Health and Aging in the School of Medicine and the John A. Hartford Center for Nursing Excellence.

3.6 Program Differentiation

To our knowledge, there is no similar program on any of the campuses of the UC system or California independent university programs. This determination is based on a review of the professional healthcare programs in UC system campuses and a search by EmbanetCompass using Google AdWords tools.

SECTION 4: FACULTY

A list of faculty members, ranks, and highest degree and accompanying bio-sketches that include professional qualifications and recent publications are included in Appendix E. In keeping with the interdisciplinary focus of this program, faculty for the proposed program are recruited from the four UCSF health sciences schools, CTSI, CHP, and the Center for Innovation in Interprofessional Healthcare Education.

SECTION 5: COURSES

The MHA-IL program consists of four quarters of online instruction (25 units), three on-campus classes (7 units) completed over three quarters, and an administrative practicum (4 units) completed across three quarters in the students’ place of employment.

Courses span four curricular tracks: 1) leadership and change; 2) health systems research, data management and evaluation; 3) interprofessional teamwork, and 4) health systems management. A sample curriculum showing the sequence of courses is illustrated previously in SECTION 2, Table 1. Course descriptions for the UCSF catalogue are shown in Appendix B. The description of proposed courses in the online, on-campus, and the administrative practicum series follow.

5.1 Proposed Online Courses

On-line coursework (25 units) consists of a sequential series of 16 courses across four curricular tracks. Knowledge and skill acquisition is achieved through synchronous and asynchronous learning activities presented in a structured platform.
5.1.1 Track I: Leadership and Change

The leadership and change track includes 7 units of study of theories and policies that underpin the practice of evidence-based leadership and management, promote innovation, and direct the development and use of strategy to influence organizational and system change.

MHA201A Leadership I: Leadership Theory (2 units)

Course Description: This course focuses on the evolution of leadership theories and their relationship to societal trends. Students will critically analyze evidence relevant to effective leadership behaviors and the impact of behaviors on organizational and staff performance and system outcomes.

Course Objectives: Upon completion of the course the student will be able to:

1. Analyze the evolution of leadership theories and their relationship to societal trends.
2. Compare and contrast transformational and transactional leadership theories.
3. Synthesize and evaluate evidence regarding the impact of leader behaviors on system and workforce outcomes.
4. Develop evidence-based strategies for implementing and evaluating a leadership plan at the unit and organizational levels.
5. Synthesize the characteristics and imperatives of great leaders and evaluate their impact on organizational performance, staff engagement and quality outcomes.
6. Synthesize theories and evidence to formulate a leadership implementation plan.

MHA201B Leadership II: Change Theory (2 units)

Course Description: This course focuses on theories of change as they impact processes of innovation and performance improvement in healthcare organizations. Organizational issues will be examined through the lens of systems thinking and complexity science. The impact of internal and external forces and evidence-based strategies to create and negotiate change in complex organizations will be analyzed.

Course Objectives: Upon completion of the course the student will be able to:

1. Synthesize the tenets of change theories and complexity sciences and relate them to healthcare at a systems/organizational level.
2. Synthesize the bodies of evidence related to characteristics and predictors of high performing organizations, organizational learning, effective change processes, and complexity management in healthcare systems.
3. Analyze the theoretical and evidence-based impact of organizational and professional cultures on change processes, leadership effectiveness, and patient and staff outcomes.
4. Analyze theory and evidence-based strategies to increase organizational adaptability to a rapidly changing healthcare environment.
5. Evaluate approaches to strategic planning within complex healthcare organizations and critically analyze commonly used metrics to evaluate organizational outcomes.
7. Evaluate healthcare practice models on their clinical and cost effectiveness, adaptability to internal and external forces, and congruence with professional and policy directions.

MHA201C Leadership III: Health Care Policy (1 unit)

Course Description: This course focuses on learning and using theories of the policy process, including analyzing how health policy problems are constructed. Perspectives on agenda setting, media roles, advocacy, policy innovation, diffusion and implementation will be integrated with examples of policy problems. Course content focuses specifically on healthcare policies related to quality and safety practices in organizations.

Course Objectives: Upon completion of the course the student will be able to:

1. Analyze social, political, economic, cultural and historic dimensions of policy development in healthcare.
2. Critically analyze policies that influence health care outcomes and organizational performance.
3. Examine the influence of policy on regulatory directions related to quality and safety and the effect on changing practice and organizational outcomes.
4. Synthesize gaps between stated policy and organizational practices and evaluate the potential opportunities for education and/or research.
5. Synthesize the principles of evidence-based management in implementing policy to create a culture of quality and safety.

MHA201D Leadership IV: Health Care Strategy (2 units)

Course Description: This course focuses on the synthesis and application of leadership, change, and policy theories in setting institutional direction for change. Principles and strategies for innovation, diffusion of ideas, and evaluation of organizational performance are examined. Foci include: 1) governance, 2) workforce engagement, 3) organizational capacity, 4) environmental factors, 5) work process design, and 6) data application. Internal and external predictors of success are incorporated and examined from the perspective of multiple stakeholders.

Course Objectives: Upon completion of the course the student will be able to:

1. Synthesize the tenets of leadership, change, and policy theories and relate key concepts to building and sustaining excellence in organizations/systems.
2. Analyze the predictors of workforce engagement, capability and capacity and relate key concepts to the impact on quality, safety and financial performance of organizations.
3. Evaluate the effectiveness and efficiency of learning and development systems within the organization and the impact on care and performance outcomes.
4. Analyze organizational governance systems related to agility, sustainability, legal, ethical and societal responsibilities, and the association to high performance outcomes.
5. Analyze strategies to build stakeholder-centered cultures that incorporate innovation and quality outcomes.
6. Compare and contrast work process designs at an organization/system level related to variability, sustainability, efficiency, effectiveness, equitability, timeliness, safety and quality outcomes.

5.1.2 Track 2: Health Systems Research, Data Management and Evaluation

The research track includes 6 units of study concentrated on methods to understand and critique research questions, hypotheses, sampling, study designs, and findings.

MHA202A Research I: Advanced Scholarship (1 unit)

Course Description: This course focuses on the elements of research methods and design that are essential to the translation of knowledge into practice, administration, leadership, and health policy. The course focuses on the development of critical thinking skills related to utilization and evaluation of research findings. The scientific and practical merit of research reports in management and leadership literature is evaluated for potential utilization in practice.

Objectives: Upon completion of the course the student will be able to:

1. Analyze and critique research questions, study design and methods including sample selection, bias, data collection procedures, and metrics, and results, discussion and interpretation of findings.
2. Analyze and develop key components of research questions, problem statements, and hypotheses.
3. Identify how theory guides research and research can guide theory development.
4. Compare and contrast study designs and their related methodologies.
5. Analyze the validity and reliability of measures.
6. Analyze the ethical and cultural issues related to research methods, including sample selection, instruments and implications of findings.
7. Understand and interpret common statistical methods and analyses and interpret results in research articles (i.e. descriptive, ANOVA, regression, p-value, CI, OR, RR).

MHA202B Research II: Epidemiology (1 unit)

Course description: This course covers the basic concepts and methods of epidemiologic research design and analysis. Content emphasizes the critical evaluation of research and its use in guiding practice and evaluating practice outcomes. Content also includes consideration of how research questions are formulated and lead to discovery of new knowledge.

Objectives: Upon completion of the course the student will be able to:

1. Define and understand basic terms and concepts used in epidemiology.
2. Identify the study designs used in epidemiology and discuss the advantages and disadvantages of each.
3. Understand the use of statistics in epidemiologic research and calculate measures of disease frequency (e.g., prevalence and incidence) and measures of disease association (e.g., relative risk and odds ratio).
4. Critically examine how health services problems are identified, defined and measured.
5. Analyze and evaluate relevant research for its value in developing new knowledge, guiding the selection of interventions, and evaluating outcomes.

MHA202C Research III: Project Implementation (2 units)

Co-requisite Courses: MHA470.02 Administrative Practicum II

Course description: This course focuses on the tenets of project design and management for healthcare organizations. Elements of evidence-based projects including development of appropriate aims and objectives, metrics, and evaluation criteria will be examined and applied to an on-site change project in the student’s area of practice. The change project will address a key organizational problem and consider factors such as cost, organizational culture, workforce engagement and legal, ethical and professional issues.

Objectives: Upon completion of the course the student will be able to:

1. Differentiate evidence-based research and performance improvement.
2. Complete a microsystem analysis to identify the purpose, mission and structure and key stakeholders of the organization.
3. Complete an environmental scan of internal and external barriers and facilitators of change.
4. Employ the Problem/population – Intervention – Comparison – Outcomes – Timeline (PICOT) framework to compose a question suitable for an evidence-based project.
5. Use the PICOT framework to search and critically appraise relevant literature to frame the project question.
6. Perform a gap analysis between current practice and the proposed innovation.
7. Develop a detailed project proposal that includes:
   a. Program goals, objectives, and methods
   b. An outlined work plan
   c. A cost-benefit and cost-effectiveness analysis
   d. A communication plan with key stakeholders
   e. Evaluation criteria and evaluation tools for the project
   f. An implementation timeline

MHA202D Research IV: Project Evaluation (2 units)

Course description: This course covers in-depth evaluation methods for health service and health systems research and project management. The course provides the student with a mentored experience to execute and evaluate the change project designed in the Research III course.

Objectives: Upon completion of the course the student will be able to:
1. Conduct a thorough analysis of the project elements.
2. Evaluate project outcomes against organizational goals.
3. Based on results of the project evaluation, propose whether to sustain the change as initially implemented, revise the plan for change, or abandon the change strategy.
4. Assemble reports and present the project and results in a written format and a poster for presentation to meet the requirements of the comprehensive examination.

5.1.3 Track 3: Interprofessional Teamwork

The interprofessional teamwork track includes 6 units of study related to communication theory, interprofessional science, collaboration and building effective networks and partnerships.

MHA203A Teamwork I: Communication Theory (1 unit)

Course description: This course reviews theories of communication and human interaction, examines principles of effective communication as they relate to establishing and maintaining a collaborative relationship, and embeds effective communication within leadership and interprofessional frameworks. As managers and leaders must accomplish work with and through others, interactive exercises are threaded throughout the course for development of leadership style and presence.

Course objectives: Upon completion of the course, the student will be able to:

1. Describe own role, responsibilities, values and scope of practice effectively to consumers and other professionals.
2. Examine models for effective interprofessional communication.
3. Demonstrate an understanding of individual strengths and weaknesses.
4. Demonstrate skills to work effectively with colleagues, consumers and competitors.
5. Apply communication principles in complex case studies to demonstrate capacity to manage conflict and negotiate more effectively.
6. Apply communication techniques that demonstrate leadership objectives in developing and motivating peers, subordinates, and direct supervisors.

MHA203B Teamwork II: Interprofessional Science (2 units)

Course Description: This eight-module course focuses on the basic tenets of interprofessional science. Leadership literature is explored for evidence of nested principles of interprofessional collaboration, teamwork and communication. Each module employs a combination of didactic and active, experiential learning, and uses reflective writing, team-based case studies, and peer-facilitated team-based debriefings of experiences to solidify learning.

Course objectives: Upon completion of the course, the student will be able to:

1. Examine the science and theories of interprofessional teamwork and.
2. Analyze and describe the context and culture of the interprofessional environment that facilitates or inhibits collaboration, and its constraints.
3. Recognize and understand how one’s own uniqueness, including power and hierarchy within the interprofessional team, may contribute to effective communication and/or tension.
4. Recognize and understand how the uniqueness of other team members, including power and hierarchy within the interprofessional team, may contribute to effective communication and/or interprofessional tension.
5. Examine the nature of interprofessional ethical reasoning and justification.

MHA203C Teamwork III: Interprofessional Collaboration (2 units)

Course Description: This course focuses on theories, principles and practices related to interprofessional collaboration including group and team dynamics, behavioral science, conflict management, role differentiation and values. Facilitators and barriers to effective interprofessional teamwork and the impact on cost and efficacy are examined.

Course Objectives: Upon completion of the course the student will be able to:

1. Synthesize theories, principles and evidence-based practices related to group and team dynamics, role differentiation, and conflict management as related to interprofessional work and collaboration. Analyze factors that facilitate and inhibit effective interprofessional collaboration and the subsequent effect on cost and efficacy in healthcare organizations.
2. Identify instances where interprofessional teamwork will improve outcomes.
3. Examine relationship building principles related to negotiating with others, managing conflict, developing rules of engagement, and building trust with other professionals.
4. Synthesize and apply the principles of crucial conversation and confrontation to complex case scenarios.
5. Apply and analyze interprofessional team dynamics in ethical dilemmas as they relate to individual team members' values and the impact on team functioning.

MHS203D Teamwork IV: Building Networks and Partnerships (1 unit)

Course Description: This course focuses on key tenets of network theories as related to employing principles of engagement and inclusiveness in working inside and outside an organization’s vertical structure. Content examines macro system issues of competition, marketing, and adaptability. Facilitators and barriers to effective networking and building interprofessional partnerships are also examined.

Course Objectives: Upon completion of the course the student will be able to:

1. Synthesize theories, principles and evidence-based practices related to building effective interprofessional networks and partnerships.
2. Analyze factors that facilitate and inhibit effective collaboration and the subsequent effect on cost and efficacy in healthcare organizations.
3. Examine relationship building principles related to market demand, competition, and innovation.
4. Synthesize and apply the principles of complexity and interprofessional science to complex case scenarios.
5. Analyze structures and processes that create a shared language across disciplines, institutions, and the healthcare continuum.
1.5.4 Track 4: Health Systems Management

The health systems management track includes 4 units of study that include coursework in quality and safety, finance, human capital, and informatics. Coursework is complemented by 4 units (120 hours) of administrative practicum taken across 3 quarters.

MHA204A Management I: Issues in Administration and Leadership (1 unit)

Course Description: This course provides a foundational framework for learning about complex system management, an opportunity for students to learn from experts in various and diverse administrative and leadership positions, and participate in a dialogue with faculty and classmates on topics of interest and concern to leaders, including leadership, diversity, management and professionalism. This course provides an opportunity for development of skill acquisition through group discussions, guest lectures and mentoring.

Course Objectives: Upon completion of the course, the student will be able to:

1. Describe the work of experts in the healthcare field, focusing on practical application of critical thinking and analysis, strategic planning and important care delivery system issues.
2. Articulate and evaluate diverse perspectives in administrative issues and implications for leadership.
3. Examine effective organizational and communication skills, and professional role development.
4. Present a case study of a leadership issue of interest, outlining and synthesizing areas of implication for health care administrators/leaders.

MHA204B Management II: Advanced Financial Management (2 units)

Course Description: This course examines advanced financial management concepts including supply/demand models, working capital, financial structure, cost of capital, costing and valuation. Application of financial theory and the influence of health care policy will focus on comparisons of integrated, profit/not-for-profit, and public/private health systems.

Course Objectives: Upon completion of the course the student will be able to:

1. Explore financial theories related to healthcare workforce predictions and cycles including supply/demand.
2. Review development, planning and analysis of financial models for operations for one year and five year budgets.
3. Compare the foundations of corporate finance and use these foundations to analyze financial decisions made within health systems and other health organizations with particular emphasis on managed care and integrated models, urban/rural systems, profit/not-for-profit systems, and public/private systems.
4. Develop an understanding of financial concepts including capital budgeting and the choice of investment projects, optimal capital structure of an organization and how it is affected by taxes, and the notion of market efficiency.
5. Explore the history of healthcare reimbursement, including inpatient and outpatient areas, and develop strategies to maximize reimbursement for a specific organization.

MHA204C Management III: N287B Human Capital (1 unit)

Course Description: The course critically analyzes management and personnel theories relative to employer-employee relations in healthcare organizations. Emphasis is on human capital and development, leadership, working relationships, conflict resolution, labor movement, labor legislation and regulation, and contract negotiations.

Course Objectives: Upon completion of this course the student will be able to:

1. Explore management and personnel theories and behaviors related to employee-employer relationships, including generational, cultural, and demographic differences, and collaboration with variously skilled workers including clinical and administrative staff.
2. Identify multiple factors related to human capital and productivity, including employee behavior and working relationships, stressing awareness of diversity concepts.
3. Discuss principles of leadership and successful leadership behavior in today’s health care settings.
4. Conceptualize theories of conflict resolution and negotiation to discuss effective strategies in contract negotiation and grievance procedures used in labor relations.
5. Analyze the history of the labor movement, labor legislation and regulation as it relates to today’s health care labor activities.

MHA204D Management IV: Introduction to Health Informatics (1 unit)

Course Description: This course focuses on 1) the use of information systems/technology as a mechanism to support knowledge-based and evidence-based practice in the delivery and evaluation of health promotion and direct patient care; 2) the use of technology to support administrative decision-making, implement quality improvement initiatives, and capture and manage individual and aggregate level data.

Course Objectives: Upon completion of the course the student will be able to:

1. Analyze and communicate critical elements of the selection, implementation, and evaluation of health care information systems and patient care technology.
2. Describe knowledge acquisition and representation in decision support/expert systems, including how rules based on the best available evidence are acquired.
3. Through online discussions, demonstrate leadership by proposing ways to evaluate and resolve ethical and legal issues within healthcare systems relating to the use of information, communication networks, and patient care technology.
4. Propose methods to bridge the Digital Divide.
5. Evaluate consumer health information sources for scientific merit, accuracy, timeliness and appropriateness.
5.2 Proposed Administrative Practicum

MHA470.01 Leadership Practicum I: Transformational Leadership (2 units)

Pre-requisite Courses: MHA201A Leadership Theory; MHA203A Communication Theory; and MHA204A Quality & Safety

Course Description: This practicum focuses on the application of theories and evidence-based knowledge essential to effective transformational leadership practices in healthcare organizations. The foci of this course are the assessment of leadership methods, organizational responses, and the implementation and evaluation of a leadership plan. Based on self-assessments, students will also develop a personalized plan for the continuing development of their transformational leadership skills.

Course Objectives: Upon completion of the course the student will be able to:

Assess leadership behaviors within an organization and determine the extent to which theory and evidence-based transformational concepts and practices are incorporated into leadership roles. In collaboration with a healthcare organization, develop, implement, and evaluate a transformational leadership project designed to achieve specified organizational outcomes. Design a leadership development plan using personal data from the MBTI profile and 360-assessments.

MHA470.02 Administrative Practicum II: Organizational Complexity & Change (1 unit)

Co-requisite Research Course: MHA202C Project Implementation

Course Description: This practicum focuses on the application of theories and evidence-based knowledge related to complex organizations. Working with an executive or leadership team, students will synthesize and apply organizational theories and evidence-based principles to plan a system-level change project.

Course Objectives: Upon completion of the course the student will be able to:

1. Evaluate the four sources of threats to patient quality of care and safety (leadership, workforce, work processes and organizational culture).
2. Using the Donabedian framework (structure/process/outcome), conduct a comprehensive organizational assessment to describe and characterize the:
   a. Vision, mission, and strategic plan
   b. Financial structure and fiscal constraints
   c. Resource sufficiency, workforce organization, and care delivery models
   d. Interdepartmental and interprofessional collaboration
   e. Communication and conflict management patterns
   f. Internal/external forces and readiness for change, indicators of organizational adaptability
   g. A quality and safety assessment including: 1) organizational infrastructure, 2) safety survey data, and 3) evaluation of organizational compared to national benchmark data.
3. Using organizational assessment data and applying evidence-based principles, initiate an interprofessional change project that addresses one of the four threats to patient outcomes (quality and safety). The change project should be designed to be implemented and evaluated by the end of Practicum III.

MHA470.03 Administrative Practicum III: Concept Integration and Project Management (1 unit)

Co-requisite Research Course: MHA202D Project Evaluation

Course Description: This practicum will focus on the synthesis and translation of quality and safety theories, leadership models, and principles of change management at an organizational level. Working with the organization the student will complete and evaluate the interprofessional change project that addresses one of the four threats to patient outcomes.

Course Objectives: Upon completion of this course the student will be able to:

1. Implement and evaluate the interprofessional change project that addresses one of the four threats to patient outcomes.
2. Using an evidence-based framework to describe and characterize the structure, processes, and outcomes of the project, develop and 15-minute presentation for the organization.

5.3 Proposed On-Campus Classes

Overview of the 3-course series:

On campus courses include 7 units of study focusing on application and integration of management and leadership principles and social theories of interprofessional education to real-life situations. Interprofessional competencies are best mastered over time and in engagement-based contexts. The program’s on-campus courses, delivered in an executive weekend format, provide immersion experiences at planned intervals during the student’s program of study (quarters 1, 3, and 4). A sample agenda is included in Appendix F.

Pedagogical features of each session include lectures from noted experts in practice, policy and business to stimulate innovative thinking; case-based simulations that are action oriented to promote discovery of new solutions to long-standing issues in healthcare organizations; and use of standardized assessment tools to strengthen self-knowledge for professional development.

Education for leadership in the health care system requires investment in interactive learning in small groups. Students from multiple academic backgrounds and professionals from various disciplines can explore similarities and differences amongst professions, learning not only in teams but as teams to enhance collective capability. Learning as teams must be explicit, exposing issues, searching for solutions, and setting aside time for reflection and investigation.

Throughout the competency integration course series, students work together in small interprofessional teams (PODs) that are charged with carrying out specific in-class activities and
online assignments between sessions. Each POD has a Faculty Coach to assist in beginning its work together and improving its work over time.

MHA205A Competency Integration I (3 units)

Course Description: This is the first of three courses that focus on integration of theory, evidence and practice in interprofessional leadership. This course reviews models of leadership and change in the context of interprofessional team development. This course emphasizes the importance of self-knowledge in becoming an effective leader and change agent. MBTI and 360 assessments are used to assist students develop an understanding of their work and communication preferences based on their personal profile. Change paradigms are explored. Participants initiate the planning for self-development and improvement projects at their work organization.

Course Objectives: Upon completion of the course the student will be able to:

1. Define various models of leadership and the impact on change, examine current political climate for change and gain historical perspective and context for interprofessional work.
2. Develop a professional/personal identity as a change agent, examine the role of introspection in professional growth and self-identify characteristics of effective change agents and areas of personal and professional growth.
3. Recognize the value of self-awareness, understand data from the MBTI and Censeo 360 instruments, identify competency gaps against the 4 P’s leadership model and explain the connection between MBTI types and behaviors associated with leading change effectively.
4. Discuss and apply the creative idea process by engaging in an IDEO strategy and creativity session with POD members, understand the nature and importance of creativity and its impact on efficacy as change agent.
5. Examine how drivers of change (vision, task, & relationship) impact institutional change, examine team and group dynamics and the importance of collaboration in reaching consensus, ‘pitch’ a proposal and generate buy-in and develop a change project presentation for diverse stakeholders.
6. Define concepts of vision; develop a gap analysis identifying differences between deliberate (intentional) and emergent (responsive) strategy; complete a SWOT analysis and Environmental Scan to identify critical elements of your institution’s mission, and develop a plan to utilize, align, and communicate your vision.
7. Describe rapid cycle improvement, list the components of a PDSA cycle and explain what PDSA cycles can and cannot be used for, conduct a sample PDSA cycle with a clear initial aim/objective using MFI framework.

MHA205B Competency Integration II (2 units)

Course Description: This is the second in a series of 3 courses focused on building interprofessional leadership competencies. Leaders today face a complex and ever-changing healthcare environment. New leadership paradigms for managing and leading both people and
projects are essential for execution of excellent care. This course focuses enhancing
communication to identify and successfully influence stakeholders in change initiatives.

Course Objectives: Upon completion of the course the student will be able to:

1. Describe and analyze your organization’s strategic vision and goals and the relationship to
every day work of the organization, the importance of managing up and out in aligning
people with organizational vision and environment/organizational values.
2. Present an analysis of C-suite interviews conducted in the inter-session assignment.
3. Describe and apply the components of stakeholder support, buy-in, and involvement in
project development and execution and formulate a stakeholder recruitment action plan.
4. Describe the components of a great team, when to use teams, the different types of teams and
why you use them, and the strategies to get teams “unstuck.”
5. Describe core issues in managing an interprofessional team effectively – what contributes to
and hinders teams from being effective, the role of giving and receiving feedback effectively
on team performance, and the relationship between MBTI profiles and how one leads and
participates in teams.
6. Review elements of effective communication to develop, plan, and use strategic
communication skills & ability to motivate, recruit, explain, share, and connect others to your
project goals.
7. Identify types of audiences and how to craft audience-specific messages to garner buy-in.
8. Discuss the foundation for storytelling as a communication strategy; understand the basic
principles of crafting an effective story and the purposes of incorporating project data and
metrics to make a story most compelling.
9. Formulate a story for your project; discuss the importance of storytelling in maintaining
engagement with the project’s vision, and how the story aligns with your organization’s
mission, vision and goals.
10. Develop a plan for communication for your evidence-based project including: an elevator
pitch, a description of the ‘burning platform’ (e.g. increase in hospital acquired infections),
how to communicate your project message across disciplines and differing audiences

MHA205C Competency Integration III (units)

Course Description: This is the final in a series of 3 courses focused on building
interprofessional leadership competencies. This course focuses on developing interprofessional
project teams, understanding the core elements of working with others and how one’s personal
profile impacts this process. This course is designed to augment and integrate knowledge
acquired across the MHA-IL program.

Course Objectives: Upon completion of the course the student will be able to:

1. Identify and relate how competence, choice, meaningfulness, progress relate motivation,
keeping groups on task, and models for team development including empowering, coaching,
delegating, and directing.
2. Assess your skills and abilities to guide the behavior of others using the 6-step concept: common context, clear goals and process, capability, coaching, confrontation, and consequences.

3. Describe collaborative decision making and consensus building and the impact on achieving desired outcomes through negotiation and analyze various contexts for use of appropriate negotiation strategies.

4. Describe collaborative decision making and consensus building, illustrate five decision making styles and understand how to make effective decisions in uncertain situations.

5. Relate how and when to use data (pre, during, post-project) to ensuring accountability, motivation, developing project teams and partnerships.

6. Understand elements of influence, political savvy, and power for managing political relationships in groups, teams, and meetings (bedfellows, adversaries, allies, challengers).

7. Identify strategies to effectively influence others, align your project goals with the organization goals, and describe the interplay between interdependence and diversity to achieve shared goals.

8. Discuss the three concepts regarding power and its acquisition (power, legitimate power, and political behavior) and create a plan for handling/addressing a political situation in future project work.

9. Project presentation preparation: Create a message map for your presentation; align your project with broader policy/operations to embed your change; identify transitions, handoffs and leaders (mentoring) in the process of implementing your project; and consider the audience(s) you are trying to reach.

SECTION 6 RESOURCE REQUIREMENTS

6.1 Healthcare Administration and Interprofessional Leadership Program Organization

To implement the program, the MHA-IL program team includes a Program Director (.60 FTE), a Curriculum Specialist (.60 FTE), the equivalent of 2 full time faculty members and a Program Assistant (1.0 FTE). The Program Director position increases to .75 FTE, and 2 additional staff and faculty positions are added to the program when students begin the program in fall 2013.

