

CONSULTATIVE REPORT

External Review of the
Health Administration Program
College of Business
Florida Atlantic University
Boca Raton, FL

Submitted by the site visitors:

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Introduction

This consultative report is based on the review of the self-study document that was provided to the site visitors prior to the visit, as well as the interviews and interactions that the visitors had with different entities during the visit. The SWOT analysis provided in this report is based both on the information gathered from the sources mentioned above and on the personal knowledge and experience of the site visitors. Hence, the recommendations provided in the report are based on our informed perceptions of the Health Administration Program. We hope that the leadership of the institution will find our recommendations of value.

SWOT Analysis

STRENGTHS

1. The **Program Director**, Dr. Dennis Palkon, is a champion and an asset for the Health Administration Program. Every stakeholder that the site visitors met with, from students to senior leaders in the institution, had high praise for Dr. Palkon as being a student-focused and probably one of the most “connected with the healthcare community” faculty members in the program. Students, in particular, praised his mentorship.
2. Students also indicated that most of the program faculty members are also **student focused**.
3. The program has a number of **strong community partnerships** for practicums.
4. **Student orientation** during the early stages of the Program (practicum?) that student have to attend.
5. **Extra-curricular competitions** that students have participated in and won awards in is not only a testament to the high caliber of the students enrolled in the program, but also provides greater visibility and recognition for the program. The team would like to praise the faculty members and administration for coaching and providing other financial/non-financial support to students.

We consider this a good use of limited resources. By supporting such activities, students become ambassadors of the program, which enhances recruiting.

6. The program currently has three open **faculty positions** for which searches are in progress. These full-time faculty positions are an indication of the value placed on the Program by the College and should help the Program maintain its degree offerings.
7. The program is based in an **excellent facility** on the FAU campus. The College of Business building is attractive and modern.
8. **Cultural Diversity** among the student body is remarkable. **A large number of undergraduate and graduate students are from culturally diverse backgrounds and are potentially very attractive candidates for employers seeking to diversify their workforces.**
9. **Students are older, with more work experience,** than in many competing programs. , Especially among the undergraduates, this level of work experience is exceptional. This experience base should translate to job placement for students.
10. All of the graduate students interviewed cited the excellence of the **Graduate Business Communication** course (GEB 6215). For international students, in particular, this is a significant course for building skills.
11. The Program has a **well qualified and dedicated pool of adjuncts** that bring real world experience to the classroom.
12. Several courses are offered in **both online and face-to-face** formats.
13. Students also greatly appreciated the effective use of **health administration professionals as guest speakers** in a number of courses.
14. The **Flexible MBA** program with a concentration in Health Administration is a customer-oriented product that many healthcare employers prefer in today's market.

WEAKNESSES

1. The **curriculum is too generic** at both the graduate and undergraduate levels. Compared to competing programs, both the undergraduate and graduate degrees lack a competency focus. At the graduate level, especially, the Program lacks the specializations sought by employers. We view the graduate program course offerings as weak compared to competing MHA programs. In contrast, the undergraduate program is relatively strong with other programs most competing.
2. Feedback from students indicates that the **online offering of the "Introduction to Health Systems"** is not effective in building the necessary knowledge and skills of MHA students for future MHA courses.
3. The undergraduate students report that the content of HSA4110 duplicated and was viewed as redundant with a required management course.
4. We discovered a lack of aggressive and targeted **student recruitment** efforts and strategy for both the graduate and undergraduate programs.
5. Students report that there is a **lack of career counseling and job placement** opportunities for health administration students during on campus University/College of Business job fairs.

6. The program lacks a dedicated **academic advisor**. Students indicated that the College of Business advisors are not well informed about program requirements.
7. There is no evidence of **fund raising** efforts for Program support, faculty endowments, and student scholarships.
8. The Program is based in the Management Department and has faced challenges in **establishing its own identity**. There is also a perceived notion by students and faculty that the Program is under recognized in the Department of Management.
9. Current fulltime faculty members have little involvement with Program management or planning. The Program is highly dependent for coordination on the current director and there is no clear succession plan or leadership bench strength to replace him.
10. The faculty **recruitment plan for the 2014-15 academic year** started too late in the recruitment cycle, especially for tenure-track positions. Late summer and early fall are prime times for recruiting tenure-track faculty for the next academic year. The current pool of applicants is limited and may not meet the specific needs of the program.
11. The full time tenured and tenure-track earning faculty have limited input about the courses that they are assigned to teach.
12. The internship/practicum courses **lack an internship/practicum coordinator**.
13. Students indicated that there are few **day-time classes at the undergraduate level**.
14. **Adjunct professors did not like the late hours** for classes particularly because they work all day.
15. There is an **over reliance on adjunct instructors to develop and teach core courses** and program content.
16. There is a perception that some students have received **waivers for prerequisite** courses without proper Program oversight.
17. The **testing center** does not accommodate large course online testing.

