

**ADMINISTRATIVE  
RESIDENCY  
MANUAL**

**The George Washington University Medical Center**  
School of Public Health and Health Services  
Department of Health Services Management and Leadership  
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Dear Administrative Resident:

This Administrative Residency Manual has been prepared to assist you in having a successful learning experience as an Administrative Resident.

The manual contains policy and administrative information which governs the residency as an integral part of your professional education in health services management and leadership at this university. Please read it carefully as you begin your search for a residency and throughout your residency program.

Please send any suggestions, in writing, for improving this manual to Professor Leonard Friedman. Our aim is to pursue continuous improvement in every aspect of our graduate education programs and I welcome your contributions to this process.

With best wishes for a successful administrative residency,

Robert E. Burke, PhD  
Chair

Leonard Friedman, PhD  
Program Director

NOTE FOR ADMINISTRATIVE RESIDENTS, PRECEPTORS, AND FACULTY ADVISORS:

This manual is divided into sections according to individual responsibilities and, therefore, will contain repeated paragraphs. It is important to read the appropriate sections of the manual pertaining to your responsibility to acquire a full understanding of the administrative residency program. Specifically, each individual should read:

- Section A
- Section B
- Section C, D, or E (depending on identified responsibility)
- All appendices

EQUAL OPPORTUNITY POLICY

The George Washington University does not unlawfully discriminate against any person on the basis of race, color, religion, sex, national origin, age, handicap, veteran status, or sexual orientation. This policy covers all programs, services, policies, and procedures of the university, including admission to educational programs and employment. The university is subject to the District of Columbia Human Rights Law.

**SCHOOL OF PUBLIC HEALTH AND HEALTH SERVICES  
DEPARTMENT OF HEALTH SERVICES MANAGEMENT AND LEADERSHIP  
ADMINISTRATIVE RESIDENCY MANUAL**

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## **SECTION A**

### **OBJECTIVES**

The administrative residency of The George Washington University's Department of Health Services Management and Leadership (HSML) is the formal period of education and experience during which the student is expected to observe and test administrative and organizational theories and knowledge gained in the didactic phase of the program. The objectives of the residency are achieved by providing each participant with personal coaching and guidance by a qualified, practicing health services executive and a faculty advisor. The education must be accomplished in an environment where the student begins to develop the ability and confidence necessary to assume significant management responsibility in health services organizations.

The scope of the administrative residency is delineated by a series of program objectives which provide opportunities for the student to:

- (1) become familiar with the management and administrative activities of the organization, along with all significant operations (e.g., board and medical staff committees);
- (2) gain experience and accept responsibility under supervision (i.e., personal coaching and guidance from a practicing health services executive);
- (3) apply and test administrative theories in health services executive work settings;
- (4) develop a personal philosophy of management, concept of executive practice, and clarification of individual career goals; and
- (5) provide the foundation for professional development and advancement, including career placement, professional affiliations, and continuing study.

During the residency, these objectives are met by exposure and experiences intended to develop competence in the following areas:

- health services management;
- administrative functional areas and tasks;
- financial management;
- human resources management;
- new forms of organizational design and alternative delivery systems;
- problem-solving skills;
- application of skills and evaluative techniques learned in the classroom;
- application of analytic and synthesis skills; and
- application of the principles and methods of CQI.

## **SECTION B**

### **GENERAL DESCRIPTION**

Satisfactory completion of a 12-month administrative residency is a requirement for graduation and award of the Master's degree for those students in the management concentration (i.e., acute and ambulatory care management and post-acute care management). Students in other areas and the Specialist degree program gain experience through an internship.

The administrative resident is a full-time student of The George Washington University, is enrolled in three credit hours each semester for the residency course (HSML 273/274/275) and earns a total of nine credit hours during the 12 months. The residency is graded credit/no credit. The residency is offered each semester and during the summer sessions.

### **TYPES OF RESIDENCIES**

The terms, conditions, and nature of the residency are purposely flexible and varied to meet the needs of the individual. All residencies are considered full-time experiences. Three general types of residency programs are offered and are matched with the background and special needs and interests of the student.

**The Conventional Residency** - This type of residency is by far the most frequently used. It consists of twelve months of experience in an appropriate health services organization guided by a qualified preceptor.

**The Modified Residency** - This residency is occasionally offered to students who have extensive and varied experiences in health services administration, and are better served by a modified program which provides fewer pragmatic and more academic activities. For example, the period of institutional experience may be shortened to less than twelve months to allow for additional course work, or for special investigation or research involving more than one organization.

**The Extended Residency** - This residency extends beyond twelve months, but usually for no more than one additional year. This residency may be recommended for students who have had little or no previous experience. It is also requested by students who wish to have experience in more than one kind of health services organization.

### **RESIDENCY SITE SELECTION PROCESS**

(1) The first step in the process is for the Department's Director of Administrative Residencies to contact potential preceptors and confirm their interest in receiving resumes from prospective residents. Using forms provided by the department (see Appendix A, "Residency Organization Availability and Credentials Information"), the preceptors inform the director of their interest. In addition, they must send a copy of their personal resume or curriculum vita and brochures or other background information on their sites which may be helpful to the students.

- (2) After verifying that the preceptor and the site offer an appropriate residency experience, both sites and the preceptor are approved and credentialed by the experiential learning committee of the department faculty (see Appendix B, “Experiential Learning Committee”).
- (3) At least eight months prior to the residents’ expected starting dates, the director conducts an orientation session for students that includes: an overview of the residency program, a resume and cover letter development workshop by a representative from The George Washington University's Career Center, a student's perspective by a current resident, and a review of the residency process and procedures.
- (4) Each semester, the director publishes and updates a list of available residency sites. Students are given a defined period of time to inform the director of the sites they wish to contact. The Director closely oversees this stage of the process and ensures that students do not contact more than six sites on the list at any one time. The director also advises students on their residency search and assists them in preparing, updating, and revising their resumes and cover letters.