Figure 2 depicts the organizational relationships among the MHA-IL program team members. Revenue from student fees fund all personnel and operational expenses for the program. Table 2 provides a six year fiscal forecast for the program. Fiscal projections indicate that in FY 2014-15, the program funds additional faculty and staff if needed, funds reserves, and develops a scholarship account to assist students with tuition. The program also contributes to the overall fiscal health of CHS and the SON. There is no anticipated net negative impact on the teaching capacity or operations of other programs in the SON or on campus.

6.1.1 Program Director

The Program Director (.75 FTE) leads and manages the overall program including the budget, marketing and recruitment activities, and oversee faculty hiring and development. The Director collaborates with the MHA-IL Advisory Group for administrative and program development,
with the program’s Coordinating Council for curricular issues and reports to the Chair of the Department of Community Health Systems (CHS).

6.1.2 Curriculum Specialist

The Curriculum Specialist (.60 FTE) reports to the Program Director. Key responsibilities include working with the online vendor to develop and maintain the curriculum and course offerings in accordance with the WASC standards, working with faculty to integrate online and on-campus curriculum across curricular tracks, and conducting annual program evaluations. The Curriculum Specialist will work closely with the Program Director to initiate application for accreditation from CAHME during the second year of program operation.

6.1.3 Program Faculty

Four nurse and non-nurse faculty members lead and develop the overall program curriculum. Each member develops specialty content for one of the program tracks and courses within a program track: 1) leadership and change; 2) research, data management and evaluation; 3) interprofessional teamwork and 4) health systems management. Each serves as faculty of record for the specialty track’s online and on-campus courses, supervises teaching assistants, and advises a cohort of students.

6.1.4 Program Assistants

The Program Assistants (3.0 FTE) report to the Program Director and assist with developing procedures and systems to ensure effective operation of the program, including integration into the systems and procedures of the SON and UCSF campus. The Program Assistants serve as point persons for student inquiries, manage admission procedures in the Office of Student Affairs in the SON, assist with course and class scheduling, provide technical support to program faculty and coordinate the comprehensive examination process.
6.2 Library Acquisitions

There are no anticipated additional costs for library acquisitions as most of the books and journals necessary for the graduate program are already available in the library or online. Students will have access to online resources for articles, such as PubMed and Google Scholar. The MHA-IL program will also be supported by the online resources of the UC California Digital Library system.

6.3 Computing Requirements

All students are expected to have a computer and Internet access. A laptop or tablet is needed for on-campus class activities and homework. Students are expected to be experienced in using Microsoft Word, Microsoft Excel, Microsoft PowerPoint, The Web, Adobe Reader, Anti-virus software, and E-mail. Complete information for students is available on the SON website.

Students receive the standard desktop support available from the Interactive Center of the UCSGF Library. In addition, the online vendor provides 24/7/365 support to students for technical assistance for online courses.

6.4 Equipment

The SON and CHP buildings possess the equipment required to produce and deliver online and on-campus courses for this program. Classroom audio-visual presentation equipment for the on-campus sessions is already installed in campus lecture halls. Faculty use department issued computers and students use their personal computers to access the program’s course website.
6.5 Space and Other Capital Facilities

Faculty: Office space to accommodate the faculty and staff for the program is provided by the Department of Community Health Systems in the SON.

On-campus classes: The on-campus component of the program occurs over one weekend each quarter. The first weekend consists of three days of classes and the following two on-campus sessions are two days in length. The executive weekend format allows classes to be scheduled at non-peak times at the SON Parnassus Campus and the CHP Laurel Heights Campus. Classrooms at both settings easily accommodate groups of approximately 32 to 128 students at each session. Large classrooms are used for shared keynote lectures and educational activities and smaller rooms scheduled for break-out sessions.

6.6 Other Operating Costs

There are significant costs to support the online learning system for the proposed program. UCSF Administration, the SON Dean, and the Program Director are exploring a five to seven year relationship with two major online vendors to provide a package of services to the program that includes start-up funding for the planning year FY2012-13, program website development, training in online course development for program faculty and staff, ongoing support services for students, faculty, and teaching assistants/instructors assisting with online courses, and full responsibility for marketing and recruitment. The online learning system selected will be a secure one-stop multimedia technology platform that provides online tools for all activities related to the conduct on the online program. We anticipate that a vendor, experienced in providing graduate level online services to top tier universities, will be selected by July 2012.

The vendor recovers start-up expenditures from tuition revenue over the period of the initial agreement. The vendor’s share of revenues is at a 50% rate for five to seven years. Thereafter, the vendor receives a lower share of tuition revenues commensurate with the services needed to sustain and grow the program. The vendor bears full risk for the start-up funds they invest in the MHA-IL program. All terms of the revenue sharing and responsibilities will be articulated in a contract between the SON and the selected vendor.

6.7 Program Budget and Fees

The program fees begin as $1,200 per unit for a total of $43,200 for the four quarter program. This initial fee amount is determined to be competitive pursuant to a survey of similar programs. The total cost to the student is equal to fees paid by MS students in the SON over six quarters, and significantly lower that the fees for one year of pre-licensure study paid by Masters Entry Program students ($55,000), the other self-sustaining program in the SON. The fee/unit is set conservatively to attract applicant interest and test the market’s demand for this new degree. The program fee remains constant (that is, no annual increase) for the first five years of program operation. While we expect to have ordinary annual increases thereafter, any new fee levels apply only to new student enrollments.
6.7.1 Self-sustaining Fiscal Model

The financial pro forma for the MHA-IL program, presented in Table 2, covers the start-up period (FY 2012-13) through the first 5 years of program operation ending at the close of FY 2017-18. The spreadsheet demonstrates the fiscal trajectory of the program over a six year period. Projections indicate that the program will be revenue positive by FY 2014-15. The variance of revenue to expenditures is depicted in Figure 3.

6.7.1.1 Revenue assumptions are: 1) a cohort of 32 students is be admitted each quarter (four cohorts per year) for the first five years of the program; 2) students take 36 units to complete the program; 3) the program fee/unit is set at $1,200 for a five year period; and 4) annual revenue is based on the number of full-time student equivalents.

A full-time student equivalent is calculated by determining the number of units students take within a fiscal year. For example, in year one, a total of 128 students will be admitted. Of those, 32 will be enrolled for 4 quarters and take 36 units, 32 will be enrolled for 3 quarters and take 27 units, 32 will be enrolled for 2 quarters and will take 18 units, and 32 will be enrolled for 1 quarter and take 9 units. Therefore in year one, the equivalent of 80 students will pay for full fees ($43,200). In years two through five, the equivalent of 128 full-time students will pay full fees.

6.7.1.2 Expense assumptions are: 1) personnel costs increase by 5% each year, 2) operational costs increase by 3% each year, 3) benefits increase by 10% each year, 4) online vendor expenses are 50% of revenue from student fees each year for five years, and 5) the UC Office of the President receives 1.6% of gross revenue from the program annually.

Figure 3 Revenue/Expenditure Variance by Year

<table>
<thead>
<tr>
<th>Planning Yr</th>
<th>Estimated</th>
<th>Projected</th>
<th>Projected</th>
<th>Projected</th>
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<td>FY 2012 - 13</td>
<td>$400,000</td>
<td>$3,456,000</td>
<td>$5,529,600</td>
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<td>FY 2013 - 14</td>
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Variance

| FY 2012 - 13 | $3,200  |
| FY 2013 - 14 | $18,250 |
| FY 2014 - 15 | $397,644 |
| FY 2015 - 16 | $451,480 |
| FY 2016 - 17 | $375,524 |
| FY 2017 - 18 | $295,389 |

Figure 3: Revenue/Expenditure Variance
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<td>Number of Students</td>
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<td>128</td>
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<td>Projected Expenses</td>
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<td>$12,672</td>
<td>$12,928</td>
<td>$12,928</td>
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<td>Office of Student Relations</td>
<td>$19,360</td>
<td>$32,000</td>
<td>$33,152</td>
<td>$34,304</td>
<td>$35,456</td>
<td>$35,456</td>
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<tr>
<td>Other Student Services</td>
<td>$16,400</td>
<td>$27,136</td>
<td>$28,032</td>
<td>$29,056</td>
<td>$30,080</td>
<td>$30,080</td>
</tr>
<tr>
<td>EMR (RTS)</td>
<td>$18,240</td>
<td>$30,208</td>
<td>$31,232</td>
<td>$32,384</td>
<td>$33,536</td>
<td>$33,536</td>
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<td>Student Financial Services</td>
<td>$53,120</td>
<td>$87,936</td>
<td>$91,008</td>
<td>$94,208</td>
<td>$97,536</td>
<td>$97,536</td>
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<td>Subtotal Student Services</td>
<td>$229,040</td>
<td>$379,136</td>
<td>$392,448</td>
<td>$406,272</td>
<td>$420,352</td>
<td>$420,352</td>
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<tr>
<td>Direct Services to Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Student Health Services</td>
<td>$68,160</td>
<td>$114,560</td>
<td>$120,320</td>
<td>$126,336</td>
<td>$132,608</td>
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<tr>
<td>UCSF Library</td>
<td>$97,200</td>
<td>$161,024</td>
<td>$166,656</td>
<td>$172,544</td>
<td>$178,560</td>
<td>$178,560</td>
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<td>Subtotal Other Direct Services</td>
<td>$165,360</td>
<td>$275,584</td>
<td>$286,976</td>
<td>$298,880</td>
<td>$311,168</td>
<td>$311,168</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$3,337,750</td>
<td>$4,831,956</td>
<td>$4,927,626</td>
<td>$5,028,903</td>
<td>$5,135,748</td>
<td>$5,135,748</td>
</tr>
<tr>
<td>Variance [Revenue less Expenses]</td>
<td>-$396,800</td>
<td>$118,250</td>
<td>$697,644</td>
<td>$601,974</td>
<td>$500,697</td>
<td>$393,852</td>
</tr>
<tr>
<td>Campus Loan</td>
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<td>($100,000)</td>
<td>($300,000)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year 3-5 Student Scholarship</td>
<td>N/A</td>
<td>$0</td>
<td>$0</td>
<td>($150,494)</td>
<td>($125,174)</td>
<td>($98,463)</td>
</tr>
<tr>
<td>Adjusted Variance [Revenue less Scholarships]</td>
<td>$3,200</td>
<td>$18,250</td>
<td>$397,644</td>
<td>$451,481</td>
<td>$375,523</td>
<td>$295,389</td>
</tr>
</tbody>
</table>
SECTION 7: GRADUATE STUDENT SUPPORT

As matriculated students, enrollees in the MHA-IL program are eligible for federal student loans and for loans and scholarships administered through UCSF.

As the program develops surplus revenues, projected by the third year of operation (FY 2015-16), we expect to use at least 25 percent of these funds for student scholarships. The SON is particularly invested in supporting students from underrepresented groups. We also anticipate using revenue generated from the program to attract matching funds from foundations and individuals to assist with developing a consistent source of funding for students.

Dr. Judy Martin-Holland, Associate Dean for Academic Programs and Diversity Initiatives, SON is a member of the MHA-IL Program Coordinating Council. She and other members of the Coordinating Council and larger Advisory Group are dedicated to attracting and retaining a talented and diverse graduate student population.

This program is intended to be an intensive 12 month course of instruction designed to lead to the MS degree. As such, there will be no opportunity for students to participate in teaching duties or to assume research duties. We anticipate that students in this program will be employed.

SECTION 8: CHANGES IN SENATE REGULATIONS

No changes to Senate Regulations will be required. Online degrees in the UC system have been approved.
References


Patient Protection and Affordable Care Act (P.L. 111-148) 2010.


Appendix A: California Post-Secondary Education Commission Questionnaire

Appendix A
California Post-Secondary Education Commission Questionnaire

Information Required by CPEC

This questionnaire is to be completed by sponsoring faculty (department or group). It will be used by Systemwide Administration to prepare a report to the California Postsecondary Education Commission. If more space is required, please attach as many additional sheets as necessary. Attach to full proposal.

1. **Name of Program:** Healthcare Administration and Interprofessional Leadership

2. **Campus:** UC San Francisco

3. **Degree/Certificate:** Master of Science

4. **CIP Classification:** (to be completed by Office of the President)

5. **Date to be started:** Fall quarter, 2013

6. **If a modification of existing program, identify that program and explain changes.**

The proposed Healthcare Administration and Interprofessional Leadership Master of Science (MS) program modifies and replaces the current Nursing and Health Systems Leadership MS program in the Department of Community Health Systems, School of Nursing, UCSF. The new program contrasts with the existing MS program in six major ways: 1) the length of the program is reduced from two years to 12-months; 2) students are able enroll at the start of each quarter rather than once a year; 3) a blended model of online and on-campus academic courses is used; 4) academic activities and professional experiences are grounded in interprofessional science; 5) admission to the program is expanded to include post-baccalaureate prepared nurses and non-nurses in the health care field (e.g., social work, pharmacy, dentistry, gerontology, occupational and physical therapy), and 6) the program is self-supporting.

Seventy percent of the program curriculum is in a web-based, online format. Courses are available to students in a “carousel” design which offers maximum flexibility for matriculation. Seven units of on-campus courses in the first, third and fourth quarters of study provide face to face opportunities for students to meet their online colleagues work directly with UCSF faculty and engage in essential interprofessional learning activities. Competencies acquired through online and on-campus coursework closely link theory to practice in four units of administrative practicum. Collectively, online, on-campus, and practicum courses prepare graduates with a nuanced understanding of the healthcare context, interprofessional competencies in management and leadership, and the knowledge and skills to institute change in practice.
1. **Purpose and distinctive features.**

This MS program is an academic degree designed to prepare working healthcare professionals from across many disciplines with needed knowledge, skills and competencies to effectively translate scholarly understandings in the workplace. The model is attractive to students who desire professional advancement but are unable to enter a traditional on-campus program because of work, family or geographic constraints.

To our knowledge, these distinctive features are not currently offered in the University of California system or other U.S. residential or online universities.

8. **Type(s) of students to be served:**

The program is designed for non-traditional, professionally employed students for whom a residential campus-based format is not feasible. The target market includes entry and mid-level managers and clinicians with an interest in advancing their careers in management and leadership positions in local, regional and national organizations.

9. **If the program is not in current campus academic plan, give reason for proposing the program now:**

The program’s interprofessional focus and expanded admission of non-nurse professionals into the program responds to the call for new direction in graduate healthcare education. This critical change has been identified by national and international bodies such as the IOM and the WHO and supported by discipline-specific professional associations including the accreditation councils of graduate education in medicine, pharmacy, nursing, dentistry, physical therapy and osteopathic medicine. Additionally, the program offers a timely and unique opportunity to respond to increasing demands for accessible graduate education by working professionals.

10. **If program requires approval of a licensure board, what is the status of such approval?**

No approval is required.

11. **Please list special features of the program.**

While admission requirements include at least six months of work experience in healthcare, no credit for previous work experience will apply towards academic credit. One hundred twenty hours of an administrative practicum (MHA 470A, B, and C) is required and constitutes four units of study toward the degree. There are no lab requirements. The program consists of 36 units of academic coursework. Of these, 25 units are online courses, 7 units are on-campus courses, and 4 units of practicum are to be completed in the student’s work setting. The program can be completed in four quarters. Students will be admitted to the program quarterly.
12. List all new courses required: Department, Course Number, Title, and Hours/Week of lecture/lab.

<table>
<thead>
<tr>
<th>Course #</th>
<th>Title</th>
<th>Units</th>
<th>Hours of instruction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Online Courses</strong></td>
<td></td>
<td></td>
<td>Web-based (30 hours = 1 unit)</td>
</tr>
<tr>
<td>MHA201A</td>
<td>Leadership I: Leadership Theory</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>MHA201B</td>
<td>Leadership II: Change Theory</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>MHA201C</td>
<td>Leadership III: Health Care Policy</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>MHA201D</td>
<td>Leadership IV: Health Care Strategy</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>MHA202A</td>
<td>Research I: Advanced Scholarship</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>MHA202B</td>
<td>Research II: Epidemiology</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>MHA202C</td>
<td>Research III: Project Implementation</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>MHA202D</td>
<td>Research IV: Project Evaluation</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>MHA203A</td>
<td>Teamwork I: Communication Theory</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>MHA203B</td>
<td>Teamwork II: Interprofessional Science</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>MHA203C</td>
<td>Teamwork III: Interprofessional Collaboration</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>MHA203D</td>
<td>Teamwork IV: Building Networks and Partnerships</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>MHA204A</td>
<td>Management I: Issues in Administration and Leadership</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>MHA204B</td>
<td>Management II: Advanced Financial Management</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>MHA204C</td>
<td>Management III: Human Capital</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>MHA204D</td>
<td>Management IV: Introduction to Health Informatics</td>
<td>1</td>
<td>30</td>
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<table>
<thead>
<tr>
<th><strong>Administrative Practicum</strong></th>
<th></th>
<th></th>
<th>Practice-based (30 hours = 1 unit)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHA470.01</td>
<td>Administrative Practicum I: Transformational Leadership</td>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>MHA470.02</td>
<td>Administrative Practicum II: Organizational Complexity &amp; Change</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>MHA470.03</td>
<td>Administrative Practicum III: Concept Integration &amp; Project Management</td>
<td>1</td>
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<table>
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<tr>
<th><strong>On-Campus Courses</strong></th>
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<th>Lecture-based (10 hours = 1 unit)</th>
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</thead>
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<td>MHA205B</td>
<td>Competency Integration II</td>
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<td>20</td>
</tr>
<tr>
<td>MHA205C</td>
<td>Competency Integration II</td>
<td>2</td>
<td>20</td>
</tr>
</tbody>
</table>

13. List all other required courses: Department, Course Number, Title, Hours/Week Lecture Lab.

No other required courses – no other courses are required

14. List UC campuses and other California institutions, public or private, which now offer or plan to offer this program or closely related programs:

There is no similar program in the entire UC system. Graduate nursing programs at four UC campuses, Irvine, UCSF, UCLA and Davis offer advanced education for nurses in traditional, campus-based programs. Each restricts enrollment to applicants with a nursing degree. While
most nursing curriculum focuses on inter-disciplinary collaboration and communication, the proposed program is innovative by preparing members of the diverse healthcare team together.

UC Berkeley, UC Irvine and UCLA offer a Master of Business Administration (MBA). Each program serves a slightly different group of students. Students that seek an MBA degree wish to concentrate on learning operational and general business competencies. The proposed program differs from MBA programs by developing business competencies for general application in the context of health and health systems.

UCLA has an Executive MPH program, but it is a residential program with weekend classes. The UC Berkeley E-MPH offers a unique program for a different population of students who are primarily interested in public health program development and management.

Outside the UC system, California State University at Northridge admits students on time a year to a traditional on-campus Master of Health Administration program. The University of Southern California also offers a traditional on-campus MHA program and students enroll during the fall semester only.

The MS in Healthcare Administration and Interprofessional Leadership Program is unique. It is consistent with the mission of the University and the educational goals of the UCSF health science campus. Preparing interprofessional leaders and managers for roles in the complex healthcare system is a vital addition to the University’s contribution to the people of California.

15. List any related program offered by the proposing institution and explain the relationships.

The proposed program will complement non-degree programs at the Center for the Health Professions (CHP) and the work of the Center for Innovation in Interprofessional Healthcare Education (Center for Innovation) and the Clinical & Translational Science Institute (CTSI).

- The proposed program incorporates core leadership competencies developed for and tested in CHP’s certificate programs. The Center Director, Dr. Ed O’Neil, is faculty in the proposed program and Dr. Fleming, the new program’s director, is faculty in the CHP Change Agent Program.
- CTSI’s programs emphasize multi-disciplinary collaboration in their mission to translate research into practice. Faculty members from the Institute are members of the program’s Advisory Group.
- The work of the Center for Innovation includes faculty development, continuing education and interprofessional scholarship. The Center will be a key contributor to the proposed program’s curricular track on interprofessional teamwork. The director, Dr. Reeves, is a member of the program’s Coordinating Council and his recent book, Interprofessional Teamwork for Health and Social Care, is text for the interprofessional teamwork curricular track in the proposed program.
16. Summarize employment prospects for graduates of the proposed program. Give results of job market survey if such has been made.

Graduates will have ample opportunities for employment. Healthcare is one of the fastest growing and largest industries in the nation. Bureau of Labor Statistics show that healthcare occupations exceed the projected national growth rate for all jobs. Changes stemming from health care reform are predicted to create new managerial positions as healthcare systems diversify. Specialized clinical training, often not required for management positions, is considered an asset in today’s market. Graduates from this program, prepared academically and having concurrent work experience further strengthens their employment portfolio.

17. Give estimated enrollment for the first 5 years and state basis for estimate.

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</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td>80</td>
<td>128</td>
<td>128</td>
<td>128</td>
<td>128</td>
</tr>
</tbody>
</table>

Market surveys report the number of master’s degrees in the closest related degree field (Health Care Administration) has shown positive trending over the past five years. Additionally, based on the number of degrees conferred by institutions producing the largest number of graduates in 2010, this type of degree program appears capable of sustaining large enrollments.

18. Give estimates of the additional cost of the program by year for 5 years in each of the following categories: FTE Faculty, Library Acquisitions, Computing, Other Facilities, and Equipment. Provide brief explanation of any of the costs where necessary.

**FTE Faculty:** The program is self-supporting. It will employ two FTE of faculty in the first year, increasing to four FTE when students enroll in fall quarter, 2013.

**Library Acquisitions:** There are no anticipated additional costs for library acquisitions as most of the books and journals necessary for the program are already available in the library or online.

**Computing:** All students are expected to have a computer and Internet access. A laptop or tablet is needed for on-campus class activities and homework.

**Other Facilities:**

Faculty: Office space to accommodate program faculty and staff is provided by the Department of Community Health Systems in the SON. The Program Director and Curriculum Specialist have office space currently and will continue to use that space.

On-campus classes: The on-campus component of the program occurs one weekend each quarter, allowing classes to be scheduled at non-peak times at the SON Parnassus Campus and the CHP Laurel Heights Campus. Classrooms at both settings easily accommodate groups of approximately 32 to 128 students at each session.
**Equipment:** The SON and CHP buildings are equipped to produce and deliver online and on-campus courses for this program. Classroom audio-visual equipment for on-campus sessions is already installed in campus lecture halls. Faculty use department issued computers and students use their personal computers to access the program's course website.

**19. How and by what agencies will the program be evaluated?**

The Program will be evaluated by the Program Coordinating Council annually. This evaluation will be based on anonymous faculty evaluations, interviews with faculty, current students and graduates, financial reports, and metrics provided by the online vendor. In addition, the Graduate Council and the Graduate Division will conduct an Academic Program Review of the program every five years. The review will follow the guidelines and best practices for evaluating online degree programs identified by the Western Association of Schools and Colleges (WASC).
Appendix B

UCSF Course Catalogue Descriptions of On-line/On-Campus and Practicum Courses

Online Courses

MHA201A Leadership I: Leadership Theory (2 units)

Course Description: This course focuses on the evolution of leadership theories and their relationship to societal trends. Students will critically analyze evidence relevant to effective leadership behaviors and the impact of behaviors on organizational and staff performance and system outcomes.

MHA201B Leadership II: Change Theory (2 units)

Course Description: This course focuses on theories of change as they impact processes of innovation and performance improvement in healthcare organizations. Organizational issues will be examined through the lens of systems thinking and complexity science. The impact of internal and external forces and evidence-based strategies to create and negotiate change in complex organizations will be analyzed.

MHA201C Leadership III: Health Care Policy (1 unit)

Course Description: This course focuses on learning and using theories of the policy process, including analyzing how health policy problems are constructed. Perspectives on agenda setting, media roles, advocacy, policy innovation, diffusion and implementation will be integrated with examples of policy problems. Course content focuses specifically on healthcare policies related to quality and safety practices in organizations.

MHA201D Leadership IV: Health Care Strategy (2 units)

Course Description: This course focuses on the synthesis and application of leadership, change, and policy theories in setting institutional direction for change. Principles and strategies for innovation, diffusion of ideas, and evaluation of organizational performance are examined. Foci include: 1) governance, 2) workforce engagement, 3) organizational capacity, 4) environmental factors, 5) work process design, and 6) data application. Internal and external predictors of success are incorporated and examined from the perspective of multiple stakeholders.

MHA202A Research I: Advanced Scholarship (1 unit)

Course Description: This course focuses on the elements of research methods and design that are essential to the translation of knowledge into practice, administration, leadership, and health policy. The course focuses on the development of critical thinking skills related to utilization and evaluation of research findings. The scientific and practical merit of research reports in management and leadership literature is evaluated for potential utilization in practice.
MHA202B Research II: Epidemiology (1 unit)

Course description: This course covers the basic concepts and methods of epidemiologic research design and analysis. Content emphasizes the critical evaluation of research and its use in guiding practice and evaluating practice outcomes. Content also includes consideration of how research questions are formulated and lead to discovery of new knowledge.

MHA202C Research III: Project Implementation (2 units)

Co-requisite Courses: MHA470.02 Administrative Practicum II

Course description: This course focuses on the tenets of project design and management for healthcare organizations. Elements of evidence-based projects including development of appropriate aims and objectives, metrics, and evaluation criteria will be examined and applied to an on-site change project in the student’s area of practice. The change project will address a key organizational problem and consider factors such as cost, organizational culture, workforce engagement and legal, ethical and professional issues.

MHA202D Research IV: Project Evaluation (2 units)

Course description: This course covers in-depth evaluation methods for health service and health systems research and project management. The course provides the student with a mentored experience to execute and evaluate the change project designed in the Research III course.

MHA203A Teamwork I: Communication Theory (1 unit)

Course description: This course reviews theories of communication and human interaction, examines principles of effective communication as they relate to establishing and maintaining a collaborative relationship, and embeds effective communication within leadership and interprofessional frameworks. As managers and leaders must accomplish work with and through others, interactive exercises are threaded throughout the course for development of leadership style and presence.

MHA203B Teamwork II: Interprofessional Science (2 units)

Course Description: This eight-module course focuses on the basic tenets of interprofessional science. Leadership literature is explored for evidence of nested principles of interprofessional collaboration, teamwork and communication. Each module employs a combination of didactic and active, experiential learning, and uses reflective writing, team-based case studies, and peer-facilitated team-based debriefings of experiences to solidify learning.

MHA203C Teamwork III: Interprofessional Collaboration (2 units)

Course Description: This course focuses on theories, principles and practices related to interprofessional collaboration including group and team dynamics, behavioral science, conflict
management, role differentiation and values. Facilitators and barriers to effective interprofessional teamwork and the impact on cost and efficacy are examined.

**MHA 203D Teamwork IV: Building Networks and Partnerships (1 unit)**

Course Description: This course focuses on key tenets of network theories as related to employing principles of engagement and inclusiveness in working inside and outside an organization’s vertical structure. Content examines macro system issues of competition, marketing, and adaptability. Facilitators and barriers to effective networking and building interprofessional partnerships are also examined.

