

**Proposal for Graduate Certificates in Health Services Administration**  
**Mary O'Shaughnessey, Todd Ray, Maia Platt, Mary Kelly, RSM**  
**May 2007**

Introduction

During the past two academic years, there were discussions regarding the opportunity to provide graduate certificates in Health Services Administration to UDM graduate students who are interested in supplementing their degree programs with knowledge of health services administration. The proposed certificates use existing courses from the Masters in Health Services Administration (MHSA) degree program. The discussions have included Health Services Administration (HSA) faculty, the Dean of the School of Architecture and the Dean of the Business School.

HSA faculty requested approval for those certificates in September 2005 at the end of a year and a half of collaborative work on them. At that time, Dean Mellon conveyed the response of Dr. Schirmer, Vice President for Academic Affairs, that the McNichols Faculty Assembly (MFA) Graduate Standards and Retention Committee would be developing criteria for certificate approval during the 2005-06 academic year. The request for approval was put on hold for that academic year. Those criteria were established in May 2006 and are addressed in this proposal.

A. 1. Summary of Request for Graduate Certificates

The HSA faculty proposes two graduate certificates in Health Administration:

**Health Services Administration Certificate for post-baccalaureate students (other than business students) (15 credits)**

- HLH 570 Health Care Delivery and Policy Issues – 3 credits
- HSA 512 Quality Improvement and Strategic Planning for Healthcare Professionals – 3 credits
- HSA 500 Theory and Practice of Health Services Management – 3 credits
- HSA 501 Accounting Principles for Health Services Professionals – 3 credits
- HSA 502 Financial Management of Health Services – 3 credits

**Health Services Administration Certificate for post baccalaureate business students (12 credits)**

- HLH 570 Health Care Delivery and Policy Issues – 3 credits
- HSA 512 Quality Improvement and Strategic Planning for Healthcare Professionals – 3 credits
- HLH 550 Research Methods in Health Care – 3 credits
- HLH 532 Health Promotion and Risk Reduction - 3 credits or
- HSA 505 Legal Aspects of Health Services Administration - 3 credits or
- HSA 550 Information Technology in Health Care – 3 credits

B. 1. Descriptions of the Certificates

**Health Services Administration Certificate for post baccalaureate students** (other than business students)

The Health Services Administration graduate certificate prepares health care professionals in the business aspects of health care. Students who have completed a bachelor’s degree may elect to complete this 5 course certificate in order to improve their ability to understand and manage within the U.S. health care system. Course content is specific to the field of health care delivery. Students will learn management strategies, health policy, accounting and financial management and approaches to quality improvement.

**Health Services Administration Certificate for post baccalaureate business students**

The Health Services Administration graduate certificate prepares current and potential health care professionals in the business aspects of health care. Students who have completed a bachelor’s degree in business or are in an MBA program are eligible to complete this 4 course certificate in order to improve their ability to understand and manage within the U.S. health care system. Course content is specific to the field of health care delivery. Students will learn use of evidence based health care research in decision-making, health policy, and approaches to quality improvement. Their business training in management and accounting and financial management will be enhanced with an elective such as Health Care Law, Health Care Information Technology or Health Promotion and Risk Reduction.

B. 2. Typical Course Sequence Matrix

**Health Services Administration Certificate for post-baccalaureate students** (other than business students) **(15 credit hours)**

Term	Fall 6 credits	Winter 6 credits	Summer 3 credits
	HSA 500 Theory and Practice of Health Services Management	HSA 512 Quality Improvement and Strategic Planning for Healthcare Professionals	HLH 570 Health Care Delivery and Policy Issues
	HSA 501 Accounting Principles for Health Services Professionals	HSA 502 Financial Management of Health Services	

**Health Services Administration Certificate for post baccalaureate business students  
(12 credit hours)**

Term	Fall 6 credits	Winter 6 credits (or 3 credits)	Summer (optional 3 credits if not taking 6 in winter)
	HLH 570 Health Care Delivery and Policy Issues	HSA 512 Quality Improvement and Strategic Planning for Healthcare Professionals	Elective: HSA 550 Information Technology in Health Care
	HLH 550 Research Methods in Health Care	Elective: HLH 532 Health Promotion and Risk Reduction or HSA 505 Legal Aspects of Health Services Administration	

**B. 3. Curriculum and courses**

All courses are from the existing curriculum in the graduate Health Services Administration degree (MHSA).

**Courses in the Curriculum for Certificate in  
Health Services Administration Program**

Catalogue #	Title	Description	Academic Unit	Units of Credit
HSA 500	Theory and Practice of Health Services Management	An operational approach to management, examining current theories and their application to problem solving and organizational development in health care settings	Health Services Administration	3
HSA 501	Accounting Principles for Health Services Professionals	Selected topics in financial accounting and financial management focusing on the interpretation of accounting information and what the accounting information means. The course provides a review of the basic accounting process, and techniques of financial management. The course will focus on developing these basic concepts and techniques through an applied approach. Emphasis will be placed on interpreting and analyzing financial statements, understanding costs and cost behavior, and financial planning.	Health Services Administration	3

HSA 502	Financial Management of Health Services	HSA 502 is a graduate-level course required for students in the Master of Health Services Administration degree. As part of the financial management competency component, this course will provide fundamental concepts and techniques of financial management of health organizations. The course will focus on developing these basic concepts and techniques through an applied approach. Class sessions will provide an overview of financial management concepts. Study questions, problems and case studies for each topic will be used to highlight important aspects. Emphasis will be placed on analyzing and interpreting financial statements, short term budgeting, cost behavior, capital budgeting and long-term financial planning techniques.	Health Services Administration	3
HSA 505	Legal Aspects of Health Services Administration	A study of the role that state and federal laws play in shaping the health care delivery system	Health Services Administration	3
HSA 512	Quality Improvement and Strategic Planning for Healthcare Professionals	This course introduces health professionals to the knowledge, skills, methods and tools necessary for improvement and innovation in health care. It integrates that knowledge with strategic planning theory and methods used to implement proposed program and system improvements. Quality improvement content includes variation and measurement of process, outcome and customer knowledge building and evaluation of health care improvement efforts. This course prepares students to identify improvement opportunities and to use planning theory to design and implement them.	Health Services Administration	3
HSA 550	Information Technology in Health Care	This course examines information systems and how they support the management of data. Improvement in patient care processes that result in cost reduction and higher quality of care will be the focal point of this course. Operational data and outcomes data will be analyzed for application in the delivery of health care.	Health Services Administration	3
HLH 532	Health Promotion and Risk Reduction	Examines theoretical and empirical basis for health promotion and risk reduction. It will prepare the health care professional to provide population-centered, interdisciplinary, prevention-oriented health care. Healthy People 2000/2010 will be used as a framework as well as theories and research from multiple disciplines for application to practice.	Health Services Administration	3

Catalogue #	Title	Description	Academic Unit	Units of Credit
HLH 550	Research Methods in Health Care	This course provides students with a background in the research process relevant to practice/management as a health professional. The research literature is critically evaluated for application to professional practice and/or management, determining client/patient population needs, and evaluating outcomes. Using evidenced-based research, students will develop a scholarly paper or grant proposal of professional interest to them.	Health Services Administration	3
HLH 570	Health Care Delivery and Policy Issues	This course examines the theoretical and empirical bases for health care delivery and policy issues in the United States. Health policy decisions are examined in relation to cost, quality, access, ethics, and managed care.	Health Services Administration	3

Rationale for 12 credits (not 15) for business students:

Two certificates are offered because business students will have taken general management courses, as well as accounting and financial management, in their business curriculum and those aspects of the general HSA certificate would be somewhat redundant. Their general management (3 credits) and accounting/financial management (6 credits) from the business program meet the requirements of the additional 3 credit course, so only 12 credits are proposed. They have an option to enhance their interest in a specific area of Health Services Administration by choosing an elective in specific aspects of health care management: information technology, health care law and health promotion. See syllabi attached.

B. 4. Delivery methods

These courses have been used in the recent past in the MHSA curriculum, and the table below describes current methods of delivery.

Course	Delivery methods
HLH 570 Health Care Delivery and Policy Issues	Online and classroom (15 weeks, 11 weeks)
HSA 512 Quality Improvement and Strategic Planning for Healthcare Professionals	Distance learning and classroom (15 weeks, 11 weeks)
HSA 500 Theory and Practice of Health Services Management	Classroom (15 weeks, 11 weeks)
HSA 501 Accounting Principles for Health Services	Classroom (15 weeks)
HSA 502 Financial Management of Health Services	Classroom (15 weeks)
HLH 550 Research Methods in Health Care	Online and classroom (15 weeks and 12 weeks)
HLH 532 Health Promotion and Risk	Online and classroom (15

Reduction	weeks, 11 weeks)
HSA 505 Legal Aspects of Health Services Administration	Classroom (15 weeks)
HSA 550 Information Technology in Health Care	Classroom (intensive weekend format)

B. 5. These proposed certificates respect the academic integrity of the MHSA program and provide intellectual merit because they are carefully selected courses that provide additional knowledge to adult students interested in entering the health care management field or already working in it without the benefit of a theoretical knowledge base. Should students who earn a certificate wish to complete masters studies in a reasonable time frame after earning the certificate, they might continue with more explicit health care administration theory and practice courses. With respect to the academic integrity of the MBA program, these certificate courses allow the student to add specific health care management knowledge without repeating general management theory taught in the MBA program.

B. 6. Because the HSA faculty did not want to unduly limit the availability of certificates in health services administration, two certificate programs are proposed. One certificate program was developed to address the needs of students not enrolled in the MBA program or with undergraduate business degrees. A different certificate program was developed to supplement the MBA program. The requirements for each certificate differ because of the different disciplines and academic backgrounds of students.

B. 7. Two graduate certificates are proposed. The HSA faculty, the Associate Dean of Business, and students enrolled in the MBA program were consulted regarding their interest in earning a “Certificate in Health Services Administration.” The faculty and students were quite interested in having this opportunity and supported the HSA faculty in pursuing this option.

After reviewing the courses offered in the Health Services Administration program, the faculty has developed a recommended list of courses for UDM graduate students, other than MBA and those with undergraduate business degrees, who would like to enter the health care field and desire to expand their knowledge of the health care industry.

A separate certificate would be offered to students in the UDM MBA program who are interested in entering the health care field and would like to become more knowledgeable about the complexity of the health care delivery system, financial aspects and policy. The certificate is tailored to minimize redundancy with management theory contained in the MBA program.

B. 8. Either certificate can be granted on a stand-alone basis. Students in the MBA program could simultaneously be earning the HSA certificate designed to complement their MBA studies.

B. 9. The level of these certificates is post baccalaureate and above. They are available to students who have completed their baccalaureate and have not begun master’s studies. One certificate specifically complements the MBA program. Both certificates are also planned to be available to students on a post Masters basis.

### C. Mission

C. 1. Consistent with the University mission, the certificates focus on providing an excellent student centered education, preparing healthcare managers who will develop innovative and socially responsive health initiatives, and who will perform service to local communities in our urban context. By offering additional professional preparation to working adults in the local Southeastern Michigan health care systems, the proposed certificates uphold the UDM mission.

C. 2. The certificates also support the College of Health Professions mission which states that the College of Health Professions, in the Mercy and Jesuit traditions, prepares professionals to lead individuals, families, and communities to optimal health and well being. The certificates provide additional theory and skills for health care professionals to lead and serve more effectively.

### D. Objectives, Learning Outcomes and Assessment

#### D. 1. Indicate the certificate objectives

The certificate objectives are to improve the management knowledge and skills of health care professionals in the areas of managerial theory, quality improvement, health care policy and application of theory to practice.

#### D. 2. Indicate the learning outcomes and which courses satisfy those outcomes.

The learning outcomes and their respective courses are:

- a. Knowledge of health care policy and its impact on the health care delivery system: HLH 570
- b. Quality assessment of health care delivery, focusing on outcomes measurements, process/outcome relationships, and methods for process improvement: HSA 512
- c. Managerial understanding of financial management of health organizations: HSA 501, HSA 502 (non-business students)
- d. Knowledge of management and organizational behavior theory and application of it to health care cases: HSA 500 (non-business students)
- e. Summarizing management and health data for use in decision-making: HLH 550 (business students)
- f. Knowledge and practice of a health care management focus area of choice: HLH 532, HSA 550 or HSA 505 (business students)

#### D. 3. Indicate how the Learning Outcomes and the Objectives of the certificate will be assessed.

Assessment occurs course by course. Methods of assessment include comprehensive written exams, case analysis, completion of a quality improvement project, periodic financial assignments, class presentations and preparation of an evidence-based paper.