### **MONITORING STUDENT PROGRESS DURING THE RESIDENCY**

The resident’s progress is monitored on-site by the preceptor and on-campus by a designated HSML faculty member. The resident submits written reports to the faculty member each month and a more extensive report at the end of each semester. The residents’ reports are reviewed by the preceptor and submitted to the faculty member. The faculty member visits the residency site at least once to meet with the student and the preceptor and to become familiar with the residency organization. The preceptor prepares a written evaluation of the student at the end of each semester. These reports are discussed with the student and considered by the faculty member in determining whether to grant credit.

### **TERMINATION OF THE RESIDENCY**

In those rare instances when a preceptor determines that the association of the resident with the organization should be terminated, the preceptor must notify the HSML Department Chair by the most expeditious method and provide the reason for making such a recommendation. Similarly, the resident must follow this process in seeking the termination of the residency.

Every effort will be made by the preceptor, department faculty, and resident to reach a suitable resolution. If termination does occur, the department will attempt to develop an alternative residency for the student. Termination does not necessarily indicate a failure on the part of the student. It may be the result of incompatibility between the preceptor and/or the site staff and the student, or other reasons.

## SECTION C

### STUDENT'S RESPONSIBILITIES

To begin the residency search process the student must attend the orientation sessions that include: an overview of the residency program, a resume and cover letter development workshop by a representative from The George Washington University Career Center, a student's perspective by a current administrative resident, and a review of the residency process and procedures.

Available residency organizations and other information pertaining to the residency program are posted on the student listserv. **IT IS IMPORTANT THAT STUDENTS REVIEW ALL MESSAGES ON THIS LISTSERV FREQUENTLY.** Students will be given a defined period of time to inform the director of the sites they wish to contact. The director will closely oversee this stage of the process to assist the student and to make sure that students do not contact more than a maximum of six sites on the residency list at any one time.

At a preannounced date, the initial cover letters and resumes will be sent to the preceptors by the students through the director. All initial application packages (at a minimum, these should include a cover letter and resume) will be submitted to the director in duplicate with addressed, stamped envelopes for mailing. Students are responsible for checking the application requirements for each site in the residency files maintained in the department. The director will review the letter, resume, and any other items required for a complete application, mail the originals, and retain a copy in the student's residency folder. From this point on, the preceptors and the students will directly discuss, interview, and negotiate regarding the residency match. The student will keep the director advised of the status of each prospective residency site and provide a copy of all correspondence in response to the initial mailing. This will be similar to a typical job-search situation. The director will be available to assist the student at any time.

When the preceptor and the student have reached a mutually satisfactory arrangement, both will inform the director, who, in turn, will remove the site name from the list of those available. Students who are not accepted by one of their sites may send out additional applications with prior approval by the director. Students may be given permission by the director to apply to additional sites in order to maintain six active sites at all times. **AT NO TIME, HOWEVER, WILL ANY STUDENT HAVE MORE THAN SIX ACTIVE APPLICATIONS FOR RESIDENCY SITES.**

Students may, with the director's permission, apply to sites which have not previously participated in the residency program with the department. Sites must be approved in accordance with departmental standards before a letter of request for a residency is sent to the site by the student through the director. Also, students may make general inquiry calls regarding the availability of a residency program to new sites and program alumni with the director's permission. Criteria for residency site approval are published by the department (see Appendix B).

### COMPENSATION

Participation in the administrative residency program is not predicated on availability of remuneration, but on the quality and value of the educational experience. Preceptors are encouraged

to provide appropriate and reasonable perquisites. Salary and benefits must be discussed and worked out with the preceptor and the health services organization prior to the commencement of the residency. It is important to remember that students must pay tuition for 9 credit hours (3 semesters, 3 credit hours each) plus university fees during the residency year.

### **TAX STATUS**

For information concerning individual tax status, see [www.irs.gov](http://www.irs.gov) or contact the Internal Revenue Service at 1-800-829-3676 (for forms, instructions, and publications) or 1-800-829-1040 (for questions), or your personal tax accountant.

### **ACCEPTING A RESIDENCY OFFER**

Students are strongly encouraged to consult with the director before accepting a residency offer. It is important to remember that once a residency offer is accepted, only severe and extenuating circumstances will justify withdrawing, and only then with the approval of the HSML Department Chair.

Copies of the written offer by the residency organization and the student's written acceptance must be provided to the director. This correspondence will include the starting date of the residency.

Students must contact the faculty advisor in charge of their residency geographical area before leaving campus to discuss their residency program.

### **STARTING THE RESIDENCY - THE PROGRAM PLAN**

See Appendix C.

### **RESIDENT PROGRESS LETTERS**

See Appendix D.

### **RESIDENT END-OF-SEMESTER EVALUATIONS (Self-Assessment and Progress Evaluations)**

See Appendix D and I.

### **MAJOR PAPER OR FIELD PROJECT REPORT REQUIREMENTS**

See Appendix E.

### **CONTINUOUS ENROLLMENT**

Students must be continuously enrolled, i.e., not break registration. Residents should confer with their faculty advisor and complete the appropriate forms if they do not register for residency during the summer, fall, or spring semesters. Completing continuous enrollment forms and paying the

fee should be done during the normal registration period. Residents are responsible to ensure that continuous enrollment status is maintained.

Students who are not continuously enrolled are required to apply for readmission before they can enroll for additional courses and/or graduate.

### **THE SUCCESSFUL RESIDENCY**

The primary responsibility for success in the residency lies with the student. The student (after consulting with the department faculty advisor and preceptor) identifies what is needed and shapes the residency experience to produce appropriate learning opportunities.