**MHA204A Management I: Issues in Administration and Leadership (1 unit)**

Course Description: This course provides a foundational framework for learning about complex system management, an opportunity for students to learn from experts in various and diverse administrative and leadership positions, and participate in a dialogue with faculty and classmates on topics of interest and concern to leaders, including leadership, diversity, management and professionalism. This course provides an opportunity for development of skill acquisition through group discussions, guest lectures and mentoring.

**MHA204B Management II: Advanced Financial Management (2 units)**

Course Description: This course examines advanced financial management concepts including supply/demand models, working capital, financial structure, cost of capital, costing and valuation. Application of financial theory and the influence of health care policy will focus on comparisons of integrated, profit/not-for-profit, and public/private health systems.

**MHA204C Management III: N287B Human Capital (1 unit)**

Course Description: The course critically analyzes management and personnel theories relative to employer-employee relations in healthcare organizations. Emphasis is on human capital and development, leadership, working relationships, conflict resolution, labor movement, labor legislation and regulation, and contract negotiations.

**MHA204D Management IV: Introduction to Health Informatics (1 unit)**

Course Description: This course focuses on 1) the use of information systems/technology as a mechanism to support knowledge-based and evidence-based practice in the delivery and evaluation of health promotion and direct patient care; 2) the use of technology to support administrative decision-making, implement quality improvement initiatives, and capture and manage individual and aggregate level data.
**Administrative Practicum Courses**

**MHA470.01 Administrative Practicum I: Transformational Leadership (2 units)**

Pre-requisite Courses: MHA201A Leadership Theory; MHA203A Communication Theory; and MHA204A Quality & Safety

Course Description: This practicum focuses on the application of theories and evidence-based knowledge essential to effective transformational leadership practices in healthcare organizations. The foci of this course are the assessment of leadership methods, organizational responses, and the implementation and evaluation of a leadership plan. Based on self-assessments, students will also develop a personalized plan for the continuing development of their transformational leadership skills.

**MHA470.02 Administrative Practicum II: Organizational Complexity & Change (1 unit)**

Co-requisite Research Course: MHA202C Project Implementation

Course Description: This practicum focuses on the application of theories and evidence-based knowledge related to complex organizations. Working with an executive or leadership team, students will synthesize and apply organizational theories and evidence-based principles to plan a system-level change project.

**MHA470.03 Administrative Practicum III: Concept Integration and Project Management (1 unit)**

Co-requisite Research Course: MHA202D Project Evaluation

Course Description: This practicum will focus on the synthesis and translation of quality and safety theories, leadership models, and principles of change management at an organizational level. Working with the organization the student will complete and evaluate the interprofessional change project that addresses one of the four threats to patient outcomes.
On-campus Classes

MHA205A Competency Integration I (3 units)

Course Description: This is the first of three courses that focus on integration of theory, evidence and practice in interprofessional leadership. This course emphasizes the importance of self-knowledge in becoming an effective leader and change agent. MBTI and 360 assessments are used to assist students develop and understanding of their work and communication preferences based on their personal profile. Change paradigms are explored. Participants initiate the planning for self-development and improvement projects at their work organization.

MHA205B Competency Integration II (2 units)

Course Description: This is the second in a series of 3 courses focused on building interprofessional leadership competencies. Leaders today face a complex and ever-changing healthcare environment. New leadership paradigms for managing and leading both people and projects are essential for execution of excellent care. This course focuses enhancing communication to identify and successfully influence stakeholders in change initiatives.

MHA205C Competency Integration III (units)

Course Description: This is the final in a series of 3 courses focused on building interprofessional leadership competencies. This course focuses on developing interprofessional project teams, understanding the core elements of working with others and how one’s personal profile impacts this process. This course is designed to augment and integrate knowledge acquired across the Healthcare Administration and Interprofessional Leadership program.
Criterion I. Program Mission, Values, Vision, Goals and Support

1.A. Mission and Metrics

I.A.1 The Program will have statements of mission, vision, and values that will influence the Program’s design and guide the Program’s evaluation and quality improvement efforts.

I.A.2 The Program will establish goals, objectives and performance outcomes that are action-based, observable, and measurable.

I.A.3 The Program will identify a set of competencies related to its mission and the types of jobs graduates enter upon completion of the Program.

I.A.4. The Program will monitor the health system, the University environment, and management theory and practice and adjust its mission, vision, goals and objectives in response to environmental changes and needs when necessary.

I.B. Institutional Support

I.B.1 The Program will have sufficient financial and administrative support to ensure that its mission, goals and objectives can be achieved.

I.B.2 University policies will provide time and support for faculty development, research and/or scholarship, and service.

I.B.3 The Program will ensure that facilities, equipment, and supplies are sufficient to support Program quality and achieve the Program’s mission, goals and objectives. This will include:
a) Library and/or access to information resources;

b) Computing technology and the appropriate management software; and

c) Classroom and other learning space, and physical facilities for students, faculty, and staff, as appropriate to the method of course / program delivery.

I.B.4 Program leadership will have the authority to ensure the integrity of the Program.

II. A Students, Graduates and Others

II.A.1 The Program will provide full and accurate information regarding its curriculum, the competencies that form the basis for its curriculum, teaching and assessment methods, and recruitment process to potential students, and make general information available to the public, employers, preceptors and other interested parties.

II.A.2 The Program will have recruiting practices and well-defined admission criteria designed to admit qualified students and pursue a diverse student population.

II.A.3 The Program will have a process that regularly evaluates the extent to which students attain the competencies that form the basis for the program’s curriculum.

II.A.4 The Program will ensure that students are provided appropriate support services, and that these services are evaluated regularly as a basis for ongoing improvement.

II.A.5 The Program will involve students, alumni, and practitioners in appropriate areas of Program decision-making and evaluation.

II.A.6 The Program will ensure that graduates have completed the Program well-prepared to pursue careers consistent with Program goals and recognized competencies and that their career preparedness is monitored, documented and used in Program evaluation and as a basis for continuous improvement.

II.A.7 The Program will have a process for handling formal student complaints and use these complaints, where appropriate, for program evaluation and improvement.

Criterion III. Curriculum

III.A. Curriculum Design

III.A.1 The Program will adopt a set of competencies as the basis of its curriculum and link course content and learning objectives to the competencies.
Appendix C: CA+HME Accreditaton

III.A.2 The Program will structure its curriculum so that students achieve levels of competency appropriate to graduate education.

III.A.3 The Program will ensure that course syllabi incorporate current developments in the field and accurately reflect course competencies and content, teaching and assessment methods and relationship to other courses.

III.A.4 The Program will evaluate course instruction and the curriculum and use the results to develop specific plans for maintaining or improving the quality of the teaching and learning environment.

III.A.5 The Program will provide experiences at appropriate points in the curriculum for students to gain an understanding of and to interact with professionals across the broad range of health professions.

III.B. Curriculum Content

The Program curriculum should address the following healthcare management content areas, and is not necessarily course-specific, but rather content that should be taught somewhere in the program:

III.B.1 Population health and status assessment

III.B.2 Health policy formulation, implementation, and evaluation

III.B.3 Organizational development/organizational behavior theory and application

III.B.4 Management and structural analysis of healthcare organizations, including evaluation and redesign

III.B.5 Operations assessment and improvement

III.B.6 Management of human resources and health professionals

III.B.7 Information systems management and assessment

III.B.8 Legal principles development, application, and assessment

III.B.9 Governance – structure, roles, responsibilities, and alignment to leadership

III.B.10 Leadership - visioning, change management and team development

III.B.11 Written, verbal, and interpersonal communication skills

III.B.12 Statistical analysis and application
Appendix C: CA+HME Accreditation

III.B.13 Economic analysis and application to decision making

III.B.14 Market analysis, research, and assessment

III.B.15 Financial analysis and management

III.B.16 Ethics in business and clinical decision-making

III.B.17 Strategy formulation and implementation

III.B.18 Quality assessment for patient care improvement

III.B.19 Professional skills development

III.C. Applied and Integrative Learning

III.C.1 The Program will ensure that students demonstrate critical thinking and problem solving skills as well as management competencies in field based applications.

III.C.2 The Program curriculum will include integrative experiences that require students to draw upon, apply and synthesize knowledge and skills covered throughout the Program of study.

III.C.3 The program will provide, throughout the curriculum, opportunities for students to participate in team-based activities.

III.C.4 The organization of the Program and its relationship to other academic units will enable students to draw broadly on academic resources throughout the University.

III.C.5 The Program will have effective working relationships with a variety of healthcare management employers and will integrate the field of practice into the Program’s teaching and career guidance.

Criterion IV. Faculty Teaching, Scholarship and Service

IV.A Qualifications and Responsibilities

IV.A.1 Program and University leadership will ensure that the complement, involvement and qualifications of Program faculty are sufficient to accomplish the mission of the Program.

IV.A.2 The Program will foster a diverse culture within the faculty and learning environment.

IV.A.3 The program faculty will have responsibility for: making recommendations regarding admission of students, specifying health care management competencies, evaluating student performance, and awarding degrees.
IV.B. Faculty Recruitment, Development and Evaluation

IV.B.1 Program faculty will participate in defining faculty needs and in recruiting faculty to teach in the Program in accordance with University policy.

IV.B.2 Faculty responsibilities are consistent with University policies and faculty evaluation is equitable and fair.

IV.C. Teaching

IV.C.1 The program faculty will incorporate a range of teaching and assessment methods aligned with the Program’s defined competencies.

IV.C.2 The Program will ensure that there is a systematic plan for, and investment in, individual faculty career development in both teaching and scholarship.

IV.D. Research and Scholarship

IV.D.1 Faculty will demonstrate the development of new knowledge, the re-synthesis or re-conceptualization of existing knowledge and the creative application of theory to practice.

IV.D.2 Each core faculty member will demonstrate a record of scholarship and/or professional achievement appropriate to the stage of their academic career, their role and responsibilities associated with the Program, and the Program’s mission and goals.

IV.D.3 The faculty will demonstrate that they draw on their own current and relevant research and scholarship, as well as that of others, in their teaching.

IV.E Community and Professional Service

IV.E.1 Faculty will participate in health-related community and professional service activities outside of the university.

IV.E.2 Faculty will draw upon their community and professional service activities in their teaching.
Appendix D

Marketing and Feasibility Studies

1. Embanet+Compass Research Brief

2. Focus Group Summary: Characterization of a Master of Science in Interprofessional Healthcare Administration and Leadership Program
Master of Science in Health Systems Leadership

Research Brief

Prepared for

University of California – San Francisco

February 17, 2012
Purpose

This document details secondary research data for an online Master of Science (MS) in Health Systems Leadership program offered by the University of California – San Francisco (UCSF) School of Nursing. All information has been reviewed by EmbanetCompass (EC) Research and Institutional Development team and provides preliminary insight into the marketplace for the program.

Summary

Audience Profile

At its core, a Master of Science (MS) in Health Systems Leadership is a practitioner degree for individuals within healthcare occupations who wish to take on leadership and managerial roles. Although it is slated to be offered by the UCSF School of Nursing, a wide variety of individuals employed in healthcare occupations, beyond registered nurses, may qualify to enter this program. The two occupations most likely to enter this degree program are medical and health service managers and registered nurses in administration/management roles. These occupations represent the primary target market. Together these occupations include 323,008 academically eligible individuals who have attained at least a bachelor’s degree.

Beyond these two occupations, there are other healthcare professional occupations that include individuals that could be interested in this type of educational program (RNs in other roles, physicians and surgeons, pharmacists, physical therapists, dentists, occupational therapists, chiropractors, dietitians/nutritionists, optometrists, audiologists & speech-language pathologists, podiatrists, and respiratory therapists). These occupations represent the secondary target market. However, the Bureau of Labor Statistics does not allow for the segmentation of these various occupations by primary job function. Therefore, only a percentage of the more than 3.1 million individuals employed in occupations in the secondary audience are likely to be interested in this type of educational program. Despite this, the total audience size is still quite large and capable of supporting a sustainable level of program enrollments.

Degree Demand

The examination of historical degree production and growth rates provides an indication of the trends within a degree marketplace and the overall demand for a specific program. In the case of the MS in Health Systems Leadership, there is no strong degree category that specifically describes this type of educational opportunity. Therefore, the closest related degree field, Health/Health Care Administration/Management, is used as a proxy degree to evaluate market trends. The number of master’s degrees granted in this field has shown positive trending over the past five years, reaching 5,038 degrees granted by 2010. Growth year over year has been variable, but, overall, steadily positive. In general, degree demand appears to be strong and stable, indicating a mature market. Additionally, based on the number of degrees conferred by the institutions producing the largest number of graduates in 2010, this type of degree program appears capable of sustaining large enrollments; the top eight producing schools reported more than 100 graduates each during the previous academic year. However, new entrants into the market, especially not-for-profit institutions, should be aware of the large presence of for-profit institutions within this space that have the potential to drive up competition and marketing costs.
Because there is no standard degree program that must be taken for those who want to become managers or leaders in a healthcare field, multiple educational opportunities beyond the degree program that UCSF is proposing exist. These alternative pathways have the ability to siphon off some prospective students, creating a threat of substitution. For the MS in Health Systems Leadership these programs are divided into three categories. The first category consists of other healthcare focused degrees that provide specialized managerial and administrative education including: 1) Health Services Administration and 2) Hospital and Health Care Facilities Administration/Management. The number of degrees conferred in each of these fields is relatively small and unlikely to significantly affect enrollments in a MS in Health Systems Leadership program. The second category consists of healthcare degrees in management and administration in a specific occupational field including: 1) Nursing Administration and 2) Pharmacy Administration and Pharmacy Policy and Regulatory Affairs. Of these two the Nursing Administration program is the most significant competitor because of the large number of degrees granted (2,777) in 2010 but additionally because it specifically target nurses which is a major source of prospective students for UCSF’s proposed program.

Beyond the healthcare focused substitutable degrees, the more significant threat is from programs that offer a breadth of educational topics and then allow students to earn a concentration or specialization in health administration, management, or leadership. These programs represent the third category of substitutable degrees and include: 1) Business Administration/Management (MBA), 2) Public Administration (MPA), and 3) Public Health (MPH). A large number of master’s degrees are conferred in each of these fields, though the exact number of programs that focus in health administration cannot be calculated using data from the National Center for Education Statistics (NCES). However, despite this threat of substitution, the number of master’s degrees granted annually in Health Administration (the proxy field) is consistently strong, adeptly carving out its own identity within this space, and competing effectively with any of the substitutable program fields.

**Competitive Landscape**

UCSF’s proposed degree program represents a unique market offering that takes a multidisciplinary approach to health leadership education. Because of this unique approach, the number of programs considered to be core competition that already exist within the market is small. In fact, preliminary scanning revealed that currently no programs that would be considered core competition for UCSF’s program are offered online or in any distance learning format.

However, in line with the threats of substitution that exist in this degree market space, there are also several other types of programs with stronger competition that will compete. The first and most significant group of these is Master of Health Administration (MHA) programs. The level of online competition that already exists in the MHA marketplace is moderately high. Preliminary scanning activities identified 29 institutions that already offer fully online MHA programs to a national audience and engage in marketing activities to promote their programs. Within the competitive set for this market, a large number of highly ranked (Tier 1) and reputable institutions exist.

The other set of programs that compete within this market space are Master of Science in Nursing (MSN) programs with a leadership concentration of which there are 16 offered in some type of distance format and MSN programs with a specific nursing administration or management concentration for which 20 distance programs were identified.

If UCSF chooses to enter this online market, it will be important for it to differentiate its program offering from that of its peers’. One method of doing so may be offering concentration or specialization areas as part of the degree program. Currently, none of the core competitors and only a handful of MHA programs offer this option to students. EC has found that the ability to specialize or customize a degree program through the addition of a concentration area is highly valued by prospective students. Offering multiple concentrations allows the program to appeal to the broadest potential prospective student audience. These concentrations may be topic-specific such as (leadership, research, teamwork, etc.) or industry-specific such as (pharmacy, dentistry, nursing, etc.). Additional data regarding the competitive landscape that UCSF will face within the online MHA competitive market is provided in the final section of this document.
Google Search Volume

In order to assess the number of individuals actively searching for specific degree programs, EC utilizes Google AdWords tools. A quick scan of the number of searches per month of keywords and phrases closely related to general MS in Health Systems Leadership degree terms did not yield high search volume. Google AdWords returned only 1,000 impressions per month falling significantly below EC’s benchmark of at least 50,000 impressions per month. Additional searches on less related keywords using terms such as “school,” “college,” “university,” and “program” did not yield any additional search results. This suggests that this degree nomenclature is not phrasing that is familiar to the market when searching for this type of educational opportunity. The other marketplace indicators show that demand for this educational opportunity is present but that the market does not recognize this specific degree name.

In order to provide UCSF with alternatives that may add search volume and ultimately generate more prospective student leads, related keyword and phrase variations of the degree name and were also searched. These variations were “health systems management” and “health systems administration.” Of the two variations, health systems management keywords yielded the largest search volume with 135,212 impressions per month on degree keywords. With this in mind, in order to increase its recognition in the market, UCSF should consider making changes to its degree name or at least the way in which this program is marketed to incorporate management keywords that yield higher search volume.

A more profound change that UCSF could consider would be to use a degree name of Master of Health Administration or something very closely related. This is due to the fact that searches for this degree nomenclature returned 227,560 impressions per month, significantly more than any other degree name variation.

Overall Analysis

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Challenges</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Large and targetable pool of academically eligible prospective students from which to draw</td>
<td>- High threat of substitution from other types of degree programs</td>
<td>- Minimize the barriers to entry for prospective students (entrance testing, level of work experience, etc.)</td>
</tr>
<tr>
<td>- Strong market demand for this type of educational program</td>
<td>- Moderate to high level of online competition from institutions offering substitutable degree programs</td>
<td>- Limit the number of residency requirements due to existing fully online competition</td>
</tr>
<tr>
<td>- No current online core competitors with very similar programs</td>
<td>- Proposed degree nomenclature is not highly recognized or searched by the market</td>
<td>- Continue to admit a variety of healthcare professionals</td>
</tr>
<tr>
<td>- Unique educational approach which differentiates this program in the market</td>
<td></td>
<td>- Educate the market regarding this program in comparison to possible substitutes</td>
</tr>
</tbody>
</table>

- Highlight the core strengths of UCSF in marketing collateral
- Explore the possibility of concentration areas of study
- Consider a potential degree name change
# Input Audience

**Target Audience Size**

The target audience includes individuals working in healthcare occupations who have a need for leadership and management skills to further their careers or personal development.

**Primary Audience Size:** 323,008

**Secondary Audience Size:** 3,129,783

## Target Audience Size


<table>
<thead>
<tr>
<th>Occupational Category</th>
<th>Eligible Audience Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and health services managers</td>
<td>182,103</td>
</tr>
<tr>
<td>Registered nurses primarily working in management/administration positions</td>
<td>140,905</td>
</tr>
<tr>
<td><strong>TOTAL PRIMARY AUDIENCE SIZE</strong></td>
<td><strong>323,008</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Occupational Category</th>
<th>Eligible Audience Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other registered nurses</td>
<td>1,451,441</td>
</tr>
<tr>
<td>Physicians and surgeons</td>
<td>688,236</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>268,852</td>
</tr>
<tr>
<td>Physical therapists</td>
<td>178,541</td>
</tr>
<tr>
<td>Dentists, general</td>
<td>130,308</td>
</tr>
<tr>
<td>Speech-language pathologists</td>
<td>121,352</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>98,573</td>
</tr>
<tr>
<td>Chiropractors</td>
<td>51,338</td>
</tr>
<tr>
<td>Dietitians and nutritionists</td>
<td>43,663</td>
</tr>
<tr>
<td>Optometrists</td>
<td>34,132</td>
</tr>
<tr>
<td>Respiratory therapists</td>
<td>32,345</td>
</tr>
<tr>
<td>Podiatrists</td>
<td>12,874</td>
</tr>
<tr>
<td>Audiologists</td>
<td>12,272</td>
</tr>
<tr>
<td>Emergency management directors</td>
<td>5,856</td>
</tr>
<tr>
<td><strong>TOTAL SECONDARY AUDIENCE SIZE</strong></td>
<td><strong>3,129,783</strong></td>
</tr>
</tbody>
</table>
Target Occupations' Projected Growth

The national average projected growth rate (2010-2020) for all occupations is 14.3%.

Projected Growth:
All target audience occupations exceed the projected national growth rate of 14.3% for all occupations except emergency management directors.

<table>
<thead>
<tr>
<th>Occupational Category</th>
<th>Projected Growth (2010-2020)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered nurses primarily working in management/administration positions</td>
<td>26.00%</td>
</tr>
<tr>
<td>Medical and health services managers</td>
<td>22.40%</td>
</tr>
<tr>
<td>Physical therapists</td>
<td>39.00%</td>
</tr>
<tr>
<td>Audiologists</td>
<td>36.80%</td>
</tr>
<tr>
<td>Occupational therapists</td>
<td>33.50%</td>
</tr>
<tr>
<td>Optometrists</td>
<td>33.10%</td>
</tr>
<tr>
<td>Chiropractors</td>
<td>28.30%</td>
</tr>
<tr>
<td>Respiratory therapists</td>
<td>27.70%</td>
</tr>
<tr>
<td>Other registered nurses</td>
<td>26.00%</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>25.40%</td>
</tr>
<tr>
<td>Physicians and surgeons</td>
<td>24.40%</td>
</tr>
<tr>
<td>Speech-language pathologists</td>
<td>23.40%</td>
</tr>
<tr>
<td>Dentists, general</td>
<td>21.10%</td>
</tr>
<tr>
<td>Podiatrists</td>
<td>20.00%</td>
</tr>
<tr>
<td>Dietitians and nutritionists</td>
<td>19.70%</td>
</tr>
<tr>
<td>Emergency management directors</td>
<td>12.80%</td>
</tr>
</tbody>
</table>
Multidisciplinary Education in Developing Health Care Leaders

The Role of Multidisciplinary Education in Developing Health Care Leaders

Extracted from Multidisciplinarity, Interdisciplinarity, and Transdisciplinarity in Health Research, Services, Education, and Policy

(http://ukpmc.ac.uk/abstract/MED/17330451/reload=0;jsessionid=aJCSXHFhDfDIQj5njFwo.143)

Today’s health care professionals primarily operate within health care delivery systems that are structured in team-based work environments. In order for an individual to function effectively in this type of work environment, he or she needs to have a general knowledge and appreciation of the various health professionals and their respective roles. This is even more relevant to those in management and leadership or aspiring to management and leadership roles in a healthcare organization.

Because of this, UCSF intends to organize its program using a multidisciplinary approach.

- **Multidisciplinary Approach** – describes an academic program which includes knowledge associated with more than one existing academic discipline or profession; usually this includes people from different disciplines and professions who are engaged in working together as equals in addressing a common challenge.

Multidisciplinary approaches offer a framework which ultimately leads to the provision of a comprehensive health services. Some of the specific benefits of these approaches are: resolving real world and complex problems, allowing for the provision of several different perspectives on problems, creating comprehensive research questions, and developing consensus on clinical definitions and guidelines.

UCSF’s MS in Health Systems Leadership will engage professionals from all different health care fields in a common learning experience where they each offer different perspectives which ultimately will benefit the learning experience of all involved.
## Degree Category Codes Used

The corresponding table provides the names and descriptions of the degree category codes used to measure historical degree production and growth for programs relevant to UCSF’s proposed MS in Health Systems Leadership.

