

**ARMY-BAYLOR UNIVERSITY GRADUATE PROGRAM
IN HEALTH AND BUSINESS ADMINISTRATION**

ADMINISTRATIVE RESIDENCY MANUAL

2022-2023

PREPARED FOR

RESIDENTS, PRECEPTORS, & FACULTY ADVISORS

OFFERED JOINTLY BY

**The Hankamer School of Business
Baylor University
Waco, Texas**

**U.S. Army Medical Center of Excellence
United States Army
Fort Sam Houston, Texas**



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I. INTRODUCTION

How to Use this Residency Manual

The residency manual includes an overview of the Army-Baylor MHA/MBA program, the Army-Baylor competency model, and responsibilities of the residency director, program director, education technician, preceptors, faculty advisors, and residents. The residency manual layout also includes useful forms for preceptors and residents to use during the residency year. After the introduction section, faculty advisors, preceptors, residents, and ECL residents have independent sections that outline their responsibilities and includes necessary information for a successful residency year. The residency manual now includes an exclusive Executive Clinical Leadership (ECL) residency chapter.

The Army-Baylor MHA/MBA Program – Competency-Based Graduate Learning

Mission. The mission of Army-Baylor is to inspire, educate, train, and develop graduates for management, administrative, and leadership positions within the federal healthcare sector; thereby, enhancing the readiness of U.S. military forces and improving the health of our active-duty service members, family, retirees, and veterans. The Army-Baylor Program aligns with the Baylor University and U.S. Army Medical Center of Excellence missions by educating mid-careerists and clinical executive leaders. The program offers three-degree tracks:

-  Master of Health Administration (MHA)
-  MHA/Master of Business Administration (MBA)
-  Executive Clinical Leader (MHA or MHA/MBA)

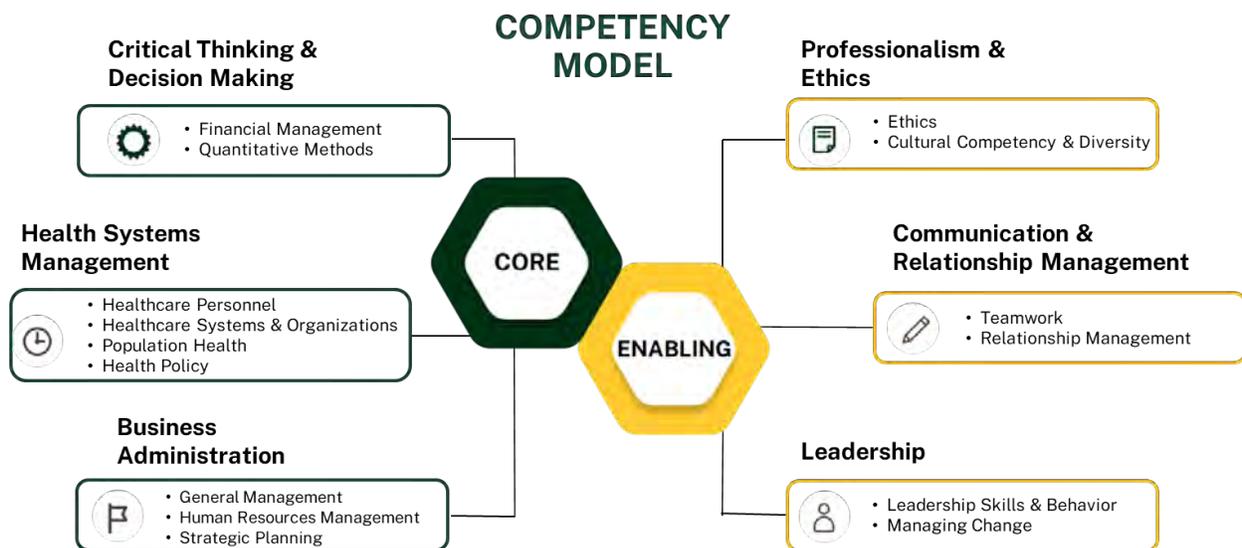
The rigorous curriculum centers on six core competencies and links to the Joint Medical Executive Skills Program Core Curriculum. Highly qualified professors and practitioners engage in research across interdisciplinary fields and professional services, shaping the course of study for exceptional leaders with robust critical-thinking, ethical decision-making, and effective communication skills.

Objective. The objectives of the Army-Baylor University Graduate Program in Health and Business Administration (referred to hereafter as the Army-Baylor Program) are based on strategic objectives set forth by the Defense Health Agency (DHA), the Surgeons General of the Army, Navy, and Air Force, the Department of Veteran Affairs (VA), and Baylor University. Additionally, the Program's Master of Health Administration (MHA) objectives and curriculum (both didactic and residency phases) meet the accreditation quality standards and criteria of the Commission on the Accreditation of Healthcare Management Education (CAHME). The Program is also accredited by the AACSB International (AACSB) for its Master of Business Administration (MBA) under the Hankamer School of Business, Baylor University.

The Army-Baylor Competency Model

The Program has developed The Army-Baylor Healthcare Administrator Competency Model from the Department of Defense Joint Medical Executive Skills Program (JMESP) Core Curriculum. This updated model lays out a learning architecture of professional competencies required by healthcare administrators in the modern healthcare environment. The residency program facilitates development of professional competencies and management and leadership skills. The Army-Baylor Competency Model utilizes the three-level cognitive taxonomy of the JMESP Core Curriculum: 1) knowledge, 2) application, and 3) expert. Each residency experience should be designed with the intent that our graduating students have developed

knowledge, expertise, and application within the Army-Baylor competencies, appropriate for mid-career healthcare administrators and/or ECLs.



The Electronic Baylor Experience and Assessment Review (eBEAR):

The eBEAR, a web-based tool, is used to identify, assess, make developmental plans, and subsequently document residents' progression along the path to Army-Baylor competency mastery. The eBEAR allows student documentation of learning experiences and provides a framework to target specific competencies to develop and engage in appropriate learning and leadership experiences during the residency year. Residents begin building their eBEAR during their didactic year, documenting progression and competency development. Residents and their preceptors continue to build upon the didactic eBEAR throughout the residency year. The eBEAR guides formulation of the Residency Plan, is used for continuous assessment and documentation of the resident's learning experiences and demonstrates competency development through completion of the Army-Baylor MHA or MHA/MBA.

The Residency

The residency is the application phase of the Army-Baylor MHA or MHA/MBA competency-based curriculum, which builds on competencies learned during the didactic year. Each resident is evaluated based on successful demonstration of Army-Baylor competencies, through completion and assessment of a series of experiences, residency projects, and written communications. The preceptor and faculty determine and certify satisfactory completion of the residency.

Overall objectives of the residency are to provide residents with opportunities to:

- Further develop Army-Baylor competencies appropriate to management, administrative, and leadership positions within the federal healthcare sector.
- Develop a practical knowledge of the clinical and administrative elements of healthcare institutions across the Army-Baylor competencies.
- Identify and target the resident's skills and competencies identified by the resident, preceptor, and/or faculty advisor which require enhancement.
- Strengthen a code of personal ethics, a philosophy of management, and a dedication to the high ideals and standards of excellence in federal healthcare administration.
- Develop Army-Baylor competencies by completing preceptor-sponsored residency projects and submitting written summaries of these projects for evaluation.

Residents are highly encouraged to work on as many projects as possible during the residency year to further develop their competencies, skills, knowledge, and abilities. While the requirement is for the resident to complete three written submissions of projects (ECL complete two residency projects) and a best practice summary, most residents conduct several projects beyond this requirement.

Core Rotations

To ensure a robust residency experience that builds and strengthens the resident's Army-Baylor competencies, the Residency Plan should include interactive experiences/rotations to the following core areas. The resident should plan to spend one (1) to four (4) weeks (or 40 hours to 160 hours) in each area to build and/or strengthen their Army-Baylor competencies. Residents are highly encouraged to include additional rotations not listed here, particularly experiences that are unique to the residency organization. Preceptors and faculty advisors should work closely with the resident to build the Residency Plan. The following areas are considered core rotations along with suggestions for departments and/or settings which fall under the core rotations:

- 1. Executive or Command Suite**
 - a. CEO, CFO, COO, CIO, CNO, CMO, Accreditation, HRO, or similar
- 2. Resource management**
 - a. Financial, Intellectual, Billing Office, other
- 3. Logistics/Facilities**
 - a. Logistics, facilities management, property management, warehouse operations, acquisitions
- 4. IT/IM**
 - a. Helpdesk, Cybersecurity, Privacy Office, Informatics
- 5. Patient Administration/Managed Care**
 - a. Safety, quality, satisfaction, patient experience, ombudsmen, coding, Clinical Support Division/Decision Support Division, other
- 6. Inpatient settings**
 - a. Physician, nursing, scheduling (emergency care, trauma care, medical management, nursing ops, nutrition, managed care, etc.)
- 7. Outpatient settings**

- a. Physician, nursing, scheduling (Primary care, specialty care clinics, pharmacy, lab, etc.)
- 8. Surgical settings**
 - a. Same day, in-patient, emergent, scheduling, templating
- 9. Behavioral Health**
 - a. Behavioral health, social work, inpatient, other
- 10. Education & training**
- 11. Emergency Management**
 - a. Readiness, crisis action team, response team, other
- 12. Human resources**
 - a. Legal, labor, volunteer, union representative