E. The proposed certificates do not require any new courses, faculty, administrators, staff or facilities, so the Market Study is omitted.

## F. Students

F.1. Describe, with appropriate justification, a typical student of the certificate program including whether the student will be full-time or part-time.

The typical student will be a part-time adult student already working in a health care setting, or seeking entry into health care management. These are the prospective part-time adult students described by the health system employers on the College of Health Professions Advisory Board.

F.2. If the certificate is intended to provide an option for existing students in the University describe the enrollment impact on other programs.

The certificate may provide options to learn management knowledge and skills for students in some clinical programs, as well as the MBA program. The clinical program or MBA program will be the key focus, with the certificate option as an enhancement.

F.3. If the certificate will attract new students to the University, describe who these students are and whether they have special needs or requirements not currently provided by the University.

The anticipated new students are part-time adult students already working. They may not see themselves as having time and/or resources to complete a master's degree, but the certificate option will bring them into the academic setting for a more limited, but effective, educational experience. The certificate option may lead to continuation in a full masters program. These students do not have special needs not currently met by UDM.

F.4. Describe how the certificate will attract a diverse student body.

Health care employees in the Detroit metro area are diverse. The certificate makes post baccalaureate education more accessible to adult students with economic limitations than a full masters degree.

F.5. If the proposed certificate is an expansion of existing program, or is new, list the number of majors and degrees in the related program for the past five years.

The certificates use already existing courses from the current Masters in Health Services Administration Program. This is not an expansion or new program, but more effective use of existing courses.

## G. Faculty

G.1. Provide a list of faculty who will be involved in the new certificate.

Mary O'Shaughnessy, Todd Ray, Carla Groh, Joyce Conley, Sue York and current adjuncts.

G.2. Indicate, with justification, whether new full-time, part-time, and/or adjunct faculty will be required to operate the certificate program.

No additional new full time or adjunct faculty will be required.

G.3. Describe how the certificate may help the University attract a diverse faculty.

No faculty changes are anticipated.

G.4. Indicate what fields of specialization require new full-time or part-time faculty.

No faculty changes are anticipated.

## H. Administration and Support

H.1. Indicate how the certificate will be administered.

The certificates will be administered within the Masters in Health Services Administration Program.

H.2. Indicate, with justification, whether support personnel are required for the certificate including secretarial, information technology and lab support.

No additional support personnel are required.

H.3. Indicate whether academic support will be required from existing certificates on campus such as UAS, Co-op, Writing Lab, etc.

No additional academic support is required.

## I. Library Resources

I.1. Indicate the University's library resources available in direct support of the proposed certificate: reference and periodical holdings, software, audiovisuals and other instructional materials.

The certificate courses will be supported by the current adequate resources that support the MHSA program.

I.2. If new library resources are needed, collaborate with the Dean of the Library to determine the cost.

Not applicable.

## J. Facilities

J.1. List the facilities which are currently available at the University for the certificate program including administrative office space, class room space, and the like.

No additional administrative office space, class room space, etc. are required. The certificate students will simply join already existing MHSA courses which have capacity for additional students.

J.2. Indicate whether the Registrar has any concerns over provision of class room space for the certificate.

None, since additional class room space is not required.

J.3. Indicate whether any facilities such as laboratories, classroom and office space have to be built, renovated or added to deliver the certificate and what the cost of same would be based upon a review and cost study by the University Facilities Management Department.

None, since no additional facilities are required.

#### K. External Support

K.1. Describe any accreditation available in the field and recommend whether such accreditation should be sought.

None available for HSA certificates.

K.2. If the certificate has been reviewed by an external consultant, professional organization, employers, etc. include a copy of their report in the appendix.

Does not apply.

K.3. Describe any external funding that has been received or can be expected to be received to support the certificate. Include the duration of any grants or any continuing commitments that have future budget implications.

Does not apply. There is no external funding and no additional faculty or facility cost.

K.4. Describe whether any resources are to be reallocated from existing certificates to support this new certificate.

Does not apply.

#### L. Operating Revenue and Costs

The proposed certificates do not require any new courses, faculty, administrators, staff or facilities, so the Market Study was omitted. In the same spirit, any new students recruited by availability of these certificates generate additional revenue, but no additional expense. Faculty, educational resources and facilities that will be used in these certificates are already in place and can accommodate additional students.

Because these courses are available at the McNichols campus and the University Center, **no additional cost** is anticipated to offer these certificates. We expect that because of the certificate programs, enrollment and thus, revenue, will increase in these existing courses.

#### M. Approval Process

M.1. Indicate any other University support that has been obtained. Include support letters from internal or external sources.

The Advisory Board of the College of Health Professions has suggested additional educational opportunities that do not require the time and financial commitment of a full length masters degree for adult students. Various adult students in other UDM masters programs, such as business administration and information technology, have requested the availability of HSA certificate options.

M.2. You are invited to submit anything additional which will help any committee in its decision.

The approval of these two certificates will provide a quality educational opportunity for adult students unable to complete a master's degree in HSA, usually because they are completing a master's degree in another area or cannot find time and resources for a longer period of study. They wish to have the option of learning basic health care management theory and skills to enhance their knowledge and experience. The additional cost to UDM is limited to processing their online applications, since the faculty, educational resources and facilities are already available and have the capacity to add more students. This is a net gain financially for UDM and an opportunity requested by adult health care professionals and their employers.

The "Certificate in Health Services Administration" would be issued through the College of Health Professions. Because we can begin to offer these certificate programs without additions to the current cost structure, we would appreciate your approval of this proposal in the near future. Our plans include publicizing this opportunity to UDM students and potential new students as soon as this proposal is approved.

Please let us know if you would like additional information or have questions. Thank you for considering the request.

N. Appendices: none because existing resources are adequate for additional students.

**UNIVERSITY OF DETROIT MERCY  
COLLEGE OF HEALTH PROFESSIONS  
HSA 501 COURSE SYLLABUS  
FALL TERM 2006**

<b>CREDITS</b>	3
<b>COURSE #</b>	HSA501 UC
<b>PREREQUISITE(S)</b>	Working Knowledge of Microsoft Excel™
<b>COURSE TITLE</b>	Accounting Principles for Health Services Professionals
<b>TIME &amp; PLACE</b>	5 p.m. to 7:30 PM Tuesday  University Center UCA 106

**Virtual Classroom location:** [www.knowledge.udmercy.edu](http://www.knowledge.udmercy.edu)

**STUDENTS WITH DISABILITIES**

If you need course accommodations because of a disability, if you have emergency medical information to share, or you need special arrangements in case the building must be evacuated, please make an appointment with Emilie Gallegos, Director of University Academic Services/Disability Support Services, at (313) 578-0310 or [gallegem@udmercy.edu](mailto:gallegem@udmercy.edu).

**FACULTY:** Stephen W.Loree, CPA

[slore@dmc.org](mailto:slore@dmc.org)

Office hours by appointment

**Writing Center – Briggs 225 – 313-993-1022**

[writingcenter@udmercy.edu](mailto:writingcenter@udmercy.edu)

**COURSE DESCRIPTION**

Selected topics in financial accounting and financial management focusing on the interpretation of accounting information and what the accounting information means. The course provides a review of the basic accounting process, and techniques of financial management. The course will focus on developing these basic concepts and techniques through an applied approach. Emphasis will be placed on interpreting and analyzing financial statements, understanding costs and cost behavior, and financial planning

## **COURSE OBJECTIVES**

1. To provide background and understanding of fundamental theory, principles and techniques in financial accounting and financial management.
2. To provide direct experience in financial accounting and management through the use of application problems.
3. To provide application experience in financial modeling through the use of micro computers and spreadsheet software.
4. To provide understanding of basic techniques of financial statement analysis.
5. To simulate decision making related to major financial managerial issues faced by health services administrators as they attempt to integrate the goals and resources of the organization with the opportunities found in today's health care environment.

## **RATIONALE AND INSTRUCTIONAL METHODS**

In any organization, decision making is the primary managerial function. In order to make an effective decision, managers must rely, to a great extent, upon information supplied to them by many specialized fields and professions. The fundamental and most important source of information in most decision making areas is financial data. Therefore, it is important that an individual trained in management or related disciplines has an understanding of financial information and the manner in which it can be used. Only then can such information serve as a valuable tool for planning, control and decision making.

Financial management is a key concern for most health care providers. The Federal government's desire to shift medical expenses back to state and local governments and the recipients of care, along with the growth of managed care organizations all lead to further reductions in reimbursement for all health care providers. Administrators of health services organizations must have an understanding of these trends as well as the financial management tools to successfully engage in the management process.

This is the first of a two course series (HSA 501 and HSA 502) that focus on the theory and practice of financial management of health services organizations. The purpose of these courses is to supply the participant with the necessary background and skills to effectively use financial information as a basis for decision making and planning. Since the non-financial manager will not be directly involved with the recording function of accounting, bookkeeping mechanics have been de-emphasized and applications stressed.

The purpose of the course is to facilitate understanding of financial management theory and concepts, as well as, provide a solid working knowledge of common financial management techniques and practices. In order to service both of these goals, the course focuses on developing basic concepts and skills through an applied approach. Class sessions will provide a survey of the accounting concepts and examples of applications. Lectures, discussion, study questions, exercises and problems will be used to highlight important aspects of accounting mechanics and financial decision making.

## **COURSE REQUIREMENTS**

1. Completion of reading assignments and homework problems due for class meetings.
2. Class attendance and participation. Since class sessions will be used to present additional material, and discuss homework assignments, regular attendance and participation will be expected. If possible, prior notice of absence is preferred. Students missing class are expected to make arrangements to obtain material missed.
3. Exercises and Problems. To apply the principles covered in class, several exercises and problems will be assigned. While these assignments will be completed individually, students are encouraged to form study groups and work on the assignments with others.
4. Competency in the use of electronic spread sheet software (Excel).
5. Competency in the use of the Blackboard platform of on-line learning technology.

## **REQUIRED TEXTS / MATERIAL**

Gapenski, Louis C., Healthcare Finance - Third Edition, AUPHA Press/Health Administration Press, Chicago, Il., 2005.

Minars, David, Barron's Study Keys EZ-101 Accounting, Second Edition, Barron's Educational Series, Inc., Hauppauge, New York, 2003.

## **Handouts from Blackboard – Available 1 to 2 weeks prior to date of class**

Hand Held Calculator. Bring to each Class.

Texts are available in the University of Detroit Mercy Bookstore. Handouts will be provided. Calculators may be purchased at any of a number of outlet stores, at the student's discretion.

