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Applied Experiential Field Experience In Accredited Graduate Programs

For Healthcare Administration

ABSTRACT

Businesses and institutions of higher education often maintain a mutually beneficial relationship that provides opportunities for students to gain “real world” experience. Students enrolled in Healthcare Management graduate programs often gain “real world” experience through projects, internships, or residencies in healthcare organizations. We evaluated and analyzed data on all CAHME accredited graduate programs in Healthcare Administration to determine similarities and differences in dedicated fieldwork requirements, also examining hours of coursework across programs. Most programs, 76.4%, require or encourage applied experiential learning in the field of less than 500 hours. Only eight graduate programs in healthcare administration require an 8-12 month residency prior to graduation. Despite these differences, data show no statistically significant differences in the number of class hours among CAHME accredited programs.

INTRODUCTION

For many years, there was no formal training for careers in healthcare administration; instead, multiple years of apprenticeship were typically required (Levey, Hilsenrath, & Hill, 1998). As the complexity of hospitals increased, the need for formal training became evident. The College Curriculum in Hospital Administration was published in 1948 as the result of one of the first studies on healthcare administration education. It recommended a two-year master's program: one year of didactic coursework, and one year of fieldwork in a hospital (Levey et al., 1998).

Until the mid-1960s, most graduate programs in hospital administration required two semesters of full-time study, a twelve-month administrative residency, and a master's thesis or project. This curriculum model changed when Cornell University implemented a two-year (four semester) academic program with a summer internship requirement in place of the yearlong residency. By the late-1960s, several healthcare management programs had followed suit, and this trend has continued, slowly eliminating the prevalence of the yearlong residency requirement among healthcare management graduate programs (Levey, Battistella, & Weil, 2001). While some programs have maintained the residency component, the postgraduate fellowship has emerged as an "entry-level vehicle for new MHAs" as a result of the residency's decline (Levey et al., 2001). The administrative residency and administrative fellowship are distinguished by the criteria of a degree-in-hand by the American College of Healthcare Executives (ACHE).

While academic program philosophy in health administration seems to have moved to requiring less field experience, employers increasingly value applicants with work experience. This appears to be true across a wide variety of fields, and the emphasis on experiential learning during educational programs at institutions of higher learning continues to rise (Gault, Leach, & Duey, 2010; National Association of Colleges and Employers, 2009). Applied integrative experiences help students crystallize their interests, and better prepare them for the workforce than class lectures alone (Gault, Redington, & Schlager, 2000). These experiences also lead to faster employment upon graduation, higher salaries, higher levels of overall job satisfaction, and faster promotion rates to positions of increased responsibility than those without internships (Gault et al., 2010). Employers feel that an internship experience contributes “value to the intern in terms of future job performance” (Gault et al., 2010).

The relationship between businesses and institutions of higher education is mutually beneficial, which makes required field experience an attractive option for both parties. Many businesses recognize the importance of their relationship with the university and the large source of future employees that it can provide. It also provides an opportunity for businesses to maintain a strong presence on campus, which can be beneficial during economic downturns or other periods of limited hiring (Gault et al., 2000).

In 1968, the Accrediting Commission on Education for Health Services Administration (ACEHSA) was created to be the accrediting body for master’s level healthcare management education in the United States and Canada. In 2004, it was renamed the Commission on Accreditation of Healthcare Management Education (CAHME). CAHME’s mission is to ensure that accredited programs are preparing students appropriately trained and ready for careers in health administration. This organization has created a set of standards that represent quality

education in healthcare administration, including fieldwork experiences. CAHME outlines fieldwork requirements stating that accredited programs must "...incorporate integrative experiences, including field-based applications, that require students to draw upon, apply and synthesize knowledge and skills covered throughout the program of study" (Commission on Accreditation of Healthcare Management Education, 2013c).

As of 2013, there were 82 CAHME accredited programs at 70 universities, with some universities having more than one accredited program (Commission on Accreditation of Healthcare Management Education, 2013a). CAHME accredits degree programs that include the Master's in Health Administration (MHA), Master's in Health Services Administration (MHSA), Master's in Business Administration (MBA), Master's of Public Health (MPH), and others. The type of degree depends upon the college in which the program is taught. In addition to the various degrees granted, programs may offer part-time and/or full-time study options. Part-time programs are targeted toward the working healthcare professional, and full-time programs target students looking to enter the field of healthcare management. Teaching modalities also vary among programs, with some programs offer online courses and credit-bearing internships and residencies of varying lengths.

Dedicated fieldwork requirements vary among CAHME accredited programs. While programs often have community based projects as part of individual courses in the curriculum, the length of dedicated fieldwork can vary from as little as 90 hours to as much as 12 months of full-time employment. While programs that require an 8-12 month fieldwork experience confer their degree only after completion of the fieldwork, most programs confer degrees immediately upon completion of the didactic portion of the program. Although it often takes longer to receive their degree, students with extended fieldwork experiences may find it less difficult to find a job

at the end of the administrative residency (Buell 2009). The preceptor for these fieldwork experiences typically serves as the primary mentor and often feels a responsibility to place the new graduate within their organization (Levey et al., 2001).