II. ECL & TRADITIONAL RESIDENCY PROGRAM RESPONSIBILITIES

Army-Baylor MHA/MBA Program Director

The responsibilities and duties of the Army-Baylor MHA/MBA Program Director include the following:

- Serve as the appeal authority for all disputes and curtailment issues
- Certify completion of residency requirements and all winners of residency awards
- Oversee all Graduate Management Studies for students who fail to meet residency requirements
- Final approval authority for resident's completion of degree requirements

Residency Director

The responsibilities and duties of the Residency Director include the following:

- Schedule and facilitate any preceptor and resident teleconferences and preceptor training
- Evaluate requested curtailments and recommend approval/disapproval to the Program Director
- Coordinate with Faculty Advisors to ensure grading of eBear and written submissions are finalized in a timely manner
- Coordinate nominations for the Boone Powell, J. Dewey Lutes, and Dean Toland awards based on resident performance
- Establish budget, criteria, and schedule for residency site visits
- Review complaints and disputes pertaining to the administrative residency, attempting to solve matters at the lowest level possible; provide recommendations and guidance to the resident, preceptor, and/or Program Director on further action as needed
- Consolidate 'Best Practice' recommendations for consideration by Army-Baylor preceptors to determine a winner of the COL Richard Harder award
- Review, update, and distribute the Residency Manual to residents, faculty advisors, and current preceptors on an annual basis
- Develop, review, update, and distribute a Residency Course Syllabus to residents, faculty advisors, and current preceptors.
- Serve as the official administrative point of contact for the resident and preceptor during the residency phase for all matters pertaining to official documentation deadlines, graduation coordination, etc., and serves as the final recipient of all official documentation after receipt and approval by the preceptor and faculty advisors (eBEAR, written submissions, etc.)
- Facilitate discussion boards with residents to foster competency development, ensure progress is on target, and promote esprit de corps in the cohort
- Record completion of documentation on official Program records

Faculty Advisors

The responsibilities and duties of the faculty advisor include the following:

- Provide feedback and grade written submissions in a timely manner (see Key Deliverable Dates below)
- Serve as the primary contact for residency issues for the resident and preceptor

- Review and approve administrative residency plans
- Assist the resident and preceptor with specific aspects of residency projects (e.g., methodology, theoretical applications, research design, etc.); offer guidance throughout the planning, completion, and writing of project summaries
- Review pre-project form for appropriateness of data and methodology and provide timely feedback to the preceptor and resident
- Facilitate communication with the resident and the preceptor to review the preceptor-approved, updated eBEAR
- Facilitate communication with residents to discuss various topics and guide residents in identifying, structuring, and assessing targeted experiences during the residency
- Coordinate with preceptor on all administrative aspects of residency, as needed
- Provide recommendations on residency curtailment
- Assume preceptor duties in case of curtailments without interim preceptors
- Review quarterly eBEAR and written submissions to maintain oversight of the residency experience and certify sufficient academic rigor has been applied during the residency year

Preceptors

The responsibilities and duties of the preceptor include the following:

- Formally evaluate all deliverables submitted by resident to include quarterly eBEAR, conducting post-project assessments, and reviewing written submissions in a timely manner (see Key Deliverable Dates below)
- Orient the resident to the institution; we recommend discussing the following topics at a minimum:
 - Mission, vision, values, and history of the organization
 - Structure of the organization
 - The healthcare facility and surrounding area
 - Community health facilities and organizations
 - Area associations
 - Area planning agencies
 - Area fiscal intermediaries and third-party payers
 - Public health activities
 - Managed care activities
 - Mental health activities
 - Medical, dental, nursing, and labor societies and organizations
 - Command/organization financial structure
 - Committees (structures, compositions, and responsibilities)
- Guide the resident to find, plan, and execute projects and subsequent reports
- Provide the residency infrastructure, to include office space and computer for the resident, adequate to support executive level communication and project development
- Review the incoming resident's eBEAR from the didactic year and discuss with the faculty advisor and resident about goals, strengths, further opportunities for competency development, etc.
- Take an active role in the development of the administrative residency plan
- Take an active role in the development of appropriate residency projects
- Use the eBEAR to identify opportunities to further develop specific Army-Baylor Competencies and characteristics by identifying, structuring, and assessing targeted experiences
- Periodically interact with faculty advisor to discuss the development of the resident

- Participate in the quarterly Preceptor teleconferences (when scheduled)
- Guide the resident throughout the residency to facilitate learning through projects and integrative experiences
- Determine if the resident is demonstrating a progressive and appropriate level of mastery of the Army-Baylor competencies
- Formally evaluate all deliverables submitted by resident to include initialing quarterly eBEAR, conducting a post-project assessment, reviewing written submissions
- Support resident attendance and participation in national or regional professional meetings of a professional association for healthcare administration
- Provide recommendation on resident-requested curtailments
- Ensure the resident coordinates any requested residency curtailments and other major changes to the residency plan with the Residency Coordinator, the resident's faculty advisor, and the Army-Baylor Program Director
- Attend Army-Baylor MHA/MBA Program preceptor training annually or watch recording of the annual training
- Forward any concerns or disputes regarding the resident or the Army-Baylor administrative residency program via email to the Residency Director for consideration by the Residency Committee and/or the Program Director as needed
- Complete the preceptor survey, final competency assessment, and statement of residency completion or failure at the end of the residency year
- Complete mid-year and end of residency competency assessments of the assigned resident(s)

Residents

The responsibilities and duties of the resident include the following:

- Complete **all** residency requirements and deliverables in accordance with the residency manual, ensuring strict adherence to required submission dates and times
- Submit all deliverables on time, **Failure to do shall lead to academic probation and eventual removal from the program** (see Traditional Key Deliverable Dates below)
- Develop a rigorous residency plan in close collaboration with the assigned preceptor and faculty advisor
- Execute the residency plan while allowing for inclusion of developing opportunities
- Submit a report every other week to preceptor and faculty advisor summarizing learning experiences
- Consult with the preceptor and faculty advisor while developing residency projects; residents may solicit guidance at any time from the faculty advisors and others by using the Army-Baylor Residency Project Draft/Outline Form
- Update the eBEAR, ensuring that residency activities, projects, and goals align with and further develop Army-Baylor competencies
- Work closely with the preceptor to development and complete residency projects targeted toward Army-Baylor competency development
- Attend meetings, symposiums, trainings, and strategy sessions as directed by preceptor
- Ensure that the preceptor reviews and approves written submissions and eBEAR before posting to Canvas
- Complete end-of-year resident survey
- Submit a recommendation for Dean Toland Preceptor of the Year Award (optional)
- Develop and plan itinerary for any Army-Baylor faculty site visits (if applicable)
- Submit curtailment request to preceptor, faculty advisor, and Residency Director for program director approval/denial (if applicable)

- Forward any concerns or disputes regarding the preceptor, organization, or residency in writing to the Residency Director for consideration by the Residency Committee and/or the Program Director as needed (e-mail is sufficient)

III. TRADITIONAL RESIDENCY DATES and DELIVERABLES

Traditional Residency Key Dates

- The Residency begins 18 July 2022 and ends 14 July 2023
- Preceptor Training 15 June 2022
- 1st Meeting with preceptor, faculty advisor, and resident due by 26 August 2022

Key Deliverable Dates

DUE DATE	DELIVERABLE	PREPARED BY	THRU	FINAL APPROVAL
01 August 2022	Draft Residency Plan	Resident	Faculty Advisor	Faculty Advisor
01 August 2022	Post-didactic eBEAR	Resident Faculty Advisor	Preceptor Faculty Advisor	Faculty Advisor
26 August 2022	Initial Residency Plan	Resident Preceptor Faculty Advisor	Preceptor Faculty Advisor	Faculty Advisor
31 August 2022	Discussion Board – Initial Thought & Impressions of Site	Resident	Residents (Cohort)	Residency Coordinator
30 September 2022	Discussion Board – Best Practices from the Field	Resident	Residents (Cohort)	Residency Coordinator
31 October 2022	Pre-project #1	Resident	Residents (Cohort)	Faculty
30 November 2022	Pre-project #2	Resident	Residents (Cohort)	Faculty
09 January 2023	Mid-term eBEAR/Update to Residency Plan	Resident	Preceptor Faculty Advisor	Faculty Advisor
20 & 27 January 2023	Best Practice Presentations	Resident	Preceptor Faculty Advisor	Faculty
31 January 2023	Pre-project #3	Resident	Residents (Cohort)	Faculty
28 February 2023	Post-project #1	Resident	Residents (Cohort)	Faculty
31 March 2023	Post-project #2	Resident	Residents (Cohort)	Faculty
30 April 2023	Post-project #3	Resident	Residents (Cohort)	Faculty

<i>12/19 May 2023</i>	Project Presentations	Resident	Preceptor Faculty Advisor	Faculty
<i>30 June 2023</i>	Residency Reflection Paper	Resident	Faculty Advisor	Faculty
<i>30 June 2023</i>	Residency Site Profile Update	Resident	Faculty Advisor	Faculty
<i>30 June 2023</i>	Final eBEAR	Resident	Preceptor Faculty Advisor	Faculty Advisor
<i>30 June 2023</i>	Final Residency Plan	Resident	Preceptor Faculty Advisor	Faculty Advisor
<i>30 June 2023</i>	Preceptor's Statement of Completion	Preceptor	Preceptor Faculty Advisor	Program Director
<i>30 June 2023</i>	Peregrine Exam	Resident	Faculty Advisor	Faculty Advisor
<i>Every other week</i>	Learning Summary Reports	Resident	Preceptor Faculty Advisor	Faculty Advisor

IV. ECL RESIDENCY

The Army-Baylor Program also offers the ECL Track: a condensed, one-year Program option that allows select students to complete degree requirements for the MHA or dual MHA/MBA in one year, rather than two. This degree pathway is offered to healthcare providers with advanced clinical degrees and at least 12 years of experience in a healthcare field.