## **EVALUATION CRITERIA**

Components and weights of grading are:

- 10% Attendance and class participation
- 50% Exercises & Quizzes
- 20% Mid-Term Exam
- 20% Final Exam

### **MHSA**

#### **GRADING SCALE**

POINTS	GRADE
>93	A
90-92	A-
87-89	B+
83-86	B

80-82	B-
77-79	C+
73-76	C
70-72	C-
<70	F

**COURSE OUTLINE: This outline is subject to change at the discretion of the instructor, depending on the progress of the class and other factors.**

**WEEK 1**

**9/5/06**

**SUBJECT:** Course Description  
Accounting and its Roles in Business

**TOPICS:** Review of the Syllabus and Course Content  
Review of Methodology and Expectations  
The Management Process  
Management Decision-Making  
Users of Accounting Information  
Financial Accounting Information  
Basic Format and Purpose of the Four Financial Statements  
Management Accounting  
Budget vs. Actual Reporting

**READING:** Gapenski, Chapters 1 and 2

**WEEK 2**

**9/12/06**

**SUBJECT:** Event Analysis  
The Accounting Equation  
Account Categories  
Recording and Communicating in the Accounting Cycle

**TOPICS:** Objectives of Financial Reporting  
Basic Accounting Principles  
The Accounting Equation  
Accounting Process and Terminology  
The Accounting Cycle  
Accounting Transactions  
The Trial Balance

**CLASS**

**EXERCISE:** Practicing the Accounting Cycle

**READING:** Minars, pps. 1-25

**Exercise 1:** Transaction Identification: Download File Exc1.xls from the Blackboard and follow the instructions in the file. **Due 9/19/06**

**WEEK 3**

**9/19/06**

**SUBJECT:** Firm Performance: Profitability  
Firm Performance: Financial Position

**TOPICS:** Uses of the Income Statement  
Revenue and Expense Recognition  
Limitations of Accounting Income  
Balance Sheet Classifications  
Income Statement and Balance Sheet Classifications in a Non-Profit  
Health Care Corporation  
Net Revenue Estimation  
Third-Party Payments, Receivables & Reserves  
Fund Accounting and Restricted Funds

**READING:** Gapenski, Chapter 3  
Minars, pp. 26-45

**WEEK 4**  
**9/26/06**

**SUBJECT:** Firm Performance: Cash Flows

**TOPICS:** Purpose of Statement of Cash Flow  
Sections of Cash Flow Statement  
Relationship of the Cash Flow Statement to the Income Statement and the  
Balance Sheet  
Operating Cash Flows Using the Direct and Indirect Methods

**CLASS**

**EXERCISE:** Preparation of Cash Flow Statements Using the Direct  
and Indirect Methods

**READING:** Gapenski, Chapter 4  
Handout, "The Statement of Cash Flows": Wk4Handout.doc and  
Wk4Handout.exe

**Exercise 2:** Journal entries, posting, trial balance, financial statement preparation.  
Download File Exc2 from the Blackboard and follow the instructions in the  
file. **Due 10/10/06.**

**WEEK 5**  
**10/3/06**

**SUBJECT:** Working Capital Management

**TOPICS:** The Cash Cycle  
The Supply Cycle  
"Just-in-Time" Inventories  
Revenue Cycle Management  
Accounts Receivable Management  
Sources of Short Term Financing

**READING:** Handout, "The Hospital Revenue Cycle": Wk5Handout.doc

**WEEK 6****10/10/06****SUBJECT:** Cost Allocation**TOPICS:** Direct vs Indirect Cost  
Cost Drivers  
Cost Allocation Methods**CLASS****EXERCISE:** Gapenski, Chapter 6, Problem 6.2.**READING:** Handout, "Medicare Cost Allocation": Wk6Handout.doc**EXERCISE 3:** Download the file COSTALLOC.xls from Blackboard. This file is a spreadsheet matrix of a health care organization having two indirect overhead accounts, seven indirect service departments and eight direct service departments. Four different statistical basis for allocation will be available to choose from. The student will complete the cost allocation matrix. DUE WEEK 8.**MID-TERM:** Download the file Exam1.xls from the Blackboard and follow the instructions for each question. The exam must be submitted at the beginning of class on 10/17/2006 (5:00 PM Tuesday). It may be submitted by hard copy in class, or it may be e-mailed to me at [slore@dmcc.org](mailto:slore@dmcc.org). If e-mailed, I will confirm receipt via return e-mail. Please make sure your name is at the top of each page of the submitted material.**WEEK 7****10/17/06****SUBJECT:** Cost and Cost Behavior**TOPICS:** Types of Costs  
Cost/Volume/Profit Analysis  
Break Even Analysis**IN CLASS****EXERCISE:** Download the file Wk7Ex1.exe (Hypo-Thetical Medical Center Case Study).**EXERCISE 4:** "Sun City Community Hospital" – In Class Handout. Read and develop model for in-class discussion Week 8, final case study DUE WEEK 9.**READING:** Gapenski, Chapter 5

**WEEK 8****10/24/06****SUBJECT:** Hospital Cost Accounting**TOPICS:** Determining Cost Types  
Identification of “Products”  
Assignment of Costs to Patients  
Programmatic Reporting  
Physician Profiling**READING:** Gapenski, Chapter 6**IN CLASS****EXERCISE:** Departmental Costing Example – “University Ultrasound Services”**EXERCISE 5:** Download the file Wk8Ex1.exe. The Excel file contains cost and volume information for the services provided in the Regional Medical Center OB Clinic. Follow instructions in the text file. DUE WEEK 10.**WEEK 9****10/31/06****SUBJECT:** Rate Setting**TOPICS:** Total Financial Requirements  
Rate Setting Strategies  
Methods of Rate Setting  
Reimbursement Sources**READING:** Gapenski, Chapter 7**WEEK 10****11/7/06****SUBJECT:** Managed Care**TOPICS:** History and Development of Managed Care  
Managed Care Structures  
Charges and Payments  
Legal and Regulatory Issues**READING:** Gapenski, Chapter 7**EXERCISE:** Case 30, “Golden Gate Healthcare” in Gapenski, Cases in Healthcare Finance, pp. 213-217. Read and develop model for in-class discussion Week 11, final case study DUE WEEK 13.

**WEEK 11****11/14/06****SUBJECT:** Strategic Financial Planning**TOPICS:** The Strategic Planning Process  
Developing the Financial Plan (Budget)  
Integration of the Financial Plan with Management Control**READING:** Gapenski, Chapter 8**EXERCISE 6:** Download the file RMC from Blackboard. Critique the strategic financial planning PROCESS in place at Great Lakes Regional Medical Center. Make recommendations for improvement. DUE WEEK 14.**WEEK 12****11/21/06****SUBJECT:** Financial Statement Analysis**TOPICS:** Ratio Analysis  
Trend Analysis  
Vertical and Horizontal Analysis**CLASS****EXERCISE:** Perform a ratio and trend analysis of a health care organization using simplified financial statements and seven select ratios. Comment on performance vs. standard and trend. Provide overall critique of the health and direction of the organization and make recommendations for improvement.**READING:** Gapenski, Chapter 17, pp. 527-542  
Handout, "Common Financial Ratios": Wk11Handout.doc available on Blackboard.**WEEK 13****11/28/06****SUBJECT:** Assessing Organizational Performance**TOPICS:** Du Pont Analysis  
Operations Analysis  
All Other Work Due**READING:** Gapenski, Chapter 17, pp. 542 (Du Pont Analysis) to end of chapter**EXERCISE 7:** Horizontal and Vertical Analysis  
Download exercise 7 from Blackboard and follow instructions. Due week 14 (12/5/2006).

**WEEK 14**

**12/5/06**

**Review Semester Materials**

**All Homework Assignments Must be Handed in by End of Class**

**HANDOUT: Take Home Final Exam, Due 12/12/2006.**

**WEEK 15**

**12/12/06**

**SUBJECT: Final Exam Due**

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[http://research.udmercy.edu/academic/hlth\\_svc\\_adm/index.html](http://research.udmercy.edu/academic/hlth_svc_adm/index.html) for information about professional organizations. If you click on "Journals" you go to a site for HSA journals

[http://research.udmercy.edu/academic/hlth\\_svc\\_adm/journal\\_list.php](http://research.udmercy.edu/academic/hlth_svc_adm/journal_list.php) that are available for research and bibliographic sources for this course.

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**UNIVERSITY OF DETROIT MERCY  
COLLEGE OF HEALTH PROFESSIONS  
MHSA  
COURSE SYLLABUS  
WINTER TERM 2006/2007**

**CREDITS: 3**

**COURSE #           HSA502**

**PREREQUISITE(S) HSA501**

**COURSE TITLE    Financial Management of Health Services Facilities**

**TIME & PLACE           5 p.m. to 7:30 PM Tuesday, University Center Macomb  
UC A 206**

**Virtual Classroom location: [www.knowledge.udmercy.edu](http://www.knowledge.udmercy.edu)**

**STUDENTS WITH DISABILITIES**

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**FACULTY:**

Stephen W.Loree, CPA

[loreesw@udmercy.edu](mailto:loreesw@udmercy.edu) or [sloree@dmc.org](mailto:sloree@dmc.org) (preferred)

Office hours by appointment

Phone: (313) 966-2348

**Writing Center – Briggs 225 – 313-993-1022  
[writingcenter@udmercy.edu](mailto:writingcenter@udmercy.edu)**

**COURSE DESCRIPTION**

HSA 502 is a graduate-level course required for students in the Master of Science in Health Services Administration degree. As part of the financial management competency component, this course will provide fundamental concepts and techniques of financial management of health

organizations. The course will focus on developing these basic concepts and techniques through an applied approach. Class sessions will provide an overview of financial management concepts. Study questions, problems and case studies for each topic will be used to highlight important aspects- Emphasis will be placed on analyzing and interpreting financial statements, short term budgeting, cost behavior, capital budgeting and long-term financial planning techniques.

### **COURSE OBJECTIVES**

1. To provide background and understanding of fundamental theory, principles and techniques in financial management for health service providers.
2. To provide application experience in financial modeling through the use of microcomputers and spread sheet software.
3. To simulate decision making related to major financial managerial issues faced by health services administrators as they attempt to integrate the goals and resources of the organization with the opportunities found in today's health care environment.
4. To exercise analytical skills in assessing situations involving decisions of financial management.

### **INSTRUCTIONAL METHODS**

1. Lecture
2. Discussion
3. In-class demonstration
4. Application Problems
5. Business Unit Feasibility Determination

### **COURSE REQUIREMENTS**

1. Completion of reading assignments before class meeting.
2. Class attendance and participation. Since class sessions will be used to present additional material and discuss assignments, regular attendance and participation will be expected. If possible, prior notice of absence is preferred. Students missing class are expected to contact the instructor and make arrangements to obtain material missed.
3. Financial Management Application Problems. In order to apply the principles covered in class within a health service administration context, several questions, problems and cases will be assigned. These assignments will focus on the application of financial management concepts and methods to a health care situation. While these assignments will be completed individually, students are encouraged to form study groups and work

on the assignments with others. Individual instructions for each assignment will be presented in class.

4. Completion of extended research to determine the financial feasibility of a health care related business unit to be selected by each research team. The results of this investigation will also be presented orally during the final class session-
5. Competence with Excel spread-sheet software. Most of the application problems are required to be done using the Excel software

**REQUIRED TEXTS / MATERIAL**

Gapenski, Louis C., Healthcare Finance - Third Edition, AUPHA Press/Health Administration Press, Chicago, Il., 2005.

**Handouts from Blackboard – Available 1 to 2 weeks prior to date of class**

Hand Held Calculator. Bring to each Class.

Texts are available in the University of Detroit Mercy Bookstore on the ground floor of Ward Conference Center. Handouts will be provided. Calculators may be purchased at any of a number of outlet stores, at the student's discretion.

## **EVALUATION CRITERIA**

Components and weights of grading are:

10% Attendance and class participation

40% Exercises (6 Exercises 100 Points Each)

50% Financial Feasibility Study

## **GRADING SCALE**

<b>POINTS</b>	<b>GRADE</b>
>93	A
90-92	A-
87-89	B+
83-86	B
80-82	B-
77-79	C+
73-76	C
70 -72	C-
<70	F

**COURSE OUTLINE:** This outline is subject to change at the discretion of the instructor, depending on the progress of the class and other factors.

WEEK 1

01/09/07

SUBJECT: Budgeting

TOPICS: The Control Process  
Relationship Between Strategic Financial Planning and Budgeting  
Types of Budgets  
The Budgeting Process

OBJECTIVE: The student should expect to acquire a working knowledge of how a budget is constructed from historical utilization data (cost per unit volume) and rates, and how the flex budget is built using these parameters coupled with actual volumes

READING: Gapenski, Chapter 8

EXERCISE 1: Gapenski, page 246, Problem 8.4. Due Week 3.

WEEK 2

01/16/07

SUBJECT: Financial Mathematics

TOPICS Present and Future Value  
Single Sum and Annuities  
Discounting Uneven Cash Flow  
Amortization Table

OBJECTIVE: The student should expect to be able to calculate net present values, returns on investments, and build simple amortization tables as a result of this session

READING: Gapenski, Chapter 9

WEEK 3

01/23/07

SUBJECT: **Course Description**  
**Cash Management**  
**Short Term Financing**

**OBJECTIVE:** The student should expect to master calculation of stand-alone risk, expected values of returns on investments, the calculation of the variance and standard deviation, and the coefficient of variation

**READING:** Gapenski, Chapter 10

**EXERCISE 2:** Gapenski, page 318, Problem 10.1. Due Week 5.

**WEEK 4**

**01/30/07**

**SUBJECT:** Capital Budgeting Basics

**TOPICS:** Identification and Use of Cash Flow  
Cash Flow Evaluation Methods

**OBJECTIVE:** The student should expect to understand the various categories of capital projects, the estimation of cash flows, and the calculation of project returns in terms of payback period, net present value (NPV), and internal rate of return (IRR)

**READING:** Gapenski, Ch. 14

**EXERCISE 3:** Gapenski, page 453, Problems 1 and 2. Due Week 6.

**WEEK 5**

**02/06/07**

**SUBJECT:** Project Risk Analysis

**TOPICS:** Types of Project Risk  
Sensitivity Analysis Scenario  
Analysis  
Monte Carlo Simulation

**OBJECTIVE:** The student should expect to understand the three types of capital budgeting decision risk and the techniques used to assess risk, how to conduct a project risk assessment and incorporate it into the capital decision-making process.