In addition to frequent contact with the preceptor, it is important that the student stays in touch with the faculty advisor through the monthly progress letters, end-of-semester reports, and by telephone and email, as required. **The student is expected to take the initiative in keeping these channels of communication open.**

### **GRADUATION**

Students who register for the last semester of the residency must notify university registration that they will be graduating. An “Application for Graduation” form will then be mailed to the student. For details about where to return the completed application, please contact the Student Services Office in the School of Public Health and Health Services. The following are required deadlines for application submission (You should confirm these deadlines with the Student Services Office for each semester period).

February 1 for May (Spring) graduation

July 1 for September (Summer) graduation

October 1 for February (Fall) graduation

### **CHECKLIST OF STUDENT’S RESPONSIBILITIES**

Students will refer to the following *Checklist of Student’s Responsibilities* as guideline of their responsibilities throughout residency.

## **CHECKLIST OF STUDENT'S RESPONSIBILITIES**

- \_\_\_\_\_1. Attend professional development seminars during first year of didactic work that include:
  - An overview of the residency program,
  - A resume and cover letter development workshop,
  - A current administrative resident's perspective,
  - A review of the residency process and procedures.
  
- \_\_\_\_\_2. During second year, attend orientation sessions, one in the fall and one just prior to beginning of residency to search for residencies and prepare for key residency experiences.
  
- \_\_\_\_\_3. Meet with faculty advisor to review coursework and discuss the type of residency desired. Prior to residency:
  - Acute care interested students must complete HSML 231
  - Long-term care interested students must complete HSML 236 and 237
  - Physician practice management interested students must complete HSML 234
  
- \_\_\_\_\_4. Make an appointment with the director of administrative residencies to review your resume, cover letters, and the list of potential residency sites and to discuss residency objectives, plans, and any questions.
  
- \_\_\_\_\_5. FOLLOW application deadlines and all requirements for application to each site. All initial application packages (at a minimum, these should include a cover letter and resume) will be submitted to the director in duplicate with self-addressed, stamped envelopes for mailing. Check the files in the department for each site to be certain that all application requirements are met.
  
- \_\_\_\_\_6. Provide copies of all other correspondence sent to and received from residency sites to the director.
  
- \_\_\_\_\_7. Notify and discuss with the director any verbal residency offers.
  
- \_\_\_\_\_8. Provide a copy of the "residency offer" letter to the Residency Director.
  
- \_\_\_\_\_9. Provide a copy of the "residency acceptance" letter and the "Residency Acceptance Information" form to the director.
  
- \_\_\_\_\_10. Contact the faculty advisor for your residency to discuss your residency program.
  
- \_\_\_\_\_11. Register at GWU for three semesters (three credit hours for each semester) in order to receive credit for your residency.
  
- \_\_\_\_\_12. Return to the HSML Department the completed "name, address, phone/fax and Email" form (provided at the residency orientation meeting) within the first two weeks of your

residency. Be sure to include your office phone and fax numbers, if different from your preceptor's.

- \_\_\_\_\_13. Submit two dated copies of the program plan to your faculty residency advisor, signed by you and your preceptor not later than 30 days following the start of the residency. A self-addressed, stamped envelope should be enclosed with this submission.
- \_\_\_\_\_14. Maintain contact with your faculty residency advisor regarding your monthly progress letters, end-of-semester self-evaluations, residency projects, and overall residency program. No monthly progress letter need be submitted in the month an end-of-semester evaluation is submitted.
- \_\_\_\_\_15. All written work may be submitted as email attachments in Microsoft Word. If a hard copy is mailed please include two copies. To facilitate receiving feedback on the copy that is returned to you please be sure to keep the faculty advisor supplied with self-addressed, stamped envelopes.
- \_\_\_\_\_16. Residents may submit one major paper or two field project reports. The topic and proposal of the paper or the two field projects must be approved by the preceptor and submitted to the faculty advisor and approved prior to initiation of the project or paper. One project must be submitted during the second semester of the residency. The second project will be submitted during the third semester. It is important to remember that all requirements must be submitted and found satisfactory before credit is given for each residency semester.
- \_\_\_\_\_17. Submit the "Preceptor's Evaluation of Major Paper" or "Preceptors Evaluation of Field Project Reports" form with each project (see Appendix F).
- \_\_\_\_\_18. Fill out the "Application for Graduation" form at the **beginning** of the third semester of your residency. For details about where to return the completed application, please contact the Student Services Office in the School of Public Health and Health Services. The following are deadlines for application submission (You must reconfirm the deadline for each semester period).

February 1 for May (Spring) graduation  
July 1 for September (Summer) graduation  
October 1 for February (Fall) graduation

## **SECTION D**

### **PRECEPTOR'S RESPONSIBILITIES**

The preceptor is responsible for supervising, guiding, and counseling while the resident is formally associated with the preceptor's health services organization. On-campus faculty collaborate with the preceptor (and co-preceptor, if applicable) in educational supervision of the resident. Faculty advisors from the department consider the preceptor's assessment of the resident's activities as major input for residency evaluations.

Preceptors are selected, approved, and appointed by the Department of Health Services Management and Leadership. Appointment of a replacement preceptor also requires department approval. Upon request of the preceptor, a co-preceptor may be appointed. Each preceptor or co-preceptor receives a letter of appointment.

It is the preceptor's responsibility to provide access to vital internal and external resources. The preceptor assumes the role of teacher and mentor. The preceptor plays a critical role in facilitating development and completion of the residency and should provide career counseling and guide professional development.