To complete all degree requirements within one calendar year, students must complete the residency portion of the Program (nine credit hours) concurrently with their didactic studies. Students accomplish this through assignment to and working with preceptors at medical facilities/systems in the local San Antonio area. After initial orientation to the ECL residency process in the 2nd academic semester, students travel to and engage with their residency site(s) throughout the 3rd and 4th academic semesters, completing all residency requirements in the 5th semester. Any reference to “ECL” guidance is specific to the ECL Resident only and does not pertain to the two-year traditional Residency application phase. Refer to the 2020-2021 ECL Residency Overview chart for deliverables and key dates.

While the ECL residency is compressed and time-limited, the resident should plan to complete as many of the MHA-core competency rotations to administrative and clinical areas throughout the facility/system as feasible within the first portion of the residency. These rotations are considered “non-negotiable” as they build on the theories, concepts, and practices presented during the didactic year. Residents are highly encouraged to include rotations to areas that are unique to the residency site organizations. The resident should build in any known time breaks that may be required during the year. The resident will submit the residency plan, upon preceptor approval, to the faculty advisor on Canvas. Residents will submit any subsequent updates to the approved residency plan to the faculty advisor on Canvas on a quarterly basis. Refer to the overview of the ECL Residency, deliverables, and key dates.

During the residency experience, ECL residents will complete three (3) reflection papers, one (1) best practice paper, and at least two (2) short-term healthcare administration projects, termed Residency Projects (RP), that demonstrate practical application of healthcare leadership skills, strengthen the residents’ Army-Baylor competencies through work in a variety of real-world healthcare situations, and further the mission of the residency organization.

The RP written summary is an executive summary, consisting of 4-8 double spaced pages that communicates the salient points and results of the RP. The executive summaries must include sufficient information, data, or other convincing evidence (such as analysis of alternatives, risk analysis, economic justifications, process improvement, etc.) to demonstrate to the preceptor and Army-Baylor Faculty that the resident has strengthened their targeted Army-Baylor Competencies. Residents must complete their RPs and submit the Summaries no later than the suspense date given. **Failure to do shall lead to academic probation and eventual removal from the program** (see ECL Key Deliverable Dates below).

ECL Key Deliverable Dates

DUE DATE	DELIVERABLE	PREPARED BY	THRU	FINAL APPROVAL
2 Dec 2022	Draft Residency Plan	Resident	Faculty Advisor	Faculty Advisor
5 Dec 2022	Residency Rotations Start	Resident	Preceptor Faculty Advisor	Faculty
15 Jan 2023	Residency Project #1 (Pre)	Resident	Preceptor Faculty Advisor	Faculty Advisor
1 Mar 2023	Observation/Reflection Paper 1&2 Draft Summary Project #1, Rotation Log (Update)	Resident Preceptor Faculty Advisor	Preceptor Faculty Advisor	Faculty Advisor
8 Apr 2023	Residency Project #2 (Pre)/Best Practice (Pre)	Resident	Residents (Cohort)	Residency Coordinator
12 May 2023	Reflection or Observation paper #3, Project #1 (Final)	Resident	Residents (Cohort)	Residency Coordinator
16 Jun 2023	Final Project #2/Final Best Practice	Resident	Residents (Cohort)	Faculty
27 Jun 2023	ECL Graduate Residency Portfolio Defense	Resident	Residents (Cohort)	Faculty
30 June 2023	Graduate Residency Portfolio Graded	Faculty	N/A	Faculty
30 June 2023	Statement Certifying Completion of Residency	Resident and Preceptor	Preceptor Faculty Advisor	Director

V. ADMINISTRATIVE ITEMS

Canvas & Microsoft Teams

Canvas and Microsoft Teams will be used for the residency course. The primary mode of communication for academic purposes will be Canvas. The primary mode of communication for non-academic communication will be Microsoft Teams.

Dress & Appearance

The Residents from the Army-Baylor Program are expected to present themselves in a professional manner. Residents should discuss appropriate dress and appearance requirements with the preceptor and/or Human Resource Department during their in-processing. While residents are at their host residency sites, they are required to uphold the highest customs, courtesies, and appearance.

Gifts & Travel

Army-Baylor residents frequently interact with non-federal organizations during the residency year. Residents may encounter situations where private organizations offer gifts or other forms of compensation (e.g., travel reimbursement). Sponsored official travel is acceptable under 31 USC 1353 and/or 5 USC 4111. Residents are prohibited from soliciting any type of benefit, and as government employees, may only accept benefits if they are offered freely and fall within the guidelines of military regulations. Army-Baylor residents have traditionally been allowed to attend the American College of Healthcare Executives (or equivalent) conferences for their professional development subject to availability of financial resources. These trips are neither an entitlement nor a requirement of the program for graduation; however, they are highly encouraged, as both events contribute substantially to resident awareness of both military and civilian sector healthcare management issues on a national scale.

All residents are encouraged to consult with the local attorney of a Staff Judge Advocate's Office or Mr. Ryan Chandlee at (210) 295-9877 to ensure compliance with all applicable Joint Ethics Regulations. Residents should inform their faculty advisors of any offer of a gift and/or travel. Each service has its own requirements for acceptance of such gifts (e.g., USAF residents must submit for approval through AFIT, USA residents are required to coordinate through ASD, etc.). The bottom line is DO NOT accept gifts and/or travel without coordination and DO NOT ask for these benefits.

Competing Course Issues

Preceptors and faculty advisors should discourage resident involvement in Professional Military Education (PME) or other service-related schools while serving as a resident if PME will interfere with completion of residency requirements. The resident's primary focus during the residency year should be directed toward the completion of degree requirements. If a resident must complete a course because of promotion concerns, preceptors should strongly consider correspondence or alternative choices (e.g., Reserve Component ILE) over attending in-residence.

Non-Disclosure Agreements

Occasionally, residents are asked to sign Non-Disclosure Agreements (NDA) during their residency year. They should not sign an NDA. If they are asked to sign an NDA, they should contact the Legal Office for guidance. Title 18 of the United States Code covers Crimes and Criminal Procedure. Under 18 USC Sec 1905, government employees are prohibited from disclosing company proprietary information under threat of criminal penalty. Because of this statute, employees are not authorized to sign NDAs in their official capacity. If they did and were subsequently sued for violating the NDA, DOJ may not cover them because the employee had no official reason to sign it (due to their existing legal obligation to safeguard the information). Also, signing an NDA is considered binding the government, which non-contracting officers are not allowed to do by law. Thus, MEDCoE legal counsel advises that the residents not sign an NDA.

Requests to Curtail Residency Year

The residency plan covers 52 weeks, including up to 4 weeks of personal leave for the resident; this is a specific requirement for graduation from Baylor University. When a resident is unable to complete the 52-week administrative residency plan, an official request for approval to curtail the residency is required. The resident is required to complete and pass all written submission and presentations, regardless of the length of the residency. No curtailments will be approved without this completed requirement.

Graduate Management Study (GMS)

If a preceptor or the program director judges that a resident does not demonstrate sufficient graduate-level progression at the end of the residency year, the resident will be required to complete a single-project graduate management study (GMS) and submit it to the faculty advisor, MHA Deputy Director, and Program Director for evaluation of sufficient value to meet Army-Baylor University graduation requirements.

The GMS (comparable to a master's degree thesis) is a research project/report that concentrates on a chosen healthcare management topic to a much deeper degree than the projects undertaken during the residency year. The GMS focuses on decision making and problem solving in specific settings and draws information from the body of knowledge of various disciplines such as management science, ethics, economics, medical science, and marketing. This study should be practical and may be a specific extension of fundamental basic research concepts that residents learn in the didactic and residency phases of the program.

Prior to commencing a GMS, the continued resident must submit a graduate management study proposal (GMSP) to the faculty advisor for approval. In general, the GMSP will define the problem to be studied, describe the methods to be used or conducted, identify the appropriate data sources, address how the resident proposes to conduct the analysis, and discuss the expected results. The faculty advisor will review and approve the resident's GMSP to:

- Ensure that the project is of sufficient scope and importance to justify extensive analysis.
- Ensure that the methods and procedures proposed by the resident, if carried out to completion, will, in fact, provide the intended information and results.

- Provide resident and faculty advisor a clearly defined "contract" that specifies exactly what is to be done to satisfy the requirements of the GMS.

A sufficient GMS justifies successful degree completion to the program director and Dean of the Hankamer School of Business, Baylor University. The final product will reflect a comprehensive, thorough, and original effort on the resident's part. It must be grammatically and structurally correct and of appropriate quality. While the content of the paper is of utmost importance, the physical aspects of the written product are also important. Given the variability of potential project topics, no minimum length for the report is specified, but it is highly unlikely that an acceptable product could be fewer than 50 pages, excluding references, appendices, etc.