**READING:** Gapenski, Ch. 15

**EXERCISE 4:** Sensitivity Analysis – Download file “Sensitivity.xls” and follow the instructions in the workbook. Due Week 7.

WEEK 6

02/13/07

SUBJECT: Capital Financing

TOPICS: Operating and Financial Leases Tax  
Effects Lease Cost Analysis  
Short Term Debt  
Interest Rate Components  
Credit Ratings

OBJECTIVE: The student should expect to understand how interest rates are set in the economy, the different types of long-term financing instruments, the components that make up the interest rate, and the valuation of debt securities.

READING: Gapenski, Ch.

EXERCISE 5: Download the file Exercise5.xls and follow the instruction in the workbook. Due Week 10.

This case illustrates the lease decision from the view points of the lessee and the lessor. The case discusses the issue of the correct discount rate and highlights the financial benefits of leasing and how those benefits are shared between the lessee and the lessor. DUE WEEK 10.

Week 7

2/20/07

Mid-Term Exam: In Class Open Book

WEEK 8-15

**02/27/07 - 04/18/07**

SUBJECT: Business Unit Financial Feasibility Research

This will be a structured analysis that will explore the feasibility of building a multi-disciplinary group practice and ambulatory surgical center in the vicinity of Great Lakes Crossing. Each week will have specific goals and objectives, beginning with a market assessment and volume forecast, selection of ancillary services to provide, financial feasibility analyses on each service, capital construction costs and building lease rates, creation of pro-forma financial statements and cash flow forecasts, and finally, identifying short-term and long-term financing needs. Students will work in groups of 4-5 students, and will submit written reports and make oral presentations of their findings.

WEEK 9

03/05/07

SUBJECT: MID-WINTER/SPRING BREAK - NO CLASS

WEEK 16

04/24/07

SUBJECT: Oral Presentations of Business Unit Financial Feasibility Findings

Use of overheads or PowerPoint™ strongly encouraged.

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9/98

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[http://research.udmercy.edu/academic/hlth\\_svc\\_adm/index.html](http://research.udmercy.edu/academic/hlth_svc_adm/index.html) for information about professional organizations. If you click on “Journals” you go to a site for HSA journals

[http://research.udmercy.edu/academic/hlth\\_svc\\_adm/journal\\_list.php](http://research.udmercy.edu/academic/hlth_svc_adm/journal_list.php) that are available for research and bibliographic sources for this course.

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**University of Detroit Mercy  
Health Services Administration  
& Health Systems Management Programs**

## **Winter 2006**

**Course Title:** HSA/NUR 512: Quality Improvement and Strategic Planning for Health Care Professionals

**Time & Location:** Thursdays 5:00 – 7:30 PM, CHP 207  
And online at: <http://knowledge.udmercy.edu>

**Course Credit:** 3 Credits

**Faculty:** Julia Stocker Schneider, PhD, RN  
Assistant Professor  
College of Health Professions, Rm. 225  
Office phone: 313-993-1790  
E-mail address: [stockeju@udmercy.edu](mailto:stockeju@udmercy.edu)  
Office hours posted and by appointment

**Course Description:** This course introduces health professionals to the knowledge, skills, methods and tools necessary for improvement and innovation in health care. It integrates that knowledge with strategic planning theory and methods used to implement proposed program and system improvements. Quality improvement content includes variation and measurement of process, outcome and customer knowledge building and evaluation of health care improvement efforts. This course prepares students to identify improvement opportunities and to use planning theory to design and implement them.

### **Course Objectives:**

Upon completion of this course, students will be able to:

1. Analyze the current “crisis” in U.S. health care from the perspectives of key industry stakeholders.
2. Compare and contrast the contributions of past improvement leaders that inform today’s efforts to improve.
3. Analyze health care as a process and system, including the interdependence of people (patients, families, caregivers, etc.), processes, information, and technology.
4. Analyze and interpret variation in process and outcome as a source of information for the design and redesign of processes and systems.

5. Build and apply knowledge of key customers' needs and preferences to the design and redesign of care, and positioning and marketing the organization.
6. Analyze factors in the psychology of work and change that contribute to or impede improvement.
7. Integrate and apply the knowledge, skills, and tools required for process improvement.
8. Integrate and apply the knowledge, skills, and tools required for effective group work.

**Course Evaluation:**

Class and online participation:	15%
Personal improvement project:	25%
Patient satisfaction project:	30%
Team Assimilation Exercise:	30%

**Grading Scale:**

> 92%	A
90-92%	A-
87-89%	B+
83-86%	B
80-82%	B-
77-79%	C+
73-76%	C
70-72%	D
Less than 70%	F

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### **HIPAA Requirements**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates Federal privacy protection for individually identifiable health information. For course assignments that use patient data or clinical practicum, it is essential to use safeguards to de-identify and prevent the use or disclosure of protected health information. Please refer to your student handbook for more specific guidelines.

### **Required Texts:**

Lloyd, R. L. (2004). *Quality health care: A guide to developing and using indicators*. Sudbury, MA: Jones & Bartlett Publishers.

McLaughlin, C. P., & Kaluzny, A. D. (2006). *Continuous quality improvement in health care* (3rd ed.). Sudbury, MA: Jones and Bartlett Publishers.

### **APA Style References:**

American Psychological Association. (2001). *Publication manual of the American Psychological Association* (5th ed.). Washington, DC: APA.

Refworks. (2005). Available at:

[http://research.udmercy.edu/resources/databases\\_az.php?current=R](http://research.udmercy.edu/resources/databases_az.php?current=R)

For assistance using refworks, please see the web tutorial, or contact the UDM library.

### **Class Participation / On-line Participation (15%)**

Students are expected to: 1) read and critically evaluate the assigned readings prior to each class, 2) attend class regularly, and 3) actively contribute to class discussions both in person and on-line. Students will have an opportunity to facilitate discussions, summarize key learnings, and contribute through shared leadership in class meetings. It is expected that students will provide constructive evaluation and feedback to their classmates both during class meeting evaluations and on-line.

### **Personal Improvement Project (25%)**

During class, we will explore a process for personal assessment and improvement that can offer insight into improving our own work. We will be working with two models for personal change:

1. A primer based on Dr. Harry Roberts' book *Quality Is Personal*.

## 2. The Transtheoretical model

One or both may be useful as you design, carry out, and analyze your personal improvement project. The aim of the assignment is to experiment with a small change that is under your personal control, using data and your own creativity—and then to reflect on what you have learned about the challenges of changing something. The overall approach will follow the Model for Improvement.

### **Personal improvement project evaluation criteria:**

Personal improvement project reports will be evaluated in the following areas:

- Aim
  - Background
  - Clarity
  - Boundaries Identified
  - Processes Identified
- Operationally defined measures
- Defined method for obtaining measures
- Temporal data display
- Reflection and lessons learned

The Model for Improvement is the approach students should use for this project. Information about the Model for Improvement is available at

<http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/> .

### **Personal improvement project report format:**

Word document APA format, 3-5 pages, organized according to the Model for Improvement. Data displays in Excel.

### **Due dates for personal improvement project reports:**

1. By midnight Wednesday, Jan. 24, submit a draft aim statement for the personal improvement project and briefly outline your data collection plan (i.e., measure, collection method, timeframe) on Blackboard.
2. By midnight Wednesday, Feb. 21, submit your completed personal improvement project to Blackboard.

**Personal improvement project presentations:** During class time on Thursday, Feb. 22, we will hear selected reports and explore lessons learned about making improvement. All students should be prepared to present briefly (5 min. maximum). Our focus will be on those observations and lessons learned that offer insight into leading improvement elsewhere—what seemed helpful in making change, what was not so helpful, what you would do differently.

### **Patient satisfaction project: (30%)**

Students will develop a patient satisfaction assessment and monitoring plan for the McAuley Nurse Managed Center. Staff from the Center will come to class on Feb. 8 to describe the setting, patient population, and answer questions related to the patient process. For further information about the McAuley Center, go to: <http://healthprofessions.udmercy.edu/nursing/mcauley-health-center/index.php>

The project includes (1) building process knowledge about care delivery, (2) while looking at the process through the eyes of the patient, (3) formulating a plan for assessing and monitoring patient satisfaction, and (4) a plan to use the data to achieve improvements in quality. This report is a Word document, using APA format with data displays (if desired) using flowchart software and/or Excel as appropriate. The report should be 6-8 pages. The report should address the process analysis and outline a plan for assessing patient satisfaction including approach (i.e. paper survey, phone, focus group, etc), questions to include (include in appendix), frequency of assessment, plan for data analysis.

**Team Assimilation Exercise (30%)**

In your assigned group of students, complete the team assimilation exercise available on blackboard. Your team should work on this throughout the semester, utilizing the learnings that you gain from the course. The exercise is due on blackboard by midnight on 4/18. See the assignments area on blackboard for the exercise.

Weekly objectives, readings, and assignments are posted on blackboard in the assignments section.

**HSA/NUR 512 Course Schedule\***

<b>Week</b>	<b>Topics</b>	<b>Assignments</b>
Week 1: 1/11/06	Course Overview Concepts of Quality Management	
Week 2: 1/18/06	Personal Learning and Change	
Week 3: 1/25/06	Roots of Quality Improvement in Healthcare <b>*Class online</b>	Personal improvement aim statement and data collection plan due by midnight 1/24/05.
Week 4: 2/1/06	Quality Improvement Today	
Week 5: 2/8/06	Measurement and Data Management Guests: Staff from McAuley Nurse Managed Center	
Week 6: 2/15/06	Variation <b>*Class online</b>	
Week 7: 2/22/06	Building Knowledge of Customers	Personal improvement report due by midnight 2/21/05. Be prepared to share personal improvement projects in class.
Week 8: 3/1/06	Teamwork, Leading Change, and the Learning Organization	
Week 9: 3/8/06	Spring Break ( <i>no class</i> )	
Week 10: 3/15/05	Adverse Events & Patient Safety <b>*Class online</b>	
Week 11: 3/22/05	Strategic Planning Guest: Insight Strategies, Inc	Patient satisfaction project reports due by midnight 3/21/05. Present projects in class.
Week 12: 3/29/05	Strategic Planning Guest: Insight Strategies, Inc	
Week 13: 4/5/05	Baldrige/Lean <b>*Class online</b>	
Week 14: 4/12/05	Six Sigma	
Week 15: 4/19/05	Current Issues	Team assimilation project due by midnight on 4/18/05.

\*Weekly content may be subject to change. Some weeks, the course will meet online only.

**University of Detroit Mercy**  
**HSA 550 – Information Systems for Healthcare Professionals**  
**2006**

**Faculty**            Thomas Miner, Clinical Data Analyst, Trinity Health  
                         248-489-6911 Fax 248-489-6914  
                         Minert@trinity-health.org  
                         Available before and after class for consultation

**Time and Place**        **Oct 13, 14, 27 and 28. The class on Oct 27 will take place at the Trinity Health Home Office in Novi. The other classes will take place in CF 234**

**Course Description**

This course examines information systems and how they support the management of data. Improvement in patient care processes that result in cost reduction and higher quality care will be the focal point of this course. Operational data and outcomes data will be analyzed for application in the delivery of health care.

**Course Objectives**

At the end of the class, students will have:

1. An understanding of how computer science and information science are used to manage information.
2. An understanding of how databases are used to benchmark and compare practices and costs.
3. Demonstrated competence to identify how the health systems professional can utilize information technology in clinical practice, research, education, administration and communication to improve the delivery of patient care and patient health.
4. An understanding of how operational data systems differ from data warehouses and issues that affect information quality and use.

**Required Text**

None

**Teaching Strategies**

1. Pre-class reading and homework
2. Lecture supplemented with instructor's own material.
3. Problem oriented work groups and class presentations

## Evaluation Material

1. Class attendance is a must. Missing any day of class will result in an incomplete grade.
2. Students will be evaluated on their class participation/group working skills, pre-class research paper and mid term/final exam.