Successful outcome remains primarily the student's responsibility; however, regular and frequent contact between the preceptor and the resident is critical to a successful residency. The time is used to develop an understanding of the ethics, philosophies, and management practices required of the health services administrator. At a minimum, the preceptor conducts periodic, regularly scheduled meetings with the resident to review problems and discuss current professional issues. The preceptor also reviews the progress of the residency experience with the resident and other key staff members and evaluates the resident's performance in the residency each semester.

### **RESIDENCY SITE SELECTION PROCESS**

The residency selection process seeks to place students with appropriate preceptors at health services organizations across the country.

The first step in the process is for the department's director of administrative residencies to contact potential preceptors and confirm their interest in receiving resumes from prospective residents. Using forms provided by the department (see Appendix A), the preceptors will inform the director of their interest. In addition, they must send a copy of their curriculum vita or resume, and brochures or other background information on their organizations and communities which may be helpful to interested students.

After verifying that both the preceptor and the site offer an appropriate residency experience, they are approved and credentialed by the experiential learning committee of the department faculty (see Appendix B).

Approved sites and preceptors are made available to students seeking residencies by an email listserv. Students then contact prospective preceptors by mailing cover letters and resumes. The

director monitors these activities throughout the residency placement process and is available to assist the students and preceptors at any time.

### **COMPENSATION**

Participation in the administrative residency program is not predicated on availability of remuneration, but on the quality and value of the educational experience. Preceptors are encouraged to provide appropriate and reasonable perquisites. Students are advised that any salary or benefits must be discussed and confirmed with the preceptor and the health services organization prior to the commencement of the residency. It is important to remember that students must pay tuition for nine credit hours (three semesters, three credit hours each) plus university fees during the residency year.

### **RESIDENCY OFFER AND ACCEPTANCE**

The preceptor is expected to confirm the residency offer in writing, including the starting date, compensation, benefits, and other necessary details. The student, in turn, will accept in writing.

### **STARTING THE RESIDENCY – THE PROGRAM PLAN**

See Appendix C.

### **RESIDENT PROGRESS LETTERS AND END-OF-SEMESTER EVALUATIONS (Self-Assessment and Progress Evaluation)**

See Appendix D.

### **MAJOR PAPER OR FIELD PROJECT REPORT REQUIREMENTS**

See Appendix E.

## **EVALUATION OF RESIDENTS**

The faculty advisor utilizes the resident's end-of-semester evaluations and monthly progress letters, site visits (the faculty member visits the residency site at least once to meet with the student and the preceptor and to become familiar with the residency organization), and the preceptor's reports to evaluate the student's performance during each residency semester. Preceptors may use an internal evaluation form to determine the progress of residents (see Appendix F for a sample form that preceptors may adopt to obtain feedback from department heads concerning the resident, and Appendix G for a report form that the resident may use to evaluate a department assignment).

The ultimate criteria are "How successful was the resident in completing the goals and objectives described in the program plan?" and "What is the quality of the field projects/major report?" The department requires that the preceptor complete the preceptor report form at the end of each semester (see Appendix I, "Preceptor Evaluation of Residency"). This "Preceptor Evaluation of Residency" form should be completed, signed, and must be returned to the resident's faculty advisor by the last day of classes for the semester according to the university calendar. Substantial weight is placed on the preceptor's evaluation of the student. A grade of "Credit (CR)"; "No Credit (NC)", or "In Progress (IPG)" is awarded by the faculty advisor for each semester.

## **CHECKLIST OF PRECEPTOR'S RESPONSIBILITIES**

Preceptors should refer to the following *Checklist of Preceptor's Responsibilities* as a guideline of their responsibilities throughout residency.

## **CHECKLIST OF PRECEPTOR'S RESPONSIBILITIES**

- \_\_\_\_ 1. Send in the “Residency Organization Availability and Credentials Information” form (appendix A), along with a copy of your resume or curriculum vita, and brochures or other background information on the residency organizations and communities that may be helpful to the students. Keep this information current by advising the director regarding changes in residency availability, preceptor, or program.
- \_\_\_\_ 2. Confirm the residency offer to the student in writing including the starting date, compensation, benefits, and other necessary details.
- \_\_\_\_ 3. Sign two copies of the program plan for submission to the department faculty advisor not later than 30 days following the start of the student's residency. The program plan is the basis on which the resident and preceptor develop the specific details of the residency experience.
- \_\_\_\_ 4. Recognize that residents have the option of submitting one major paper or two field project reports. The topic and proposal of the paper or the two field projects must be approved by the preceptor before the resident submits the proposals to the faculty advisor.
- \_\_\_\_ 5. Submit a “Preceptor's Evaluation of Major Paper” or “Preceptors Evaluation of Field Project Reports” form to the faculty advisor after the resident has completed a field project report (see Appendix F).
- \_\_\_\_ 6. Attend the annual meeting of the HSML Alumni Association and/or other regional conferences where preceptors will receive updates on the residency program and department activities. This is especially important when you have a resident or plan to accept a resident in the coming year.
- \_\_\_\_ 7. Complete and sign the “Preceptor Evaluation of Residency” form at the end of each semester and submit to the faculty advisor by the last day of classes for the semester according to the university calendar. The form will be mailed to you approximately 30 days before the due date.

## **SECTION E**

### **THE FACULTY ADVISOR'S RESPONSIBILITIES**

Faculty members are assigned the responsibility for academic supervision of the administrative residents in specific geographic areas. Students are required to consult with the appropriate faculty advisor before leaving campus. The faculty member maintains close coordination and frequent contact with preceptors through scheduled visits, as well as frequent telephone, Email, and mail communications.

The faculty member assists the preceptor and the student in clarifying goals and providing guidance during the residency. In addition, faculty members control the process to ensure the educational integrity of the program of which the residency is an integral part. Note that the student continues, throughout the residency period, to be guided by the faculty advisor even though each resident also has the guidance of a preceptor in the field. Departmental faculty are responsible for awarding academic credit for the residency.