VI. AWARDS

Resident and Preceptor Awards

Boone Powell Award for Excellence in Student Research. The Boone Powell Award for Excellence in Research is presented annually to the resident who, in the opinion of the faculty, compiled the most outstanding Graduate Residency Portfolio. The award was initiated by Mr. Boone Powell, a scholar, long-time friend, and faculty member of the Program, and is continued by the Army-Baylor University Alumni Association.

The criteria for this award are professionalism, scholarship, and scope. Professionalism is demonstrated by selection of appropriate problems, where discussion and proposed solutions or ameliorations of the problems in question are of benefit to a defined community or population. Scholarship includes thoroughness, appropriate critical analysis, accuracy, and high-quality writing. Scope refers to the depth and breadth of the problems being evaluated.

The Residency Committee considers each resident's Graduate Residency Portfolio and will recommend to the Program Director the Graduate Residency Portfolio that best meets the criteria for the award. The Program Director may accept or reject the committee's selection.

COL Richard Harder Best Practices Award. The COL Richard Harder Best Practice Award is named for a former program director of the Army-Baylor program. COL Harder's efforts to continually develop the Army-Baylor program are in keeping with the nature of this award – focused on the long-term improvement of the military healthcare system. In addition, best practices will be presented during the residency year. In doing so, COL Harder's legacy will continue to have an impact on the program and the field of expertise he embraced throughout his professional career. Additional information on the COL Richard Harder Award, to include detailed criteria for evaluation, will be distributed and discussed during the program tele-videoconference in April 2022.

J. Dewey Lutes Peer Research Award. The J. Dewey Lutes Peer Research Award recognizes student research during the residency year. This award will be awarded to the resident with the best residency project. Each resident will select one residency project to present at the end of the year. Faculty, students, and preceptors will select the best residency project that reflects academic rigor and best synthesizes didactic and residency year.

Dean Toland Preceptor of the Year Award. The Dean Toland Preceptor of the Year Award is named for William G. Toland. Dean Toland had a profound, long-lasting impact on our program and its graduates. As a teacher to faculty and residents alike, he shared his knowledge and expertise. The intent of this award is to continue to honor him with sincere respect, affection, and gratitude for his contributions.

Current residents may nominate their preceptor to the Residency Director for this award. Faculty members may also nominate current or prior preceptors for this award. The Residency Committee will consider each nomination and will recommend for approval by the Program Director the preceptor that best meets the criteria demonstrated by Dean Toland.

Nominations are evaluated based on the nominator's comments and any other documentation submitted to support those comments. Nominations are limited to 3 double-spaced pages, Arial 12-point font with 1-inch margins. Nominations should focus solely on the

preceptor's contribution to the learning experience of the resident. For example, did the preceptor engage the resident personally and organizationally to ensure the execution of a quality professional learning opportunity? Nominations for this award should address the evaluative criteria listed above and be submitted electronically to the Residency Director.

VII. RESIDENCY SITE VISITS

Residency Site Visits by Faculty

To ensure the continued student-centered excellence of the residency, faculty advisors assess the value of residency sites for future residents through in-person visits. Subject to the availability of funds, the goal and commitment of the Program Director is to visit each current residency hosting site at least once every other year. New residency sites or sites with a new preceptor are given top priority for visits.

During a site visit, the Program visitor will assess a variety of topics, including:

- Institutional setting
- Institutional support for and reception and orientation of resident
- Access to preceptor and involvement with senior management
- Residency support systems
- Completeness and execution of the administrative residency plan
- Projects available to and accomplished by resident (assigned and self-initiated)
- Residency strengths, weaknesses, and recommended improvements
- Status of current resident's graduate management projects
- Continued appropriateness of site and preceptor availability for future residency experiences.

VIII. FACULTY AND STAFF CONTACT INFORMATION

Program Director

Colonel Teresa S. Hinnerichs, PhD, MBA, MHA (USA)
(253) 398-8976
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Full Time Faculty

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Specialty Areas:

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Specialty Areas: Information Systems, Electronic Health Records, Cybersecurity, International Business, Quantitative Analysis

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Specialty Area: Ethics

Lieutenant Commander Austin Haag, PhD (USN)
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Professor Emeritus

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Residency Program Director

(VACANT)

Education Technician

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SSG Jennifer Russell

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Program Secretary

(VACANT)

Official mailing address

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Bldg. 2841 MCCS- WBB-GE (ATTN: Name of faculty member)

3599 Winfield Scott Road, Rm 1230

JBSA Fort Sam Houston, TX 78234-6135

IX. RESIDENCY PROJECTS/BEST PRACTICE SELECTION

Residency Projects (RP)

RPs concentrate on decision-making and problem solving in specific settings and draw information from the body of knowledge of various disciplines such as management science, finance, quality, ethics, economics, operations management, and marketing. These projects serve as an integrative experience in an applied setting and will be demonstrative of significant content and development commensurate with graduate-level work and research. Please note that the RPs must satisfy the MHA degree requirements - not simply the residency organization's requirements.

When selecting a potential RP, the resident and preceptor should look for opportunities that require integration of a reasonable range and combination of healthcare management competencies, applications, and methodologies. The resident may perform the project alone or as a member of a team of professionals with the support of the preceptor and faculty advisor. In the RP Summary, resident must report original work that they complete. If describing work accomplished while serving as a member of a larger team, the resident must clearly identify his/her role and work as a team member.

When selecting, developing, and completing RPs, the resident should observe these guidelines:

1. The scope and focus of the problem or application area are properly defined, consistent with, and sufficiently rigorous for graduate-level healthcare administrator work.
2. The project integrates healthcare management skills and addresses an area of interest within the appropriate healthcare system. The resident must demonstrate they understand and can apply key management principles of the Army-Baylor Program to a healthcare management project.
3. Because this Program leads to an MHA, the project should address healthcare administration/management-related topics; for example, strategic management, project management, financial management, economic analysis, productivity and quality, managing change, etc. as well as appropriate operational topics such as production and inventory systems, optimization methods, etc.
4. The project should be of sufficient quality and rigor that it might be presented to an upper management review board. The project itself must be approached so that its conclusions and recommendations represent the best alternatives, and are defensible, practical, justified, and can be implemented. **Note: You will present a project to the faculty.**
5. Using part of a larger project is acceptable, provided that the portion used for the resident's RP is defined such that specific conclusions and recommendations can be made and measured independently of the larger project. **Note: Take a leadership role and tell us what you did.**
6. The RP should provide a challenging educational experience. It should emphasize creativity, independence, a methodical approach, and a professional delivery. The project should demonstrate a level of accomplishment that could not be achieved without graduate study in the Army/Baylor MHA Program.
7. The project's conclusions and recommendations must be based on facts and measurable results, not conjecture or unsupported opinion. **Note: Citations are needed to support your opinions.**

Best Practice

Residents will identify and assess one best practice or other significant success within their residency location. Then the residents will write and submit a professional summary of the best practice. For Traditional residents, the best practice summary will be posted into a discussion board thread for feedback from your peers. For ECL residents, the best practice summary will be graded by your faculty advisor. A best practice is an approach, method, or technique implemented within the host facility that is considered by the organization to provide significant value and superior results.

When selecting the best practice, the resident should observe these guidelines:

1. Ask your preceptor, executive staff members, and other workers what the organization is doing well.
2. You are not conducting the best practice; you are simply summarizing the best practice and presenting in January.
3. Gather data that details why this particular practice is considered a “best practice.”
4. The presentation should be professional and of superior quality. Think about this as if you were presenting to the CEO, MTF Commander, or a General Officer.
5. Be prepared to present and/or answer the following questions:
 - a. What is the best practice?
 - b. What necessitated this best practice?
 - c. Why is it a best practice?
 - d. How did I verify it is a best practice?
 - e. How could I implement this at my next job?
 - f. Is this best practice scalable? And to what extent (Clinic, Medical Center, DHA, etc.).
 - g. What competencies did I develop while learning about this best practice?
 - h. Is there a way to improve upon the best practice? If so, how?

X. COMPETENCY-BASED RESIDENCY REFLECTION PAPER

Reflective Writing

Reflective writing allows you to articulate why an experience is important, what you learned during the process, and how you plan to apply your competency development to future projects or endeavors. As you craft your reflective writing assignments for submission, use the following to guide your responses:

1. COMPETENCY DEVELOPMENT

- Identify the Army-Baylor Competencies strengthened through learning about the organization's Best Practice, completing the RPs, and residency rotations.
- Highlight any knowledge, skills, and abilities developed.
- Describe your experiences and/or insights you gained from the Best Practice, completing the RPs, and residency rotations.
- Describe what did you learn from the leaders, employees, peers, and yourself.
- Consider how will you use this new knowledge to become a better healthcare administrator.

2. WHAT?

- What context/background information is important?
- What happened? What did you do? What were the results?

3. SO WHAT?

- Why does this experience, knowledge, or skill matter? What insights have you gained?
- How does this relate to your education? Career aspirations? Personal interests?
- What did you learn about yourself? Your goals, values, or perceptions? Your environment, subject matter, or community?
- How does this connect to other skills, experiences, or knowledge?
- What skills did you use or acquire?
- What challenges did you encounter? How did you overcome them?
- What part are you most proud of? Why?
- What would you do differently?
- How was your experience different from what you expected?

4. NOW WHAT?

- How might you use this skill, experience, or knowledge in future projects or endeavors?
- How will this influence the way you approach future projects or endeavors?
- What will change as a result of this?
- What would you like to learn more about?