<table>
<thead>
<tr>
<th>Degree Category Name</th>
<th>Description</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health/Health Care Administration/Management</td>
<td>A program that prepares individuals to develop, plan, and manage health care operations and services within health care facilities and across health care systems.</td>
<td>Proxy Degree</td>
</tr>
<tr>
<td>Health Services Administration</td>
<td>A program that focuses on the application of policy analysis, public administration, business management, and communications to the planning and management of health services delivery systems in the public and private sectors, and prepares individuals to function as health services administrators and managers.</td>
<td>Substitutable Degree - Health</td>
</tr>
<tr>
<td>Hospital and Health Care Facilities Administration/Management</td>
<td>A program that prepares individuals to apply managerial principles to the administration of hospitals, clinics, nursing homes, and other health care facilities.</td>
<td>Substitutable Degree - Health</td>
</tr>
<tr>
<td>Nursing Administration</td>
<td>A program that prepares registered nurses to manage nursing personnel and services in hospitals and other health care delivery agencies.</td>
<td>Substitutable Degree - Health</td>
</tr>
<tr>
<td>Pharmacy Administration and Pharmacy Policy and Regulatory Affairs</td>
<td>A program that prepares individuals to apply managerial, social, and economic sciences to the study and management of the distribution and use of pharmaceutical products and the provision of pharmacy services.</td>
<td>Substitutable Degree - Health</td>
</tr>
<tr>
<td>Business Administration/Management, General</td>
<td>A program that generally prepares individuals to plan, organize, direct, and control the functions and processes of a firm or organization.</td>
<td>Substitutable Degree - General</td>
</tr>
<tr>
<td>Public Administration</td>
<td>A program that prepares individuals to serve as managers in the executive arm of local, state, and federal government and that focuses on the systematic study of executive organization and management.</td>
<td>Substitutable Degree - General</td>
</tr>
<tr>
<td>Public Health, General</td>
<td>A program that generally prepares individuals to plan, manage, and evaluate public health care services; to function as public health professionals in public agencies, the private sector, and other settings; and to provide leadership in the field of public health.</td>
<td>Substitutable Degree - General</td>
</tr>
</tbody>
</table>
Degree Production and Growth

**Historical Degree Production and Growth**

**Degree Category Used:** Health/Health Care Administration/Management

**Production Finding 2010:** 5,319

**Growth Finding 2006-2010:** Overall positive trend; slow or stable year over year

---

**Institutions Granting the Highest Number of Degrees**

Extracted from the National Center for Education Statistics (2010)

<table>
<thead>
<tr>
<th>Institution</th>
<th>Degree Name</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Phoenix-Online Campus</td>
<td>Health/Health Care Administration/Management</td>
<td>748</td>
</tr>
<tr>
<td>University of St Francis</td>
<td>Health/Health Care Administration/Management</td>
<td>189</td>
</tr>
<tr>
<td>Boston University</td>
<td>Health/Health Care Administration/Management</td>
<td>187</td>
</tr>
<tr>
<td>Pfeiffer University</td>
<td>Health/Health Care Administration/Management</td>
<td>176</td>
</tr>
<tr>
<td>Central Michigan University</td>
<td>Health/Health Care Administration/Management</td>
<td>134</td>
</tr>
<tr>
<td>Webster University</td>
<td>Health/Health Care Administration/Management</td>
<td>130</td>
</tr>
<tr>
<td>Colorado Technical University Online</td>
<td>Health/Health Care Administration/Management</td>
<td>120</td>
</tr>
<tr>
<td>Argosy University-Chicago</td>
<td>Health/Health Care Administration/Management</td>
<td>101</td>
</tr>
<tr>
<td>University of North Carolina at Chapel Hill</td>
<td>Health/Health Care Administration/Management</td>
<td>98</td>
</tr>
<tr>
<td>Capella University</td>
<td>Health/Health Care Administration/Management</td>
<td>98</td>
</tr>
<tr>
<td>New England College</td>
<td>Health/Health Care Administration/Management</td>
<td>84</td>
</tr>
<tr>
<td>University of Southern California</td>
<td>Health/Health Care Administration/Management</td>
<td>82</td>
</tr>
<tr>
<td>University of Michigan-Ann Arbor</td>
<td>Health/Health Care Administration/Management</td>
<td>74</td>
</tr>
<tr>
<td>University of Pennsylvania</td>
<td>Health/Health Care Administration/Management</td>
<td>70</td>
</tr>
</tbody>
</table>
Substitutable Degrees – Health

Substitutable Degree Production and Growth

Degree Category Used: Health Services Administration

Substitutable Degree Production and Growth, 2006-2010
Master’s Degrees in Health Services Administration
Extracted from the National Center for Education Statistics (2010)

<table>
<thead>
<tr>
<th>Year</th>
<th>Degree Production</th>
<th>Annual Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>424</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>447</td>
<td>5%</td>
</tr>
<tr>
<td>2008</td>
<td>680</td>
<td>52%</td>
</tr>
<tr>
<td>2009</td>
<td>751</td>
<td>10%</td>
</tr>
<tr>
<td>2010</td>
<td>693</td>
<td>-8%</td>
</tr>
</tbody>
</table>

Substitutable Degree Production and Growth

Degree Category Used: Hospital and Health Care Facilities Administration/Management

Substitutable Degree Production and Growth, 2006-2010
Master’s Degrees in Hospital and Health Care Facilities Administration/Management
Extracted from the National Center for Education Statistics (2010)

<table>
<thead>
<tr>
<th>Year</th>
<th>Degree Production</th>
<th>Annual Growth</th>
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<tbody>
<tr>
<td>2006</td>
<td>553</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>671</td>
<td>21%</td>
</tr>
<tr>
<td>2008</td>
<td>606</td>
<td>-10%</td>
</tr>
<tr>
<td>2009</td>
<td>676</td>
<td>12%</td>
</tr>
<tr>
<td>2010</td>
<td>607</td>
<td>-10%</td>
</tr>
</tbody>
</table>
**Substitutable Degree Production and Growth**

**Degree Category Used:**
- Nursing Administration

**Substitutable Degree Production and Growth, 2006-2010**
**Master’s Degrees in Nursing Administration**
Extracted from the National Center for Education Statistics (2010)

<table>
<thead>
<tr>
<th>Year</th>
<th>Degree Production</th>
<th>Annual Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>817</td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>1,064</td>
<td>30%</td>
</tr>
<tr>
<td>2008</td>
<td>1,442</td>
<td>36%</td>
</tr>
<tr>
<td>2009</td>
<td>1,599</td>
<td>11%</td>
</tr>
<tr>
<td>2010</td>
<td>2,777</td>
<td>74%</td>
</tr>
</tbody>
</table>

**Substitutable Degree Production and Growth, 2006-2010**
**Master’s Degrees in Pharmacy Administration and Pharmacy Policy and Regulatory Affairs**
Extracted from the National Center for Education Statistics (2010)

<table>
<thead>
<tr>
<th>Year</th>
<th>Degree Production</th>
<th>Annual Growth</th>
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<tbody>
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<td>2006</td>
<td>144</td>
<td>-17%</td>
</tr>
<tr>
<td>2007</td>
<td>119</td>
<td>47%</td>
</tr>
<tr>
<td>2008</td>
<td>175</td>
<td>18%</td>
</tr>
<tr>
<td>2009</td>
<td>207</td>
<td>63%</td>
</tr>
<tr>
<td>2010</td>
<td>337</td>
<td></td>
</tr>
</tbody>
</table>
Substitutable Degrees – General

Substitutable Degree Production and Growth

Degree Category Used: Business Administration/Management, General

* Only Business Administration/Management, General programs with health management/administration related concentrations would be substitutes. The NCES does not allow for only degrees with these concentrations to be segmented out from the total number of degrees conferred as shown above.

Substitutable Degree Production and Growth

Degree Category Used: Public Administration

* Only Public Administration programs with health management/administration related concentrations would be substitutes. The NCES does not allow for only degrees with these concentrations to be segmented out from the total number of degrees conferred as shown above.
Substitutable Degree Production and Growth

Degree Category Used: Public Health, General

* Only Public Health, General programs with public health administration/management concentrations would be substitutes. The NCES does not allow for only degrees with these concentrations to be segmented out from the total number of degrees conferred as shown above.
Preliminary scanning of the online market revealed no online or distance learning programs that were considered similar to the proposed MS in Health Systems Leadership to be offered by UCSF.
Online Master of Health Administration (MHA) Competitive Listing, continued

Number of Online Programs: 29

CA+HME Accredited Programs: 3
- University of Alabama at Birmingham
- University of Missouri
- University of North Carolina – Chapel Hill

<table>
<thead>
<tr>
<th>Institution</th>
<th>CA+HME Accredited?</th>
<th>Degree Name</th>
<th>Concentrations</th>
<th>Delivery Modality</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of California - San Francisco</td>
<td>No</td>
<td>Master of Science in Health Systems Leadership</td>
<td>To be determined</td>
<td>Proposed Online</td>
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<td>Seton Hall University</td>
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<td>Master of Health Care Administration</td>
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<td>No</td>
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<td>Human Resource and Organizational Development</td>
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<td>Yes</td>
<td>Master of Science in Health Care</td>
<td>None</td>
<td>Online</td>
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<tr>
<td>University of Cincinnati</td>
<td>No</td>
<td>Master of Health Care Administration</td>
<td>Health Systems Management</td>
<td>Online</td>
</tr>
<tr>
<td>University of Maryland - University College</td>
<td>No</td>
<td>Master of Science in Health Care</td>
<td>None</td>
<td>Online</td>
</tr>
<tr>
<td>University of Massachusetts</td>
<td>No</td>
<td>Master of Science in Health Management and Policy</td>
<td>Health Management; Health Informatics; Health Policy</td>
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<tr>
<td>University of Missouri</td>
<td>Yes</td>
<td>Master of Health Administration</td>
<td>Executive Program</td>
<td>Online</td>
</tr>
<tr>
<td>University of North Carolina - Chapel Hill</td>
<td>Yes</td>
<td>Master of Healthcare Administration</td>
<td>None</td>
<td>Online</td>
</tr>
<tr>
<td>University of Phoenix</td>
<td>No</td>
<td>Master of Health Administration</td>
<td>Education; Gerontology; Informatics</td>
<td>Online</td>
</tr>
<tr>
<td>Utica College</td>
<td>No</td>
<td>Master of Science in Health Care Administration</td>
<td>None</td>
<td>Online</td>
</tr>
<tr>
<td>Walden University</td>
<td>No</td>
<td>Master of Healthcare Administration</td>
<td>General</td>
<td>Online</td>
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</table>
## Online MSN with Leadership Concentration

### Competitive Listing

<table>
<thead>
<tr>
<th>Institution</th>
<th>Degree Name</th>
<th>Concentrations</th>
<th>Delivery Modality</th>
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</thead>
<tbody>
<tr>
<td>University of California - San Francisco</td>
<td>Master of Science in Health Systems Leadership</td>
<td>To be determined</td>
<td>Proposed Online</td>
</tr>
<tr>
<td>Drexel University</td>
<td>Master of Science in Nursing</td>
<td>Nursing Leadership in Health Systems Management</td>
<td>Online</td>
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<tr>
<td>Duke University</td>
<td>Master of Science in Nursing</td>
<td>Nursing and Healthcare Leadership</td>
<td>Blended</td>
</tr>
<tr>
<td>East Carolina University</td>
<td>Master of Science in Nursing</td>
<td>Nursing Leadership</td>
<td>Online</td>
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<td>Emory University</td>
<td>Master of Science in Nursing</td>
<td>Health Systems Leadership</td>
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<td>Gonzaga University</td>
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<td>Health Systems Leadership</td>
<td>Online</td>
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<tr>
<td>Grand Canyon University</td>
<td>Master of Science in Nursing</td>
<td>Leadership in Health Care Systems</td>
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<tr>
<td>Jacksonville University</td>
<td>Master of Science in Nursing</td>
<td>Leadership in Healthcare Systems</td>
<td>Online</td>
</tr>
<tr>
<td>Loyola University - New Orleans</td>
<td>Master of Science in Nursing</td>
<td>Health Care Systems Management</td>
<td>Online</td>
</tr>
<tr>
<td>Nova Southeastern University</td>
<td>Master of Science in Nursing</td>
<td>Health Systems Leadership</td>
<td>Online</td>
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<tr>
<td>Old Dominion University</td>
<td>Master of Science in Nursing</td>
<td>Nurse Leader</td>
<td>Online</td>
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<tr>
<td>University of Central Florida</td>
<td>Master of Science in Nursing</td>
<td>Clinical Nurse Leader; Nursing Leadership</td>
<td>Online</td>
</tr>
<tr>
<td>University of Missouri</td>
<td>Master of Science in Nursing</td>
<td>Leadership in Nursing and Health Care Systems</td>
<td>Online</td>
</tr>
<tr>
<td>University of West Georgia</td>
<td>Master of Science in Nursing</td>
<td>Health Care Systems Leadership: Clinical Nurse Leader or Leader/Manager</td>
<td>Online</td>
</tr>
<tr>
<td>Walden University</td>
<td>Master of Science in Nursing</td>
<td>Leadership and Management</td>
<td>Online</td>
</tr>
<tr>
<td>Western Governors University</td>
<td>Master of Science in Nursing</td>
<td>Leadership and Management</td>
<td>Online</td>
</tr>
<tr>
<td>Western University of Health Sciences</td>
<td>Master of Science in Nursing</td>
<td>Clinical Nurse Leader; Leadership and Management</td>
<td>Online</td>
</tr>
</tbody>
</table>

**Number of Online Programs:** 16

- 14 – fully online
- 2 – blended
### Online MSN with Management or Administration Concentrations Competitive Listing

Number of Programs: **20**

- **16** - fully online
- **4** - blended

<table>
<thead>
<tr>
<th>Institution</th>
<th>Degree Name</th>
<th>Concentrations</th>
<th>Delivery Modality</th>
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</thead>
<tbody>
<tr>
<td>University of California - San Francisco</td>
<td>Master of Science in Health Systems Leadership</td>
<td>To be determined</td>
<td>Proposed Online</td>
</tr>
<tr>
<td>California State University - Dominguez Hills</td>
<td>Master of Science in Nursing</td>
<td>Nurse Administrator</td>
<td>Online</td>
</tr>
<tr>
<td>Duquesne University</td>
<td>Master of Science in Nursing</td>
<td>Nursing Administration</td>
<td>Blended</td>
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<tr>
<td>Excelsior College</td>
<td>Master of Science in Nursing</td>
<td>Clinical Systems Management</td>
<td>Online</td>
</tr>
<tr>
<td>Fort Hays State University</td>
<td>Master of Science in Nursing</td>
<td>Nursing Administration</td>
<td>Online</td>
</tr>
<tr>
<td>Graceland University</td>
<td>Master of Science in Nursing</td>
<td>Healthcare Administration</td>
<td>Blended</td>
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<tr>
<td>Independence University</td>
<td>Master of Science in Nursing</td>
<td>Nursing Administration</td>
<td>Online</td>
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<tr>
<td>Indiana State University</td>
<td>Master of Science in Nursing</td>
<td>Nursing Administration</td>
<td>Online</td>
</tr>
<tr>
<td>Indiana University - Purdue University at Indianapolis</td>
<td>Master of Science in Nursing</td>
<td>Nursing Administration</td>
<td>Online</td>
</tr>
<tr>
<td>Kaplan University</td>
<td>Master of Science in Nursing</td>
<td>Nurse Administrator</td>
<td>Online</td>
</tr>
<tr>
<td>Mercy College</td>
<td>Master of Science in Nursing</td>
<td>Nursing Administration</td>
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</tr>
<tr>
<td>Northern Kentucky University</td>
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<td>Administration</td>
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<tr>
<td>Regis University</td>
<td>Master of Science in Nursing</td>
<td>Management</td>
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</tr>
<tr>
<td>Sacred Heart University</td>
<td>Master of Science in Nursing</td>
<td>Clinical Nurse Leader; Patient Care Services Administration</td>
<td>Online</td>
</tr>
<tr>
<td>Saint Joseph’s College of Maine</td>
<td>Master of Science in Nursing</td>
<td>Nursing Administration</td>
<td>Online</td>
</tr>
<tr>
<td>Saint Xavier University</td>
<td>Master of Science in Nursing</td>
<td>Clinical Nurse Leader</td>
<td>Blended</td>
</tr>
<tr>
<td>University of Alabama at Birmingham</td>
<td>Master of Science in Nursing</td>
<td>Nursing and Health Systems Administration</td>
<td>Online</td>
</tr>
<tr>
<td>University of Delaware</td>
<td>Master of Science in Nursing</td>
<td>Health Services Administration</td>
<td>Online</td>
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<tr>
<td>University of Saint Mary</td>
<td>Master of Science in Nursing</td>
<td>Nurse Administrator</td>
<td>Online</td>
</tr>
<tr>
<td>Vanderbilt University</td>
<td>Master of Science in Nursing</td>
<td>Clinical Nurse Leader; Health Systems Management</td>
<td>Online</td>
</tr>
<tr>
<td>Wheeling Jesuit University</td>
<td>Master of Science in Nursing</td>
<td>Nursing Administration</td>
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</tr>
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</table>
## Google Search Volume: Degree Keywords

### Health Systems Leadership Keywords

**Finding:** 1,000 impressions per month

EC sets a goal of at least 50,000 impressions per month on closely related keywords

<table>
<thead>
<tr>
<th>Keyword</th>
<th>Local Monthly Searches (United States)</th>
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</thead>
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<tr>
<td>health systems leadership degree</td>
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<td>health systems leadership degrees</td>
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<td>health systems leadership degrees online</td>
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<td>health systems leadership graduate degree</td>
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<td>health systems leadership graduate degrees</td>
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<td>masters in health systems leadership</td>
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<td>masters in health systems leadership online</td>
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</tr>
</tbody>
</table>

**TOTAL MONTHLY SEARCHES**                                           | 1,000                                  |
### Google Search Volume: Degree Keywords

*Health Systems Management Keywords*

Extracted from Google AdWords on February 16, 2012

<table>
<thead>
<tr>
<th>Keyword</th>
<th>Local Monthly Searches (United States)</th>
</tr>
</thead>
<tbody>
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<td>health services management</td>
<td>49,500</td>
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<td>health management degree</td>
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<td>masters in health management</td>
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<td>healthcare management degree</td>
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<td>degree in healthcare management</td>
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<td>healthcare management degree online</td>
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<td>TOTAL MONTHLY SEARCHES</td>
<td>135,212</td>
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</tbody>
</table>

Finding: 135,212 impressions per month
Google Search Volume: Degree Keywords

*Health Systems Administration Keywords*

Extracted from Google AdWords on February 16, 2012

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<th>Keyword</th>
<th>Local Monthly Searches (United States)</th>
</tr>
</thead>
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<td>health services administration degree</td>
<td>12,100</td>
</tr>
<tr>
<td>hospital administration degree</td>
<td>4,400</td>
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<td>medical administration degree</td>
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<td>administration degree medical</td>
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<td>hospital administration degrees</td>
<td>3,600</td>
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<tr>
<td>health services administration masters degree</td>
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<td>hospital administration degree programs</td>
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<tr>
<td>hospital administration degree programs</td>
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<tr>
<td>TOTAL MONTHLY SEARCHES</td>
<td>32,390</td>
</tr>
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</table>

**Finding:** 32,390 impressions per month
### Google Search Volume: Program, School, College, and University Keywords

**Health Systems Leadership Keywords**

Extracted from Google AdWords on February 16, 2012

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<th>Local Monthly Searches (United States)</th>
</tr>
</thead>
<tbody>
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<td>-</td>
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<tr>
<td>health systems leadership programs</td>
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<tr>
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<td>health systems leadership graduate programs</td>
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<tr>
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<tr>
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<tr>
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<tr>
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<tr>
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<tr>
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<tr>
<td>masters program in health systems leadership online</td>
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<td>ms program in health systems leadership online</td>
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<tr>
<td>master of science program in health systems leadership online</td>
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<tr>
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<tr>
<td>TOTAL MONTHLY SEARCHES</td>
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</tr>
</tbody>
</table>
### Google Search Volume: Program, School, College, and University Keywords

**Health Systems Management Keywords**

Extracted from Google AdWords on February 16, 2012

<table>
<thead>
<tr>
<th>Keyword</th>
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**Finding:** 0 impressions per month

**TOTAL MONTHLY SEARCHES** 0
### Google Search Volume: Program, School, College, and University Keywords

**Health Systems Administration Keywords**

Extracted from Google AdWords on February 16, 2012

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**Finding:** 6,260 impressions per month
## Additional Google Search Volume: MHA Keywords

**Finding:** 227,560 impressions per month

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<td><strong>TOTAL MONTHLY SEARCHES</strong></td>
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# MHA Competitive Set

## Program Characteristics

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<tr>
<th>Institution</th>
<th>Location</th>
<th>Carnegie Class</th>
<th>US News Rank</th>
<th>Regional Accreditation</th>
<th>Professional Accreditation</th>
<th>Degree Name</th>
<th>Concentrations</th>
<th>Number of Credits</th>
<th>Cost Per Credit</th>
<th>Total Tuition</th>
<th>Type of Tuition</th>
<th>Time to Complete</th>
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<tbody>
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<td>Master of Arts in Health Care Administration</td>
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<td>Master of Health Administration</td>
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<td>Degree Name</td>
<td>Concentrations</td>
<td>Number of Credits</td>
<td>Cost Per Credit</td>
<td>Total Tuition</td>
<td>Type of Tuition</td>
<td>Time to Complete</td>
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<td>OS $659</td>
<td>Graduate</td>
<td>2 years</td>
</tr>
<tr>
<td>University of Massachusetts</td>
<td>MA</td>
<td>Research Universities (very high</td>
<td></td>
<td>National Universities</td>
<td>NEASC</td>
<td>Master of Science in Health Management</td>
<td>Health Management, Health</td>
<td>36</td>
<td>$510</td>
<td>$18,360</td>
<td>Program</td>
<td>2 years</td>
</tr>
<tr>
<td>University of Missouri</td>
<td>MI</td>
<td>Research Universities (high research</td>
<td></td>
<td>National Universities</td>
<td>NCACS</td>
<td>Master of Health Administration</td>
<td>Executive Program</td>
<td>42</td>
<td>IS $307</td>
<td>OS $485</td>
<td>Graduate</td>
<td>2 years</td>
</tr>
<tr>
<td>University of North Carolina - Chapel Hill</td>
<td>NC</td>
<td>Research Universities (very high</td>
<td></td>
<td>National Universities</td>
<td>SACS</td>
<td>Master of Healthcare Administration</td>
<td>None</td>
<td>60</td>
<td>IS $163</td>
<td>OS $792</td>
<td>Online</td>
<td>3 years</td>
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<tr>
<td>University of Phoenix</td>
<td>AZ</td>
<td>Doctoral/ Research Universities</td>
<td></td>
<td>Regional Universities</td>
<td>NCACS</td>
<td>Master of Health Administration</td>
<td>Education, Gerontology,</td>
<td>43</td>
<td>$685</td>
<td>$29,455</td>
<td>Graduate</td>
<td>2 years</td>
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<tr>
<td>Utica College</td>
<td>NY</td>
<td>Master's Colleges and Universities</td>
<td></td>
<td>Regional Universities</td>
<td>MSACS</td>
<td>Master of Science in Health Care Administration</td>
<td>None</td>
<td>41</td>
<td>$615</td>
<td>$25,215</td>
<td>Program</td>
<td>2 years</td>
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<td>Walden University</td>
<td>MN</td>
<td>Doctoral/ Research Universities</td>
<td></td>
<td>National Universities</td>
<td>NCACS</td>
<td>Master of Healthcare Administration</td>
<td>General</td>
<td>36-39</td>
<td>$620</td>
<td>$22,320-$24,180</td>
<td>Program</td>
<td>2 years</td>
</tr>
</tbody>
</table>
# MHA Competitive Set