### **EVALUATION OF RESIDENTS**

The faculty advisor utilizes the resident's end-of-semester evaluations and monthly progress letters, site visits (the faculty member visits the residency site at least once to meet with the student and the preceptor and to become familiar with the residency organization), and the preceptor's reports to evaluate the student's performance during each residency semester (see Appendices D, F, and I).

The ultimate criteria are "How successful was the resident in completing the goals and objectives described in the program plan?" and "What is the quality of the field projects/major report?" Substantial weight is placed on the preceptor's evaluation of the resident. A grade of "Credit (CR)." "No Credit (NC);";or "In Progress (IPG)" is awarded by the faculty advisor for each semester.

**RESIDENCY ORGANIZATION AVAILABILITY AND CREDENTIALS INFORMATION**

- Date: \_\_\_\_\_
1. Organization: \_\_\_\_\_
  2. Address: \_\_\_\_\_  
(No. & Street) (City) (State) (Zip)  
Organization Web Address: \_\_\_\_\_
  3. Preceptor: \_\_\_\_\_ Title: \_\_\_\_\_
  4. Telephone number: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_
  5. If you are GWU graduate, please indicate degree and year: \_\_\_\_\_
  6. Are you a new preceptor with our program, or is it more than 5 years since we received a CV/resume? Yes [ ] No [ ] (If so, please attach a copy of your curriculum vita/resume.)
  7. Do you have an agreement or understanding with another program that gives their applicants priority consideration? Yes [ ] No [ ]  
If yes, please explain the process by which you will consider applicants from GWU:  
\_\_\_\_\_  
\_\_\_\_\_
  8. Availability starting date(s) over the next 24 months. Please identify year and check all the appropriate cycles (students start residencies during these months each year):  
Year 20\_\_\_\_\_ Jan [ ] May/June/Jul [ ] Aug/Sep [ ]  
Year 20\_\_\_\_\_ Jan [ ] May/June/Jul [ ] Aug/Sep [ ]
  9. If you cannot offer a residency in the next 24 months, do you want to remain an active site?  
Yes [ ] No [ ]  
If yes, when do you want us to contact you? (month and year)\_\_\_\_\_
  10. Duration of residency (12-month minimum required): \_\_\_\_\_
  11. Please identify all the significant service delivery components of your organization (e.g., HMO, home health care, PHO, acute care hospital, nursing facility, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  12. Please place a check to identify the one primary (50%+) focus of your administrative residency program: [ ] acute care (# of beds \_\_\_\_\_); [ ] ambulatory care (type & size \_\_\_\_\_); or [ ] long term care (type and size \_\_\_\_\_).

Continue

13. Please briefly describe this primary focus and also identify all the other significant service delivery component(s) and organizational entities where the administrative resident could gain experience:

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14. Please describe additional organizations or special activities that will be available to the resident (e.g., health care system, specialty facilities, experience with corporate management staff):

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15. For long term care organizations: Will the resident be eligible for licensure in your state after completion? Yes [ ] No [ ]

16. Estimated pay and benefits: \_\_\_\_\_  
(Please note that the student's tuition and fees for the residency period are about \$8000.)

17. Please list items required for a complete application: \_\_\_\_\_

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18. Please list deadlines for applications (if applicable):

Deadline date:	For residency starting:
	Month      Year
_____	_____
_____	_____
_____	_____

19. If you want the director of administrative residencies to call you, please check here. [ ]

20. If you want a copy of the *Administrative Residency Manual*, please check here. [ ]

21. If you have prepared a description of the administrative residency program in your organization, please attach a copy.

Notes:

1. The information you provide will be made available to students seeking administrative residencies. Please be as descriptive and complete as possible.
2. Important: Please attach additional information about the residency site, such as a current curriculum/vita or resume of the preceptor, housing information, general information about the city, and any other information pertinent to the residency organization that would be useful to prospective residents.

The Department of Health Services Management and Leadership sincerely appreciates your participation and cooperation. Thank you! Please send to: Director of Administrative Residencies, Department of Health Services Management and Leadership, School of Public Health and Health Services, The George Washington University Medical Center, 2175 K Street, NW, Suite 320, Washington, D.C. 20037. Contact Phone (202) 994-5564.

**EXPERIENTIAL LEARNING COMMITTEE**

After verifying that the preceptor and the site offer an appropriate residency experience, they are approved and credentialed by the experiential learning committee of the department faculty.

The experiential learning committee uses the following criteria in evaluating preceptors and organizations:

1. Preceptor's experience and background: A review of the curriculum vita or resume of both the potential preceptor and co-preceptor (if applicable) is completed. Attention is given to the preceptor's education, experience, and position in the organization, among other factors.
  - a. Information about the facility or organization: The organizational data provided on the "Residency Organization Availability and Credentials Information" form (see Appendix A) along with any brochures submitted are reviewed regarding such items as the service area(s) where the residency is being offered, the services provided by the facility, and a brief description of the residency program.

## **STARTING THE RESIDENCY – THE PROGRAM PLAN**

A successful residency experience begins with a well-organized program plan. A program plan provides documentation of the residency goals and objectives of the department, the student, and the organization. It also describes methods by which these objectives will be accomplished, and the process by which the student will be evaluated to determine whether the objectives are accomplished. The plan should be based upon the objectives noted in the “Objectives” section in this manual, and the specific professional goals of the student. The program plan should provide a clear understanding and specification of what the student expects to obtain from the residency (personal goals and objectives). A sample is shown in Appendix H.