XI. RESIDENCY EXAMPLES and TEMPLATES

Residency Plan Template

ADMINISTRATIVE RESIDENCY PLAN - RESIDENT NAME

I. GOALS AND OBJECTIVES:

These goals and objectives should ideally identify and target the competencies the resident will build during the residency. They should also serve as the ongoing assessment (captured in the resident's eBEAR and other required submissions) and for the annual performance evaluation of the resident.

II. ADMINISTRATIVE RESIDENCY PLAN:

Example: ADMINISTRATIVE RESIDENCY PLAN			
ROTATION	START	END	ROTATION AREAS
	18-Jul	22-Jul	In-processing
1	25-Jul	12-Aug	Executive/Command Suite
2	15-Aug	2-Sep	IM/IT
	31-Aug	31-Aug	Discussion Board Due
3	5-Sep	23-Sep	Resource Management
4	26-Sep	21-Oct	Logistics/Facilities
	30-Sep	30-Sep	Discussion Board Due
	24-Oct	28-Oct	Research/Prepping (Best Practice)
	31-Oct	31-Oct	Pre-Project #1 Due
5	1-Nov	18-Nov	Patient Administration/Managed Care
	30-Nov	30-Nov	Pre-project #2 Due
6	21-Nov	9-Dec	In-patient setting
7	11-Dec	16-Dec	Out-patient setting
	19-Dec	2- Jan	Leave
7	3-Jan	20-Jan	Out-patient setting
	9-Jan	9-Jan	Bear/Residency Plan Update
	20-Jan	27-Jan	Best Practice Presentations
8	23-Jan	10-Feb	Behavioral Health
	31-Jan	31-Jan	Pre-project #3 Due
9	13-Feb	3-Mar	Education & training
	28-Feb	28-Feb	Post Project #1 Due
10	6-Mar	24-Mar	Emergency Management
11	27-Mar	14-Apr	Human resources
	31-Mar	31-Mar	Post-project #2 Due
	18-Apr	22-Apr	Leave
	30-Apr	30-Apr	Post-project #3 Due

	12-May	19-May	Project Presentations
12	1-May	19-May	Surgical Setting
13	22-May	9-Jun	Area of Interest/Competency Building
	12-Jun	16-Jun	Leave
	17-Jun	17-Jun	Submission Rewrites Due
14	19-Jun	7-Jul	Area of Interest/Competency Building
	30-Jun	30-Jun	Residency Reflection Paper Due
	30-Jun	30-Jun	Residency Profile Update Due
	30-Jun	30-Jun	Finale eBEAR
	30-Jun	30-Jun	Final Residency Plan Due
	30-Jun	30-Jun	Peregrine Exam
	30-Jun	30-Jun	Preceptor Statement of Residency Completion Due
	7-Jul	18-Jul	Out-processing

Resident Pre-project Submission Template

Army-Baylor Resident Pre-Project Submission			
Section 1: General Contact Information			
Resident's Name:			
Dept. & Organization	<i>This is the department the resident is completing the project for</i>		
Other staff on project:	<i>You can simply put positions here and if there are other Army-Baylor residents</i>	Date of submission:	
Type of Project:	<i>Examples would be: Leadership, management, process improvement, strategic, case competition, etc.</i>		
Title of project:			
Section 2: Competency Development			
Part I: What competencies do you think will be strengthened through this project?			
Section 3: Project Description			
Part I: What process, program, or system do you think will be improved or assessed? Describe the current conditions, not the changes to be made. Include a minimum of 3 references on the topic of this project (Citations for references to be used in final paper is all that is required).			
Part II: Problem and Purpose. Describe the problem and what you think the organization will get out of this project.			
Part III: What data do you think needs to be collected, if any? If you are not using data, how will you know if the project is successful?			

Part IV: Methodology - describe the tools, methods, concepts, theories, and overall approach you will use to address the problem.
Part V: Result and/or Discussion - describe and discuss your assumptions about the findings and/or products you think will develop from this project.
Part VI: Do you think this is applicable to the Federal Health System or other MTFs? If so, how and why?

Preceptor Post-project Assessment Template

Army-Baylor Resident Post-Project Submission			
Section 1: General Contact Information			
Resident's Name:			
Dept. & Organization	<i>This is the department the resident is completing the project for</i>		
Other staff on project:	<i>You can simply put positions here and if there are other Army-Baylor residents</i>	Date of submission:	
Type of Project:	<i>Examples include Leadership, management, process improvement, strategic, case competition, etc.</i>		
Title of project:			
Section 2: Competency Development			
Part I: What competencies were strengthened through this project?			
Section 3: Project Description			
Part I: What process, program, or system did you improve or assess? Describe the changes that were made. Include a minimum of 3 references on the topic of this project (Citations for references that were used for the project and will be included in you presentation).			
Part II: Problem and Purpose. Describe the problem, what the organization took away from the project, and what changed from the pre-project.			
Part III: What data were used and how? If you did not use data, how do you know the project is successful or not?			

Part IV: Methodology - describe the tools, methods, concepts, theories, and overall approach used during the project.
Part V: Result and/or Discussion - describe and discuss the findings and/or products developed from this project.
Part VI: Do you think this is applicable to the Federal Health System or other MTFs? If so, how and why?

Reflective Writing Template

Competency-Based Residency Reflection Paper

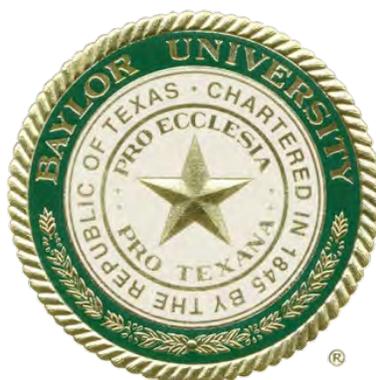
Resident's Full Name (No Credentials)

Graduate Program in Health Administration, Army-Baylor University

Preceptor Name (With Credentials)

Faculty Advisor's Name (With Credentials)

Residency Year



*****Please use this cover page and next page as your template for your paper*****

My Residency Experience

For your reflective writing paper, you will use APA Style Seventh Edition. Document Format: Margins are 1 in. (2.54 cm) on all sides. All text in the document should be double-spaced. The font is 12-point Times New Roman. Other choices are 11-point Arial and 11-point Calibri. The title page is page 1. There is no running head for learner assignments.

Headers

Each new section of your paper should have a header. This can be easily accomplished through modification of the Heading 1 tab under styles above. You can also use ctrl+A to highlight all of your text and format the paragraphs IAW APA Style Seventh Edition. If you use references, use the next page to format your references properly.

References

American Psychological Association. (2020b). *Publication manual of the American Psychological Association* (7th ed.).

Curtailment Request Example

FOR COL Teresa Hinnerichs, Director, Army-Baylor University Graduate Program in Health and Business Administration

SUBJECT: Residency Curtailment Request for CPT Ima B. Dunn

1. I formally request to curtail my Administrative Residency from 52-weeks to 49-weeks, shifting the end date from 20 July 2018 forward to 29 June 2018.
2. Reason for request: This request for curtailment will facilitate a Temporary Duty assignment (TDY) for Intermediate Level Education (ILE) at Ft Gordon, GA. My training starts 30 Jun 2018 therefore I am requesting to end my residency early to attend my training.
3. I understand that I must meet all residency year requirements to include a passing final portfolio grade. If I am required to rewrite my portfolio, I will implement the following plan to meet my new due dates. Describe your actions and timeline to address this critical requirement at your new location. My attached updated residency plan verifies that I have met all my core rotations as well as unique rotations during my residency year to address all core competencies.
4. If there are any questions or additional materials required, please do not hesitate to contact me at commercial telephone (XXX) XXX-1977 or email ima.b.dunn.mil@mail.mil.

Sign Electronically

Ima B. Dunn
CPT, MS
Administrative Resident

Enclosures: (If applicable)

NAME	Recommendation	Signature
Preceptor	Approval	Electronic Signature Preferred
Faculty Advisor	Approval	
Residency Director	Approval	

1st End
Approved / Disapproved

Teresa S. Hinnerichs, PhD, MBA, MHA
Colonel, US Army
Program Director
Army-Baylor Graduate Program in
Health & Business Administration

Statement Certifying Completion of Residency Example

FOR COL Teresa Hinnerichs, Director, Army-Baylor University Graduate Program in Health and Business Administration

SUBJECT: State Certifying Completion/Incompletion of Residency for CPT Ima B. Dunn

I certify that CPT Ima B. Dunn (has / has not) successfully completed the administrative residency in health administration on (date) at (name and location of residency site). I further certify CPT Ima B. Dunn (has / has not) performed and submitted sufficient graduate-level integrative work and supporting material to meet all residency requirements published by the Army-Baylor University Graduate Program in Health and Business Administration.