This study was done to better understand differences in requirements for dedicated fieldwork experiences across CAHME accredited programs. It examines the amount of dedicated fieldwork education that programs require, as well as hours of coursework students must complete. It looks to determine whether increased fieldwork requirements have an impact on didactic coursework, particularly in a negative way. It is important that programs find a balance of coursework, field experience, and overall time to graduation, as all of these factors are important and must be balanced.

METHODS

Data Source

In order to help distinguish different accredited graduate programs in healthcare administration, we gathered data from all CAHME accredited programs to determine similarities and differences in hours of coursework, fieldwork requirements, and type of fieldwork. CAHME's website was used to obtain a list of the 70 CAHME accredited universities (as of January 2013). Data were collected via Internet resources as well as email/telephone correspondence with program representatives. All initial data were entered into a database and verified for accuracy, upon completion of data collection, by emailing the program director.

Data Analysis

Data related to total class hours and amount of fieldwork completed were analyzed. Class hours reported in quarter hours or course units were converted to hours prior to analysis. Multiplying the number of quarter hours by 0.66 yielded the number of semester hours. Any class hours that were related strictly to fieldwork (i.e. a course related solely to residency) were left out of total class hours. Data were analyzed to determine the number of programs that offer fieldwork, do not offer fieldwork, require fieldwork, and do not require fieldwork. In addition to this data, the number of programs that require an 8-12 month residency prior to graduation was determined.

Internship and residency requirements vary among CAHME accredited programs in terms of length of experience. Rather than using the arbitrary labels of internship and residency, three categories were created using fieldwork hours. Universities were assigned to one of three categories for number of required fieldwork hours, <500 hours, 500-1000 hours, or >1000 hours. These categories were utilized because summers are generally 12-13 weeks, which is approximately 500 hours. Six month is approximately 1000. Total number of fieldwork hours was determined by assuming full-time work (40 hours per week), unless otherwise noted, and four weeks in a month. While students may work more than 40 hours, this is impossible to determine for each an every residency. Forty hours per week was multiplied by the number of weeks to convert all fieldwork into hours. In addition, the number of programs that require an 8-12 month residency prior to graduation was determined by referring to fieldwork data. Each program was contacted via email or telephone to determine if internships are encouraged in addition to the required residency.

The mean, median, range, and standard deviation of corresponding class hours was calculated for each group of fieldwork hours. A one way ANOVA was used to compare number of class hours within each fieldwork group.

RESULTS

Data analysis showed that 100% of the 70 programs encourage or require some sort of fieldwork. Six programs (8.6%) are executive only format and require students to be employed in healthcare. Of the other 64 programs, 49 (76.6%) require less than 500 hours of fieldwork, 7 (10.9%) require 500-1000 hours of fieldwork, and 8 (12.5%) require more than 1000 hours of fieldwork. There were 8 programs that require an 8-12 month fieldwork experience, which equates to 1280-1920 hours of work (see Table 1). Although not required, 67% (6) of these programs encourage students to complete internships prior to the end of the second year of the program, in addition to the 8-12 month residency.

There was no statistically significant difference in required credit hours between the different types of programs (Table 2). This seems to indicate that the increased number of required fieldwork hours is not taking away from hours spent in didactic training.

DISCUSSION

Data analysis showed that the majority of CAHME accredited programs encourage or require less than 500 hours of fieldwork experience. A small percentage of healthcare management programs require a fieldwork experience of at least 1000 hours. These eight programs are unique in this aspect, but the amount of time spent in the classroom is not

statistically different from programs that encourage or require less than 1000 hours of fieldwork. Although programs that require 8-12 months of fieldwork prior to graduation typically do not require internships in addition to the required residency, many students within these programs complete internships during the summer between the first and second year of didactic coursework and even throughout the academic school year.

The value of having students complete fieldwork is clear. According to the National Association of Colleges and Employers (National Association of Colleges and Employers, 2009), the majority of employers that responded to the 2009 annual Job Outlook Survey indicated that they preferred to hire students with experience (Gault et al., 2010). Requiring healthcare administration graduate students to gain “real world” experience prior to graduation not only prepares them to be more competent healthcare administrators, but also makes them more marketable to employers. This increase in employability may be difficult to compensate for by positive academic performance. Rigsby et al. (2013) found that while internship experience was significantly related to receiving job offers, things like GPA and membership in academic honor societies had no such relationship.