## Curriculum Comparison

<table>
<thead>
<tr>
<th>Institution</th>
<th>Location</th>
<th>Carnegie Class</th>
<th>US News Rank</th>
<th>Regional Accreditation</th>
<th>Professional Accreditation</th>
<th>Degree Name</th>
<th>Concentrations</th>
<th>Delivery Modality</th>
<th>Admissions Requirements</th>
<th>Prerequisite Requirements</th>
<th>Capstone Requirements</th>
<th>Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.T. Still University of Health Sciences</td>
<td>MI</td>
<td>Special Focus Institutions - Medical schools and medical centers</td>
<td>Not Listed</td>
<td>NCACS</td>
<td>--</td>
<td>Master of Health Administration</td>
<td>None</td>
<td>Online</td>
<td>Bachelor’s degree from an accredited university; Official Transcripts; Minimum GPA of 3.0; Essay; Two Professional References; Interview; Application and fees</td>
<td>No Prerequisites</td>
<td>No Capstone</td>
<td>12 core courses and 3 elective courses at 4 credits each</td>
</tr>
<tr>
<td>Argosy University</td>
<td>IL</td>
<td>Baccalarurate Colleges - Arts &amp; Sciences</td>
<td>National Universities - Unranked</td>
<td>NCACS</td>
<td>--</td>
<td>Master of Science in Health Services Management</td>
<td>None</td>
<td>Online</td>
<td>Bachelor’s degree from a regionally accredited institution; Official Transcripts; Minimum GPA of 3.0; If GPA requirements are not met students must submit personal statement, current resume, and references; Application and fees</td>
<td>No Prerequisites</td>
<td>No Capstone</td>
<td>42 core credits and 3 elective credits</td>
</tr>
<tr>
<td>Ashford University</td>
<td>IA</td>
<td>Master’s Colleges and Universities (larger programs)</td>
<td>Regional Universities (Midwest) - Rank Not Published</td>
<td>NCACS</td>
<td>--</td>
<td>Master of Arts in Health Care Administration</td>
<td>None</td>
<td>Online</td>
<td>Bachelor’s degree from an accredited institution; Official Transcripts; Minimum 2.0 GPA; Application and fees</td>
<td>No Prerequisites</td>
<td>MHA 680 Health Care Capstone</td>
<td>12 courses each 3 credits ending in a Health Care capstone</td>
</tr>
<tr>
<td>Bellevue University</td>
<td>NE</td>
<td>Master’s Colleges and Universities (larger programs)</td>
<td>Regional Universities (Midwest) - Unranked</td>
<td>NCACS</td>
<td>--</td>
<td>Master of Health Care Administration</td>
<td>None</td>
<td>Online</td>
<td>Bachelor’s degree from a regionally accredited college or university; Official Transcripts; Minimum GPA of 2.5; Letters of Recommendation; Application and fees</td>
<td>Three years of related work history</td>
<td>Final Capstone Research Project</td>
<td>14 core courses and 1 capstone</td>
</tr>
<tr>
<td>Capella University</td>
<td>MN</td>
<td>Doctoral/ Research Universities</td>
<td>National Universities - Unranked</td>
<td>NCACS</td>
<td>--</td>
<td>Master of Health Administration</td>
<td>General Health Care Administration, Health Care Operations, or Health Policy</td>
<td>Online</td>
<td>Bachelor’s degree from an accredited institution; Official Transcripts; Letters of Recommendation; Application and fees</td>
<td>No Prerequisites</td>
<td>Final Program Assessment</td>
<td>All 60 credits are focused on core Health Care Administration</td>
</tr>
<tr>
<td>Institution</td>
<td>Location</td>
<td>Carnegie Class</td>
<td>US News Rank</td>
<td>Accreditation</td>
<td>Professional Accreditation</td>
<td>Degree Name</td>
<td>Concentrations</td>
<td>Delivery Modality</td>
<td>Admissions Requirements</td>
<td>Prerequisite Requirements</td>
<td>Capstone Requirements</td>
<td>Curriculum</td>
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<tr>
<td>Champlain College</td>
<td>VT</td>
<td>Baccalaureate Colleges - Diverse Fields</td>
<td>Regional Universities (North) #13</td>
<td>NEASC</td>
<td>--</td>
<td>Master of Science in Health Care Management</td>
<td>None</td>
<td>Online</td>
<td>Bachelor's degree from an accredited institution; Official Transcripts; Minimum GPA of 2.5; 2 Letters of Recommendation; Statement of program objectives; Current Resume</td>
<td>2 years of work experience in a healthcare system</td>
<td>Final 3 credit Residency</td>
<td>13 courses and a residency</td>
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<tr>
<td>Des Moines University</td>
<td>IA</td>
<td>Special Focus Institutions - Medical schools and medical centers</td>
<td>Not Listed</td>
<td>NCACS</td>
<td>--</td>
<td>Master of Health Care Administration</td>
<td>None</td>
<td>Online</td>
<td>Bachelor's degree from a regionally accredited college or university; Official Transcripts; Minimum GPA of 3.0; Application and fees</td>
<td>No required courses but Introduction Computer Course, Introductory Accounting course, Economics course, and Experience are highly recommended</td>
<td>No Capstone</td>
<td>38 credits of Core Courses, and 7 credits of Elective Courses</td>
</tr>
<tr>
<td>Grand Canyon University</td>
<td>AZ</td>
<td>Master’s Colleges and Universities (larger programs)</td>
<td>Regional Universities (West) - Rank Not Published</td>
<td>NCACS</td>
<td>--</td>
<td>Master of Science in Health Care Administration</td>
<td>None</td>
<td>Online</td>
<td>Bachelor's degree from an accredited institution; Official Transcripts; Application and fees</td>
<td>No Prerequisites</td>
<td>12 required courses for 4 credits each</td>
<td></td>
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<tr>
<td>Grantham University</td>
<td>MO</td>
<td>Master’s Colleges and Universities (smaller programs)</td>
<td>Not Listed</td>
<td>NCACS</td>
<td>--</td>
<td>Master of Health Care Administration</td>
<td>None</td>
<td>Online</td>
<td>Bachelor's degree from an accredited institution; Official Transcripts; Application and fees</td>
<td>No Prerequisites</td>
<td>No Capstone</td>
<td>12 required courses for 3 credits each</td>
</tr>
<tr>
<td>Hodges University</td>
<td>FL</td>
<td>Master’s Colleges and Universities (smaller programs)</td>
<td>Regional Universities (South) - Unranked</td>
<td>SACS</td>
<td>--</td>
<td>Master of Science in Health Care Administration</td>
<td>None</td>
<td>Online</td>
<td>Bachelor's degree from an accredited college or university; Official Transcripts; Minimum 3.0 GPA; 2 Letters of Recommendation; MHA admissions test; Application and fees</td>
<td>No Prerequisites</td>
<td>No Capstone</td>
<td>15 credits of Common Body of Knowledge, 24 credits of healthcare core, 6 elective credits</td>
</tr>
<tr>
<td>Kaplan University</td>
<td>IA</td>
<td>Master’s Colleges and Universities (larger programs)</td>
<td>Regional Universities (Midwest) - Unranked</td>
<td>NCACS</td>
<td>--</td>
<td>Master of Health Care Administration</td>
<td>None</td>
<td>Online</td>
<td>Bachelor's degree from an accredited institution; Unofficial Transcripts; Application and fees</td>
<td>No Prerequisites</td>
<td>Master's Capstone in Health Care Administration</td>
<td>13 courses for 4 credits each</td>
</tr>
<tr>
<td>Institution</td>
<td>Location</td>
<td>Carnegie Class</td>
<td>US News Rank</td>
<td>Regional Accreditation</td>
<td>Professional Accreditation</td>
<td>Degree Name</td>
<td>Concentrations</td>
<td>Delivery Modality</td>
<td>Admissions Requirements</td>
<td>Prerequisite Requirements</td>
<td>Capstone Requirements</td>
<td>Curriculum</td>
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<tr>
<td>Mercy College</td>
<td>NY</td>
<td>Master's Colleges and Universities (larger programs)</td>
<td>Regional Universities (North) - Rank Not Published</td>
<td>MSACS</td>
<td>–</td>
<td>Master of Science in Health Services Management</td>
<td>Executive Program</td>
<td>Online</td>
<td>Bachelor's degree from an accredited institution; Official Transcripts; Two References; Interview; Application and fees</td>
<td>No Prerequisites</td>
<td>HSMG 801 Internship Experience or HSMG 811 Capstone Course</td>
<td>9 Core Credits, 15 Advanced Core Credits; 9 Health Services Management Concentration credits, 3 Capstone credits</td>
</tr>
<tr>
<td>New England College</td>
<td>NH</td>
<td>Master's Colleges and Universities (medium programs)</td>
<td>Regional Universities (North) - Rank Not Published</td>
<td>NEASC</td>
<td>–</td>
<td>Master of Science in Health Care Administration</td>
<td>None</td>
<td>Online</td>
<td>Bachelor's degree from an accredited institution; Official Transcripts; Admission and fees</td>
<td>No Prerequisites</td>
<td>No Capstone</td>
<td>15 required courses at 4 credits each</td>
</tr>
<tr>
<td>Ohio University</td>
<td>OH</td>
<td>Research Universities (high research activity)</td>
<td>National Universities - Tier 1 #124</td>
<td>NCACS</td>
<td>–</td>
<td>Master of Health Care Administration</td>
<td>None</td>
<td>Online</td>
<td>Bachelor's degree from a regionally accredited institution; Official Transcripts; Minimum GPA of 3.0; 2 years of working experience; Application and fees</td>
<td>No Prerequisites</td>
<td>Final Capstone Module-Leadership Applications</td>
<td>7 Core 8 credit modules and 1 Capstone 4 credit module</td>
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<tr>
<td>Park University</td>
<td>MO</td>
<td>Master's Colleges and Universities (medium programs)</td>
<td>Regional Universities (Midwest) - Unranked</td>
<td>NCACS</td>
<td>–</td>
<td>Master of Healthcare Leadership</td>
<td>None</td>
<td>Online</td>
<td>Bachelor's degree from an accredited institution; Minimum GPA of 3.0 OR entrance exam score; Official transcripts; 3 letters of recommendation; Admissions essay; Application and fee</td>
<td>No Prerequisites</td>
<td>HA 620 Healthcare Leadership Capstone Seminar</td>
<td>27 hours of MHL core courses; 9 hours of elective courses</td>
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<tr>
<td>Rosalind Franklin University of Medicine and Science</td>
<td>IL</td>
<td>Special Focus Institutions - Medical schools and medical centers</td>
<td>Unranked</td>
<td>NCACS</td>
<td>–</td>
<td>Master of Science in Healthcare Administration and Management</td>
<td>None</td>
<td>Online</td>
<td>Bachelor's degree from an accredited university or college; Official Transcripts; Minimum GPA of 2.75; 2 Letters of Recommendation; Admission and fees</td>
<td>Work in the healthcare field recommended</td>
<td>Final Portfolio</td>
<td>33 hours of core courses, 6 hours of electives, 3 hours of final portfolio capstone</td>
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<tr>
<td>Saint Joseph's College of Maine</td>
<td>ME</td>
<td>Master's Colleges and Universities (medium programs)</td>
<td>Regional Universities (North) - Rank Not Published</td>
<td>NEASC</td>
<td>–</td>
<td>Master of Science in Health Administration</td>
<td>Management in Catholic Health Care Organizations</td>
<td>Online</td>
<td>Bachelor's degree from an accredited institution of higher learning; Official Transcripts; Minimum 2.5 GPA; Application and fees</td>
<td>No Prerequisites</td>
<td>HA 725 Applied Research Paper or HA 726 Applied Management Project</td>
<td>30 Core Credits, 9 Elective Credits, 3 Credit Capstone</td>
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<tr>
<td>Institution</td>
<td>Location</td>
<td>Carnegie Class</td>
<td>US News Rank</td>
<td>Regional Accreditation</td>
<td>Professional Accreditation</td>
<td>Degree Name</td>
<td>Concentrations</td>
<td>Delivery Modality</td>
<td>Admissions Requirements</td>
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<td>Capstone Requirements</td>
<td>Curriculum</td>
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<tr>
<td>Saint Joseph’s University</td>
<td>PA</td>
<td>Master’s Colleges and Universities (larger programs)</td>
<td>Regional Universities (North) #8</td>
<td>MSACS</td>
<td>Master's in Health Administration</td>
<td>Informatics; Healthcare Ethics</td>
<td>Online</td>
<td>Bachelor’s degree from an accredited institution; Official transcripts; 2 letters of recommendation; Personal statement/letter of intent; Application and fee</td>
<td>No Prerequisites</td>
<td>HAD 700 Integrative Capstone Course in Health Services</td>
<td>30 hours of core courses; 6 hours of ethics specialization courses or 12 hours of informatics specialization</td>
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<tr>
<td>Seton Hall University</td>
<td>NJ</td>
<td>Doctoral/ Research Universities</td>
<td>National Universities - Tier 1 #132</td>
<td>MSACS</td>
<td>Master of Health Care Administration</td>
<td>None</td>
<td>Online</td>
<td>Bachelor’s degree from an accredited college or university; Official Transcripts; Three Letters of Recommendation; Personal Statement; Current Resume; Application and fees</td>
<td>No Prerequisites</td>
<td>Final Literature Project devoted to subject of interest and 3 weekend residencies</td>
<td>6 foundational courses, 3 technology and community enhancing courses, 6 theory-to-practice courses</td>
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<tr>
<td>Strayer University</td>
<td>VA</td>
<td>Master’s Colleges and Universities (larger programs)</td>
<td>Regional Universities (North) - Unranked</td>
<td>SACS</td>
<td>Master of Health Services Administration</td>
<td>Human Resource and Organizational Development</td>
<td>Online</td>
<td>Bachelor’s degree from an accredited college or university; Official Transcripts; GMAT or GRE score; Application and fees</td>
<td>HAS 525 Health Financial Management, Economics</td>
<td>HSA 599 Health Services Administration Capstone</td>
<td>13.5 Core Credits and 13.5 Concentration Credits</td>
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<tr>
<td>University of Alabama at Birmingham</td>
<td>AL</td>
<td>Research Universities (very high research activity)</td>
<td>National Universities - Tier 1 #143</td>
<td>SACS</td>
<td>Master of Science in Health Care Administration</td>
<td>None</td>
<td>Online</td>
<td>Bachelor’s degree from an accredited institution; Official Transcripts; Minimum 3.0 GPA; GMAT or GRE score; Two essays; Current Resume; 3 Letters of Recommendation; Interview; Application and fees</td>
<td>Undergraduate economics, accounting, and principles of organizational management. If these have not been completed students will take undergraduate &quot;bridge&quot; courses: HCA 401 Principles of Marketplace Dynamics in Health Care, HCA 402 Principles of Leadership for Health Professions Students, and HCA 403 Principles of Financial Decision Making for Health Professions Students</td>
<td>HA 680 Health Administration Capstone</td>
<td>37 credits the first year, 26 credits the second year, and a 10 credit Administrative Residency the third year</td>
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<tr>
<td>University of Cincinnati</td>
<td>OH</td>
<td>Research Universities (very high research activity)</td>
<td>National Universities - Tier 1 #143</td>
<td>NCACS</td>
<td>Master of Health Care Administration</td>
<td>Health Systems Management</td>
<td>Online</td>
<td>Bachelor’s degree from an accredited institution; Official Transcripts; Minimum GPA of 3.0; GRE score; 2 Letters of Recommendation; Statement of Purpose; Current Resume; Application and fees</td>
<td>10 credit capstone</td>
<td>36 credits of core courses and 24 concentration credits.</td>
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<tr>
<td>Institution</td>
<td>Location</td>
<td>Carnegie Class</td>
<td>US News Rank</td>
<td>Regional Accreditation</td>
<td>Professional Accreditation</td>
<td>Degree Name</td>
<td>Concentrations</td>
<td>Delivery Modality</td>
<td>Admissions Requirements</td>
<td>Prerequisite Requirements</td>
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<td>Curriculum</td>
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<tr>
<td>University of Maryland University College</td>
<td>MD</td>
<td>Master's Colleges and Universities (larger programs)</td>
<td></td>
<td>Regional Universities (North) - Unranked</td>
<td>MSACS</td>
<td>Master of Science in Health Care Administration</td>
<td>None</td>
<td>Online</td>
<td>Bachelor's degree from an accredited institution of higher learning; Official Transcripts; GMAT or GRE score; Application and fee</td>
<td>No Prerequisites</td>
<td>HCAD 670 Health Care Administration</td>
<td>33 credits of core courses and 3 capstone credits</td>
</tr>
<tr>
<td>University of Massachusetts</td>
<td>MA</td>
<td>Research Universities (very high research activity)</td>
<td>National Universities - Tier 1 #94</td>
<td>NEASC</td>
<td>Master of Science in Health Management and Policy</td>
<td>Health Management, Health Informatics, Health Policy</td>
<td>Online</td>
<td>Bachelor's degree from an accredited institution; Official Transcripts; Minimum GPA 3.5; GMAT score if GPA not 3.5; Application and fees</td>
<td>Undergraduate level Statistics</td>
<td>No Capstone</td>
<td>12 required courses for 3 credits each</td>
<td></td>
</tr>
<tr>
<td>University of Missouri</td>
<td>MI</td>
<td>Research Universities (high research activity)</td>
<td>National Universities - Tier 1 #90</td>
<td>NCACS</td>
<td>Master of Health Administration</td>
<td>Executive Program</td>
<td>Online</td>
<td>Bachelor's degree from an accredited institution; Official Transcripts; GMAT or GRE score; Three Letters of Recommendation; Personal Essay; Resume; Application and fees</td>
<td>Three to Five years of clinical or administrative experience in health care</td>
<td>HMI 8450 Methods of Health Services Research Project</td>
<td>12 core courses, and a 6 credit capstone research project</td>
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</tr>
<tr>
<td>University of North Carolina - Chapel Hill</td>
<td>NC</td>
<td>Research Universities (very high research activity)</td>
<td>National Universities - Tier 1 #29</td>
<td>SACS</td>
<td>Master of Healthcare Administration</td>
<td>None</td>
<td>Online</td>
<td>Bachelor's degree from an accredited institution; Official Transcripts; GRE or GMAT Score; Three Letters of Recommendation; Statement of Purpose; Application and fees</td>
<td>Must be registered for at least two full time semesters</td>
<td>HCA 704 12-week Practicum</td>
<td>60 credits of both core and elective courses</td>
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<tr>
<td>University of Phoenix</td>
<td>AZ</td>
<td>Doctoral/ Research Universities</td>
<td>Regional Universities (West) - Unranked</td>
<td>NCACS</td>
<td>Master of Health Administration</td>
<td>Education, Gerontology, Informatics</td>
<td>Online</td>
<td>Bachelor's degree from an accredited college or university; Official Transcripts; Minimum GPA of 2.5; Currently Employed; Application and fees</td>
<td>3 years of full time work experience</td>
<td>No Capstone</td>
<td>14 core courses, and 1 required prerequisite course</td>
<td></td>
</tr>
<tr>
<td>Utica College</td>
<td>NY</td>
<td>Master's Colleges and Universities (medium programs)</td>
<td>Regional Universities (North) #110</td>
<td>MSACS</td>
<td>Master of Science in Health Care Administration</td>
<td>None</td>
<td>Online</td>
<td>Bachelor's degree from an accredited college or university; Official Transcripts; Letters of Recommendation; Application and fees</td>
<td>No Prerequisites</td>
<td>HCA 790 Capstone Project</td>
<td>38 Credits of Core Courses and 3 Credits of Electives</td>
<td></td>
</tr>
<tr>
<td>Walden University</td>
<td>MN</td>
<td>Doctoral/ Research Universities</td>
<td>National Universities - Unranked</td>
<td>NCACS</td>
<td>Master of Healthcare Administration</td>
<td>General</td>
<td>Online</td>
<td>Bachelor's degree from an accredited institution; Official transcripts; Employment history; Application and fee</td>
<td>No Prerequisites</td>
<td>Optional Practicum MMHA 6550</td>
<td>36 credits of required courses sequenced by semester; 3 optional credits of practicum</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- **Professional Accreditation:** MSACS, NEASC, NCACS, SACS, CA+HME, NCACS-CA+HME
- **Curriculum:** 38 Credits of Core Courses and 3 Credits of Electives
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Focus Group Summary: Characterization of a Master of Science in Interprofessional Healthcare Administration and Leadership Program

Prepared by

Lucille Fisher, RN, PhD

Submitted to

David Vlahov, RN, PhD, FAAN
Mary Louise Fleming, RN, PhD

University of California San Francisco School of Nursing
February 27, 2012

Abstract
This paper reports focus group findings, recommendations and challenges for the development of a hybrid on-line/on-campus Master of Science (MS) in Healthcare Administration and Interprofessional Leadership Program proposed by the University of California San Francisco (UCSF) School of Nursing.

The purpose of the focus groups was to determine the feasibility of offering a graduate interprofessional leadership program to a post-baccalaureate, professional, working audience. Key informants were academic leaders and health care administrators from differing disciplines and provider settings.

All participants recognize and enthusiastically support the need for interprofessional education to strengthen health systems and improve health outcomes. The program is identified as one that could successfully attract working professionals from a broad range of disciplines to a hybrid online/on-site, self-sustaining program at this academic public institution. An analysis of the data identified compelling reasons to move forward with this program.
Focus Group Summary: Characterization of a Master of Science in Healthcare Administration and Interprofessional Leadership Program

Acknowledgements: We appreciate the enthusiastic participation of the 15 key informants. Their candor and thoughtful remarks contribute toward shaping the proposed program. The purpose of the focus groups was to help determine the need for and inform the structure, modalities of learning and residency components of a new MS degree in Interprofessional Healthcare Administration Leadership Program.

Background

Since the mid-to-late 1990’s, national and international organizations have called upon health care leaders to create a culture of inter-professional teamwork. The IOM report Crossing the Quality Chasm: A New Health System for the 21st Century (2001), the World Health Organization Study Group’s Framework for Action on Interprofessional Education & Collaborative Practice (2010), the Inter-professional Education Collaborative [the 6 national associations of health professions schools](2011), and the Health Resources and Services Administration (2011) have urged academic institutions to design inter-professional education to strengthen health systems and improve health outcomes.

Recognizing these recommendations and others, we sought input from local health care leaders and UCSF faculty about a proposed Masters of Science Healthcare Administration Interprofessional Leadership program.

Methods

In January 2012, we conducted two focus groups and three interviews with 15 key informants. Participants included leaders from UCSF’s professional schools, programs and library system, and Bay Area acute and long-term care settings. In addition a telephone interview was held with the Dean of an online program for nursing administration. Participants represented the disciplines of nursing, library science, psychology, dentistry, medicine, sociology and physical therapy. Invitees were selected because of their knowledge of health care systems and experience in management and educating health care professionals.

SON Dean Dr. Vlahov and Dr. Fleming, Director of the current Nursing & Health Leadership Specialty, introduced the proposed program. They presented five key changes to the current Nursing Leadership program. These are 1) change in length of program from two years to 12-months; 2) change from traditional on-campus requirement to a blended program of on-line and on-campus academic courses; 3) change in the funding to a self-sustaining mechanism; 4) expanded focus from “nursing leadership” content to an “interprofessional leadership” curriculum; and 5) extending admission to qualified students with an undergraduate or graduate degree in a health-related field (social work, dentistry, gerontology, health administration, pharmacy, occupational or physical therapy, etc).
Dr. Fisher led each focus group through a series of questions to prompt discussion and seek participant’s opinions about the proposed new program.

Summary and Conclusions

All key informants, both academic leaders and healthcare administrators, recognize and enthusiastically support the need for interprofessional education to strengthen health systems and improve health outcomes. Participants represented differing disciplines and settings but all were experienced in educating and training healthcare professionals and involved in the delivery and evaluation of care. Their varied perspectives were thus informed, constructive and nuanced. Their comments were instrumental in offering an overall appraisal and more detailed review of the structure, modalities of learning, and residency components of the program.

The study identified compelling reasons to move forward with this program. Based on synthesis of the data and in light of key findings, the program is identified as one that could successfully attract working professionals from a broad range of disciplines to a hybrid online/on-site, self-sustaining program at this academic public institution. With the foundation of interprofessional teamwork, this novel design will educate the next generation of leaders to catalyze real-world health system changes.

Key points are listed below. Focus group questions and representative comments from the individual and group interviews are presented in Table A.

**Key Findings**

1. Support for the new program is uniformly positive.
2. The program is unique and fills a critical need for interprofessional graduate education.
3. Admission of non-nurses to the program is regarded as novel and essential to educate the next generation of health system leaders.
4. The hybrid online/on-site model will appeal to working professionals.
5. A 12-month program will attract a broad market of qualified applicants.

**Key Recommendations**

1. The program should aim to recruit students from diverse disciplines and from entry and mid-management levels as well as from executive levels.
2. Faculty should reflect a broad range of disciplines and be included at all levels of the program: steering, program and course-level development.
3. Critical learning experiences should include learning in and as interprofessional teams.
4. It is imperative to translate learning from classroom to the real world. Design of interprofessional activities and experiences should be focus on managing real work issues.
5. Faculty may support interprofessional education but their understanding isn’t mature. Early engagement and faculty development will be important to the program’s success.
Key Challenges

1. Cost of the program could potentially limit the pool of candidates. Develop strategies with employers such as Kaiser, UC Med Center and the VA to investigate employer-paid education.
2. Some students may not be able to complete the program in 12 months. Consider flexible programming, including a 2-year option.
3. The potential applicant and employer market will need to be educated on the long-term value of this program.
4. This hybrid program will be a pioneer in online and interprofessional education on this campus. Strategies to address this challenge may include practical support and early and on-going discussions with faculty to clarify and demonstrate program goals and objectives.
Table A

<table>
<thead>
<tr>
<th>Focus Group &amp; Individual Interview Data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Question 1:</strong> What are your general reactions to the proposed changes in the leadership program?</td>
</tr>
<tr>
<td>• Teaching professionals interprofessional skills while in a team – it’s the ideal model.</td>
</tr>
<tr>
<td>• I’m a big fan of the concept of interprofessional teamwork – it’s a big piece of professional development.</td>
</tr>
<tr>
<td>• My experience is that understanding challenges of other disciplines breaks down barriers and leaders work towards same goals rather than protecting own territory.</td>
</tr>
<tr>
<td>• There are many other leadership programs being offered now so the interprofessional dimension is a big plus.</td>
</tr>
<tr>
<td>• Currently, “team science” is not interprofessional so there is a need for this program.</td>
</tr>
<tr>
<td>• The target audience needs to be from entry and mid-levels, not just executive level.</td>
</tr>
<tr>
<td>• It’s important to keep this interdisciplinary – both students and faculty.</td>
</tr>
<tr>
<td>• If you’re considering a master’s or certificate, a degree is a draw to the program.</td>
</tr>
<tr>
<td>• Organizational effectiveness gets groups working together to understand the end goal.</td>
</tr>
<tr>
<td>• The interprofessional experience really changes how people work together.</td>
</tr>
<tr>
<td>• It’s a good goal that graduates are enabled to change their work environment.</td>
</tr>
<tr>
<td>• Creating interprofessional cohorts are a perfect model.</td>
</tr>
<tr>
<td><strong>Question 2:</strong> What do you see as potential benefits of this program?</td>
</tr>
<tr>
<td>• Healthcare executives are realizing the necessity of working together as a team. There is understanding that competence in [interprofessional teamwork] can advance personal careers and in hospital settings, promote the quality and safety in delivery systems.</td>
</tr>
<tr>
<td>• There are other leadership programs but they don’t focus on how to create specific change or welcome all disciplines. The reality of practical application is unique.</td>
</tr>
<tr>
<td>• The interprofessional cohort model is perfect for individuals to learn and practice how to change an institution’s culture. Participants can use elements from this program to create change.</td>
</tr>
<tr>
<td>• The on-line component allows more flexibility.</td>
</tr>
<tr>
<td>• Having most of the program on-line is a nice way to fit into people’s schedules.</td>
</tr>
<tr>
<td><strong>Question 3:</strong> What do you see as possible barriers to the success of this program?</td>
</tr>
<tr>
<td>• A 12-month time frame may be difficult for some working professionals. Perhaps a flexible schedule would attract working professionals and those from out of the area.</td>
</tr>
<tr>
<td>• A one-year program is very intense.</td>
</tr>
<tr>
<td>• Most people know intuitively that a blended program and interprofessional teamwork is a good idea. Return of investment is hard to show, however, and there’s lots of competition.</td>
</tr>
<tr>
<td>• I see culture as a problem. Our faculty is interested but need to be developed in a culture that supports this concept. Interprofessional efforts are difficult – it requires a change for the faculty.</td>
</tr>
<tr>
<td>• We have interested faculty but they are not really trained interprofessionally.</td>
</tr>
<tr>
<td>• Market this program so potential students and organizations understand differences between this and an MBA or masters in public administration.</td>
</tr>
<tr>
<td>• The cost of tuition may be an issue. Perhaps an employer or health system could help support the student.</td>
</tr>
<tr>
<td>• The personal identities of students are well established so it’s important to show how this program can foster success of the individual in the team arena. It’s essential for students to understand how personal success is advanced by shared success.</td>
</tr>
</tbody>
</table>
**Question 4:** What are your thoughts regarding shaping the overall program, its curriculum and residency activities and experiences?

- The on-line/on-site mix is good way to fit into working professionals’ schedules. The key is bringing students together for 1-2 days between on-line course work. There is much value in making connections with others and opportunity for networking – use this to market program.
- Emphasize practical applications of changing organizational culture. Teach students how to influence implementation of specific initiatives.
- All curriculum components, practical and didactic, should include interprofessional engagement and leadership.
- Faculty should come from a broad range of disciplines and be present at all levels: steering, program and course level.
- Engage with faculty early to create and support a new culture of work.
- A desirable component is a project in the student’s workplace to practice their new skills to change their work environment.
- Instead of doing a residency at a different location, do it at one’s place of employment so the home environment sees results, especially if the employer offers financial aid.
- It’s important to keep the program interdisciplinary.
- Students need a place to practice their learned skills.
- Skilled mentors are helpful and on-going feedback from peers and faculty.
- Market the program by delivering a message of usefulness to potential students.
- Emphasize human management, motivation, political and organizational behavior, not individual motivation and behavior.
- Emphasize changing organizational culture so students can influence implementation of specific initiatives.
- We need a real life way to teach students. They need to be engaged.
- Interprofessional doesn’t mean a lecture from a pharmacist, a lecture from a dentist, a lecture from a nurse, etc.
## Proposed Faculty in Healthcare Administration and Interprofessional Leadership Program

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Department/School/Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mary Blegen, PhD, RN, FAAN</td>
<td>Professor Emerita</td>
<td>School of Nursing</td>
</tr>
<tr>
<td>Tina Brock, BSPharm, MS, EdD</td>
<td>Professor of Clinical Pharmacy and Associate Dean of Teaching and Learning</td>
<td>School of Pharmacy</td>
</tr>
<tr>
<td>Susan Chapman, PhD, RN</td>
<td>Associate Professor and Director of Health Policy Nursing Specialty</td>
<td>Social and Behavioral Sciences, School of Nursing</td>
</tr>
<tr>
<td>Daniel Dohan, PhD</td>
<td>Associate Professor in Residence</td>
<td>Institute for Health Policy Studies, School of Medicine</td>
</tr>
<tr>
<td>Mary Louise Fleming, PhD, RN</td>
<td>Vice-chair &amp; Associate Clinical Professor, and Director, Nursing Health Systems Leadership</td>
<td>Clinical &amp; Health Systems, School of Nursing</td>
</tr>
<tr>
<td>Ralph Gonzalez, MD</td>
<td>Director, Implementation Sciences</td>
<td>Clinical &amp; Translational Science Institute; Executive Vice Chancellor and Provost Office</td>
</tr>
<tr>
<td>S. Claiborne Johnston, MD, PhD</td>
<td>Director, CTSI and Associate Vice Chancellor of Research</td>
<td>Clinical &amp; Translational Science Institute; Executive Vice Chancellor and Provost Office</td>
</tr>
<tr>
<td>Catherine Lucey, MD</td>
<td>Assistant Clinical Professor &amp; Vice-dean for Education</td>
<td>School of Medicine</td>
</tr>
<tr>
<td>Judy Martin-Holland, PhD, RN</td>
<td>Associate Clinical Professor &amp; Dean, Academic Programs &amp; Diversity Initiatives</td>
<td>School of Nursing</td>
</tr>
<tr>
<td>Edward O’Neil, PhD, MPH</td>
<td>Director, Center for the Health Professions Professor and Adjunct Professor</td>
<td>Family &amp; Community Medicine &amp; Dental Public, Health, SOM; and Social &amp; Behavioral Sciences; SON</td>
</tr>
<tr>
<td>Dorothy A. Perry, PhD</td>
<td>Professor &amp; Associate Dean for Education and Student Affairs</td>
<td>Preventive &amp; Restorative Dental Sciences, School of Dentistry</td>
</tr>
<tr>
<td>W. Kent Pinster, MBA</td>
<td>Director, Operations &amp; Finance</td>
<td>CHS &amp; Family Health Nursing, SON</td>
</tr>
<tr>
<td>Carmen Portillo, PhD, RN, FAAN</td>
<td>Professor &amp; Chair</td>
<td>CHS, SON</td>
</tr>
<tr>
<td>Scott Reeves, PhD</td>
<td>Founding Director, and Editor-in-Chief, Journal of Interprofessional Care</td>
<td>Center for Innovation in Interprofessional Education</td>
</tr>
<tr>
<td>Joanne Spetz, PhD</td>
<td>Professor in Residence</td>
<td>Institute for Health Policy Studies, Schools of Medicine and Nursing</td>
</tr>
<tr>
<td>David Vlahov, PhD, RN, FAAN</td>
<td>Dean and Professor</td>
<td>School of Nursing</td>
</tr>
<tr>
<td>Catherine Waters, PhD, RN</td>
<td>Professor and Commissioner, San Francisco Department of Public Health</td>
<td>Community Health Systems, School of Nursing</td>
</tr>
</tbody>
</table>
BIOGRAPHICAL SKETCH

Mary A. Blegen, RN, PhD, FAAN

INSTITUTION AND LOCATION                    DEGREE       YEAR       FIELD OF STUDY
Augustana College, South Dakota             BSN          1966        Nursing
The University of Iowa, Iowa City, IA      MA           1975        Nursing
The University of Iowa, Iowa City, IA      PhD          1987        Sociology

Recent Positions
1995-99 Investigator, Institute for Quality Healthcare, The University of Iowa
1997-99 Assoc Dean for Academic Affairs, College of Nursing, The University of Iowa
1999-05 Professor, University of Colorado at Denver & Health Sciences Center (UCD)
1999-05 Nurse Researcher, University of Colorado Hospital
2001-05 Associate Dean for Research, School of Nursing, UCD
2006-  Professor, Dept. of Community Health Systems, & Director, Center for Patient Safety, School of Nursing, UCSF

Honors and Awards (selected)
2001 Inducted as Fellow, American Academy of Nursing
2003 Graduate Student Mentoring Award, Graduate School, UCHSC
2004 Visiting Distinguished Professor, University of Kentucky, College of Nursing
2005 Nurse Researcher Award, American Organization of Nurse Executives
2010 Helen Nahm Award, School of Nursing, UCSF

Grant Awards (selected)
2009-11 Senior Nurse Scholar: Veterans Administration Quality Scholars ($60,000)
2009-10 PI: Evaluating the quality of long-term care, Laguna Honda Foundation ($84,000)
2007-10 Co-PI: Independent RN double-checks to improve medication safety (UCSF Collaborative)
2008-10 Research Consultant The Tipping Point: Hospital capacity and quality ($20,000)
2009-12 Research Advisor: Transition program for New Nurses, NCSBN

Professional Publications (selected recent)
Dr. Tina Penick Brock is Professor of Clinical Pharmacy and Associate Dean for Teaching and Learning in the School of Pharmacy. She was previously the Director of Capacity Building at Management Sciences for Health, a Senior Lecturer at the University of London, and a Clinical Associate Professor at the University of North Carolina at Chapel Hill. She received her MS in Pharmaceutical Sciences from the University of Mississippi and the Doctorate of Education from the University of North Carolina at Chapel Hill.