GRADE: PASS FAIL (Circle one)

Rocky N. Bullwinkle
Preceptor-at-large
Best Hospital
Best City, Best State 00001

XII. TRADITIONAL RESIDENCY SYLLABUS

1. Course Title: Traditional Residency			
2. Taught in Self-Study Year By: Faculty Advisors			
3. Semester normally offered: Residency Year			
4. Requirement status: MHA & MBA			
5. Prerequisites: Yes: Successful Completion of all didactic requirements			
6. Position in typical course sequence: N/A			
7. Enrollment for 3 most recent offerings (indicate number of students and year):			
Year	#Program Students	# Non-Program Students	Total
2021/2022	21	0	21
2020/2021	36	0	36
2019/2020	50	0	50
8. (CHECKLIST) SYLLABUS CONTAINS:			
<input type="checkbox"/>	Behavioral objectives	<input checked="" type="checkbox"/>	Course Requirements
<input checked="" type="checkbox"/>	Competencies	<input checked="" type="checkbox"/>	Performance Expectations
<input type="checkbox"/>	Session by Session Topics with Reading Assignments	<input checked="" type="checkbox"/>	Course Description

9. Learning objective links to competencies

PROGRAM OBJECTIVE	PROGRAM COMPETENCY	DELIVERABLE	COMPETENCY LEVEL
HSM1. Identify the major environmental forces that shape the national healthcare system landscape.	Health Systems Management	Presentation Written Assessment	Application
HSM2. Explain basic features and history of health system components to include public and private sectors	Health Systems Management	Presentation Written Assessment	Application

and the four functions of delivery, finance, insurance, and payment.			
HSM3. Develop a working comprehension of the distribution of health services including inequality, social disparities, and other issues and trends.	Health Systems Management	Presentation Written Assessment	Application
BA1. Apply management concepts and principles, including formulation, implementation, evaluation, and economic indicators, to the development of strategic, operational, fiscal, and market analysis.	Business Administration	Presentation Written Assessment	Application
BA2. Assess and recognize the effect of laws, regulations, and standards on compliance of business and health systems management.	Business Administration	Presentation Written Assessment	Application
BA3. Analyze the selection, implementation, evaluation, and management of information systems, including healthcare information systems.	Business Administration	Presentation Written Assessment	Application
CTDM1. Apply knowledge gained from data-driven analysis to real-world scenarios and situations.	Critical Thinking & Decision Making	Presentation Written Assessment	Application
CTDM2. Utilize critical thinking and decision making tools to develop process improvements.	Critical Thinking & Decision Making	Presentation Written Assessment	Application
CTDM3. Determine how data and results are used to address an organization's strategic, operational, financial, and quality performance measures.	Critical Thinking & Decision Making	Presentation Written Assessment	Application

CRM1. Demonstrate the ability to coordinate projects in verbal and written formats to team members and executives.	Communication & Relationship Management	Presentation Written Assessment	Application
CRM2. Demonstrate the ability to work effectively in small and large groups by incorporating interpersonal communication skills and conflict management skills.	Communication & Relationship Management	Presentation Written Assessment	Application
CRM3. Understand how to incorporate feedback, ideas, and comments from peers and faculty through introspective reasoning and writing.	Communication & Relationship Management	Presentation Written Assessment	Application
L1. Develop strategies to influence organizational change.	Leadership	Presentation Written Assessment	Application
L2. Integrate the knowledge and experiences of other professionals as appropriate to influence and implement leadership decisions.	Leadership	Presentation Written Assessment	Application
L3. Develop leadership techniques that support interprofessional team effectiveness.	Leadership	Presentation Written Assessment	Application
PE1. Demonstrate the personal conduct, integrity, transparency, accountability and work habits of a professional.	Professionalism & Ethics	Presentation Written Assessment	Application
PE2. Analyze the proactive use of diversity and inclusive principles to transform an organization's culture; improve healthcare disparities, clinical outcomes, patient experience, and employee engagement.	Professionalism & Ethics	Presentation Written Assessment	Application

PE3. Consider ethical healthcare dilemmas unique to the business of healthcare delivery.	Professionalism & Ethics	Presentation Written Assessment	Application
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10. Teaching and Learning methods used (see Criterion III.B.1)

TEACHING / LEARNING METHODS		% OF TIME
Higher Level <input checked="" type="checkbox"/> In Class Presentations <input type="checkbox"/> Cases <input checked="" type="checkbox"/> Team Activities	<input type="checkbox"/> Simulation Exercises <input checked="" type="checkbox"/> External Field Experiences <input checked="" type="checkbox"/> Strategic/Consulting Projects <input checked="" type="checkbox"/> Reflective Learning	90
Lower Level <input checked="" type="checkbox"/> Readings <input type="checkbox"/> Lectures No Media <input type="checkbox"/> Lectures With Media	<input checked="" type="checkbox"/> Online Discussions <input type="checkbox"/> Class Discussions <input type="checkbox"/> Web-based Modules <input checked="" type="checkbox"/> Guest Speakers	10

11. Assessment methods used (see Criterion III.C.1)

ASSESSMENT METHODS		% OF GRADE
Higher Level <input type="checkbox"/> Observation Checklists <input type="checkbox"/> Case Review & Feedback <input checked="" type="checkbox"/> Project Review & Feedback <input type="checkbox"/> Team Effectiveness Assessment <input type="checkbox"/> Synthesis & Analysis Based Exams	<input checked="" type="checkbox"/> Journals <input checked="" type="checkbox"/> Experiential Report/Portfolios <input checked="" type="checkbox"/> Reflective Modeling <input type="checkbox"/> Class Participation <input checked="" type="checkbox"/> Strategic or Consulting Projects	100
Lower Level <input type="checkbox"/> Pre/Post Knowledge or Skill Testing	<input type="checkbox"/> Knowledge Based Exams <input type="checkbox"/> Papers/Reports	0

MEDCoE
Academy of Health Sciences
Army Baylor University Graduate Program in Health and Business Administration

Traditional Residency 2022-2023
"Excellence in Federal Health and Business Administration."

I. INSTRUCTOR: Faculty Advisors
Phone: See Residency Manual
Email: See Residency Manual

II. COURSE DESCRIPTION:

- a. Credit Hours: 9
- b. Prerequisites: Successful Completion of all Didactic Year Requirement
- c. Day of class sessions: Monday Tuesday Wednesday Thursday Friday
- d. Time of class sessions: 0800-0950 1000-1150 1300-1450 1500-1650 Other: You are expected to work full time during your residency year.
- e. Course description: The residency is the application phase of the Army-Baylor MHA or MHA/MBA competency-based curriculum, which builds on competencies learned during the didactic year. Each resident is evaluated based on successful demonstration of Army-Baylor competencies, through completion and assessment of a series of experiences, residency projects, and written communications. The preceptor and faculty determine and certify satisfactory completion of the residency.

III. COURSE OBJECTIVES.

Course Goal: The purpose of this course is to develop the students' Army-Baylor competencies and guide the student in constructing the necessary skills and knowledge to meet the following overall program objectives:

- a. HSM1. Identify the major environmental forces that shape the national healthcare system landscape.
- b. HSM2. Explain basic features and history of health system components to include public and private sectors and the four functions of delivery, finance, insurance, and payment.
- c. HSM3. Develop a working comprehension of the distribution of health services including inequality, social disparities, and other issues and trends.
- d. BA1. Apply management concepts and principles, including formulation, implementation, evaluation, and economic indicators, to the development of strategic, operational, fiscal, and market analysis.
- e. BA2. Assess and recognize the effect of laws, regulations, and standards on compliance of business and health systems management.
- f. BA3. Analyze the selection, implementation, evaluation, and management of information systems, including healthcare information systems.
- g. CTDM1. Apply knowledge gained from data-driven analysis to real-world scenarios and situations.
- h. CTDM2. Utilize critical thinking and decision making tools to develop process improvements.

- i. CTDM3. Determine how data and results are used to address an organization's strategic, operational, financial, and quality performance measures.
- j. CRM1. Demonstrate the ability to coordinate projects in verbal and written formats to team members and executives.
- k. CRM2. Demonstrate the ability to work effectively in small and large groups by incorporating interpersonal communication skills and conflict management skills.
- l. CRM3. Understand how to incorporate feedback, ideas, and comments from peers and faculty through introspective reasoning and writing.
- m. L1. Develop strategies to influence organizational change.
- n. L2. Integrate the knowledge and experiences of other professionals as appropriate to influence and implement leadership decisions.
- o. L3. Develop leadership techniques that support interprofessional team effectiveness.
- p. PE1. Demonstrate the personal conduct, integrity, transparency, accountability and work habits of a professional.
- q. PE2. Analyze the proactive use of diversity and inclusive principles to transform an organization's culture; improve healthcare disparities, clinical outcomes, patient experience, and employee engagement.
- r. PE3. Consider ethical healthcare dilemmas unique to the business of healthcare delivery.

Program Competencies: Students will enhance the following Army-Baylor competencies through successful participation and completion of this course:

- a. Health Systems Management
- b. Business Administration
- c. Critical Thinking & Decision Making
- d. Professionalism & Ethics
- e. Leadership
- f. Communication & Relationship Management

Course Objectives: At the end of the course each student should be able to:

- a. Further develop Army-Baylor competencies, appropriate to management, administrative, and leadership positions within the federal healthcare sector.
- b. Develop a practical knowledge of the clinical and administrative elements of healthcare institutions across the Army-Baylor competencies.
- c. Identify and target the resident's skills and competencies identified by the resident, preceptor, and/or faculty advisor which require enhancement.
- d. Strengthen a code of personal ethics, a philosophy of management, and a dedication to the high ideals and standards of excellence in federal healthcare administration.
- e. Develop Army-Baylor competencies by completing preceptor-sponsored residency projects and submitting written summaries of these projects for evaluation.