Class participation/ group working skills account for one quarter of the final grade.  $\frac{1}{4}$   
Pre-class reading and homework  $\frac{1}{4}$   
The mid term and final exam counts for one half of the final grade.  $\frac{1}{4}$  plus  $\frac{1}{4}$

## Grading Scale

Points	Grade
> 93	A
90-92	A-
87-89	B+
83-86	B
80-82	B-
77-79	C+
73-76	C
70-72	C-
< 70	F

## Outline

Pre-class Go to <http://www.leapfroggroup.org/home> and write a six page, double spaced paper on “What is Leapfrog? What is the composition of Leapfrog? What are the objectives and guidelines? Why is Leapfrog important? Do you agree with Leapfrog?”

Day 1 Introductions

1. Hand in paper.
2. What is variation and how does it apply to healthcare
3. What is Leapfrog
4. Operational/Legacy Systems; integrated vs interfaced systems
5. Hospital merger workshop

- Day 2
6. Data Warehousing – outcomes data, benchmarking data
  7. Executive Information Systems - workshop
  8. Charge description master, employer master and other master files workshop
  9. Questions
  10. Midterm

**Homework assignment due beginning of Day 3. Go to <http://www.regenstrief.org/loinc/> and write a two page , double spaced paper on “What is LOINC?”**

- Day 3
11. Review midterm
  12. Community Master Person Index (CMPI) workshop
  13. What is LOINC
  14. Data standardization
  15. Intranet demo
  16. Data warehousing demo, Healthgrades, MHA Report

- Day 4
17. Review of video “First do no harm”
  18. Flat files
  19. Development of systems workshop
  20. System searches (build vs buy)
  21. Final Exam questions.

### **University's Policy on Plagiarism and Academic Integrity**

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Taken from the U D Mercy Instructional Guidelines and Resources Handbook.

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### **Available Support Services**

1. Library
2. Computer Center
3. Tutoring services - free of charge



populations and settings. It will also foster integration of prevention into your approach to virtually every health care setting or situation. Because health promotion and disease prevention services have not been distributed equally across all population groups, dealing with cultural differences in health status and in behavioral risk will be a major focus for the course.

**Course Requirements and Grading, Summer 2007:**

- 1) Final Exam: 35 pts
- 2) Application and Reflection: pts (3 @ 10 pts ea.)
- 3) Quiz: 10 pts
- 4) Group presentation of community based intervention 15 pts
- 5) Classroom attendance and participation 10 pts

**Grading Scale**

> 93 pts	A	77-79	C+
90-92	A-	73-76	C
87-89	B+	70-72	D
83-86	B	< 69	F
80-82	B-		

**Academic Misconduct:**

Among the most serious academic offences is plagiarism, submitting the words or style of another author or source without acknowledgment or formal documentation. Plagiarism occurs when specific phrases, whether a sentence, paragraph or longer excerpt, are incorporated into one's own writing without quotation marks or documentation. One also plagiarizes by paraphrasing the work of another that is, retaining another writer's ideas and structure without documentation.

Students are advised to always set of another writer's exact words by quotation marks, with appropriate references. Students avoid plagiarism by concentrating on their own words and ideas and by fully crediting other's work and ideas when the find their way into the writing. Whenever in doubt, cite the source.

Students who purchase essays from other students or agencies or who copy from one another or from prohibited sources, commit the most serious type of academic dishonesty.

The consequences of plagiarism or any act of academic dishonesty may range from failure in a course to dismissal from the University.

Please refer to the Professional Conduct Policy in your program policy manual or the graduate catalog.

For instruction on how to cite Internet resources, check the UDM/academics/library web page. (Http://www.udmercy.edu)

**Accommodation for Disability:** Inquires regarding university support services for disabilities should be directed to Emily Gallegos at: [gallegem@udmercy.edu](mailto:gallegem@udmercy.edu) or 313-578-0310. University Academic Services is located on the Ground Floor of the Student Center, McNichols Campus.

### **Course Objectives**

Through written assignments, reading and discussion, the student will:

1. analyze the roles of health care professionals in health promotion and risk reduction in collaborative practice with individuals and groups.
2. utilize selected concepts, theories, strategies, resources and research useful in the practice of health promotion and risk reduction.
3. analyze intervention strategies for appropriateness in different settings and with various individuals and groups
4. evaluate the management and quality of health care delivery systems in providing health promotion and risk reduction services to individuals and groups.
5. value diversity of cultures, spiritual values and beliefs of individuals and groups in models promoting health and reducing risk.
6. evaluate the effectiveness of health promotion risk reduction interventions in improving the health of vulnerable populations.
7. evaluate the quality of health promotion, risk reduction interventions by outcomes such as behavior change and decision making by individuals and groups.
8. incorporate interdisciplinary perspectives and articulate importance of diversity, teamwork and collegiality.

### **Reading and Course Outline 2007**

**Required Text:** Glanz, K., Lewis, F.M., Rimer, B.K. (Eds). (2002), *Health Behavior and Health Education*. 3rd Ed. San Francisco: Jossey-Bass (available at the UDM bookstore)

## **Class Schedule:**

*All assignments are due 9am EST on the date listed.*

**Week 1, May 11-** – Introduction to the course syllabus and review assignments.

Describe the role, interdisciplinary collaboration and contribution of health care professionals in health promotion and risk reduction. Discuss the history and origin of Healthy People 2000/2010. Define terms and concepts - health promotion, prevention, screening, health education, empowerment, health risk appraisals and health.

### **Assignment Due May 11:**

Complete: **Health Risk Appraisal: Healthstyle - a Self-Test**

([www.michigan.gov/mdch/1,1607,7-132-2940-6534--,00.html](http://www.michigan.gov/mdch/1,1607,7-132-2940-6534--,00.html))

**Read:** Glanz: Chpt 1-2, pp 3-39

AAPA Position Paper, *Physician Assistants Roles in Health Promotion and Disease Prevention* (Adopted 1994)

(online <http://www.aapa.org/policy/health-promotion.html#top>)

Healthy People 2010, *A systematic approach to health improvement*

(On line [http://www.health.gov/healthypeople/document/html/uih/uih\\_2.htm#goals](http://www.health.gov/healthypeople/document/html/uih/uih_2.htm#goals))

Michigan Department of Community Health, Read: *Executive Summary, Michigan Trends and Comparison of Michigan with the U. S. [Critical Health Indicators](#)*

(On line <http://www.michigan.gov/mdch/0,1607,7-132--17501--,00.html>)

Gerrity, Patricia; Kinsey, Katherine K., Family & Community Health, Jan99, Vol. 21 Issue 4, p29, 12p *[An Urban Nurse-Managed Primary Health Care Center: Health Promotion in Action.](#)* (on-line at UDM library data base: Health Source: Nursing/Academic Edition)

**Week 2, May 18** - Promoting lifestyle change: Intra personal models: Examine beliefs, attitudes and values and mechanisms for changing attitudes. Utilize the Health Belief Model

### **Assignment Due May 18:**

**Read:** Glanz: Chpt. 3 pp 45-66

Bellamy, Richard., Medical Teacher, Jun2004, Vol. 26 Issue 4, p359, 7p

*[An introduction to patient education: theory and practice.](#)* (Online at UDM database: Health Source: Nursing/Academic Edition)

### **Complete Application and reflection #1: (Due May 25)**

Review your own personal beliefs, attitudes and values as they contribute to the development or change in your health risk behavior.

1. Which health behavior will you target throughout this course?

2. Apply the Health Belief Model to explain your target health belief and explain your behavior using the components of that theory.
3. How much is your behavior really influenced by “susceptibility to a negative outcome”?
4. Applying the "mechanisms for changing attitude", (see lecture notes), which method is the greatest influence on behavior change for you?
5. How have you applied this mechanism? (give concrete examples) What outcome(s) is the result?

Demonstrate knowledge of the theories and/or concepts in your answer.

**DUE Today, May 18: FINAL PRESENTATION TOPIC and GROUP ASSIGNMENTS**

**Week 3, May 25:** *Personal and environmental factors which influence lifestyle change:*

*Examining culture*

**Assignment Due May 25:**

**Read:** Glanz: Chpt. 21 pp 485-509

*The Provider's Guide to Quality & Culture* a joint project of Management Sciences for Health (MSH), U.S. Department of Health and Human Services, Health Resources and Services Administration and the Bureau of Primary Health Care. Review the site and **take the Quality and Culture Quiz**. Under the “Getting Started” Link.  
(<http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=provider&language=English&group=&mgroup=>)

Spencer, A., White Culture, What Culture?: Recognizing Anglo-American Cultural Assumptions, Genetics Northwest, vol7 no 3, Fall 1992 (handout)

CDC, Office of Minority Health, About Minority Health  
online at [www.cdc.gov/omh/AMH/AMH.htm](http://www.cdc.gov/omh/AMH/AMH.htm),

**Week 4, June 1:** *Promoting lifestyle change: Intra personal models: Examining the*

*Theory of Reasoned Action*

**Assignment due June 1:**

**Read:** Glanz: Chpt. 4 pp 67-98

Condom use in African adolescents: The role of individual and group factors. By: Giles, M.; Liddell, C.; Bydawell, M., AIDS Care, Aug2005, Vol. 17 Issue 6, p729-739, 11p

(Available, full text online, Health Source: Nursing/Academic Edition)

**Week 5, June 8-** Promoting lifestyle change: Intra personal models:  
Examining the Transtheoretical model and Stages of Change

**Assignment Due June 8:**

**Read:** Glanz: Chpt 5 pp 99-120 and Chpt 7 pp 144-159

Kelly, Katherine, T. PhD, MSPH, The Behavior and Psychology of Weight Management, JAAPA Vol 17, No 2, April 2004, pp 29-32  
Online: go to [JAAPA.com](http://JAAPA.com) and search "Past Issues" for April 2004

**Complete Application and Reflection #2: (Due June 15)**

1. Review the Stages of Change and how it relates to you in developing or changing your health risk behavior. Explain why you are at the “stage of change” that you in.

**2. Describe what Process of Change or models from previous reading might help you move into an “action stage” if you are not there yet.**

3. Applying the Theory of Reasoned Action to your chosen behavior; what are your positive behavioral beliefs (those that support change)? What value have you attached to the behavior or outcome?

4. What are the normative beliefs of your reference group? What value do you place on that opinion?

5. What are your negative behavior beliefs (those likely to be barriers to change)?  
Realizing these barriers, what are you doing to reduce them?

Demonstrate knowledge of the theories and/or concepts in your answer.

**Week-6, June 15** Interpersonal Models: Influencing behavior change: Examining  
Social Learning Theory and Self Efficacy

**Assignment Due June 15:**

**Read:** Glanz: Chpt. 8, pp 165-184

Whitehead, Dean. *A social cognitive model for health education/health promotion practice*. Journal of Advanced Nursing, Volume 36(3) November 2001, pp 417-425 *Link to full text on Ebsco Health Sciences and Psychology Databases*

**Week 7, June 22-** Interpersonal Models: Asses the importance of health literacy,  
communication and adherence to regimen

**Assignment Due June 22:**

**Read:** Glanz: Chpt. 11 pp 240-264

Stone, Mary S. [Bronkesh, Sheryl J; Gerbarg, Zachary B.;](#) and. Wood, Steven D.,  
Improving Patient Compliance, Strategic Medicine, January 1998  
<http://www.hsmgroup.com/info/compli/compli.html>

Robin DiMatteo. Evidence-based strategies to foster adherence and improve patient outcomes. *JAAPA* November 2004;17:18-21. (full text online at JAAPA.com)

Jill Arena. Operational supports to improve adherence: Strategies from the field. *JAAPA* November 2004;17:29-31. (full text online at JAAPA.com)

**Week 8, June 29-** Personal and environmental factors which influence lifestyle  
change: Appraise spirituality, stress and coping.

Guests: **Deb Knight PA-C and Robert Jarski, PhD, PA-C**

**Assignment Due June 29:**

**Read:** Glanz: Chpt 10, 210-239

Santorelli, S., Mindfulness and Mastery in the Workplace: 21 Ways to Reduce Stress During the Workday, [Engaged Buddhist Reader](#), 1996  
<http://www.nhchc.org/Curriculum/module2/module2B/RP1MindfulnessandMasteryintheWorkplace.pdf>

Gowri Anandarajah, M.D., and Ellen Hight, M.D., M.P.H Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment - January 1, 2001 - [American Family Physician](#) (full text at [UDM Health Business Fulltext Elite](#))

Review online materials at course web site.

**Week 9, July 6- ONLINE SESSION, NO CLASS MEETING**

Evaluation: examine planning and evaluation of health promotion programs.