Susan Chapman, PhD, RN

Title: Associate Professor, Director of Health Policy Nursing Specialty; Senior Research Faculty at Center for the Health Professions

School: UCSF School of Nursing

Address: 3333 California Street, LHts-455, San Francisco, CA, 94143

Telephone: 415-502-4419

Narrative:

Susan Chapman conducts multiple policy research studies on the allied health workforce including two evaluations of the State of California workforce development initiatives, and a national study analyzing models of long-term care and implications for the workforce. Dr. Chapman teaches health policy in the Department of Social and Behavioral Science, SON. She is a graduate of Boston College and received her MPH from Boston University before earning her doctorate in Health Services and Policy analysis from UC-Berkeley.


BIOGRAPHICAL SKETCH

NAME
Dohan, Daniel Paul

POSITION TITLE
Associate Professor of Health Policy and Social Medicine in Residence

eRA COMMONS USER NAME
ddohan

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harvard College, Cambridge MA</td>
<td>AB</td>
<td>1987</td>
<td>Sociology</td>
</tr>
<tr>
<td>University of California Berkeley</td>
<td>MA</td>
<td>1991</td>
<td>Sociology</td>
</tr>
<tr>
<td>University of California Berkeley</td>
<td>PhD</td>
<td>1997</td>
<td>Sociology</td>
</tr>
<tr>
<td>University of California Berkeley</td>
<td>post-doc</td>
<td>1999</td>
<td>Health Policy</td>
</tr>
<tr>
<td>University of California Berkeley</td>
<td>post-doc</td>
<td>2001</td>
<td>Health Policy</td>
</tr>
</tbody>
</table>

A. Personal Statement

I have training in sociology and health policy and am Associate Director for Training and Development as well as Associate Professor at the Philip R. Lee Institute for Health Policy Studies (IHPS). At IHPS and UCSF, I have had the good fortune to teach, mentor, and lead in a variety of interdisciplinary degree and training programs. My primary teaching has been in interdisciplinary approaches to health policy, qualitative research methods, and interdisciplinary Works in Progress seminars. I have led the IHPS training program since 2005 and served as founding director of the UCSF Pathway to Discovery in Health and Society (H&S) in 2008-10. H&S is an interdisciplinary training program for undergraduate and graduate health professional learners interested in advocacy and community engagement, social science and health policy research, and health system leadership and improvement. In 2010, I stepped down from leading H&S in order to focus on developing the UCSF-UC Hastings Consortium on Law, Science, and Health Policy, a broad initiative that includes education and training programs that span the two campuses. In addition to my local activities at UCSF, I am a consultant for the national evaluation of the Veterans Affairs' five-site Centers of Excellence in Primary Care Education – an effort to reshape primary care education and training by developing innovative curricula for interdisciplinary training of physician residents and nurse practitioner students at five sites around the US. In addition to my teaching and training activities, I maintain an R01-funded research program that examines provider-patient communication and treatment decision-making among cancer patients with advanced disease.

B. Positions and Honors

Positions and Employment

1986-87 Research Assistant, Professor Mary-Jo Delvecchio Good, Department of Social Medicine, Harvard Medical School, Boston MA
1990-92 Research Assistant, Professor Michael Hout, University of California (UC) Berkeley
1993 Teaching Assistant, Minority Opportunities in Sociological Training (MOST), American Sociological Association, Berkeley CA
1999-present Associate, Center for Urban Ethnography, UC Berkeley
1999-2001 Post-Doctoral Research Fellow in Alcohol Studies, Alcohol Research Group, School of Public Health, UC Berkeley
2002-08  Assistant Adjunct Professor, Institute for Health Policy Studies and Department of Anthropology, History and Social Medicine, UC San Francisco
2008-2010  Director, UCSF Pathway to Discovery in Health and Society
2005-present  Associate Director for Training and Development, Institute for Health Policy Studies, UCSF
2008-present  Associate Professor, Institute for Health Policy Studies and Department of Anthropology, History and Social Medicine, UC San Francisco
2009-present  Associate Director, UCSF/UC Hastings Consortium on Law, Science and Health Policy

Other Experience and Professional Memberships
2003-present  Member, UCSF Comprehensive Cancer Center; Center for Health and Community
2003-present  Advisory Board, CARE (Cancer Awareness Resources and Education) SF General Hospital
2008-present  Course Director, Qualitative Research Methods, Training in Clinical Research Program
2010-present  Advisory Board: UCSF Participant Recruitment Services; Training in Clinical Research Program
2011-present  NIH Study Section Review: Early Phase Chemoprevention Network; SBIR/STTR Stage 1; PCORI Study Section 10 (co-chair)

Honors
1987  AB Magna cum Laude with Highest Honors in Sociology, Harvard College, Cambridge MA
1987  Hoopes Prize, Senior Honors Thesis “Malpractice in Massachusetts: Physicians’ Perspectives,” Harvard College
1989  Regents Intern-Fellow, UC Berkeley
1994  Carol Hatch Ethnography Award, UC Berkeley Sociology Department
1998  Outstanding Graduate Student Instructor, UC Berkeley
2006  UCSF-Coro Faculty Leadership Collaborative

C. Selected peer-reviewed publications

Most relevant to the current application

Additional publications of importance to the field
Book

Articles


C. Research Support

NIH R01 CA152195 (Dohan) 05/31/10-04/30/15
National Cancer Institute

Before Consent: Cancer Patients’ Deliberations about Early Phase Clinical Trials
This project uses mixed qualitative and quantitative methods to examine how cancer patients make decisions about participating in early phase trials of new cancer therapies.
Role: Principal Investigator

NIH ULI RR024131 (Grumbach and Schmidt, component co-PIs) 10/1/07 – 6/30/12
Clinical and Translational Science Award (CTSI)
Community Engagement and Health Policy (CE/HP) Program
This project uses qualitative research methods to evaluate the success of new partnerships between UCSF CTSI, government, and community groups that aim to improve public health in San Francisco.
Role: Co-Investigator

D55HP05165 (Bindman) 7/1/05-6/30/11
Health Resources and Services Administration
Faculty Development in Primary Care
The major goal for this project is to develop high quality academic general internists who are skilled in primary care research and are prepared to address research questions related to health and health care disparities.
Role: Co-Investigator

AHRQ R18 HS019167 (Tai-Seale) 10/01/10-07/31/12
Agency for Healthcare Research and Quality
Primary Care Transformation in a NCQA Certified Patient-Centered Medical Home
The study uses mixed methods research methods to examine and evaluate changes in processes, health outcomes, and costs linked to efforts to transform the provision of primary care services at a large multi-specialty practice in Northern California.
Role: Co-Investigator

Completed Research Support

MRSGT-05-194-01-CPHPS (Dohan) 7/1/05-3/31/11
American Cancer Society
Clinical Trials Enrollment and Health Disparities
This career development award (Rena Pasick, mentor) uses comparative ethnography to examine the organizational factors that lead to under-enrollment of disadvantaged cancer patients in clinical trials.
Role: Principal Investigator

No Number (Dohan) 4/1/06-6/30/08
Measuring Quality in a Community-based Oncology Practice: A Pilot Study
Foundation for Integrative Oncology
This pilot project uses qualitative (ethnographic) and quantitative (medical records) data to examine how quality is understood in community-based oncology practice as well as to explore approaches for implementing quality-improvement in oncology care.

Role: Principal Investigator

R21-AA14855 (Dohan) 9/15/03-8/31/07
Poverty, Substance Use, and Stigma in Four Organizations.
NIH National Institute for Alcohol Abuse and Alcoholism
This project examines how different healthcare organizations, including emergency departments and cancer clinics, shape the stigma experiences of patients who are poor or have substance use problems. Qualitative research methods are used to document how patients manage stigma, to examine how these management strategies are affected by stigma processes in healthcare organizations, and to develop new theory.

Role: Principal Investigator
Biographical Sketch

NAME
Mary Louse Fleming

POSITION TITLE
Vice Chair, Department of Community Health Systems
Academic Coordinator & Associate Clinical Professor

INSTITUTION AND LOCATION DEGREE YEAR(s) FIELD OF STUDY

Auburn University, Auburn, AL
1969-71 Liberal Arts

Ida V. Moffett School of Nursing, Birmingham, AL
Diploma 1972-74 Nursing

Samford University, Birmingham, AL A.S.N. 1973-74 Nursing

Samford University, Birmingham, AL B.S.N. 1974-75 Nursing

University of Alabama in Birmingham (UAB) M.S.N. 1976-77 Psychiatric Nursing

University of California, San Francisco Ph.D. 2002-07 Nursing, Minor: Health Policy

A. Positions and Honors

Work Experience
1974-76 RN & Inservice Educator, Hillcrest Hospital Neuropsychiatric Institute, Birmingham, AL
1977-78 Instructor, Mental Health Nursing and Nursing Research, UAB School of Nursing
1978-80 Course Coordinator, Mental Health Nursing; Instructor, Nursing Research, UAB School of Nursing
1980 RN, Children’s Services, Langley Porter Psychiatric Institute, San Francisco, CA
1980-81 Director, In-service Education, McAuley Neuropsychiatric Institute, St. Mary’s Hospital and Medical
1983-84 RN, Medical Clinic, Youth Guidance Center, San Francisco Dept. of Public Health
1984-86 Psychiatric CNS, Youth Guidance Center, San Francisco Public Health Department
1986-87 Primary Therapist, Sunset Day Treatment, San Francisco Mental Health Services
1987-88 CNS, Asian and Forensic Units, Psychiatry, San Francisco General Hospital
1988-90 Program Director/Nurse Manager, Forensic Unit, Psychiatry, San Francisco General Hospital
1990-96 Associate Director of Nursing, Dept. of Psychiatry, San Francisco General Hospital
1996-00 Hospital Assoc. Administrator, Mental Health Rehabilitation Center, San Francisco Public Health
Department Community and Community Health Network
1998-04 Sr. Associate Hospital Administrator and Director, Nursing and Activity Therapy, Laguna Honda
Hospital, San Francisco Public Health Department
2007 Clinical Instructor, Psychiatric Nursing, California State University Eastbay, Hayward, CA
2007-Now Vice Chair, Department of Community Health Systems, UCSF School of Nursing

Other Professional Experience
1977-80 Family Therapist, Smolian Mental Health Clinic, University of Alabama in Birmingham, AL
1994-05 Private Practice [Individual/Family Therapy], Austin St. Psychological Associates, San Francisco,
1995-98 Affective Disorders Treatment Services, Turning Point Group Practice, San Francisco, CA
2001-04 Affiliated Core Faculty, Geriatric Education Center, Stanford University, School of Medicine,
Palo Alto, CA
2001-07 Long Term Care Consultation Services, ML Fleming & Associates, San Francisco, CA

Honors
1975 PI Gamma Mu (Sociology Honorary), Samford University, Birmingham, AL
1976-77 National Institute of Mental Health Traineeship, UAB, Birmingham, AL
1977 Sigma Theta Tau, Nu Chapter (Nursing Honorary), UAB, Birmingham, AL
1981 Nursing Excellence, McAuley Neuropsychiatric Institute, St. Mary’s Hospital, San Francisco
1996 “Above and Beyond”, Employee Recognition Award, San Francisco General Hospital
1998 “Managerial Excellence Award”, Mental Health Rehabilitation Facility, San Francisco General
Hospital and San Francisco Department of Public Health
2001 “New Innovative Program”, Systems Improvement Award, California Healthcare Association
Foundation
2002 “Advancing the Profession”, Nursing Excellence Award, NurseWeek, California
2003 “Outstanding Partner of the University of California San Francisco, School of Nursing”, John. A.
Hartford Foundation and American Association of Colleges of Nursing
2004-05 Morton Kirsch Student Scholarship, University of California San Francisco, School of Nursing
2004 William Randolph Hearst Foundation Scholarship Award, Hartford Center of Geriatric Nursing Excellence, University of California San Francisco
2005-07 Building Academic Geriatric Nursing Capacity Pre-doctoral Scholar, John A. Hartford Foundation
2006 Century Club Scholarship, University of California San Francisco Alumni Association
2007 Sigma Theta Tau Research award, Alpha Eta Chapter, UCSF

B. Selected peer-reviewed publications

Fleming ML., The nurse, the family system and the client. Topics in Clinical Nursing, 1979; 1(3), 63-70.

C. Research Support

2002-04 Bennett, JA, Wallhagan, M, Fleming, ML, Kayser-Jones, JS and Harrington, C. A partnership Between UCSF School of Nursing and Laguna Honda Hospital to Increase the Number and Diversity of Gerontological Advanced Practice Nurses, John A. Hartford Foundation through the American Academy of Colleges of Nursing.
2003 Research Assistant, “An Ethnography of Dying in Nursing Homes,” funded by the National Institute on Aging, the National Cancer Institute, and the National Institute of Nursing Research, Dr. Jeanie Kayser-Jones, PI. April – December, 2003. RO1AG15806.

2009 Blegen, M., Wallhagen, M., and Fleming, M. L., Laguna Honda Hospital Foundation Grant
2009 Fleming, M.L., Hughes, A., Blegen, M., and Wallhagen, M., Resident (patient) Satisfaction in the Nursing Home Environment

INVITED PRESENTATIONS:

INTERNATIONAL
1998 International Association of Psychosocial Rehabilitation, Orlando, FL symposium
2004 Sigma Theta Tau 15th International Nursing Research Congress, Dublin, Ireland symposium
2009 The 6th International Care-work Conference, San Francisco, CA symposium

NATIONAL
2003 American Academy of Nursing, Annual Meeting and Conference, Carlsbad, CA poster
2004 Gerontological Society of America, 57th Annual Scientific Meeting, Washington, DC podium
2004 Robert Wood Johnson Executive Nurse Fellows Program Leadership Project podium
2006 John A, Hartford BAGNC Leadership Seminar, Dallas, TX poster
2007 Western Institute of Nursing Research 40th Annual Conference, Portland, OR poster
2007 Gerontological Society of America, 60th Annual Scientific Meeting, San Francisco podium
2008 Western Institute of Nursing Research 41sh Annual Conference, Orange County podium
2010 Center for Health Design, Pebbles Project Annual Meeting panel
Ralph Gonzales, MD

Title: Professor of Medicine, Epidemiology and Biostatistics
School: UCSF School of Medicine
Address: 1545 Divisadero St., San Francisco, CA, 94115
Telephone: 415-514-0569

Ralph Gonzales, MD is Professor of Medicine; Epidemiology and Biostatistics and Director of the UCSF Program in Implementation and Dissemination Sciences. In addition, he is Associate Chair for Ambulatory Care and Clinical Innovation and Associate Director, Clinical and Translational Sciences K12 Career Development Program. Dr. Gonzales is a graduate of UCSF’s School of Medicine and returns to UCSF after obtaining his MS in Public Health from the University of Colorado.

Clay Johnston is Associate Vice Chancellor of Research and Director of CTSI. As Director, Dr. Johnston oversees the planning, development, and implementation of a $112-million, 5-year NIH grant award to accelerate research in health throughout the UC system. Over 300 faculty and staff from all four UCSF schools are affiliated with CTSI. Dr. Johnston received his medical education at Harvard University and completed his residency in neurology from UCSF. He earned a PhD in epidemiology from UC-Berkeley. Dr. Johnston has authored over 200 publications in scientific journals and is currently the Executive Vice-Editor of the *Annals of Neurology*.


Catherine Reinis Lucey, MD

Title: Health Sciences Assistant Clinical Professor and Vice Dean for Education

School: UCSF School of Medicine

Address: 521 Parnassus Ave., San Francisco, CA, 94143

Telephone: 415-502-1633

Narrative

Catherine Reinis Lucey, MD, is vice dean for education. She directs the undergraduate, graduate and continuing medical education programs of the School of Medicine and the Office of Medical Education. Dr. Lucey comes to UCSF from Ohio State University where she was vice dean for education for the College of Medicine and associate vice president for health sciences education for the Office of Health Sciences. She is a member of the AAMC MR5 committee, charged with overseeing the revision of the Medical College Admission Test process. Dr. Lucey completed her residency in internal medicine, including service as chief resident, at the UCSF-affiliated San Francisco General Hospital, after earning her medical degree from the Northwestern University School of Medicine.

Selected Publications:

5. Lipner RS, Lucey CR. Putting the secure examination to the test. JAMA. 2010 Sep 22; 304(12):1379-80.
Judy (Judy) L. Martin-Holland, RN, PhD, MPA, CS, FNP

Title: Associate Dean for Academic Programs & Diversity Initiatives and Associate Clinical Professor, PN

School: UCSF School of Nursing

Address: 2 Koret Way, Room N-319G, San Francisco, CA 94143-0604

Telephone: 415-476-4801

Narrative

Judy L. Martin-Holland, RN, PhD, is Associate Dean for Academic Programs and Diversity Initiatives of the School of Nursing. Dr. Martin-Holland earned her master, post-master and doctoral degrees from UCSF. She is an Advisory Committee Member of the US Food & Drug Administration, a Site Visitor for the American Nurses Credentialing Center, and Steering Committee member of the California Strategic Planning Committee for Nursing. In 2008 she received the Dr. Martin Luther King Jr. Award, UCSF for extraordinary leadership and inspiration in advancing the goals of social and economic justice.

Biographical Sketch – O’Neil, Edward H.

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<td>University of Alabama</td>
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<td>M.P.A.</td>
<td>1979</td>
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<td>Syracuse University</td>
<td>Ph.D.</td>
<td>1981</td>
<td>History</td>
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Research and Professional Experience

1981-1986 Assistant Professor of Dental Health, University of North Carolina, Chapel Hill
1986-1992 Associate Dean of Medicine, School of Medicine, Duke University, Durham NC
1986-1992 Associate Professor of Public Policy, Duke University, Durham NC
1992-1998 Associate Professor, Family and Community Medicine and Dental Public Health, University of California, San Francisco
1992-present Director, Center for the Health Professions, University of California, San Francisco
1998-present Professor, Family and Community Medicine and Dental Public Health, University of California, San Francisco

Academic Honors and Awards

1974 Noyes Scholar, Omicron Delta Kappa
1977-1980 University Fellow, Syracuse University
1985 Outstanding Achievement, American Dental Education Association
1987 Recognition of National Service, American Veterinary Medicine Association
1995 LL.D. (honorus causa), New York Medical College
1996 LL. D. (honorus causa), California College of Health Sciences
1997 Hoagness Lecture, University of Washington

Publications (partial list)


Dorothy Perry, RDH, PhD, is Professor and Associate Dean for Education and Student Affairs and is responsible for the curriculum, admissions, student services, and continuing dental education. She also developed and coordinates a concurrent DDS/MBA program with the University of San Francisco Graduate School of Business Administration. Dr. Perry has published four textbooks and numerous peer-reviewed articles, and is the primary author of the textbook *Periodontology for the Dental Hygienist* now in preparation for a fourth edition. Dr. Perry has been a member of the Academic Learning Project on a Gates Foundation funded project working the Muhimbili University of Health Sciences in Dar es Salaam, Tanzania.


SUMMARY OF QUALIFICATION

*** Skilled in financial analysis, fiscal reporting and budget development.

*** Extensive background in organizational management, with the ability to communicate effectively and administrate multiple functions and duties.

*** Significant experience in personnel management.

*** Expertise in report writing, developing recommendations, and managing facilities.

EMPLOYMENT EXPERIENCE

DIRECTOR, ADMINISTRATION AND FINANCE, Departments of Community Health Systems and Family Health Care Nursing, University of California, San Francisco, CA Feb. 2009 to Present
Guide all business and administrative functions for two departments in the School of Nursing. Direct all financial management, personnel actions for both academic and career staff, information technology and grant and contract activity including pre and post award management. Provide strategic and operational consultation and advice to Department Chair and Vice Chair for each unit for long and short range planning. Act independently in the management of affiliated community service organizations and clinical operations for both departments. Interpret, create and implement Departmental policies procedures and regulations. Oversee all Department facilities, including off campus sites, with responsibilities for landlord interactions, lease agreements and environmental health and safety issues. Participate at the School and Campus levels in planning and implementation of clustered services related to Operational Excellence.

MANAGEMENT SERVICES OFFICER III and IV, Department of Family Health Care Nursing, University of California, San Francisco CA August 2000 to January 2009
Direct all business and administrative functions of the unit. Oversee and direct all financial management, personnel actions for both academic and career staff, and grant and contract activity including pre and post award management. Oversee patient billing and other business functions for nurse managed, primary care, pediatric clinic in the Mission. Consult and advise Department Chair and Vice Chair in the acquisition and management of two off-site, community service organizations, one in Oakland, and one housed at the Mission Center Building. Create and implement Departmental policies and procedures. Oversee responsibility for all Department facilities including landlord interactions, lease agreements and Environmental Health and Safety issues.

MANAGEMENT SERVICES OFFICER II, Institute of Industrial Relations, University of California, Berkeley CA June 1997 to August 2000
Direct all administrative functions of the unit. Oversee all financial management of Institute funds. Review all fiscal reports, develop budgets and perform financial analysis. Coordinate and manage all personnel functions. Responsible for all classified and academic staff payroll actions. Oversee all grant and contract functions of unit. Provide consultation for extramural project pre and post award activity.
Create, review and implement Institute policies and procedures. Evaluate unit procedures to assess compliance with University guidelines and practices. Responsible for facilities, including space assignments and conformity with Environmental Health and Safety and other security issues.

SALES/CUSTOMER SERVICE, B&W Antiques, Seattle, WA  
Sept 1994 to March 1997
Oversaw day-to-day retail functions, knowledgeably answered questions and inquiries regarding services and goods. Performed accounting and record-keeping functions. Arranged layout of sales spaces. Worked with store owner to develop a financial plan, marketing strategy and more effective accounting functions.

ADMINISTRATOR, Department Of Radiology, University of Washington, Seattle WA  
Feb 1991 to Sept 1994
Directed all administrative services including financial management for all state, federal and privately funded budgets. Managed the main departmental operations budget with annual expenditures of $1.75 million and research budgets totaling over $5 million. Planned and supervised the preparation of financial reports and analysis for all budgets. Provided personnel management and supervision of 13 full-time employees. Developed and implemented procedures and policies for the department. Interpreted, implemented and counseled on all relevant regulations and procedures for University personnel actions, federal grants management and other funding agencies oversight. Monitored and coordinated maintenance and renovation projects for research facilities. Reviewed all departmental grant proposals prior to submission to Dean’s office for signature.

ASSISTANT ADMINISTRATOR, Department of Radiology, University of Washington, Seattle, WA  
Feb. 1990 to Feb 1991
Responsible to the administrator for the everyday operations of the department including the management of state, federal and corporate funding. Responsible for the hiring, supervision, training, evaluation and disciplining of eight support staff. Managed a multiple-service recharge center including responsibility for developing the recharge rate structure. Reviewed all grants and proposals signed by the department chair and made recommendations for changes when applicable. Coordinated a major department construction project costing in excess of $600,000.

FISCAL SPECIALIST, Department of Otolaryngology, University of Washington, Seattle, WA  
July 1988 to Feb 1990
Performed and supervised the performance of a variety of fiscal and administrative functions. Analyzed and developed budgets for grants, contracts, and gift funds. Prepared forecasts for fiscal needs. Developed and implemented specialized spreadsheets and reports to track revenue and expenses. Established two databases used to analyze fiscal activity. Devised solutions to problems by gathering and analyzing information and recommending corrective action.

EDUCATION:

1994-1996  
M.B.A. – Finance, University of Washington, Seattle, WA

1988  
M.S. – Speech and Hearing Sciences – University of Washington, Seattle, WA

1984  
B.S. – Speech and Hearing Sciences, Brigham Young University, Provo, UT

REFERENCES:

Professional references available upon request.
Biographical Sketch – Carmen J. Portillo, Department Chair and Professor
eRA Commons User Name: portillo

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<td>University of Arizona, Tucson, AZ</td>
<td>BSN</td>
<td>6/1981</td>
<td>Nursing</td>
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<td>University of Arizona, Tucson, AZ</td>
<td>MS</td>
<td>6/1986</td>
<td>Nursing</td>
</tr>
<tr>
<td>University of Arizona, Tucson, AZ</td>
<td>PhD</td>
<td>6/1990</td>
<td>Nursing</td>
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</table>

A. Personal Statement
I am Professor and Chair of the Department of Community Health Systems in the School of Nursing, University of California, San Francisco. I have directed a HRSA funded advanced nursing practice grant for the last 7 years on HIV/AIDS for adult nurse practitioners and clinical nurse specialists with particular emphasis on people over 50 years with HIV/AIDS. I am also the Director of the School of Nursing’s HIV/AIDS Nursing Care and Prevention training grant (T32 NR07081). My clinical nursing background is in community and mental health nursing. I maintain a teaching load with masters and doctoral students. I am a Fellow of the American Academy of Nursing.