The student should prepare a draft program plan prior to the residency interview and discuss the residency objectives with prospective preceptors. The program plan is the basis on which the student and preceptor develop the specific details of the residency experience. The program plan consists of the following elements:

1. **Goals and Related Objectives for Each Goal:** At a minimum, the goals and objectives statement must address all of the items stated in Section A of this manual. Objectives should be stated as precisely as possible, with specific levels of attainment (e.g., numbers of contacts, days of activities).
2. **Means of Accomplishment:** The program plan should specify what the resident will do in terms of defined tasks and activities relating to the goals and objectives for each goal. The program plan should show:
  - (a) specific activities to achieve the goals and related objectives (e.g., attendance at meetings, special assignments and projects, problem-solving exercises);
  - (b) the person responsible for reviewing and evaluating the resident’s performance of each task; and
  - (c) the time sequence

Thus, each goal and objective should be addressed individually and a link between each objective and the specific tasks to achieve the objective must be described. Then, a method of evaluating the progress in attaining the objective must be described, including information about who will complete the evaluation. Finally, each task should be listed with a beginning and ending date (or at least a listing of the number of days to be spent on the task) as a part of a sequence of activity throughout the residency (see Appendix H, “Goals, Objectives, and Means of Accomplishment”).

Continue

It is the department's philosophy that if residency objectives are to be achieved, the resident must be allowed a significant portion of available time to observe, to participate in, and to critically evaluate the administrative and policy activities of the organization. These activities, in conjunction with the performance of assigned studies and projects, should be designed to allow the resident to obtain a full understanding of the organization, and its goals and objectives.

The residency also should provide an opportunity for the student to observe the complex interrelationships which exist within the organization as well as develop an understanding of the organization as it is influenced by, and influences its environment. Therefore, in addition to intra-organizational relationships, the roles and responsibilities of external health services organizations must be examined. These organizations would include but not be limited to health planning agencies, public health agencies, extended care facilities, reimbursement agencies, professional associations, and the like. Statements regarding assignments and tasks that cover these activity areas must be included in the program plan.

The program plan is the agreement between the resident and the department, and the resident and the preceptor. The initial program plan may require modification during the residency year. Major changes in the program plan may be unanticipated, but any major deviation from the plan must be described in the monthly progress letter (see Appendix D). Substantial program plan changes require faculty advisor and preceptor concurrence.

The program plan is signed by the preceptor and resident. Two copies are submitted not later than 30 days following the start of the residency for faculty advisor concurrence. A self-addressed, stamped envelope should be enclosed with this submission.

**RESIDENT PROGRESS LETTERS AND END-OF-SEMESTER EVALUATIONS**  
**(Self-Assessment and Progress Evaluations)**

Monthly progress letters must be submitted to the faculty advisor no later than the second week after the end of the month (except December, April, and August). Self-addressed, stamped envelopes should be provided to the faculty advisor. The specific format and the content of the monthly progress letters will be prescribed by the faculty advisor. This document should be in letter form, and should indicate the level of compliance with the program plan (i.e., it should indicate the level of completion of activities described in the program plan). Modifications of the program plan (which are expected) can be made by briefly noting them in the letter. Minor (nonsubstantive) changes may be made without faculty review; however, any major changes that are contemplated must have the concurrence of the faculty advisor and the preceptor.

In lieu of a monthly progress letter, a more formal evaluation will be submitted by the resident for the months of December, April, and August. (No monthly progress letters need be submitted for these three months.) These evaluations provide an end-of-semester self-assessment and evaluation of progress in attaining residency objectives. The following information is included:

1. statements regarding the level of success (or lack thereof) in attaining the goals and objectives in the program plan;
2. major learning activities during the semester;
3. specific assessment of what was learned from the various tasks (note: a diary of activities is not appropriate);
4. major changes made or contemplated in the program plan;
5. level of support by the preceptor(s), organizational personnel, and the faculty advisor; and
6. strengths and weaknesses of the residency, and potential for future residencies. (This need only be addressed during the final residency semester.)

This document must be submitted during the third week of the months of December, April, and August. Lack of timely submission of the evaluations results in an “In Progress” (IPG) grade for the semester’s work.

## **MAJOR PAPER OR FIELD PROJECT REPORT REQUIREMENTS**

Students have the option of submitting one major paper or two field project reports. These are completed in conjunction and concurrently with the residency.

### **Major Paper**

The major paper follows, in all aspects, the thesis requirements for masters-level students and is empirical research. As such, the topic must be broad enough to review, evaluate, analyze, and otherwise add to the “store-of-knowledge” regarding an issue common to a large number of health services organizations or administrators. (The value to the residency organization may be limited.) Format and style must conform to the requirements of the *Chicago Manual of Style*. The major report will be directed by the faculty advisor, and a proposal or a “scope-of-work” will be required. The proposal must follow the format provided below:

1. Statement of the problem, research questions, and/or hypotheses. In addition, the theoretical basis for the research or the state-of-the-art of relevant disciplines should be included.
2. Limitations
3. Methodology, including tasks and subtasks. Statements must answer how the tasks (steps) will be accomplished. The methodology statement should include a detailed description of the process by which answer(s) to research question(s) or conclusion(s) related to a programmatic analysis will be developed. This should include the data collection instruments, dummy tables, and similar tools which will be used.
4. Time frame providing beginning and ending dates for each task and subtask in 3 above
5. Bibliography

The proposal should be subjected to the following tests before it is submitted to the faculty advisor:

1. Does it show that the student is adequately prepared to carry out the proposal?
2. Does it show a knowledge of the literature related to the topic? (A lengthy bibliography by itself is insufficient evidence. The proposal must contain a synopsis of relevant key literature.)
3. Does it show that the student knows the relevant components of the health system?