**Assignment Due July 6:**

**Read:** Chpt 18 pp 409-436, Chpt 23 pp 530-544

Online course materials

**Online Quiz - Due July 6, noon:** The quiz will be delivered online at the course web site and will cover material from Weeks 8 and 9 in class.

**Complete Application and reflection #3: (Due July 13)**

1. Describe how you applied the Major Concepts from Social Learning Theory to developing or changing your health risk behavior.

2. Is Self Efficacy an important prerequisite for your behavior change?
3. Look at your own issues of adherence in attempting to change your health risk behavior, What difficulties or obstacles did you or are you encountering in your efforts to achieve your goal and what aids to adherence did you use to support your behavior change?
4. How has your own positive and negative stress/coping mechanisms influenced the development or change in your health risk behavior?
5. What have you done (or could you do) to change negative coping mechanisms into positive ones?

Demonstrate knowledge of the theories and/or concepts in your answer.

**Week 10, July 13-** Examine Individual vs Community Health Risk, Community Organization and Building, Planning using Managerial Epidemiology

**Assignment Due July 13:**

**Read:** Glanz: Chpt 13 pp 279-311

Using Administrative Data for Practice and Management, *Nursing Economics*, July, 1999, by Donna Diers, Janis Bozzo [http://findarticles.com/p/articles/mi\\_m0FSW/is\\_4\\_17/ai\\_n18608830](http://findarticles.com/p/articles/mi_m0FSW/is_4_17/ai_n18608830)

**Week 11-12, July 20&27:** Student presentations, Due as scheduled

## **Student Evaluation**

### **Guidelines for Assignments- HLH 532, Summer 2007**

Students should make every effort to submit assignments on time. Late assignments will not be accepted. An assignment is considered late if it is submitted in after the date and time noted on the syllabus. In extenuating circumstances, it is the student's responsibility to notify the faculty before the due date (in writing) if an assignment is going to be late. The notification should include a plan for completion of the work.

Use of accepted reference guidelines is required for all written assignments. APA or AMA format may be used.

### ***Take Home Exam***

#### ***Due by July 30***

A Take Home Exam (exam will be posted on the course web site) will be made available July 20 and will be submitted on the course web site by 12 noon Monday July 30. The exam will cover ALL of the content from the course. This exam is to be done independently, it is NOT a group project and students who work together on the exam will receive no credit for completion of the exam.

## **Application and Reflection** **Due per syllabus**

As a result of this class you will understand the importance of your own behavior in determining your relationships with patients or clients as a health care professional. Each application and reflection will require you to focus on an aspect of *your health or health behavior* which you would like to change and make application of the concepts and theories from class in modifying that behavior. The behavior may be something you would like to stop doing like smoking or eating high fat foods. It may be something you need to do more of like exercise or stress reduction.

To start: select a health risk behavior you would like to reflect on during the course.

After doing the reading and attending class each week, submit your reflection on application of the material (see questions listed for each assignment) *on your own health risk behavior* directly to the instructor via the link on the weekly schedule. These will be short descriptions of your experience applying class lessons to your own behavior.

### **Example:** *Health risk behavior: smoking*

In applying the Health Belief Model to my desire to quit smoking I can examine how it is used to explain my health behavior.

I smoke even though I feel “susceptible” (Health Belief Model) to the effects of smoking. I believe it can cause serious health problems like cancer and lung disease.

I don’t however believe in the effectiveness of smoking cessation programs. My “barriers to change” (Health Belief Model) are increased stress and wt gain which I have experienced before when I have tried to quit. After reading and reflecting on this week’s assignment, I understand the conflict I cause within myself by smoking (“value attitude conflict”).....

Use the concepts and terminology of the model or theory and demonstrate application of knowledge.

**Grading Criteria:** Each application will be graded on how it reflects knowledge, understanding and application of the concepts assigned. It should directly reflect the reading and lecture assignments by referring to them, using the concepts from the model or theory and showing how it applies to your efforts in behavior change.

To receive full credit, be sure to use the terminology of the concept and give concrete examples of application and evaluate how the application seems to "work" on your chosen behavior change.

### **Group presentation of community based intervention**

**Due July 20 or 27 as assigned**

This presentation is a comparison of at least two existing community based health promotion interventions. **Working in groups of 3 or 4**, you may choose any 2 community interventions which address one of the leading health indicators of Healthy People 2010. These should be interventions that are available to the general public and **the 2 community interventions should target the same indicator by different means**. By **May 18**, you will need sign up on with your group participants under the leading health indicator to be addressed by your group. Each group will select a different health indicator to investigate.

The Leading Health Indicators for HP 2010 are:

Physical Activity	Mental Health
Overweight and Obesity	Injury and Violence
Tobacco Use	Environmental Quality
Substance Abuse	Immunization
Responsible Sexual Behavior	Access to Care

The presentation should include:

1. A description of the health problem. Provide national and local background information, and describe the population at risk.
2. Report any special characteristics for each program's community and what needs in each community are met by each program.
3. How do the interventions influence the Healthy People 2010 goals and objectives.
4. A description of the interventions. Make sure to include information about each program. Compare each program and describe how each is different/ the same, how does each program tailor itself to the needs of the individuals, families and or special populations it serves. Be specific, describe what activities make up each program.
5. Include how ideas, concepts and or theories discussed in class are applied in each intervention.
6. A description of the desired and actual outcomes. Include how outcomes are measured, and what outcomes or effect on the community has been measured.
7. Analysis of strengths and weaknesses of each program. Include ideas for improvement of the intervention program. Include whether the interventions are culturally, gender and developmentally appropriate.
8. The presentation should be properly referenced with a bibliography included.

Things to keep in mind:

- Integrate information discussed in class and in the reading (ie models of behavior

change, concepts of health promotion, screening and education...)

- Limit your topic. Each intervention program may encompass several areas, your project should focus on one intervention for one health risk in comparison to the same in another program.
- You should properly reference your information
- The presentation will be allotted 25 minutes (20 minutes presentation, 5 minute Q and A) on a scheduled class day. Audiovisual aids must be a part of your presentation (a computer and projector with power point is in the room). Handouts for the class are welcome and will be posted on the course website for all to access.
- The presentation evaluation form will be completed by all students in the class as well as the course instructor (see attached). The grade for the presentation will be based upon the evaluation given by the course instructor (50%) and the average of your classmates' (50%). Each student's grade for attendance and participation will be, in part, based upon completion of an evaluation of your peers.
- Please review the evaluation form and use it to guide your presentation planning.
- All members of the group will share the grade assigned to their own presentation.

**Evaluator Name:** \_\_\_\_\_

**Evaluation of Group Community Based Intervention Presentation**

**Date:** \_\_\_\_\_

**Student presenters:** \_\_\_\_\_

**A. Strongly Agree**  
**C. Disagree**

**B. Agree**  
**D. Strongly Disagree**

1. The presenters appear to have done the appropriate research by demonstrating a good knowledge of the subject.

**A      B      C      D      Comments:**

2. The presentation was properly referenced, organized, “flowed” well and stayed within the time limit.

**A      B      C      D      Comments:**

3. Effective examples were used to help in comprehension of the important points.

**A      B      C      D      Comments:**

4. AV, handouts and other resources provided to the audience were used effectively and contributed to learning.

**A      B      C      D      Comments:**

5. Opportunity was given to ask questions.

**A      B      C      D      Comments:**

6. The health risk problem was described and it is clear to me who is at risk and why.

**A      B      C      D      Comments:**

7. I understand the components (including strategies and resources from class reading and lecture) used by each of the interventions described.

**A      B      C      D      Comments:**

8. I understand each intervention described and am now better able to select an appropriate community based intervention to address this health risk behavior for different settings, and with various individuals and groups.

**A      B      C      D      Comments:**

9. I feel this presentation has increased my ability to evaluate the quality of these interventions by looking at outcomes.

**A      B      C      D      Comments:**

University of Detroit Mercy  
College of Health Professions

<b>Course Title:</b>	HLH 550 Research Methods
<b>Credit Hours:</b>	3 credits
<b>Semester:</b>	Fall 2006
<b>Course Director and Faculty for Online Section:</b>	Mary Kelly, RSM, MBA, Dr PH (313) 993 3292 <a href="mailto:kellyml@udmercy.edu">kellyml@udmercy.edu</a>
<b>Faculty for Classroom Section</b>	Carla Groh, PhD, RN Room 233 CHP, Office hours by appointment (313) 993 2487, <a href="mailto:grohcj@udmercy.edu">grohcj@udmercy.edu</a>
<b>Prerequisites:</b>	Graduate Statistics (for Health Services Administration, Nurse Anesthesia, and Physician Assistant Programs only)

## Course Description

This course provides students with a background in the research process relevant to practice/management as a health professional. The research literature is critically evaluated for application to professional practice and/or management, determining client/patient population needs, and evaluating outcomes. Using evidenced-based research, students will develop a scholarly paper or grant proposal of professional interest to them.

## Objectives

Upon completion of this course, students will be able to:

1. Analyze the steps of the research process.
2. Conduct an advanced search of research literature.
3. Critique evidenced-based and other research reports for application to practice/management.
4. Analyze ethical issues in the conduct of research and the utilization of research findings in service delivery, legal liability and health policy.
5. Incorporate interdisciplinary perspectives and appreciation of teamwork and diversity.
6. Demonstrate the use of research in the management or clinical decision-making process.
7. Demonstrate effective written, verbal and Internet-based communication skills.

8. Synthesize relevant theory and research on health care topics for application to practice or management.

### **Required Text/Documents/Resources**

Melnyk, B., Fineout-Overholt, E. (2005). *Evidence-based practice in nursing and healthcare: A guide to best practice*. Philadelphia: Lippincott, Williams & Wilkins. ISBN: 0-7817-4477-6. *Note: use of this text includes use of the CD included inside the back cover of the text. See Appendix E.*

Siwek, J. & Gourlay, M., (January, 2003). How to Write an Evidenced Based Clinical Review. *American Family Physicians* 65, pp. 251-259  
<http://www.aafp.org/afp/20020115/251.html>

<http://www.refworks.com/>. This Internet based bibliographic database is required for formatting of citations and references in the scholarly paper. The UDM password will be shared during the mandatory tutorial.

The text is available in the UDM bookstore or at <http://www.amazon.com>

Additional readings may be included during the semester as appropriate.

### **Additional Research Texts /Articles you might find helpful:**

American Psychological Association, (2001) *Publication Manual of the American Psychological Association* (5<sup>th</sup> ed,) Washington DC: APA. (Also see Syllabus Appendix F.)

Iverson C, Flanagan A, Fontanarosa PB, et al. [American Medical Association Manual of Style](#). 9th ed. Baltimore, Md: Lippincott Williams, & Wilkins; 1998. Hardcover: \$39.95, 660 pages. (Also see Syllabus Appendix F.)

Uniform requirement for Manuscripts submitted to Biomedical Journals. *Journal of the American Medical Association*, 277 (11) pp. 927-934. <http://www.icmje.org/>

Bowling, A (2002). *Research Methods in Health* (2<sup>nd</sup> ed.), Philadelphia: Open University Press. ISBN 0 335 20643 3

Burns, N. & Grove, S. (2003). *Understanding Nursing Research* (3<sup>rd</sup> ed.). Saunders. ISBN 0721600115

Hulley, S., Cummings, S., Browner, W., Grady, D., Hearst, N., & Norman, T. (2001) *Designing clinical research: An epidemiological approach*. (2<sup>nd</sup> ed.). ISBN 0781722187

Polit, D., & Beck, C. (2004). *Nursing Research: Principles and Methods*. (7<sup>th</sup> ed.). Philadelphia: Lippincott, Williams & Wilkins. ISBN 0781737338 [www.lww.com](http://www.lww.com)

Easterby-Smith, M., Thorpe, R., & Lowe, A. (2002). *Management research: An introduction*. (2<sup>nd</sup> ed.). London: Sage Publications Ltd.

Peat, J. Mellis, C. Williams, K. & Xuan, Wei (2002) *Health science research: A handbook of quantitative methods*. London: Sage Publications Ltd.  
[www.sagepub.com/Home.aspx](http://www.sagepub.com/Home.aspx)

### **Statistics Assistance/Review:**

If you have not had a graduate statistics course or you need assistance with interpreting statistical information in a journal article, the following will be helpful.