IV. COURSE METHOD(S):

- a. Readings
- b. Discussions
- c. Self-Study
- d. Reflective Exercises

- e. Writing
- f. Group Projects

V. COURSE REQUIREMENTS:

- a. Project Review & Feedback.
- b. Journals.
- c. Strategic or Consulting Projects.
- d. Reflective Modeling.
- e. Experiential Report/Portfolios.

VI. METHOD OF EVALUATION:

- a. Deliverables:

<i>DUE DATE</i>	<i>DELIVERABLE</i>	<i>PREPARED BY</i>	<i>THRU</i>	<i>FINAL APPROVAL</i>
<i>01 August 2022</i>	Draft Residency Plan	Resident	Faculty Advisor	Faculty Advisor
<i>01 August 2022</i>	Post-didactic eBEAR	Resident Faculty Advisor	Preceptor Faculty Advisor	Faculty Advisor
<i>26 August 2022</i>	Initial Residency Plan	Resident Preceptor Faculty Advisor	Preceptor Faculty Advisor	Faculty Advisor
<i>31 August 2022</i>	Discussion Board – Initial Thought & Impressions of Site	Resident	Residents (Cohort)	Residency Coordinator
<i>30 September 2022</i>	Discussion Board – Best Practices from the Field	Resident	Residents (Cohort)	Residency Coordinator
<i>31 October 2022</i>	Pre-project #1	Resident	Residents (Cohort)	Faculty
<i>30 November 2022</i>	Pre-project #2	Resident	Residents (Cohort)	Faculty
<i>09 January 2023</i>	Mid-term eBEAR/Update to Residency Plan	Resident	Preceptor Faculty Advisor	Faculty Advisor
<i>20 & 27 January 2023</i>	Best Practice Presentations	Resident	Preceptor Faculty Advisor	Faculty
<i>31 January 2023</i>	Pre-project #3	Resident	Residents (Cohort)	Faculty
<i>28 February 2023</i>	Post-project #1	Resident	Residents (Cohort)	Faculty
<i>31 March 2023</i>	Post-project #2	Resident	Residents (Cohort)	Faculty

30 April 2023	Post-project #3	Resident	Residents (Cohort)	Faculty
12/19 May 2023	Project Presentations	Resident	Preceptor Faculty Advisor	Faculty
30 June 2023	Residency Reflection Paper	Resident	Faculty Advisor	Faculty
30 June 2023	Residency Site Profile Update	Resident	Faculty Advisor	Faculty
30 June 2023	Final eBEAR	Resident	Preceptor Faculty Advisor	Faculty Advisor
30 June 2023	Final Residency Plan	Resident	Preceptor Faculty Advisor	Faculty Advisor
30 June 2023	Preceptor's Statement of Completion	Preceptor	Preceptor Faculty Advisor	Program Director
30 June 2023	Peregrine Exam	Resident	Faculty Advisor	Faculty Advisor
Every other week	Learning Summary Reports	Resident	Preceptor Faculty Advisor	Faculty Advisor

- a. Program grading chart. The grading scale is in accordance with Baylor University grading scale per the university catalog. Any grade below a 74 is a failing grade. The Grading Chart is below:

LETTER GRADE	PT CONVERSION	GRADE RANGE
A	4.0	94-100
A-	3.67	90-93
B+	3.33	87-89
B	3.0	84-86
B-	2.67	80-83
C+	2.33	77-79
C	2.0	74-76
C-	1.67	70-73
D+	1.33	67-69
D	1.00	64-66
D-	0.67	60-63
F	0.00	Below a 60

NOTE: Grades will not be rounded up (e.g., should a student's grade be an 89.9, a B+ will be the grade, not an A-).

VIII. OTHER POLICIES:

- a. Any student who needs academic accommodations related to a documented disability should inform me immediately at the beginning of the semester. You are required to obtain appropriate documentation and information regarding your accommodations from the Office of Access and Learning Accommodation (OALA). Stop by the first floor of Sid

Richardson, East Wing in the Paul L. Foster Success Center or call (254) 710-3605 or email OALA@baylor.edu.

- b. Class attendance is mandatory. Classes should only be missed for medical emergencies or other extenuating circumstances approved by the instructors. Barring a medical emergency, no class should be missed without first obtaining approval by the course instructors. Failure to do so may result in a failing grade in the course.
- c. The instructor reserves the right to modify the syllabus at any point during the course. Students will be notified of any changes to the syllabus.
- d. Timely completion of all assignments is critical to student success in Graduate School. You should take assignment deadlines seriously and plan to allocate sufficient time to meet deadlines. Instructors may, at their sole discretion, grant limited extensions of time for unexpected business, health, or personal emergencies beyond the student's control. To be granted such an extension, you must make the request in advance of the due date and support the request by a compelling rationale that would be fair to others in the class. The instructor may request documentation. Any such extension will be for a specific period, not to exceed two weeks. For late submissions that have not been approved by the instructor the penalty will be a 10% reduction in the grade (of the maximum grade for the assignment) for that assignment for each day that the assignment is late. Instructors may, under extenuating circumstances, grant exceptions to the 10% reduction. No submissions will be accepted after grades have been posted for the assignment/class. There will be no extensions for the assignments due the last week of the semester.
- e. Do not use non-academic websites, such as Facebook or Twitter, during class. Cell/Smart phones must be set to vibrate. You are professionals and you are expected to maintain professionalism during your classes.
- f. Students agree that by taking this course, all required papers, exams, class projects or other assignments submitted for credit may be submitted to turnitin.com or similar third parties to review and evaluate for originality and intellectual integrity. A description of the services, terms and conditions of use, and privacy policy of turnitin.com is available on its web site: <http://www.turnitin.com>. Students understand all work submitted to turnitin.com will be added to its database of papers. Students further understand that if the results of such a review support an allegation of academic dishonesty, the course work in question as well as any supporting materials may be submitted to the Honor Council for investigation and further action.
- g. Students have the right to an academic appeals process. In order to initiate the academic appeals process, students shall set forth his or her complaint in a written statement that details the circumstances giving rise to the complaint to the professor of record. The student shall attempt to discuss and resolve the complaint with the faculty member first. If the complaint is not resolved to the satisfaction of the student, he or she shall have the right to appeal such matter to the MHA/MBA Program Director. The Program Director must be given a copy of the written complaint by the student before scheduling an appointment to discuss the matter. The Program Director is the final decision on all academic appeals processes within the MHA/MBA Program.
- h. Plagiarism or any form of cheating involves a breach of student-teacher trust. This means that any work submitted under your name is expected to be your own, neither composed by anyone else as a whole or in part, nor handed over to another person for complete or partial revision. Be sure to document all ideas that are not your own. Instances of plagiarism or any other act of academic dishonesty will be reported IAW the

ISAP. Not understanding plagiarism is not an excuse. You, as a Baylor student, should be intimately familiar with the ISAP.

XIII. ECL RESIDENCY SYLLABUS

1. Course Title: ECL Residency			
2. Taught in Self-Study Year By: Faculty Advisors			
3. Semester normally offered: Residency Year			
4. Requirement status: MHA & MBA			
5. Prerequisites: Yes: Successful Completion of all didactic requirements			
6. Position in typical course sequence: N/A			
7. Enrollment for 3 most recent offerings (indicate number of students and year):			
Year	#Program Students	# Non-Program Students	Total
2021/2022	1	0	1
2020/2021	2	0	2
2019/2020	1	0	1
8. (CHECKLIST) SYLLABUS CONTAINS:			
<input type="checkbox"/>	Behavioral objectives	<input checked="" type="checkbox"/>	Course Requirements
<input checked="" type="checkbox"/>	Competencies	<input checked="" type="checkbox"/>	Performance Expectations
<input type="checkbox"/>	Session by Session Topics with Reading Assignments	<input checked="" type="checkbox"/>	Course Description

9. Learning objective links to competencies

PROGRAM OBJECTIVE	PROGRAM COMPETENCY	DELIVERABLE	COMPETENCY LEVEL
HSM1. Identify the major environmental forces that shape the national healthcare system landscape.	Health Systems Management	Presentation Written Assessment	Application
HSM2. Explain basic features and history of health system components to include public and private sectors	Health Systems Management	Presentation Written Assessment	Application

and the four functions of delivery, finance, insurance, and payment.			
HSM3. Develop a working comprehension of the distribution of health services including inequality, social disparities, and other issues and trends.	Health Systems Management	Presentation Written Assessment	Application
BA1. Apply management concepts and principles, including formulation, implementation, evaluation, and economic indicators, to the development of strategic, operational, fiscal, and market analysis.	Business Administration	Presentation Written Assessment	Application
BA2. Assess and recognize the effect of laws, regulations, and standards on compliance of business and health systems management.	Business Administration	Presentation Written Assessment	Application
BA3. Analyze the selection, implementation, evaluation, and management of information systems, including healthcare information systems.	Business Administration	Presentation Written Assessment	Application
CTDM1. Apply knowledge gained from data-driven analysis to real-world scenarios and situations.	Critical Thinking & Decision Making	Presentation Written Assessment	Application
CTDM2. Utilize critical thinking and decision making tools to develop process improvements.	Critical Thinking & Decision Making	Presentation Written Assessment	Application
CTDM3. Determine how data and results are used to address an organization's strategic, operational, financial, and quality performance measures.	Critical Thinking & Decision Making	Presentation Written Assessment	Application