4. Is it written for an appropriate audience? (Avoid lengthy descriptions or explanations of material known to the audience. Use a journal such as *Inquiry* or *Medical Care* as a guide.)
5. Does the proposal explicitly show a logical chain of development? (Example: Is it evident that the subsidiary questions allow the author to make convincing statements in response to the primary research question and that the data to be collected can be analyzed to provide answers to each subsidiary question?)
6. Does the proposal clearly state the scope and limitations of the project? (Example: If national sample survey data are used to make estimates of a local situation, state explicitly the underlying assumptions.)
7. Is the analytic plan explained completely? (Example: Include dummy tables to show how data will be organized.)
8. Does it show that the resources available are adequate for the proposed task? Is there enough time? Are the data accessible?

Proposals must be submitted in duplicate and must be approved by the preceptor before submission. Any problems concerning confidentiality and proprietary information regarding the proposals must be identified and resolved before submission. Faculty approval will be required prior to initiating the project, including data collection.

The preceptor is expected to read the paper and prepare a brief statement commenting on its quality and content. The paper also should be evaluated against the approved proposal prepared by the student.

### **Field Projects**

Two field projects may be prepared in lieu of the major paper. Each project must be developed jointly by the resident and the preceptor, and thus, is of substantial use in the operation of the residency organization. The topic and proposal of each field project must be approved by the preceptor and submitted to the faculty advisor and approved prior to initiation of the project. The proposal scope for this project may be included as part of the monthly letters to the faculty advisor, or submitted in a separate letter. In either case, the project should be described in sufficient detail so that the faculty advisor will have a thorough understanding of the project.

The field project usually is a generic problem-solving process and has a number of elements which should be included in the proposal submitted to the preceptor and faculty advisor. Some elements will not be well-developed at the proposal phase; however, identifying them acknowledges their importance and guides thinking. Expected contents of the field project (adapted from Beaufort B. Longest, Jr., Jonathon S. Rakich, and Kurt J. Darr, *Managing Health Services Organizations and Systems*. 4th edition, [Baltimore: Health Professions Press, 2000], pp. 320-330), all of which must be present to a lesser or greater degree in the scope, include:

- a. brief statement of background showing the resident's understanding and the extent of the management problem to be solved;
- b. statement of the problem;

Continue

- c. assumptions (structural, problem-centered, and personal);
- d. potential alternative solutions (these will be fully developed only when the project is complete);
- e. decision criteria (the criteria used to judge the alternative solutions which will be developed);
- f. selection of the “best” alternative through use of the decision criteria;
- g. implementation; and
- h. evaluation of results, or a means of judging the quality of the solution after implementation.

Some field projects are more data gathering or process oriented and may not fit all of the problem solving elements. The format of the field project report should be consistent with the management problem(s) to be solved. These projects may be acceptable if the proposal is approved in advance by the preceptor and faculty advisor.

The project must provide the resident with an opportunity to describe a particular situation, identify and examine alternative courses of action, and justify a recommended action. The preceptor’s evaluation of the completed project should be submitted with the project. The “Preceptor’s Evaluation of Field Project Reports” is used for this purpose (see Appendix F).

One field project must be submitted during the second semester of the residency. The second field project will be submitted during the third semester. These reports must be submitted early enough in the semester to allow the faculty advisor to evaluate the work and provide the student an opportunity to supplement, as necessary.

## **GENERAL RESOURCES FOR MAJOR PAPERS AND FIELD PROJECTS**

- Kerlinger, Frederick N., *Foundations of Behavioral Research*, 4th edition, Fort Worth, TX: Harcourt College Publishers, 2000.
- Rosenthal, Robert and Ralph L. Rosnow, *Essentials of Behavioral Research: Methods and Data Analysis*, 2nd edition, New York: McGraw-Hill, 1991.
- Sommer, Barbara Baker and Robert Sommer, *A Practical Guide to Behavioral Research: Tools and Techniques*, 5th edition, New York: Oxford University Press, 2001.
- Sylvia, Ronald D., et al, *Program Planning and Evaluation for the Public Manager*, 2<sup>nd</sup> Edition, Prospect Heights, IL: Waveland Press, 1996.
- Veney, James E. And Arnold D. Kaluzny, *Evaluation and Decision Making for Health Services*, 3rd edition, Ann Arbor, MI: Health Administration Press, 1998.

**PRECEPTOR'S EVALUATION OF FIELD PROJECT REPORTS**

DATE \_\_\_\_\_

RESIDENT'S NAME \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

TITLE OF REPORT \_\_\_\_\_

**Evaluate the field project report by responding to the following questions:**

1. What is the level of the resident's writing ability (form and style)?

- Outstanding                      Comment:  
 high average  
 average  
 weak

2. Is the methodology appropriate for this project?

- Yes                                      Comment:  
 no  
 marginal

3. Are the conclusions supported by the findings and research?

- Yes                                      Comment:  
 no  
 marginal

4. Are the recommendations and/or conclusions going to be used to improve services, help solve a problem, or the like?

- Yes                                      Comment:  
 no  
 partially

5. In your opinion, should other conclusions have been reached from the data presented and research completed?

- Yes                                      Comment:  
 no  
 in some cases

6. Rate the overall field project.

- Outstanding                      Comment:  
 high average  
 average  
 weak

GENERAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Title

**PRECEPTOR'S EVALUATION OF MAJOR PAPER**

DATE \_\_\_\_\_

RESIDENT'S NAME \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

TITLE OF REPORT \_\_\_\_\_

**Evaluate the field project report by responding to the following questions:**

1. What is the level of the resident's writing ability (form and style)?

- Outstanding                      Comment:  
 high average  
 average  
 weak

2. Is the methodology appropriate for this project?

- Yes                                      Comment:  
 no  
 marginal

3. Are the conclusions supported by the findings and research?

- Yes                                      Comment:  
 no  
 marginal

4. Are the recommendations and/or conclusions going to the "store-of-knowledge" regarding an issue common to a large number of health services organizations or administrators?