<http://www.ruf.rice.edu/~lane/rvls.html>

### **Writing Assistance:**

If you have not written a paper for a while, take advantage of the UDM writing center. Located in Briggs 225, you can use the website or this number (313) 993 1022 to book a tutoring session.

<http://libarts.udmercy.edu/english/twc>

### **External Links:**

UDM library: <http://research.udmercy.edu/> (Note: there is no www)

Center of Disease Control: [www.cdc.gov](http://www.cdc.gov)

CDC statistics and most current data – excellent resource when trying to substantiate the significance of conducting research on a particular disease/condition

US census: [www.census.gov](http://www.census.gov)

Excellent resource for census data – again helpful when trying to substantiate significance of conducting research on a specific race, segment of the population, etc.

Agency for Health Care Research Quality: <http://www.ahrq.gov>

### **Other Helpful Links – many offer free text articles**

MEL research link: <http://www.mel.org>

PubMed and PubMed Central: <http://www.ncbi.nlm.nih.gov/Literature/>

APA style tips: <http://www.apastyle.org/previoustips.html>

APA software and books: <http://www.apa.org/software/>

Citation Help: <http://www.westwords.com/guffey/apa.html#formayt11>

*Use of Excel – Statistical Program:*

<http://home.ubalt.edu/ntsbarsh/excel/excel.htm>

Research Site: <http://www.ahrq.gov/>

Good web site journal collections include:

<http://www.freemedicaljournals.com/>

<http://highwire.stanford.edu/lists/freart.dtl>

<http://www.findarticles.com/>

Paper Writing Sites:

<http://owl.english.purdue.edu/workshops/pp/writproc.PPT>

<http://owl.english.purdue.edu/workshops/pp/sentence.PPT>

<http://owl.english.purdue.edu/workshops/pp/APA.PPT>

<http://kimberlychapman.com/essay/essay.html>

### **Teaching Strategies for this course**

Lecture/Discussion online

Small Group Interaction online

Online interactive assignments

Out of Class Assignments

Required Readings

### **Evaluation Criteria**

### **Points**

Quizzes

18

Research critiques

12

Participation (discussion board, individual participation, group activities in class, evaluation of course)

25

Evidence-based scholarly project	25
Final Exam	<u>20</u>
<b>Total</b>	<b><u>100</u></b>

**Quizzes (3 for 6 points—total 18 points) Weeks 3, 6 and 9**

There will be 3 quizzes given during this semester. The dates of the quizzes are included in the Course Outline section of the Syllabus.

## **Research Critiques (2 for 6 points—total 12 points) Weeks 5 and 10**

Students will prepare two critical appraisals of research studies, based on Chapters 4-7 in Unit 2 “Critically Appraising Evidence” (Melnik and Fineout-Overholt). The first critique is worth 6 points, and will be completed through small group work. The second critique will be completed individually and is worth 6 points. See Appendix A for the Guidelines for the Research Critique.

## **Participation Assignments (total 25 points)**

All students are expected to read class material and be prepared to discuss the major issues. Discussion and application of the readings is expected and eagerly anticipated. Students will be expected to participate in discussions related to the content area. This will be an integral part of the course and provides students with an opportunity to develop expertise related to the critique and utilization of research evidence. There will be several types of required student participation. The amount of credit for each participation assignment will be specified each week with the description of the assignment.

### Online Participation Criteria

*Online participation is structured, and participation will be evaluated according to explicit criteria below.*

*Full Credit/Points:* Substantial and knowledgeable participation is required to receive full credit. Students contribute to each discussion segment with an initial response then return and comment on the postings of other participants. Comments include information and ideas from the text and other assigned readings. Students ask critical questions that stimulate discussion and reflect thoughtful consideration of the readings.

*Half Credit/Points:* Students make a minimal contribution to the discussion or make an adequate contribution to only some of the questions/assignment. Comments reflect their own ideas and are not always based on the text and other assigned readings. Some postings may not respond to those of other students. Students ask few questions to stimulate discussion.

*No Credit/Points:* No contribution that week as required.

See guidelines for appropriate discussion board participation under DisBdEtiquette-left sidebar, HLH 550 home page.

## **Evidence-Based Scholarly Paper/Work or Grant Proposal (25 points) Week 8 Draft (8 points) and Week 12 Final (17 points)**

You have three options for this assignment. In each case, a draft of the assignment must be submitted by the date in the Course Outline in the Syllabus. Points not earned

on the draft are not available to be earned later. The remainder of the points will be earned by your work on revisions to the draft, after faculty review and feedback, when the final copy is submitted. Choose your option and topic early and submit it to the instructor your Program Chair/Advisor by the date in the Course Outline. You will need to provide the Instructor with approval of your Program Chair/ Advisor by the date in the Course Outline. Use the Scholarly Project Summary and Approval Form in Appendix C for this approval process.

1. Scholarly Paper: The focus of this paper is to develop an integrative review of the literature with a focus on evidence based practice. Students may work in groups of up to 3 only if their Program Chair approves. The topic selected must be approved by your Program Chair /Advisor. The format to use in typing the paper has been determined by your Program Chair and is as follows: Family Nurse Practitioner, Health Services Administration and Health Systems Management use APA format; Nurse Anesthetist Program uses AMA format; Physician Assistant Program may use either APA or AMA format. Students will submit a scholarly paper that represents the identification of a clinical or administrative problem and a thorough review of the current literature related to the problem. The literature should be analyzed and the research studies compared and contrasted. Current standards of practice should also be explored. The paper will conclude with recommendations for best practices for the problem. (See Guidelines for Scholarly Paper in Appendix D.)

2. Work Proposal: A second option for students will be to develop a “real work” or hypothetical proposal based on managerial or organizational health care decisions that require evaluation of evidence for decision making. This option is especially designed for Health Services Administration students. The purpose of the proposal may be to secure your employer’s support for a project. Sometimes the goal of such a proposal is to obtain grant finding from an external source. Other times it is simply to justify allocation of internal resources to the proposed activity. (See Guidelines for Work Proposal in Appendix D.)

3. Grant Proposal: This third option is similar to the work proposal, but follows the guidance given in Chapter 13 (Melnyk and Fineout-Overholt) with the specific purpose of obtaining funding for a project. Students will write a proposal using the funding guidelines for the agency from which they are seeking funds. (See Guidelines for Grant Proposal in Appendix F.)

### **Final Examination (20 points)**

There will be a cumulative final examination in this course. The final exam may be a combination of multiple choice, matching and short essay. The final will be posted for a specific period of time during finals week. The period will be determined no less than a week in advance.

## **Grading Scale**

93-100%	A
90-92%	A-
87-89%	B+
83-86%	B
80-82%	B-
77-79%	C+
73-76%	C
70-72%	D
<70	F

## **Guidelines for Written Work**

All written assignments must use APA or AMA formatting as determined by your Program Chair/Advisor.

The use of RefWorks is required for all references and citations in order to assure correct formatting.

All written assignments must be typed, double-spaced, and paginated. You can use either Arial or Times New Roman font, 11 or 12 pt and 1 inch margins.

Make sure to use spell check as well as reading your written assignment closely for typographical and/of grammatical errors.

The vast majority of relevant articles for the scholarly project will have been published within the last five years. It is acceptable to have some older studies in addition to the minimum number published within the last five years.

When submitting assignments referring to a published work (other than papers with a full bibliography), please attach the link to the full text article to facilitate faculty review.

## **Policy for Late Work**

An assignment is considered late if it is not turned by midnight on the date specified in the Course Outline in this Syllabus.

It is the student's responsibility to inform the faculty **in advance** if the paper or assignment will be late and when the paper or assignment will be submitted if not by the published due date.

Students not adhering to the above are at risk for receiving a "0" on that paper or assignment.

All late papers or assignments are at risk for losing points.

Students are expected to complete quizzes and exams by the date assigned. Make-up quizzes are at the discretion of the faculty member and are unlikely to be available.

### **Policy for Group Work**

Students who work in groups are equally responsible for the group project, and all group members will receive the same grade on the group project. For the Scholarly Project only, if there is a concern about any of the group members not contributing their fair share of the work, some or all of you can mutually decide to not work together and to submit individual work. Make these decisions **early** in the course of the scholarly project. It is not an option to do the first critique assignment individually—that is a required group assignment.

In order to achieve objective #5 for the course (page 1), some group assignments will be required to incorporate interdisciplinary perspectives and appreciation of teamwork and diversity by assuring representation from various UDM programs: Health Services Administration, Nurse Anesthesia, Physician Assistant, Nurse Practitioner and Health Systems Management. Each group as a whole is responsible to seek multiple professional perspectives in its discussion and responses. Those whose work represents only a single professional perspective will not receive full credit.

### **Academic Misconduct (Plagiarism and Academic Integrity)**

As members of an academic community engaged in the pursuit of truth, and with a special concern for values, students are expected to conform to a high standard of honesty and integrity in their academic work. The fundamental assumption under which the University operates is that work submitted by a student is a product of his/her own efforts.

Among the most serious offenses is plagiarism, submitting the words or style of another author or source without acknowledgement or formal documentation. Plagiarism occurs when specific phrases or entire passages, whether a sentence, paragraph or longer excerpt, are incorporated into one's own writing without quotation marks or documentation. One also plagiarizes by paraphrasing the work of another, that is, retaining another writer's ideas and structure without documentation.

Students are advised always to set off another writer's exact words by quotation marks, with appropriate references. Students avoid plagiarism by concentrating on their own words and ideas and by fully crediting others' words and ideas when they find their way into the writing. Whenever in doubt, cite the source.

Students, who purchase essays from other students or agencies or who copy from one another or from prohibited sources, commit the most serious type of academic

dishonesty. The consequences of plagiarism, or any act of academic dishonesty, may range from failure in a course to dismissal from the University.

Students whose work shows evidence of plagiarism are risk for receiving a “0” with no opportunity to remediate that paper or assignment. Depending on the severity of the offense, students may also fail the course, be expelled from their program, and/or expelled from the university. If you have any questions about what is appropriate to reference or how to paraphrase, please see the guidelines above for avoiding plagiarism.

### **Students with Disabilities**

If you need course accommodations because of a disability, if you have emergency medical information to share, or need special arrangements in case the building must be evacuated, please make an appointment with Emilie Gallegos, Director of University Academic Services/Disability Support Services, at (313) 578-0310 or [gallegem@udmercy.edu](mailto:gallegem@udmercy.edu).

### **HIPAA Requirements**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates Federal privacy protection for individually identifiable health information. For course assignments that use patient data or clinical practicum, it is essential to use safeguards to de-identify and prevent the use or disclosure of protected health information. Please refer to your student handbook for more specific guidelines.

### **Participation in Evaluative Feedback of this Course**

In recognition of UDM's ongoing commitment to excellence in education, it is essential that all students complete course evaluations at the end of each term.

The University of Detroit Mercy provides a secure, anonymous and easy to use resource for submitting your faculty/course evaluations. These evaluations are used to gather information that aids faculty in improving the curriculum. The tool is completely anonymous; there is no method by which your evaluation can be linked back to you. Students can access course evaluations at [www.udmercy.edu/evaluate](http://www.udmercy.edu/evaluate).

## Course Outline

The following course outline is tentative and subject to change depending on the progress of the class and other unforeseen factors. Each week begins at 12:01 AM Tuesday and ends at midnight Monday. All work for that week is to be completed within those limits.