While doing some fieldwork is clearly important, the question must be asked if more experience is better. According to the College Employment Research Institute (CERI), 70% of employers expect students to have 1000 hours or more of internship experience upon hire (CERI, 2013). This number is 71% for specialty business fields, such as health administration. Further, 66% of employers indicated that two or more internships were needed for adequate preparation. These findings indicate that more experience is indeed better in the eyes of employers.

The length and quality of a given fieldwork experience is also important. Shorter periods of fieldwork tend to rely more on observation, while longer fieldwork experiences require more intimate involvement within the organization (Wren, 1978). Longer fieldwork experiences typically present opportunities for students to assume some authority and responsibility in making decisions; as well as, opportunities to fully engage in projects from beginning to end and complete rotations through several departments within the organization. CERI research found that longer experiences are better, with only 5% of employers indicating that an internship of between two and four months would provide meaningful experience (CERI, 2013).

Coursework provides a strong foundation for mastering certain competencies, but practical experiences are necessary to master others (Robbins, Bradley, & Spicer, 2001). The results of this study indicate that the benefits of fieldwork can be realized without compromising didactic classroom experience. Communication skills, academic skills, leadership skills, and job acquisitions skills are considered important career preparation criteria among many employers (Gault et al., 2000). Skills seen as important to healthcare administrators include: working with medical staff, personnel management, working with department heads, and understanding departmental functioning (Levey et al., 1998). These skills are best gained and improved upon in an experiential fieldwork setting. Fieldwork provides an opportunity for graduate students to apply knowledge from the classroom to the “real world,” develop several competencies through practical experiences, and learn their individual strengths and weaknesses, which can propel professional development (Ryan, Toohey, & Hughes, 1996).

RECOMMENDATIONS:

This study examined CAHME accredited programs because “students entering CAHME accredited programs are assured of appropriate content, high standards of quality, and membership in a network of professional colleagues that transcends boundaries of universities and professional associations and colleges” (Commission on Accreditation of Healthcare Management Education, 2013b). Similarities exist among all programs that meet CAHME’s Criteria for Accreditation no matter the degree offered. It appears that, due to criteria established for accreditation, the programs have very similar length of curricula. However, the use of explicit field experience varies tremendously.

With the clear similarity of curricula across programs across CAHME accredited programs, the degree-in-hand requirement for many fellowships may need to be reexamined. The American College of Healthcare Executives maintains a relationship with CAHME as a corporate sponsor. ACHE’s website contains a list of several fieldwork opportunities for graduate students. The directory lists a large number of post-graduate fellowships and some administrative residencies. ACHE defines the difference between an administrative residency and an administrative fellowship as follows (American College of Healthcare Executives):

*“Typically an Administrative **Residency** is one of the final steps required to obtain a master's degree in health administration. Such experiences are usually arranged by an academic program in collaboration with a preceptor.*

*An Administrative **Fellowship** is a developmental experience that requires completion of a graduate degree **before** the fellow begins the program. Fellowship programs usually receive a large number of applicants from many different academic programs.”*

Traditionally fellowship positions have required a degree-in-hand for eligibility. However, the degree requirement may need to be reassessed given that there is no statistically significant difference in number of class hours between those who have a degree-in-hand and those who have completed the didactic portion of their coursework.

Programs also may want to consider the length of fieldwork requirements for their students. This could either be a change in requirements, or simply recommending to students that they seek out additional experiences beyond what they currently require. This might mean actively encouraging more students to consider fellowships upon graduation. Data support that employers desire more field experience in their new hires than the 500 hour requirement of many programs. Such changes can be accomplished without sacrificing the didactic curriculum of a program.

Finally, CAHME might consider length of fieldwork requirements when evaluating or ranking programs. This may be a valid criterion to help students and employers differentiate the different programs. Research would suggest that longer experiences do lead to positive outcomes, supporting the idea of this as an indicator of quality (CERI, 2013).

LIMITATIONS:

The current study has a few limitations. In comparing students from different programs, prior work experience was not examined. Also, fieldwork did not include experiential learning in the classroom. Many programs may be sending students into the field as part of required courses. In fact the data collected for this study was done with the assistance of students. Finally, this study primarily examined dedicated fieldwork that is required by programs.

Students may obtain significant experience beyond what their programs require, and this certainly could have a positive impact both on their learning and job-search/career success.

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Table 1: CAHME Accredited Programs that Require 8-12 Month Residencies	
School	Residency Requirement (months)
Army Baylor	12
Baylor	12
George Washington University	12
Johns Hopkins University	11
Trinity University	12
University of Alabama at Birmingham	9-12
Virginia Commonwealth University	12
Xavier University	8-12

Fieldwork	Number of Programs	Percentage of Programs	Credit Hours Mean \pm SD
< 500 hours	49	76.6%	52.5 \pm 6.9*
500-1000 hours	7	10.9%	53.4 \pm 8.2*
> 1000 hours	8	12.5%	50.8 \pm 7.1*

*Results were not significantly different between programs (p=0.656)