B. Positions and Honors
1985-1989 American Nurses’ Association, Minority Fellow Award
1993-now Member, American Nurses in AIDS Care; Board member Journal of ANAC
1996 Fellow, American Academy of Nursing
1998-2000 President, National Hispanic Nurses’ Association
1999-2003 Member, National Institute of Nursing, NIH, Advisory Council
2002-now Charter Member, National Coalition of Ethnic Minority Nurses Association, Inc.
2003-2005 Specialty Coordinator, Advance Community Health & Intl Nursing, UCSF SON
2009 Sigma Theta Tau, Alpha Eta Chapter, Margretta Madden Styles Award
2009-now Chair, Department of Community Health Systems, School of Nursing, UCSF

C. Selected Peer-reviewed Publications


D. Research and Training Support
U69 HA 00047-01 Reyes (PI) 2007-2014
USDHHS, HRSA, HIV/AIDS Bureau: I-TECH UCSF International AETC
The focus of this grant is to improve the care of people living with HIV/AIDS in heavily affected countries by increasing the capacity for training of HIV/AIDS care providers, including physicians, nurses, clinical administrators and other key personnel. Role: Senior Nurse Advisor.

D09HP03285-01-00 Portillo (PI) 2004-2014
DHHS, HRSA, BHP: Positive Health: HIV Advanced Practice Nurse Edu
The goal is to prepare advanced practice nurses to provide expert comprehensive services to people living with HIV/AIDS.

T32NR07081 Portillo (PD) 1995-2017
NIH/NINR: HIV/AIDS Nursing Care and Prevention
This training fellowship support four predoctoral and two postdoctoral trainees each year. The goal is to train nurse researchers to build the knowledge base about HIV/AIDS.
SCOTT REEVES
Curriculum Vitae December 2011

University of California, San Francisco, 500 Parnassus Avenue, MU200W, San Francisco, CA 94143
Tel: 1-415 602 2494 - Email: scott.reeves@ucsf.edu - Skype: scottreevess

Education

PhD (Health), City University, London, UK, 2005
MSc (Social Research Methods), London Guildhall University, UK, 1997
Post Graduate Certificate in Education (Sociology), University of Greenwich, UK, 1994
BSc (Applied Social Science) (Upper Second), University of North London, UK, 1993

Employment:

Current Appointments

Founding Director, Center for Innovation in Interprofessional Health Education, University of California, San Francisco, USA (since 2011)
Editor-in-Chief, Journal of Interprofessional Care, Informa Health, UK (since 2009)

Current Cross (Honorary) Appointments (selected)

Adjunct Professor, Department of Psychiatry, University of Toronto, Canada (since 2011)
Affiliate Scientist, Keenan Research Centre, Li Ka Shing Knowledge Institute of St. Michael's Hospital, Canada (since 2011)
Affiliate Scholar, Wilson Centre for Research in Education, University Health Network, Canada (since 2011)
Visiting Scholar, Medical Case Centre, Karolinska Institutet, Stockholm, Sweden (since 2011)
Visiting Senior Fellow, Institute of Health Sciences Education, Queen Mary University of London, UK (since 2010)
Faculty Member, Department of Health Policy, Management and Evaluation, University of Toronto, Canada (since 2010)
Full Member, Institute of Medical Sciences, University of Toronto, Canada (since 2009)

Honours and Awards

Dr. John Gilbert Interprofessional Education Mentorship Award, National Health Sciences Student Association (2011)
Ted Freedman Innovation in Education Award, Ontario Hospital Association (2009)
Mentorship Award, Wilson Centre for Research in Education, University of Toronto (2009)
Best Poster, Infrastructure Theme, Collaborating Across Borders, Tucson (2011)
Honorable Mention (Poster), Policy Theme, Collaborating Across Borders, Tucson (2011)
Best Oral Presentation: Runner Up, AFMC Canadian Conference for Medical Education (2010)
Judges Choice (Oral Presentation) Inaugural Sunnybrook Interprofessional Showcase Conference (2010)
Best Poster, Association of Medical Education in Europe Annual Conference (2008)

Curricula Development & Teaching Faculty development (selected)

Co-Director, Core Foundations in Education Research (CoFER), a faculty development course aimed at enhancing qualitative and quantitative research skills, Centre for Faculty Development (2010-2011)
Development, delivery and evaluation of a four day faculty development course to enhance facilitation skills for interprofessional education, Centre for Faculty Development (2008-2010)
Other Research and Professional Activities

Editorial Activities (recent)

Co-Editor, series of text books on interprofessional practice and education with Radcliffe Press & Centre for the Advancement of Interprofessional Education (2011-date)
Editor in Chief, Journal of Interprofessional Care (2009-date)
Associate Editor, BMC Medical Education (2009-2011)
Guest Editor, Special theme (spanning two issues) on „Continuing Interprofessional Education“, Journal of Continuing Education for the Health Professions (2008-2009)

RESEARCH, EVALUATION & DEVELOPMENT ACTIVITIES (recent)

[PI, denotes Principal Investigator; CPI, Co-Principal Investigator; CI, Co-Investigator; C, Collaborator]

   Project: An exploration of the determinants of knowledge use in a medical education context
   Agency: KT Canada
   Amount: $30,000
   Type: Peer-reviewed, National Agency
   Duration: 2011-2012

2. Reeves S, Sharma S, Boet S, Kitto S [PI]
   Project: Enhancing the use of sociological fidelity in interprofessional simulated learning
   Agency: Continuing Education Research Fund, University of Toronto
   Amount: $4,950
   Type: Peer-reviewed, Local Agency
   Duration: 2011-2012

   Project: An ethnography of patient safety in general and internal medicine wards
   Agency: Canadian Institutes for Research
   Amount: $60,000
   Type: Peer-reviewed, National Agency
   Duration: 2011-2014

4. Kitto S, Bell, M, Reeves S, Sargeant J, Etchells E, Silver I [CI]
   Project: Improving patient outcomes – mapping practice boundaries and intersections between the domains of continuing education, knowledge translation, patient safety and quality improvement
   Agency: Association of Faculties of Medicine of Canada
   Amount: $20,000
   Type: Peer-reviewed, National Agency
   Duration: 2011-2012

   Project: Development of a research program to enhance utilization of nurses and nurse Practitioners in their professional and interprofessional practice.
   Agency: Nursing Secretariat, Ontario Ministry of Health and Long-Term Care
   Amount: $1,252,152
   Type: Peer-reviewed, Regional Agency
   Term: 2010-2013

   Project: A systematic review of the effects of faculty development
   Agency: Faculty Development Fund, Royal College of Physicians and Surgeons of Canada
   Amount: $4,995
   Type: Peer-reviewed, National Agency
   Term: 2010-2011

7. Fournier C, Reeves S [CPI]
   Project: Professional Status within an Interprofessional Context: A View of Massage Therapy
   Agency: Massage Therapy Research Fund, Holistic Health Research Foundation
   Amount: $5,840
   Type: Peer-reviewed, National Agency
   Term: 2010-2011

   Project: Building Community in Collaborative Online Interprofessional Education: An examination of facilitation in online synchronous interprofessional education
   Agency: Continuing Education Research & Development Award, University of Toronto
   Amount: $4,425
   Type: Peer-reviewed, Local Agency
   Term: 2010-2011

PUBLICATIONS

Peer-Reviewed Publications [PA, denotes Principal Author; SRI, Senior Responsible Investigator; CPA, Co-Principal Author; C, Collaborator]
2. Lieff S, Baker L, Mori B, Egan-Lee E, Chin K, Reeves S (in press) Key influences on the formation of academic identity within a faculty development program. Medical Teacher [SRI]


BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors in the order listed on Form Page 2. Follow this format for each person. DO NOT EXCEED FOUR PAGES.

NAME
Spetz, Joanne Elizabeth

POSITION TITLE
Professor

eRA COMMONS USER NAME (credential, e.g., agency login)
spetzjo

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing. Include postdoctoral training and residency training if applicable.)

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<td>Massachusetts Institute of Technology, Cambridge, MA</td>
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<td>Ph.D.</td>
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A. Personal Statement

I am a Professor at the Institute for Health Policy Studies, Department of Family and Community Medicine, and the School of Nursing at the University of California, San Francisco, and a Faculty Researcher at the UCSF Center for the Health Professions. My research focuses on the economics of the health care workforce. I have led national and state surveys of registered nurses, nurse employers, and nursing schools; developed forecasts of nurse supply and demand in California; and evaluated programs to expand the supply of nurses. I have conducted research on the effects of health information technologies in hospitals, studies of the relationship between nursing and patient outcomes, analysis of hospital services and organization, and assessments of the effects of minimum nurse staffing regulations on patients and hospitals.

I was a consultant to the Institute of Medicine Committee on the Future of Nursing and a member of the National Commission on VA Nursing. I frequently provide testimony and technical assistance to state and federal agencies and policymakers. My teaching is in the areas of health economics, quantitative research methods health care financial management, and health economics. In addition to advising graduate students and lecturing at UCSF and UC-Berkeley, I am involved in the Global Health Workforce Economics Network, providing instruction in health workforce economics in international courses.

B. Positions and Honors

Positions and Employment

1993-1996 Health Research Specialist, VA Palo Alto Health Care System, CA
1995-2001 Research Fellow, Public Policy Institute of California, San Francisco, CA
1997 Visiting Instructor, Department of Economics, University of California, Santa Cruz, CA
1999-2004 Assistant Professor (Adjunct), School of Nursing, University of California, San Francisco, CA
2001 Visiting Instructor, School of Public Health, University of California, Berkeley, CA
2001-2002 Adjunct Fellow, Public Policy Institute of California, San Francisco, CA
2001-2007 Associate Director, Center for California Health Workforce Studies, San Francisco, CA
2004-2009 Associate Professor (Adjunct), School of Nursing, University of California, San Francisco, CA
2006-present Research Scientist (Without Compensation), Palo Alto VA Health Care System, Palo Alto, CA
2009-present Professor, School of Nursing, University of California, San Francisco, CA
2011-present Professor, Department of Family and Community Medicine, UC San Francisco, CA
2011-present Professor, Philip R. Lee Institute for Health Policy Studies, UC San Francisco, CA
Other Experience and Professional Memberships (partial list)

1993-present AcademyHealth (formerly Association for Health Services Research)
   - 2007-2008 Theme Leader for Workforce for Annual Research Meeting
   - 2008-2010 Chair-Elect and Chair, Interdisciplinary Research Group on Nursing Issues
   - 2009-2010 Theme Leader for Workforce for Annual Research Meeting
   - 2010-2011 Program Committee for Annual Research Meeting

1993-present Association for Public Policy Analysis and Management (Policy Council member, 2000-2003)
1995-present International Health Economics Association (Scientific Committee, 2004-06 & 2011-12)
2002-2003 National Commission for VA Nursing, Commission Member
2008-present Editorial Board, Medical Care Research and Review
2009-present Associate Editor, BMC Health Services Research
2009-2011 Consultant, Institute of Medicine, Committee on the Future of Nursing
2011-present Co-columnist, Economics of Health Care and Nursing, Nursing Economics

Honors
1990-1995 National Science Foundation Graduate Fellowship
1993-1994 Bradley Foundation Fellowship, Stanford University, CA
1994, 1995 Performance Awards, Department of Veterans Affairs
2005 Best Abstract Award, Workforce Sessions, AcademyHealth
2011 Honorary Fellow, American Academy of Nursing

C. Selected Peer-reviewed Publications (from 60 publications)

Most relevant to the current application


Additional publications of importance to the field (selected from 60 papers)


D. Research Support

**Ongoing Research Support**

**Gordon and Betty Moore Foundation 2537**

New RN Graduate Hiring Survey

The goal of this study is to conduct repeated surveys of employers of nurses in California in order to improve forecasts of overall demand for RNs and hiring of newly graduated nurses.

Role: PI

Robert Wood Johnson Foundation 68806

Indicators Tracking Work and Summative Evaluation of the Initiative for the Future of Nursing

This grant supports the development of a set of metrics to track progress toward the implementation of the Institute of Medicine’s Committee on the Future of Nursing’s recommendations.

Role: PI

**California Board of Registered Nursing 1111-002-0702**

RN Workforce Surveys and Analysis

This project involves conducting the 2012 Survey of Registered Nurses in California, collecting and analyzing the Annual Nursing Schools Reports for 2011 and 2012, and other data analyses.

Role: PI

California Department of Public Health

Survey of Nurse Practitioner and Nurse Midwife Use of Health Information Technology

This project involves surveying nurse practitioners and nurse midwives about their utilization of health information technology. This project is being conducted under a Master Contract with the Department of Public Health (Bindman, PI)

Role: PI of project under master contract

**Completed Research Support** (recently completed, from 38 projects in career)

**Gordon and Betty Moore Foundation #924**

Evaluation of the Shared Services Project

This evaluation considered the impact of a computerized clinical placement system for nursing education on the capacity of nursing education programs to expand.

Role: PI

**Gordon and Betty Moore Foundation**

Analysis of Changes in RN Satisfaction Between 2004 and 2010

Multiple cross-sectional surveys of RNs were analyzed to learn whether there were changes in satisfaction with the work environment.

Role: PI

**California Board of Registered Nursing**

RN Workforce Surveys and Analysis

This project involves conducting the 2010 Survey of Registered Nurses in California, collecting and analyzing the Annual Nursing Schools Reports for 2009 and 2010, and other data analyses.

Role: PI
Robert Wood Johnson Foundation  Spetz (PI)  5/1/09 – 7/31/11
Research on the Future of Nursing
This project resulted in two long issue briefs and a chartbook with data on the nursing workforce, in support of the Institute of Medicine’s Committee on the Future of Nursing.
Role: PI

AHRQ 2R01HS10153  Mark (PI)  9/1/06 – 8/31/11
Nurse Staffing, Financial Performance, Quality of Care
This study examines the relationship between nurse staffing and quality of care in acute-care hospitals, using data from multiple states, with emphasis on effects of minimum staffing regulations in California.
Role: PI of subaward

AHRQ 1R01HS014207-01A2  Spetz (PI)  7/1/07 – 6/30/11
The Effect of Hospital Unions on Staffing and Patient Care
This study examines the effects of health care unions on hospital staffing, wages, and quality, using a variety of national and state datasets.
Role: PI

HRSA HHSH230200732009C  Spetz (PI)  9/21/07 – 11/30/11
2008 National Sample Survey of Registered Nurses
In collaboration with Westat, Inc., this contract is to conduct and analyze the 2008 National Sample Survey of Registered Nurses.
Role: PI

Robert Wood Johnson Foundation  Spetz (PI of UCSF subaward)  1/1/10 – 12/31/11
Evaluation of the ACCEL Nurse Education Program
In collaboration with four nursing colleges and universities, this project evaluates an accelerated bachelor’s to Bachelor of Science in Nursing program.
Role: PI of subaward for analysis of data on student outcomes and faculty satisfaction.
### BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.  
Follow this format for each person.  **DO NOT EXCEED FOUR PAGES.**

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<td>Vlahov, David</td>
<td>Dean and Professor</td>
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**eRA COMMONS USER NAME (credential, e.g., agency login)**  
DVLAHOV

**EDUCATION/TRAINING** (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)

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<th>FIELD OF STUDY</th>
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<td>Earlham College, Richmond, IN</td>
<td>B.A.</td>
<td>1974</td>
<td>History</td>
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<td>University of Maryland, Baltimore, MD</td>
<td>B.S.N.</td>
<td>1977</td>
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<tr>
<td>University of Maryland, Baltimore, MD</td>
<td>M.S.</td>
<td>1980</td>
<td>Nursing</td>
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<td>The Johns Hopkins University, Baltimore, MD</td>
<td>Ph.D.</td>
<td>1988</td>
<td>Epidemiology</td>
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**A. Personal Statement**

For the past ten years, I have been the host and principal investigator for community mobilization projects in Harlem and the South Bronx using community based participatory research methods that have included targeted work on HIV prevention and influenza administration for hard-to-reach populations. The model used for these projects were focused on how to build partnerships with existing health systems to provide “value added” approaches to improve health outcomes through the addition of community resources to current outreach. This is an extension of work in east Baltimore done as a NIDA funded researcher for over 23 years that included leading the ALIVE study which has followed over 3,000 drug users semiannually for over 20 years with outcomes research for which I received a NIDA MERIT Award. I have served as primary advisor to over 25 pre-doctoral, 6 post doctoral students, 3 K Awardees, and 6 NIH Minority Supplements.

**B. Positions and Honors**

**Positions and Employment**

- 1988-91  Assistant Professor of Epidemiology, Johns Hopkins School of Public Health, Baltimore, MD.
- 1990-99  Joint Appointment, The Johns Hopkins School of Medicine, Baltimore, MD.
- 1991-96  Associate Professor of Epidemiology, Johns Hopkins School of Public Health, Baltimore, MD.
- 1996-01  Professor of Epidemiology, Johns Hopkins School of Public Health, Baltimore, MD.
- 1999-11  Professor of Clinical Epidemiology, Mailman School of Public Health Columbia University, NY NY.
- 1999-11  Director, Center for Epidemiologic Studies, The New York Academy of Medicine, New York, NY.
- 2006-11  Senior Vice President for Research, The New York Academy of Medicine, New York, NY.
- 2011-    Dean and Professor, UCSF School of Nursing, San Francisco, CA

**Honors:**

- Delta Omega National Merit Award, 1988  Institute of Medicine, 2011
- American Epidemiological Society, 1995  Johns Hopkins Distinguished Alumni Award 2011
- MERIT Award, NIH, 1996-2006
B. Selected Peer-reviewed Publications (from a list of 606)

C. Most relevant to the current application


Other relevant Additional recent publications of importance to the field (in chronological order)


D. Research Support (Current and recently completed)

RO1 MH085132-01A2 (Beard) 12/01/09 – 11/30/14
NIMH
Risk for Depression, Neighborhood Characteristics, and Physical Activity
A multi wave cohort study of older New Yorkers to examine the influence of physical activity on depression and how this may be influenced by the environment

RO1(Koblin) 09/01/09 – 08/30/14
NIAIDS
Community Factors, HIV and Related Health Outcomes in New Who Have Sex with Men
A cross sectional study of MSM to explore the influence of neighborhood of residence on sexual risk behaviors, drug use and depression.

1 RC1 DA028284-01 (Fuller) 09/1/07 – 08/31/11
NIDA
Development of behavioral and social interventions that reduce stigma and improve quality and accessibility of health care services in low resource settings
A project that will evaluate a pharmacy-based pilot intervention that aims to reduce HIV testing- and drug use-associated stigma among injection drug users in New York City who purchase syringes from pharmacies in low-income black and Hispanic neighborhoods

1R24 MD002754-01 (Vlahov) 05/22/08 – 01/31/13
NCMHD
Harlem Community Academic Partnership: Influenza Immunizations
A community based participatory research project (CBPR) and evaluation for improving influenza immunizations in high risk populations within disadvantaged minority communities

1R21 MH 081173-01A1 (Ompad) 03/01/08 – 02/28/10
NIMH
Methods for Evaluating the Physical and social Environments of Urban Neighborhoods
The purpose of this study is to design and evaluate a comprehensive, systematic approach to characterizing urban neighborhoods through direct observation of neighborhood characteristics

1U58 DP000943-01 (Calman) 9/29/07 – 9/28/12
CDC
New York REACH CEED
Racial and Ethnic Approaches to Community Health US
An evaluation program designed to develop community capacity to eliminate racial and ethnic disparities in health.

5R01 DA022123-02 (Vlahov) 09/20/07 – 07/31/12
NIDA
Heroin Cessation and HIV Risk: A Case-Control Study
The purpose of this case-control study is to characterize the prognostic indicators, including HIV infection, for the positive outcome of sustained heroin cessation among persons with a prior history of chronic heroin use within economically disadvantaged, predominantly racial/ethnic minority neighborhoods in New York City.

1R01 DA022144-01A2 (Fuller) 09/01/07 - 08/31/11
NIDA
Pharmacy Referral Intervention: IDU Access to Services
Using community-based participatory research, this intervention will connect pharmacies with community-based organizations to assist pharmacy staff in the provision of harm reduction information to injection drug users who purchase syringes from pharmacies through the NYS Expanded Syringe Access Demonstration Program (ESAP)
Natural History of HIV Infection among Drug Users (ALIVE)
Determine the natural history if HIV infection in a cohort of seropositive HIV drug users

Rapid Vaccination of Hard to Reach Populations.
Proposed is a quasi experimental design involving community participatory intervention that is designed to rapidly immunize hard to reach (HRT) populations in disadvantaged minority communities.
Biographical Sketch – Catherine Waters

**Title:** Professor and Director of the Advanced Community Health and International Nursing Program, Community Health Systems, UCSF School of Nursing

<table>
<thead>
<tr>
<th>Institution and location</th>
<th>Degree</th>
<th>Year</th>
<th>Field of Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Miami, Coral Gables, FL</td>
<td>BSN</td>
<td>1985</td>
<td>Transcultural Nursing</td>
</tr>
<tr>
<td>University of Miami, Coral Gables, FL</td>
<td>MSN</td>
<td>1988</td>
<td>Adult Health Nursing</td>
</tr>
<tr>
<td>University of Miami, Coral Gables, FL</td>
<td>PhD</td>
<td>1993</td>
<td>Nursing Science</td>
</tr>
<tr>
<td>Oregon Health Sciences University</td>
<td>Postdoctoral</td>
<td>1994</td>
<td>Family Nursing</td>
</tr>
<tr>
<td>Oregon Health Sciences University</td>
<td>Postdoctoral</td>
<td>1995</td>
<td>Gerontological Nursing</td>
</tr>
</tbody>
</table>

**RECENT POSITIONS**

- 1996-02 UCSF Dept. of Community Health Systems  Assistant Professor
- 2002-08 UCSF Dept. of Community Health Systems  Associate Professor
- 2008-now UCSF Dept. of Community Health Systems  Professor
- 2005-now UCSF Comprehensive Cancer Center  Member

**PROFESSIONAL MEMBERSHIPS and SERVICE (select)**

- 1985-now Sigma Theta Tau International (STTI), Chapter President, 2001-03
- 1996-99 Grant Reviewer, Foundation Research Grants Study Section
- 1997-now Member, American Nurses Association/California
- 1998-02 Reviewer, Nursing Educ. Practice Grants Study Section, BrHProfessions
- 1998-06 Grant Reviewer, Research Committee, STTI
- 2000-now Member, American Heart Association (AHA)
- 2001 Grant Reviewer, American Association of Diabetes Educators
- 2001-02 Member, AHA African American Community Outreach Commission
- 2004 Grant Reviewer, Emergency Nurses Association Foundation
- 2004-07 Grant Reviewer, American Heart Association, Western States Affiliate
- 2008-now Commissioner, San Francisco Health Commission

**RECENT HONORS (select)**

- 1999 Teacher of the Year, Excellence in Teaching Award, UCSF School of Nursing
- 2004 Fellow, American Heart Association Council on Cardiovascular Nursing
- 2006 Mentor of the Year, Graduating Doctoral Students, UCSF School of Nursing
- 2008 Margretta Styles Award, STTI, Alpha Eta Chapter

**PUBLICATIONS (select):**


Appendix F
Sample On-Campus Course Agenda: Quarter 1 - Executive Weekend Format

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Session</th>
<th>Objectives by session</th>
<th>Hours</th>
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</thead>
<tbody>
<tr>
<td>8:00 – 9:00</td>
<td>Breakfast: Welcome &amp; Introductions</td>
<td>• Overview of the 3-day course</td>
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<td></td>
<td></td>
<td>• Introduction of students, staff and faculty</td>
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<td></td>
<td></td>
<td>• Assignment/breakout into interprofessional small groups (POD)</td>
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<tr>
<td>9:00 – 10:30</td>
<td>Influence: Becoming a Leader &amp; Agent of Change</td>
<td>• Define various models of leadership and the impact on change</td>
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<tr>
<td></td>
<td></td>
<td>• Examine current political climate for change</td>
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<td></td>
<td></td>
<td>• Gain historical perspective and context for interprofessional work</td>
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<td></td>
<td>• Analyze recent literature and policy related to health care reform</td>
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<tr>
<td></td>
<td></td>
<td>• Understand support and opposition arguments to proposed health care reform</td>
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<tr>
<td>10:30 – 11:00</td>
<td>Break</td>
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<tr>
<td>11:00 – 12:00</td>
<td>Agency: Becoming a Leader &amp; Agent of Change</td>
<td>• Develop a professional/personal identity as a change agent (connect to current trends/needs &amp; models of change)</td>
<td>1.00</td>
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<td>• Examine the role of introspection in professional growth</td>
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<td>• Identify characteristics of effective change agents</td>
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<td></td>
<td>• Self-identify areas of personal and professional growth relevant to becoming a more effective agent of change</td>
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<tr>
<td>12:00 – 1:00</td>
<td>Lunch: Leadership Keynote Address</td>
<td></td>
<td>1.00</td>
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<tr>
<td>1:00 – 5:00</td>
<td>Self-Knowledge: Personal Profiles I</td>
<td>Utilize in-depth discussions, POD activities, self-reflection exercises, and group coaching sessions to:</td>
<td>4.00</td>
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<tr>
<td></td>
<td></td>
<td>• Recognize the value of self-awareness</td>
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<td>• Understand the data and leadership profile from the MBTI and Censeo 360 instrument</td>
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<td>• Identify competency gaps against the 4 P’s leadership model</td>
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<td></td>
<td></td>
<td>• Understand the connection between MBTI types and behaviors associated with leading change effectively</td>
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<tr>
<td>5:00 – 5:15</td>
<td>Break</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>5:15 – 6:15</td>
<td>Self-Knowledge: Personal Profiles II</td>
<td>• Understand how to set goals using the 360 assessment data and identify development needs consistent with one’s leadership profile</td>
<td>1.00</td>
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<tr>
<td></td>
<td></td>
<td>• Understand and develop SMART goals</td>
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<td></td>
<td>• Define 2-3 leadership goals to be initiated immediately and focused on between now and the next on-campus session</td>
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<tr>
<td></td>
<td></td>
<td>• Understand the roles of your MBTI coach, faculty coach and project coach and how each relates to your growth in the program</td>
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<tr>
<td>6:15 – 7:15</td>
<td>Reception: Ice-breaker/Networking Activity</td>
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<tr>
<td>7:15 – 8:30</td>
<td>Dinner: Interprofessional Keynote Address</td>
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<td>1.25</td>
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</tbody>
</table>

Course Goal: Develop an effective leadership style by understanding one’s current strengths and development needs and the most effective ways to use oneself as an instrument of change. Become familiar with change paradigms and begin the planning for self-development and improvement projects at your home organization.