OPPORTUNITIES

1. **Revise both the undergraduate and graduate curricula** to make them more current and of greater value.
2. **Offer concentrations** in both graduate and undergraduate in areas such as: Long Term Care; Health Informatics; Medical Group Management; Hospital Operations; etc.
3. Offer the **internship/practicum and professional mentoring earlier** in the program rather than providing it as a capstone course.
4. Create a **capstone course** where students can talk about their internships/practicum, and synthesize what they have learned about healthcare management.
5. There is consistently increasing **demand for both graduate and undergraduate health care administration programs** in the marketplace.
6. There is an untapped opportunity for the **recruitment of international students** as recognition of health administration as a specialty area is gaining greater traction in many developing nations.
7. There are partnership and **collaboration opportunities with foreign institutions** for study abroad, as well as student/faculty exchange and research.
8. Offer **professional development skills (e.g., six sigma, project management)** to all students. Such activities would enhance the certified skills of students and make them more marketable.
9. There is opportunity to offer fully **online** health administration degrees, especially at the graduate level.
10. There is also an opportunity to offer a **hybrid executive program**.
11. Offer **certificate programs, specifically to health care industry employees**, such as six sigma, project management, health information technology, etc. for graduate students. These workshops would also provide an opportunity to generate “discretionary funds” for the Program via the executive education program.
12. Create a Program **advisory board**, which would help in building greater partnership opportunities with the community.
13. To address the need for having additional qualified full time faculty, the institution may consider creating “**clinical faculty positions**”.
14. Creating an **Executive-in-Residence** position would create greater community recognition and provide value to the Program. Individuals in such positions, for example, often assist with internship/practicum courses.
15. There is a tremendous potential for collegial **inter-professional training and research**.
16. Program faculty could also explore opportunities for **external grants**.
17. **Alumni engagement** in MHA courses as guest speakers as well as to serve as mentors for both graduate and undergraduate students.
18. Faculty support of **health administration student associations** would help provide more guidance and structure to professional development activities.
19. **Establishing a LinkedIn account** for the Program to connect with alumni and students is one way to take advantage of social media.

20. Leveraging partnerships with local health institutions (hospitals, long term care facilities, etc.) and involving Program students via **tours and site visits** each semester.
21. Offer **joint degree** programs such as MD/MHA, MSN/MHA, MHA/MBA, etc.
22. Offer a **doctoral emphasis in health administration**, as few exist in colleges of business.
23. **Clarify confusion** in what it really entails for students to declare a subject as a minor.

THREATS

1. **Student retention** if the Program is perceived as not being valuable.
2. **Employers' lack of Program engagement**, which reduces their knowledge about and willingness to hire Program graduates
3. **Competition** for students from for-profit, state, and private universities offering similar programs in the region.
4. **Misaligned research expectations and rewards, which** may detract from tenure track faculty members' work in health care since data based articles are of value in a college of business, but conceptual articles in health administration may not get the same recognition.
5. Reduction in **state funding**.
6. Lack of **faculty governance and leadership succession**.
7. Possibility of the **failure of the proposed Market Based MHA** Program due to lack of qualified quality faculty.

RECOMMENDATIONS

1. Consider **restructuring the Program**. Depending on the Dean's preferences, this could be either as a separate department in the College of Business or as a Program where the director reports directly to the Dean.
2. Create a **succession plan**. One strategy could be to have a second in command or vice chair for the Program or department.
3. Engage in **curriculum mapping and revision**. Reassess courses and course content during a Program faculty retreat.
4. Create an **advisory board** for the Program. An advisory board could help raise funds, review and suggest curricula revisions, and develop experiential opportunities for the Program.
5. Establish a **dedicated academic advisor** position for health administration students.
6. Establish an **internship coordinator**. The way internships and practicums are currently in place is fragmented and dependent on a handful of faculty who may not share notes. The position will provide a centralized location of internship reporting and monitoring, allowing for a database to be established on internship projects and preceptors.

7. Establish **clear admission policy** for the Program as well as clear exceptions to the standard admission policy, particularly for the MHA degree.
8. The program should **consider becoming institutional or individual member** of the following organizations:
 - a. **Association of University Programs in Health Administration (AUPHA)** – This is a good networking organization for undergraduate and graduate faculty members. It also provides undergraduate certification if the Program desires to pursue future ways to improve the quality of its program. (*Institutional Membership*)
 - b. **Institute of Diversity** – We recommend affiliation with this institute primarily because the Program has a very diverse student body. The Institute of Diversity offers students scholarships and internships. (*Institutional Membership*)
 - c. **American College of Healthcare Executives (ACHE)** – Affiliation with ACHE would provide an opportunity for Program faculty to network with area healthcare executives and also provide information regarding possible scholarships for students. (*Individual Faculty and Student Memberships*)
 - d. **Medical Group Management Association (MGMA)** – We recommend this organization for faculty who teach and students who want to pursue employment in physician group practices. Some regional and local MGMA chapters offer scholarships. (*Individual Faculty and Student Memberships*)
 - e. **Healthcare Financial Management Association (HFMA)** – Affiliation with this association would provide exceptional benefits for faculty and students interested in healthcare finance. Some local chapters also have scholarships. (*Individual Faculty Membership and Student eMembership*)
9. Engage in **fund raising** to support scholarships, graduate assistantships, program faculty and student support, as well as endowed positions in the Program.
10. **Do not pursue CAHME accreditation.** The MHA curriculum is not competency based, as is desired by CAHME. Successfully pursuing CAHME accreditation would require adding more courses to the existing curriculum, as well as more full-time faculty members.
11. **Evaluate and reduce over-reliance on adjunct faculty.** Although the quality and commitment of the adjunct faculty members is commendable, over reliance on adjunct faculty could cause future problems with AACSB accreditation. Such reliance also undermines the commitment of full time faculty, who should be engaged in sustaining and growing the Program.