CRM1. Demonstrate the ability to coordinate projects in verbal and written formats to team members and executives.	Communication & Relationship Management	Presentation Written Assessment	Application
CRM2. Demonstrate the ability to work effectively in small and large groups by incorporating interpersonal communication skills and conflict management skills.	Communication & Relationship Management	Presentation Written Assessment	Application
CRM3. Understand how to incorporate feedback, ideas, and comments from peers and faculty through introspective reasoning and writing.	Communication & Relationship Management	Presentation Written Assessment	Application
L1. Develop strategies to influence organizational change.	Leadership	Presentation Written Assessment	Application
L2. Integrate the knowledge and experiences of other professionals as appropriate to influence and implement leadership decisions.	Leadership	Presentation Written Assessment	Application
L3. Develop leadership techniques that support interprofessional team effectiveness.	Leadership	Presentation Written Assessment	Application
PE1. Demonstrate the personal conduct, integrity, transparency, accountability and work habits of a professional.	Professionalism & Ethics	Presentation Written Assessment	Application
PE2. Analyze the proactive use of diversity and inclusive principles to transform an organization's culture; improve healthcare disparities, clinical outcomes, patient experience, and employee engagement.	Professionalism & Ethics	Presentation Written Assessment	Application

PE3. Consider ethical healthcare dilemmas unique to the business of healthcare delivery.	Professionalism & Ethics	Presentation Written Assessment	Application
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10. Teaching and Learning methods used (see Criterion III.B.1)

TEACHING / LEARNING METHODS		% OF TIME
Higher Level <input checked="" type="checkbox"/> In Class Presentations <input type="checkbox"/> Cases <input checked="" type="checkbox"/> Team Activities	<input type="checkbox"/> Simulation Exercises <input checked="" type="checkbox"/> External Field Experiences <input checked="" type="checkbox"/> Strategic/Consulting Projects <input checked="" type="checkbox"/> Reflective Learning	90
Lower Level <input checked="" type="checkbox"/> Readings <input type="checkbox"/> Lectures No Media <input type="checkbox"/> Lectures With Media	<input checked="" type="checkbox"/> Online Discussions <input type="checkbox"/> Class Discussions <input type="checkbox"/> Web-based Modules <input checked="" type="checkbox"/> Guest Speakers	10

11. Assessment methods used (see Criterion III.C.1)

ASSESSMENT METHODS		% OF GRADE
Higher Level <input type="checkbox"/> Observation Checklists <input type="checkbox"/> Case Review & Feedback <input checked="" type="checkbox"/> Project Review & Feedback <input type="checkbox"/> Team Effectiveness Assessment <input type="checkbox"/> Synthesis & Analysis Based Exams	<input checked="" type="checkbox"/> Journals <input checked="" type="checkbox"/> Experiential Report/Portfolios <input checked="" type="checkbox"/> Reflective Modeling <input type="checkbox"/> Class Participation <input checked="" type="checkbox"/> Strategic or Consulting Projects	100
Lower Level <input type="checkbox"/> Pre/Post Knowledge or Skill Testing	<input type="checkbox"/> Knowledge Based Exams <input type="checkbox"/> Papers/Reports	

MEDCoE
Academy of Health Sciences
Army Baylor University Graduate Program in Health and Business Administration

ECL Residency 2022-2023
“Excellence in Federal Health and Business Administration.”

I. INSTRUCTOR: Faculty Advisors
Phone: See Residency Manual
Email: See Residency Manual

II. COURSE DESCRIPTION:

- a. Credit Hours: 9
- b. Prerequisites: Successful Completion of all Didactic Year Requirement
- c. Day of class sessions: Monday Tuesday Wednesday Thursday Friday
- d. Time of class sessions: 0800-0950 1000-1150 1300-1450 1500-1650 Other: You are expected to work full time during your residency year.
- e. Course description: The residency is the application phase of the Army-Baylor MHA or MHA/MBA competency-based curriculum, which builds on competencies learned during the didactic year. Each resident is evaluated based on successful demonstration of Army-Baylor competencies, through completion and assessment of a series of experiences, residency projects, and written communications. The preceptor and faculty determine and certify satisfactory completion of the residency.

III. COURSE OBJECTIVES.

Course Goal: The purpose of this course is to develop the students' Army-Baylor competencies and guide the student in constructing the necessary skills and knowledge to meet the following overall program objectives:

- a. HSM1. Identify the major environmental forces that shape the national healthcare system landscape.
- b. HSM2. Explain basic features and history of health system components to include public and private sectors and the four functions of delivery, finance, insurance, and payment.
- c. HSM3. Develop a working comprehension of the distribution of health services including inequality, social disparities, and other issues and trends.
- d. BA1. Apply management concepts and principles, including formulation, implementation, evaluation, and economic indicators, to the development of strategic, operational, fiscal, and market analysis.
- e. BA2. Assess and recognize the effect of laws, regulations, and standards on compliance of business and health systems management.
- f. BA3. Analyze the selection, implementation, evaluation, and management of information systems, including healthcare information systems.
- g. CTDM1. Apply knowledge gained from data-driven analysis to real-world scenarios and situations.
- h. CTDM2. Utilize critical thinking and decision making tools to develop process improvements.

- i. CTDM3. Determine how data and results are used to address an organization's strategic, operational, financial, and quality performance measures.
- j. CRM1. Demonstrate the ability to coordinate projects in verbal and written formats to team members and executives.
- k. CRM2. Demonstrate the ability to work effectively in small and large groups by incorporating interpersonal communication skills and conflict management skills.
- l. CRM3. Understand how to incorporate feedback, ideas, and comments from peers and faculty through introspective reasoning and writing.
- m. L1. Develop strategies to influence organizational change.
- n. L2. Integrate the knowledge and experiences of other professionals as appropriate to influence and implement leadership decisions.
- o. L3. Develop leadership techniques that support interprofessional team effectiveness.
- p. PE1. Demonstrate the personal conduct, integrity, transparency, accountability and work habits of a professional.
- q. PE2. Analyze the proactive use of diversity and inclusive principles to transform an organization's culture; improve healthcare disparities, clinical outcomes, patient experience, and employee engagement.
- r. PE3. Consider ethical healthcare dilemmas unique to the business of healthcare delivery.

Program Competencies: Students will enhance the following Army-Baylor competencies through successful participation and completion of this course:

- a. Health Systems Management
- b. Business Administration
- c. Critical Thinking & Decision Making
- d. Professionalism & Ethics
- e. Leadership
- f. Communication & Relationship Management

Course Objectives: At the end of the course each student should be able to:

- a. Further develop Army-Baylor competencies, appropriate to management, administrative, and leadership positions within the federal healthcare sector.
- b. Develop a practical knowledge of the clinical and administrative elements of healthcare institutions across the Army-Baylor competencies.
- c. Identify and target the resident's skills and competencies identified by the resident, preceptor, and/or faculty advisor which require enhancement.
- d. Strengthen a code of personal ethics, a philosophy of management, and a dedication to the high ideals and standards of excellence in federal healthcare administration.
- e. Develop Army-Baylor competencies by completing preceptor-sponsored residency projects and submitting written summaries of these projects for evaluation.

IV. COURSE METHOD(S):

- a. Readings
- b. Discussions
- c. Self-Study
- d. Reflective Exercises

- e. Writing
- f. Group Projects

V. COURSE REQUIREMENTS:

- a. Project Review & Feedback.
- b. Journals.
- c. Strategic or Consulting Projects.
- d. Reflective Modeling.
- e. Experiential Report/Portfolios.

VII. METHOD OF EVALUATION:

- a. Deliverables:

<i>DUE DATE</i>	<i>DELIVERABLE</i>	<i>PREPARED BY</i>	<i>THRU</i>	<i>FINAL APPROVAL</i>
<i>2 Dec 2022</i>	Draft Residency Plan	Resident	Faculty Advisor	Faculty Advisor
<i>5 Dec 2022</i>	Residency Rotations Start	Resident	Preceptor Faculty Advisor	Faculty
<i>15 Jan 2023</i>	Residency Project #1 (Pre)	Resident	Preceptor Faculty Advisor	Faculty Advisor
<i>1 Mar 2023</i>	Observation/Reflection Paper 1&2 Draft Summary Project #1, Rotation Log (Update)	Resident Preceptor Faculty Advisor	Preceptor Faculty Advisor	Faculty Advisor
<i>8 Apr 2023</i>	Residency Project #2 (Pre)/Best Practice (Pre)	Resident	Residents (Cohort)	Residency Coordinator
<i>12 May 2023</i>	Reflection or Observation paper #3, Project #1 (Final)	Resident	Residents (Cohort)	Residency Coordinator
<i>16 Jun 2023</i>	Final Project #2/Final Best Practice	Resident	Residents (Cohort)	Faculty
<i>27 Jun 2023</i>	ECL Graduate Residency Portfolio Defense	Resident	Residents (Cohort)	Faculty
<i>30 June 2023</i>	Graduate Residency Portfolio Graded	Faculty	N/A	Faculty
	Statement Certifying Completion of Residency		Preceptor	

30 June 2023

	Resident and Preceptor	Faculty Advisor	Director
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- a. Program grading chart. The grading scale is in accordance with Baylor University grading scale per the university catalog. Any grade below a 74 is a failing grade. The Grading Chart is below:

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B-	2.67	80-83
C+	2.33	77-79
C	2.0	74-76
C-	1.67	70-73
D+	1.33	67-69
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