- Yes                                      Comment:  
 no  
 partially

5. In your opinion, should other conclusions have been reached from the data presented and research completed?

- Yes                                      Comment:  
 no  
 in some cases

6. Rate the overall major paper.

- Outstanding                      Comment:  
 high average  
 average  
 weak

GENERAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Title

**ASSIGNMENT EVALUATION BY ADMINISTRATIVE RESIDENT**

DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT HEAD: \_\_\_\_\_ RESIDENT: \_\_\_\_\_

1. Did the department head have a general orientation planned?  
\_\_yes \_\_no
2. Were you given sufficient introduction to the staff and operations to facilitate further explanation?  
\_\_yes \_\_no
3. Did the staff explain their part in operations?  
\_\_yes \_\_no
4. Was the opportunity to participate in operations provided (if appropriate)?  
\_\_yes \_\_no \_\_N/A
5. Was the time spent in the department effectively utilized?  
\_\_yes \_\_no
7. Should the amount of time spent in the department be \_\_\_ increased or \_\_\_ decreased?
7. Were the following areas adequately covered? Comment:
  - Objectives of department
  - Interrelationships with other departments and administration
  - Special problems
  - Future trends/plans
8. Was the assignment to this department a meaningful educational experience?  
\_\_yes \_\_no

GENERAL COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Resident

**S A M P L E**

**GOALS, OBJECTIVES, AND MEANS OF ACCOMPLISHMENT**

**GOAL NO. I**

To gain a comprehensive understanding of the administrative operations of \_\_\_\_\_  
\_\_\_\_\_.  
(hospital, etc.)

**OBJECTIVES FOR GOAL NUMBER 1**

Objective No. 1

To become involved in day-to-day operations.

Means of Accomplishing Objective Number 1

- a. undergo short orientation period to become familiar with the organizational structure by reading policy and procedure manuals, bylaws, etc.;
- b. discuss resident's responsibilities with the previous resident;
- c. attend and participate in the decision-making process at bi-weekly management meeting; and
- d. accept on-call assignment.

Objective No. 2

To gain an understanding of financial management of the organization.

Means of Accomplishing Objective Number 2

- a. work with the vice president for finance in the preparation of the budget;
- b. become involved in monitoring budget compliance;
- c. act as recording secretary and participate in meetings involving finance;
- d. gain exposure to and involvement with the health services cost review commission;
- e. review and participate in the development of financial reports; and
- f. do a two-week rotation through the finance department.

**EVALUATION**

Evaluation form submitted to the preceptor by the department head, and a written review of my experience in this department to be provided to the preceptor.

**TIME FRAME**

Two weeks 12/3/08 to 12/17/08 and occasional meetings.

**PRECEPTOR EVALUATION OF RESIDENCY**

**Program in Health Services Administration**  
 Department of Health Services Management and Leadership  
**THE GEORGE WASHINGTON UNIVERSITY**  
 Department of Health Services Management and Leadership  
 2175 K Street, NW, Suite 320  
 Washington, D.C. 20037

Name of Faculty Advisor: \_\_\_\_\_ Date Due: \_\_\_\_\_

Report by Preceptor on Resident for: \_\_\_\_\_  
 (Semester and Year)

Name of Preceptor: \_\_\_\_\_

Name of Resident: \_\_\_\_\_

Organization: \_\_\_\_\_

*Please evaluate the knowledge, skills, abilities, and quality of performance.*

	<u>OUT- STANDING</u>	<u>HIGH AVERAGE</u>	<u>AVERAGE</u>	<u>WEAK</u>	<u>POOR</u>
1. <u>Relations with others:</u>					
a. Preceptor	_____	_____	_____	_____	_____
b. Supervisors (adm. staff, dept. head)	_____	_____	_____	_____	_____
c. Physicians	_____	_____	_____	_____	_____
d. Others (staff, public)	_____	_____	_____	_____	_____
e. Social	_____	_____	_____	_____	_____
2. <u>Communication skills:</u>					
a. Oral	_____	_____	_____	_____	_____
b. Written	_____	_____	_____	_____	_____
c. Contributions at meetings	_____	_____	_____	_____	_____
3. <u>Attitude, initiative, appearance:</u>					
a. Accepts criticism	_____	_____	_____	_____	_____
b. Self-reliance	_____	_____	_____	_____	_____
c. Resourcefulness	_____	_____	_____	_____	_____
d. Flexibility	_____	_____	_____	_____	_____
e. Thoroughness	_____	_____	_____	_____	_____
f. Dependability	_____	_____	_____	_____	_____
g. Curiosity	_____	_____	_____	_____	_____
h. Personal appearance	_____	_____	_____	_____	_____
i. Maturity	_____	_____	_____	_____	_____

4. Results: Performance and knowledge improvement:

- a. Improved understanding of management and health care problems \_\_\_\_\_
- b. Productive use of time \_\_\_\_\_
- c. Completes work assignments \_\_\_\_\_
- d. Level of recommendations and options \_\_\_\_\_
- e. Level of technical skills \_\_\_\_\_

5. Application/ Development of administrative skill/knowledge

- a. Common sense usage \_\_\_\_\_
- b. Decision making ability \_\_\_\_\_
- c. Ability to conceptualize \_\_\_\_\_
- d. Developing a management style \_\_\_\_\_

6. General overall estimate (considering weaknesses and strengths, level of achievement, willingness to devote time and energy, sense of purpose and commitment, emotional stability, and the like):

8. Specific problems and recommendations:

9. Has this report been discussed with the resident? Comments:

I recommend the student be awarded the following grade for this semester of field experience:

- Credit [ ]
- Fail [ ]
- In Progress [ ] (Significant work for the semester is not complete.)

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date