Pre-Seminar Assignment: Each participant will complete the MBTI and Censeo 360 assessments, the online biographical profile, leadership reflection documents, and required readings.
<table>
<thead>
<tr>
<th>Day 2</th>
<th>Session</th>
<th>Objectives by session</th>
<th>Hours</th>
</tr>
</thead>
</table>
| 7:00–8:00     | Breakfast: Strategy & Creativity | ➢ View: Nightline Deep Dive Video on IDEO  
- Discuss and apply the creative idea process  
- Engage in an IDEO strategy and creativity session within POD members using the IDEO structured process to develop creative responses to change and leadership challenges  
- Understand the nature and importance of creativity and its impact on efficacy as change agent | 1.00  |
| 8:00–10:00    | Change Management I              | ➢ Brookville Case Study/Simulation: Part I  
- Examine how drivers of change (vision, task, & relationship) impact institutional change  
- Examine team and group dynamics & the importance of collaboration in reaching consensus  
- Identify institutional needs, interpret and utilize data, and determine what relevant information is needed to support a solution  
- Gain experience in ‘pitching’ a proposal and generating buy-in | 2.00  |
| 10:00 – 10:30 | Break                            |                                                                                                                                          | 0     |
| 10:30 – 12:00 | Change Management II             | • Develop a change project presentation for diverse stakeholders  
- PODs will present their proposed change project (5-minute)  
- Review and utilize principles of giving and receiving feedback | 1.50  |
| 12:00 –1:00   | Lunch: Large group debriefing    | • Critique of presentation effectiveness  
- Participants practice giving a getting feedback | 1.00  |
| 1:00 – 2:30   | Change Management                | • Examine the drivers of change that impact the future of hospitals  
- Gain perspective on potential change initiatives & how to frame each for success  
- Discuss & apply leadership and interprofessional principles for building collaboration for successful implement of change  
- Outline principles of self-directed leadership development and review professional goals with POD members (MBTI, 360) | 1.50  |
| 2:30 – 3:00   | Break                            |                                                                                                                                          | 0     |
| 3:00 – 3:30   | Working as a Pod: Overview       | • Using the POD as a lab: 1) practice agency as a change agent, 2) establish personal change goals, and 3) develop 2-3 ideas for a change project in your work setting  
- Understand the pod advisor role, member role, function of the POD and how it relates to overall success in the program | 0.50  |
| 3:30 – 5:00   | Project Planning Situation       | ➢ Human Synergistics Model/Simulation  
- Understand and apply fundamentals of group dynamics in your POD  
- Develop a plan to use human synergistics principles for projects at your work site  
- Identify your group communication and leadership/membership styles | 1.50  |
<p>| 5:00 – 5:30   | Networking Break                 |                                                                                                                                          | 0     |
| 5:30 – 7:30   | POD Team Building Activity       | • Pods members work together on a creativity task using design and themes from IDEO video.                                                                                                                         | 2.00  |
| 7:30 – 9:00   | Dinner &amp; Team Presentations      | Presentation: PODs introduce their creative idea. Participants vote on the most innovative and the winning POD will be announced the following morning (winners receive gift cards). | 1.50  |</p>
<table>
<thead>
<tr>
<th>Day 3</th>
<th>Session</th>
<th>Objectives by session</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 9:00</td>
<td>Breakfast</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>9:00 - 9:15</td>
<td>Seminar Review</td>
<td>Recap of previous days’ work, announce innovation winner</td>
<td>0.25</td>
</tr>
</tbody>
</table>
| 9:15 -11:00 | Introduction to Environment, Vision, Mission, Strategy | • Define concepts of vision  
• Develop a gap analysis using vision and current reality  
• Discuss difference between deliberate (intentional) and emergent (responsive) strategy  
• Illustrate process from vision to strategy to action (Environmental Scan, SWOT analysis)  
• Identify critical elements of your institution’s mission and how to utilize these to align, inform, and communicate your vision  
• Employ your vision to motivate and influence stakeholders/constituents  
• Construct the relevance of your vision to a constantly changing environment | 1.75 |
| 11:00 – 11:30 | Break |  | 0 |
| 11:30 – 1:00 | Lunch in PODs with Faculty Coach | • Create POD guidelines, e.g. roles of pod members (facilitator, scheduler, host, etc.) and regularity of POD meetings (seminars and POD work connected)  
• Brainstorm name for the POD  
• Schedule first online POD meeting  
• Explain your change goals and project ideas with POD members  
• Formulate a strategy to work together as a peer group | 1.50 |
| 1:00 – 3:00 | Introduction to Change Process Skills (QI, MFI, PDSA, TOC, etc) | • Describe rapid cycle improvement  
• List the components of a PDSA cycle  
• Explain what PDSA cycles can and cannot be used for  
• Learn how to develop and conduct a PDSA cycle and develop TOCs  
• Connect framework of PDSA to project via the project plan  
• Develop a clear initial aim/objective using MFI framework  
• Create a PDSA/TOC for your CAP patient outcome project | 2.00 |
| 3:00 – 3:30 | Break |  | 0 |
| 3:30 – 5:30 | Faculty Coaching Sessions  
- MBTI Profile & 360 assessment  
- Project development | • MBTI & 360: POD members receive group coaching (1 hour)  
Projects: PODs receive group coaching on developing an evidence-based project (1 hour) | 2.00 |
| 5:30 – 5:45 | Wrap-up & next steps |  | 0.25 |
|  |  | Total Hours: (30 contact hours = 1 unit) | 30.0 |
March 17, 2012

UCSF Graduate Council
Academic Senate Office
UCSF Box 0764, MUE Room 253
San Francisco, CA, 94143

Dear Council Members:

I am pleased to put forward for your consideration a proposal to establish a Master of Science (MS) degree in Healthcare Administration and Interprofessional Leadership at the University of California San Francisco. This innovative program will meet the demands of the changing health care environment, increase the number of healthcare leaders trained in interprofessional teamwork, and generate a source of revenue for the school of nursing. The degree will be awarded by the UCSF Graduate Division and the academic program will be administered in the UCSF School of Nursing (SON).

The MS in Healthcare Administration and Interprofessional Leadership program is developed in collaboration with the Center for Innovation in Interprofessional Health Education and aligns with the Chancellor’s support for interprofessional health education and online education. The program will complement non-degree programs at the Center for the Health Professions (CHP) and the Clinical and Translational Science Institute. CHP, in continuing partnership with the SON, will contribute curricular content and faculty from their nationally renowned leadership programs to the new MS academic program.

The unique blended online/on-campus model is developed in response to national and international calls to increase access to high quality, interprofessional education for working professionals and from findings from local focus groups with campus leaders, practicing professionals and hospital and health care leaders. The program design and curriculum is developed in concert with campus experts and representatives from the four professional schools. Dr. Mary Louise Fleming, Vice Chair and Director of the Nursing & Health System Leadership Specialty in the Department of Community Health Systems has coordinated these efforts and is the lead author of this proposal. I have worked closely with Dr. Fleming on the development of this proposal and can attest to the integrity of the academic offering and the viability and sustainability of the program.
I wholeheartedly believe that the time is now to move forward with this program and I respectfully ask for your positive consideration of this proposal for a new Master of Science degree in Healthcare Administration and Interprofessional Leadership.

Sincerely,

David Vlahov, R.N., Ph.D. F.A.A.N.
Dean and Professor
UCSF School of Nursing
March 16, 2012

UCSF Graduate Council
Academic Senate Office
UCSF Box 0764, MUE Room 253
San Francisco, CA, 94143

Dear Council Members:

As Chair of the Department of Community Health Systems (CHS) in the UCSF School of Nursing, I write in full support of the proposed new degree, Master of Science in Healthcare Administration and Interprofessional Leadership at the University of California San Francisco. This program will expand and replace the current CHS Nursing and Health Systems Leadership program.

CHS has prepared graduates for nursing management roles for many decades. However, to meet the goals for quality of care, patient safety and satisfaction, and workforce engagement in today's complex health care system, new paradigms for interprofessional leadership are required. The proposed Healthcare Administration and Interprofessional Leadership program responds to the national call for graduate education to move beyond discipline silos by admitting both nurse and non-nurse professionals into a rigorous academic program. I believe the interprofessional program and curriculum extend the department's successful trajectory to prepare health care leaders for the future.

While the new MS in Healthcare Administration and Interprofessional Leadership will be self-sustaining program, I fully commit to providing space for faculty in the department. I am very pleased that Dr. Mary Louise Fleming, CHS Vice Chair for Administration and Academic Programs will serve as the new program's director. I can think of no one more qualified or respected to lead this initiative.

I have reviewed the program design, curriculum plan and the fiscal projections for the first five year period of operation and believe the new program is viable and sustainable. I am confident that this proposal will be favorably reviewed and I offer my commitment and enthusiastic support for this initiative.

Sincerely,

Carmen J. Portillo, RN, PhD, FAAN
Professor & Chair
Dept. of Community Health Systems
School of Nursing, UCSF
March 16, 2012

UCSF Graduate Council
Academic Senate Office
UCSF Box 0764, MUE Room 253
San Francisco, CA, 94143

Dear Council Members:

It has been my distinct pleasure to work with the Dr. David Vlahov, Dean of the School of Nursing and Dr. Mary Louise Fleming, lead faculty on this proposal to establish a Master of Science (MS) degree in Healthcare Administration and Interprofessional Leadership at the University of California San Francisco. I give my highest endorsement to this visionary graduate program.

The MS in Healthcare Administration and Interprofessional Leadership program is developed in collaboration with the Center for Innovation in Interprofessional Health Education and aligns with the Chancellor's support for interprofessional health education and online education. The program will complement non-degree programs at the Center for the Health Professions and the Clinical and Translational Science Institute.

The School of Nursing (SON) is uniquely suited to take the initiative in creating this new self-sustaining degree program. The UCSF Center for the Health Professions is continuing their strong partnership with the SON and will contribute curricular content and faculty from their nationally renowned leadership programs to the new MS academic program. The new degree program builds upon the existing nursing leadership program. The innovative blended curriculum of online and on-campus courses will allow admission of post-baccalaureate, working professionals from various disciplines in the health care sciences. This program represents a significant move forward in our campus direction to prepare the next generation of interprofessional graduates to fill critical leadership and managerial roles in our health care system.

The development of the MS in Healthcare Administration and Interprofessional Leadership program is timely and helps us address issues in extending access to education. I am particularly pleased that this curricular format will allow students from across the country and around the world to have access to the high quality education UCSF is known for. In addition to reaching larger numbers of qualified students, the program's flexible design will meet many of the needs of the diverse workforce.

I wholeheartedly support this proposal and offer my full support to the School of Nursing in realizing the goals of the MS in Healthcare Administration and Interprofessional Leadership program.

Sincerely,

Joseph I. Castro, PhD MPP
Vice Chancellor – Student Academic Affairs
Professor - Department of Family and Community Medicine
University of California, San Francisco
Dear Council Members,

Letter of support – Master of Science, Healthcare Administration and Interprofessional Leadership

It is my absolute pleasure to offer my sincere endorsement to this forward-thinking proposal to establish a Master of Science degree in Healthcare Administration and Interprofessional Leadership at the University of California, San Francisco.

Visionary programs, such as this one are needed to develop the next generation of professionals. The School of Nursing is well suited to take the initiative in creating this new self-sustaining degree program. While most existing academic programs remain oriented to traditional paradigms of health care management and leadership, or are discipline-based, this new degree extends the current nursing leadership program by offering interprofessional education for students across health care professions.

Preparing students to think and act in interprofessional ways is fundamental for their preparation as agents of change in the complex health care system. This new program represents a significant move forward in our campus direction to embrace interprofessional tenants in education and practice. Indeed, I have already had the opportunity to contribute to the initial conceptualization of this program, and was extremely impressed with the quality of this very exciting initiative. Given its interprofessional focus, I will continue to be involved in curriculum development, teaching and program evaluation.

I therefore strongly endorse the establishment of this graduate degree program in Healthcare Administration and Interprofessional Leadership.

Sincerely,

Scott Reeves, PhD
Founding Director, Center for Innovation in Interprofessional Education, UCSF
Editor-in-Chief, Journal of Interprofessional Care
March 19, 2012

Mary Louise Fleming, RN. PhD
Vice Chair, Administration and Academic Programs
Director, Nursing & Health Systems Leadership Specialty
Department of Community Health Systems
UCSF School of Nursing,
2 Koret Way, Box 0608
San Francisco, CA 94143-0608

Dear Dr. Fleming:

On behalf of the team at the UCSF Center for the health Professions, I enthusiastically support this proposal for a new degree of Master of Science in Healthcare Administration and Interprofessional Leadership. We commit to being an active partner with the School of Nursing and contributing curricular content from our nationally renowned leadership programs to the new MS academic program. It has been my pleasure to work with you and Dean Vlahov on this innovative model of education and am honored to serve as faculty for the program.

As you are faculty in the Center for the Health Professions’ Change Agent Program and a member of the RWJ Nurse Executive Fellows network, I know that you are aware that one of the greatest contributions I can promise from the Center is the rich network of leaders across the nation to call upon for the MS in Healthcare Administration and Interprofessional Leadership program. In California alone, the Center has prepared hundreds of clinicians for major leadership roles. Likewise, RWJ Fellows from every major health system across the country would be available to mentor students of this program.

Now is the right time to invest in preparing the next generation of interprofessional leaders. Health professionals have not always felt prepared or authorized to lead change. Health care- the system and the recipients of care - need leaders in all disciplines to be ready and willing to lead strategic and possibly, radical changes if we are to fundamentally improve the access to high quality and safe care for all.

I believe that the MS in Healthcare Administration and Interprofessional Leadership program is designed to inspire as well as educate the next generation of practitioners to accept their leadership role in health care. I anticipate a successful review of this proposal and look forward to working with you and the team assembled to carry out the programs objectives.

Sincerely,

Edward O’Neil MPA, PhD
Director, Center for the health Professions
March 17, 2012

Mary Louise Fleming, RN, PhD
Vice Chair, Administration and Academic Programs
Director, Nursing & Health Systems Specialty
Department of Community Health Systems
UCSF School of Nursing
2 Koret Way, Box 0608
San Francisco, CA 94143-0608

Dear Dr. Fleming:

I am pleased to add my enthusiastic support to this proposal for a new degree, Master of Science (MS) in Healthcare Administration and Interprofessional Leadership at the University of California San Francisco.

As a member of the program’s Advisory Group, I am delighted that many of our initial concepts for the program have taken shape as the foundation for this innovative academic program. Dr. Ralph Gonzales represented the UCSF Clinical and Translational Science Institute (CTSI) in the focus group sessions and believes that the new MS degree program will fill the educational gap that exists between non-degree certificate programs at CTSI and the UCSF Center for the Health Professions. There is a natural connection between the Healthcare Administration and Interprofessional Leadership program and CTSI and I look forward to working closely with you and Dean Vlahov as your program evolves.

Many students from the four professional schools have an interest in developing their clinical leadership knowledge and skills and the MS in Healthcare Administration and Interprofessional Leadership provides an opportunity for those wishing to pursue careers in health care management and leadership.

The design of the Healthcare Administration and Interprofessional Leadership program is innovative and academically sound. I commend the School of Nursing and the team of campus participants that have designed this program for their hard work on this project.

I offer my wholehearted support for this initiative and I anticipate that your proposal will be favorably considered. CTSI faculty and I will be happy to assist in any way we can to ensure the program is successful.

Sincerely,

S. Claiborne Johnston, MD, PhD
March 23, 2012

Mary Louise Fleming, RN, PhD
Vice Chair, Administration and Academic Programs
Director, Nursing & Health Systems Specialty
Department of Community Health Systems
UCSF School of Nursing
2 Koret Way, Box 0608
San Francisco, CA 94143-0608

Dear Dr. Fleming:

I write to enthusiastically support this proposal for a new degree, Master of Science (MS) in Healthcare Administration and Interprofessional Leadership at the University of California San Francisco. The Schools of Medicine and Nursing have a long history of collaboration and I believe this new program offers even greater opportunity for the schools to work together. I look forward to becoming more involved in the program evaluation as a new member of the Advisory Group.

Many of our medical school students have an interest in clinical leadership, and to support this, we have developed a leadership track in our Pathways to Discovery program. These pathways permit more intensive pursuit of student interests during the medical school curriculum. I know many of the participants in this program seek additional training and experiential learning. Thus, the MS in Healthcare Administration and Interprofessional Leadership provides an additional educational opportunity to these and other students on the UCSF campus who will pursue careers in health care management and leadership.

The design of the Healthcare Administration and Interprofessional Leadership program is innovative, academically sound, and very forward thinking. It will continue to help identify UCSF as a premier university that leads rather than follows educational trends. I commend the School of Nursing and the team of campus participants that have designed this program for their hard work on this project.

I anticipate that your proposal will be favorably considered as I can think of no better time to prepare interprofessional leaders to help direct and implement needed changes in our health care system. Again, I am pleased to offer my enthusiastic support for this initiative and will be happy to assist in any way I can.

Sincerely,

Catherine R. Lucey, MD
Vice Dean for Education
UCSF School of Medicine
March 15, 2012

Mary Louise Fleming, RN, PhD  
Vice Chair, Administration and Academic Programs  
Director, Nursing & Health Systems Specialty  
Department of Community Health Systems  
UCSF School of Nursing  
2 Koret Way, Box 0608  
San Francisco, CA 94143-0608

Dear Dr. Fleming:

I enthusiastically write to support this proposal for the new degree, Master of Science (MS) in Healthcare Administration and Interprofessional Leadership at the University of California San Francisco. I am pleased to be a member of the Advisory Group for this program and excited to see that early concepts we discussed have taken root in the aims and objectives of the curriculum. Several faculty members from the School of Dentistry were part of the focus group sessions and we fully endorse the objectives of the program and are willing to serve as a faculty resources to students.

I know that you worked with Dr. Margaret Walsh and her team as they developed our new MS in Dental Hygiene program. I believe these collaborative efforts are the foundation for building deeper interprofessional relationships – in the classroom, in practice, and in our academic administrative efforts to advance education in the health sciences. The new MS in Healthcare Administration and Interprofessional Leadership will help bridge an ongoing gap in our discipline-based programs.

We hope that your proposal will be favorably considered as I can think of no better time to prepare interprofessional leaders to help direct and implement needed changes in our health care system. Again, I am pleased to offer my enthusiastic support for this initiative and will be happy to assist in any way I can.

Sincerely,

Dorothy A. Perry RDH, PhD, MS  
Professor and Associate Dean for Education and Student Affairs  
School of Dentistry
March 15, 2012

Mary Louise Fleming, RN, PhD
Vice Chair, Administration and Academic Programs
Director, Nursing & Health Systems Specialty
Department of Community Health Systems
UCSF School of Nursing
2 Koret Way, Box 0608
San Francisco, CA 94143-0608

Dear Dr Fleming:

I am writing to express my wholehearted support for the establishment the new Master of Science (MS) degree in Healthcare Administration and Interprofessional Leadership at the University of California, San Francisco. Having reviewed the curriculum as a member of the Program’s Advisory Group, I believe that this program will make a significant contribution to equipping health science students with the knowledge and skills necessary to take on the management and leadership challenges of the complex health system.

I am keenly aware that our traditional educational programs can only reach a limited number of students each year. One of the many strengths of this new online/on-campus degree program is the extension of the University’s reach to working professionals outside the Bay Area. While other distance learning programs exist, the demand for the quality of education provided at UCSF will certainly attract a large, diverse and well-prepared student group.

The four professional schools have traditionally worked closely together to meet the needs of our students and the populations we serve, and this program is built upon those relationships. I believe that this MS in Healthcare Administration and Interprofessional Leadership program will further advance our working relationships and help us truly embrace interprofessional collaboration and educational activities. I and others in the School of Pharmacy will gladly participate as faculty or in other capacities to ensure the success of this new program.

I anticipate that this proposal will be warmly endorsed. The timing is right for our campus to move forward with new models of education to prepare the next generation of health care leaders. I look forward to continuing this important work as a member of the Advisory Group.

Sincerely,

Tina Penick Brock, BSPharm, MS, EdD
Associate Dean for Teaching and Learning
Professor of Clinical Pharmacy
UCSF School of Pharmacy
March 19, 2012

Mary Louise Fleming, RN, PhD  
Vice Chair, Administration and Academic Programs  
Director, Nursing & Health Systems Specialty  
Department of Community Health Systems  
UCSF School of Nursing  
2 Koret Way, Box 0608  
San Francisco, CA 94143-0608

Dear Dr. Fleming:

I am pleased to offer my ardent support this proposal for a new degree, Master of Science (MS) in Healthcare Administration and Interprofessional Leadership at the University of California San Francisco. As a member of the Program Advisory Group and the planning team, I am delighted to see our vision for this innovative online/on-campus program take shape.

In working with all the schools across the UCSF campus, I can attest to the need for a program such as this one to bring together professionals, from across disciplines, to learn new paradigms of leadership effectiveness. Many students from the four professional schools are interested in becoming leaders in their field. This program provides the academic environment to prepare this next generation for managerial and leadership roles in health care.

The design of the MS in Healthcare Administration and Interprofessional Leadership is both innovative and academically rigorous. It has been my pleasure to work closely with you and Dean Vlahov on actualizing the plan for a blended online/on-campus program. The benefit of online pedagogy, especially for today’s students that use digital interface in the daily lives, is enriched with face-to-face integration courses that directly connect students with each other, with faculty, and with the larger campus community.

This proposal has my wholehearted support and the UCSF Library team and I are ready to help in any way we can to ensure the success of Healthcare Administration and Interprofessional Leadership program.

Sincerely,

[signature]

Karen Butter  
University Librarian and  
Assistant Vice Chancellor, Library Services and Instructional Technology
March 15, 2012

David Vlahov, R.N., Ph.D.
Dean and Professor
School of Nursing
University of California, San Francisco
2 Koret Way, N-319C
San Francisco, CA 94143

Dear Dean Vlahov,

We are pleased to support the new Master of Science degree in Healthcare Administration and Interprofessional Leadership. We have read the program description and Ms. Wicher participated in a focus group session during early phases of program development. We are excited to see how the concepts have developed into a program that will educate interprofessional managers and leaders for the future.

We know that change begins with education. This new degree has great potential to improve patient care outcomes by influencing a positive change in the culture of safety through evidence-based management, leadership and mentored education. As executive leaders at San Francisco General Hospital, we also appreciate the difficulty working professionals experience in trying to juggle their life demands. The online/on-campus option for high quality education truly fills a gap that other programs do not. We think that many of our managers would take advantage of the opportunity to enroll in this program.

San Francisco General Hospital has always valued working across disciplines and has successfully built strong teams. We know that achieving interdisciplinary teamwork has not always been easy. Despite everyone’s best efforts, in times when clinical complexity or budget constraints abound, teamwork can suffer. We strongly believe that educating professionals together in leadership, change, and management makes a difference. We have done this consistently in the workplace and strongly support this model in the educational arena.

Congratulations of the development of this excellent proposal. We wholeheartedly support the program objectives and pledge our collaboration as this program begins. We and others on our executive and management teams would be pleased to provide lectures as well as work directly with program students.

Sincerely,

Susan Currin, RN, MS
Chief Executive Officer
San Francisco General Hospital

Sharon McCole-Wicher, RN, MS
Chief Nursing Officer
San Francisco General Hospital
March 15, 2012

Mary Louise Fleming, RN, PhD
Vice Chair, Administration and Academic Programs
Director, Nursing & Health Systems Specialty
Department of Community Health Systems
UCSF School of Nursing
2 Koret Way, Box 0608
San Francisco, CA 94143-0608

Dear Dr. Fleming:

It is a pleasure to write a letter in support of the proposal for the new degree, Master of Science (MS) in Healthcare Administration and Interprofessional Leadership at the University of California San Francisco. I fully endorse the objectives of the program and am willing to serve as a faculty resource as well as a site for student administrative practicums.

As the Executive Administrator of Laguna Honda Hospital and Rehabilitation Center in the San Francisco Department of Public Health I am privileged to lead one of the largest and most complex skilled nursing facilities in the country. Of particular interest to me is the access to graduate education this program will provide to professionals working in long term care and community settings, often considered “lower levels of care.” I can attest to the critical need for leaders to be prepared to work in these complex, interprofessional environments in order to successfully address quality and safety issues. Further, because these setting do not have the infrastructure and support available in acute settings, the responsibility for leadership rests with organizational managers who are often underprepared to lead or implement effective change.

The blended online and on-campus program will definitely meet the demands of the working workforce. This MS in Healthcare Administration and Interprofessional Leadership program fills a gap that has existed for decades. I believe there are several department managers at Laguna Honda that would be interested in this high level, accessible program.

I can speak with confidence on behalf of the Laguna Honda leadership team and staff in saying that we are pleased to support this educational endeavor. We hope that your proposal will be favorably considered as I can think of no better time to prepare interprofessional leaders to help direct and implement needed changes in our health care system across the public health continuum.

Sincerely,

Min Hirose, RN, MS, CNS
Executive Administrator

MH: mc
March 30, 2012

David Vlahov, R.N., Ph.D.
Dean and Professor
School of Nursing
University of California, San Francisco

Dear Dean Vlahov,

We are writing to express our enthusiastic support for the new Master of Science degree in Healthcare Administration and Interprofessional Leadership. Teaching being a key component within the mission of UCSF Medical Center, this proposal aligns closely with our dedication to ensure that patients receive the highest quality patient care and service.

In today’s world, we need organizational leaders that are prepared to face the complex challenges of the health care environment. Current administrators have been educated within discipline silos and have learned to work across specialty areas in on-the-job situations. This has worked in the past, but we cannot effectively manage the system changes unless we move from multidisciplinary and interdiscipli nary teams to interprofessional leadership teams. This will take education at many levels - in organizations and in the academic system. We see the MS in Healthcare Administration and Interprofessional Leadership program as instrumental in educating our next generation of change agents and leaders.

We believe that all managers and leaders in the organization deserve access to high quality educational programs. So often, job and family demands interfere with a working professional’s ability to enroll in a traditional program. The blended online/on-campus program being developed will meet the demands of our dedicated workforce. The MS in Healthcare Administration and Interprofessional Leadership program is needed to provide a new avenue for graduate education to a greater number of working professionals.

We are hopeful that this program proposal receives strong consideration and is approved expeditiously. We look forward to continued collaboration in meeting the challenge of preparing the future workforce with the knowledge, skills, competencies and confidence necessary to improve the quality and safety of the healthcare systems within which they work.

Sincerely,

Mark R. Laret
Chief Executive Officer
UCSF Medical Center
UCSF Benioff Children's Hospital

Sheila Antrum RN, MHS
Chief Nursing Officer
UCSF Medical Center
UCSF Benioff Children's Hospital