	TOPIC	REQUIRED READINGS/OTHER ACTIVITIES
<b>Week 1</b> 9-5 to 9-11	Course Overview, Research Terminology The Research Process, The Case for Evidence Based Practice	Melnyk, Fineout-Overholt, Chap. 1 (The Case for Evidence Based Practice)
<b>Week 2</b> 9-12 to 9-18	Compelling Questions, Finding Relevant Evidence, Use of Evidence –Based Databases	Melnyk, Fineout-Overholt, Chap. 2,3 (Asking Compelling Clinical Questions, Finding Relevant Evidence)  <i>In-person presentation on Library Skills and Electronic Databases Computer Lab in College of Health Professions Building Room 8, lower level, with UDM Librarian, Marie-Lise Shams 5 to 7:30 PM. Highly recommended that you attend in person. Online tutorials are the alternative.</i>
<b>Week 3</b> 9-19 to 9-25	Critically Appraising Knowledge for Decision Making.	Melnyk, Fineout-Overholt, Chap. 4 (Critically Appraising Knowledge for Clinical Decision Making)  <i>Quiz #1 on Chapters 1, 2, 3 and Related Lecture Notes</i>
<b>Week 4</b> 9-26 to 10-2	Critically Appraising Quantitative Evidence	Melnyk, Fineout-Overholt, Chap. 5 (Critically Appraising Quantitative Evidence)  <i>Submit EB Scholarly Project topic to Instructor &amp; Program Chair / Advisor for approval using the Scholarly Project Summary and Approval Form in Appendix C.</i>
<b>Week 5</b> 10-3 to 10-9	Critically Appraising Qualitative Evidence	Melnyk, Fineout-Overholt, Chap. 6 (Critically Appraising Qualitative Evidence)  <i>Submit to instructor, approval for EB Scholarly Project topic from Program Chair / Advisor</i>  <i>Research Critique #1 Due (Quantitative Research Article)</i>

	TOPIC	REQUIRED READINGS/OTHER ACTIVITIES
<b>Week 6</b> 10-10 to 10-16	Ethics, Patient Concerns, Choices, & Clinical Judgment in EBP	Melnyk, Fineout-Overholt, Chap. 7 (Patient Concerns, Choices, & Clinical Judgment in EBP)  <i>Complete the free course on Human Participants Protection Education for Research Teams, <a href="http://cme.cancer.gov/c01/">http://cme.cancer.gov/c01/</a> and submit printed certificate of completion</i>  <i>Quiz #2 on Chapters 4, 5, 6 and Related Lecture Notes</i>
<b>Week 7</b> 10-17 to 10-23	EBP Models &, Strategies ; EBP Guidelines, Tools for Improvement	Melnyk, Fineout-Overholt, Chap. 8,9 (Models & Strategies for EBP; Using EBP Guidelines, Tools for Improving Practice)
<b>Week 8</b> 10-24 to 10-30	Generating Evidence through Quantitative Research	Melnyk, Fineout-Overholt Chap 10 (Generating Evidence through Quantitative Research)  <i>Draft of EB Scholarly project due</i>
<b>Week 9</b> 10-31 to 11-6	Generating Evidence through Qualitative Research	Melnyk, Fineout-Overholt Chap 11 (Generating Evidence through Qualitative Research)  <i>Quiz #3 on Chapters 7, 8, 9, 10 and Related Lecture Notes</i>
<b>Week 10</b> 11-7 to 11-13	Generating Evidence through Outcomes Management	Melnyk, Fineout-Overholt, Chap. 12  <i>Research Critique #2 due (Qualitative research article)</i>
<b>Week 11</b> 11-14 to 11-20	Writing a Successful Grant Proposal	Melnyk, Fineout-Overholt, Chap. 13 (Writing a Successful Grant Proposal to Fund Research and Outcomes Management Projects)
<b>Week 12</b> 11-21 to 11-27	Disseminating Evidence	Melnyk, Fineout-Overholt Chap. 14 (Disseminating Evidence)  <i>Submit Final EB Scholarly Project to Faculty</i>
<b>Week 13</b> 11-28 to 12-4	Creating a Culture for EBP & Decision Making,  Disseminating Evidence	Melnyk, Fineout-Overholt, Chap. 15,16 (Teaching EBP; Creating Vision, Motivating Change to EBP in Individuals and Organizations)

<b>Week 14</b> 12-5 to 12-11	Final Exam	<i>Final Exam on Chapters 1-16 and Related Lecture Notes.</i>
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## APPENDIX A

### GUIDELINES FOR ASSIGNMENTS ON THE CRITICAL APPRAISAL OF RESEARCH STUDIES

#### Guidelines for the Critical Appraisal of Quantitative Research

*Basic questions to be answered and their point values in the Assignment are (Melnyk p. 80-96):*

1. Are the results of the study valid? (3 Points)
2. Are the results of the study reliable? (3 Points)
3. Will the results help locally? (3 Points)

*Additional questions are (Melnyk p. 97 box 5.1 and pp. 98-110)*

4. Why was the study done? (2 points)
5. How was the sample size decided? (1 point)
6. Are the measurements valid and reliable? (2 points)
7. How were the data analyzed? (2 points)
8. Were there any untoward events during the course of the study? (2 points)
9. How do the results fit with previous research in the area? (2 points)
10. What does this research mean for clinical practice/managerial decision-making?  
(Incorporate your answer in your response to #3 above)

Two additional checklists are available to guide you in critical appraisal of certain types of studies:

1. Randomized controlled trials (Melnyk p. 111 box 5.4)
2. Systematic reviews (Melnyk p, 120 box 5.5)

#### **Presentation of written response**

Follow the guidelines in the syllabus for all written work.

There is a limit of 5 pages.

Number your responses to the 10 questions above

Most questions will be answered in a paragraph or two. Questions 1-3 will require longer responses and may best be answered after you have thought through your responses to questions number 4 to 10.

In your answers, refer to the relevant pages in the text. This is your opportunity to demonstrate that you can apply knowledge gained from the text to a research article.

**You might want to review the questions below to help guide your responses to questions 1-10 for the research critique.**

## **Research Problem**

1. What is the major research problem?
2. Is it clearly stated?
3. Describe the significance of the study.
4. What is (are) the purpose(s) of the study?

### Theoretical Statement

1. Is a theoretical framework identified in the study? If yes, briefly describe.
2. Does the theoretical framework describe and define the concepts of interest.
3. Does the theoretical framework discuss the relationships between the concepts?

## **Review of Literature**

1. Are previous studies identified and described?
2. Are the references used in the literature review current?
3. Are the studies critiqued by the author?

## **Research Question or Hypotheses**

1. What is (are) the research question(s) or hypothesis (hypotheses)?
2. Identify the independent and dependent variables in the study.
3. Is a relationship between the independent and dependent variables supported by the review of the literature? Or the theoretical framework?

## **Design**

1. Is a qualitative or quantitative approach used in the study?
2. Is the approach appropriate?
3. Identify the research design. Is it appropriate to the study?
4. Have the threats to validity been minimized?

## **Sampling**

1. Describe the sampling method.
2. Did the sample appear to be representative of the population?
3. What are the biases related to the sampling method?
4. What were the sampling inclusion/exclusion criteria?
5. What was the sample size? Was it appropriate? (was power discussed?)
6. If groups were used, were they equivalent?
7. Was sample attrition or drop-out described? Was it equivalent in the groups?

## **Measurement**

1. Are the instruments used reliable?
2. Are the instruments used valid?
3. Is the measurement approach appropriate to the design?

## **Data Collection**

1. What was the process/protocol for data collection?
2. Were the procedures described?
3. If so, do the procedures appear to be ethical?

## **Data Analysis**

1. What were the data analysis procedures? Are they clearly described?
2. Do the analyses address each of the research questions and/or hypotheses?

## **Results**

1. What were the findings of the study?
2. Are the results presented in a logical way?
3. How are they presented (tables, graphs, etc)?

## **Interpretation**

1. Are the findings clinically significant (not just statistically significant)?
2. Were the findings expected or unexpected? Explain
3. Do the conclusions fit with the findings from the analyses?
4. Are limitations identified? Are there other limitations not identified?
5. Are the results related back to the framework and review of literature?
6. Are implications from the findings discussed?

## APPENDIX B

### Guidelines for Critical Appraisal of Qualitative Research Studies (Box 6.18)

In using this guide to appraise an article, begin by reading the summary questions for a “big picture” perspective, but then answer the detailed questions first. After you have responded to them, come back and complete the summary questions. If a question is irrelevant to the particular study you are appraising, say that it is and why. Avoid repetition, particularly in the examples you are asked to give.

Write a minimum of 1 short paragraph for each letter section in the outline (I A, or II E, for example) answering each of the numbered questions within that section. Responding first to the detailed questions may give you better insights for responding to the summary questions.

#### Summary Questions

- A. What were the results of the study? (3 points)
  - 1. Is the phenomenon (human experience) clearly identified? What is it?
  - 2. Does the research approach fit the purpose of the study? In what ways?
  - 3. Are conclusions consistent with reported findings of other studies?
- B. Are the results valid? (3 points)
  - 1. How were study participants chosen?
  - 2. How were accuracy and completeness of data assured?
  - 3. Do findings fit the data from which they were generated?
- C. Will the results help health care clinicians and managers improve the health of the community? (3 points)
  - 1. Are findings relevant to people in similar situations?
  - 2. Are the reader’s insights enhanced or enlarged? In what way?
  - 3. How may the research stimulate action? By whom?

#### ***Detailed questions***

- A. How does the researcher identify the study approach? What is it? (2 points)
  - 1. Are language and concepts consistent with the approach? How?
  - 2. Are data collection and analysis techniques appropriate? How?
- B. Is the significance/importance of the study explicit? (1 point)
  - 1. Does review of the literature support a need for the study?
  - 2. What is the study’s potential contribution?
- C. Is the sampling strategy clear and guided by study needs? (2 points)
  - 1. Does the researcher control selection of the sample? How?
  - 2. Do sample composition and size reflect study needs? In what ways?

- D. Are data collection procedures clear? (1 point)
  - 1. Are sources and means of verifying data explicit? How so?
  - 2. Are researcher roles and activities explained? What are they?
  
- E. Are data analysis procedures described? (1 point)
  - 1. Does analysis guide direction of sampling and when it ends? How?
  - 2. Are data management processes described? What are they?
  
- F. How are specific findings presented? (1 point)
  - 1. Is presentation logical, consistent, and easy to follow? What makes it so?
  - 2. Do quotes fit the findings they are intended to illustrate? Give one example.
  
- G. How are overall results presented? (1 point)
  - 1. Are meanings derived from data described in context? Give an example.
  - 2. Does the writing effectively promote understanding? How?
  
- H. Are implications of the research stated? (1 point)
  - 1. May new insights increase sensitivity to others' needs? Give an example.
  - 2. May understandings enhance situational competence? Give an example that includes your assumed situation in relation to the study findings.
  
- I. What is the effect on the reader? (1 point)
  - 1. Are results plausible and believable? In what ways?
  - 2. Is the reader imaginatively drawn into the experience? By what means?

**APPENDIX C**

*HLH 550 Scholarly Project Summary and Approval Form*

**Date:** \_\_\_\_\_

**Names of students on this project:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Check Type of Project:**

Scholarly Paper \_\_\_\_\_ Work Proposal \_\_\_\_\_ Grant Proposal \_\_\_\_\_

**Name of Program Director/ Advisor:** \_\_\_\_\_

**Approval of Program Director/ Advisor:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Topic of Scholarly Paper in PICO Format:**

(P) \_\_\_\_\_

(I) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(C) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(O) \_\_\_\_\_

\_\_\_\_\_

**OR Topic of Work or Grant Proposal:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPENDIX D

<b>HLH 550 S06 Scholarly Paper Guidelines and Grading</b>	<b>Draft Points</b>	<b>Final Paper Points</b>	<b>Grand Total Points</b>
<p><b>Use only the format described below.</b> Refer to the many examples of this paper format in the CD that accompanies your text. See, in particular, Reviews 18-5, 19-7 and 20-6.</p>			
<p><b>Label your <u>first</u> section “Introduction”</b> and include a succinct and clear identification of the problem. Cite references to support the problem.</p> <p><i>(Draft minimum 1/2 page, Final 1-2 pages).</i></p>	<b>1</b>	<b>1</b>	<b>2</b>
<p><b>Label your <u>second</u> section “Clinical/Managerial Question”</b>, and include the purpose of and question for your review.</p> <p><b>Label your <u>third</u> section “Search Strategy”.</b> Include information as in Review 20-6 from your text CD.</p> <p><i>(Draft minimum 1/2 page, Final 1/2 page)</i></p>	<b>1</b>	<b>1</b>	<b>2</b>
<p><b>Label your <u>fourth</u> section “Presentation of the Evidence” (see Review 18-5).</b> Identify and review 6-8 articles written within the last 5 years that directly address your question. Include scientific literature and peer-reviewed journals from professional databases. Do not use books to answer the question. If you cannot find recent articles on your topic, it may be that the question was answered many years ago, and no longer merits critical review of evidence.</p> <p><b>Present a Table for your <u>fifth</u> section modeled after the one in Review 20-6. (Use portrait or landscape and single space for the table) Include the level of evidence of each article according to Melnyk (p.10).</b></p> <p><i>(Draft minimum 3-4 pages, Final 6-7 pages)</i></p>	<b>3</b>	<b>6</b>	<b>9</b>
<p><b>Label the <u>sixth</u> section “Critical Appraisal of the Evidence”.</b> Compare and contrast the articles to determine what the research evidence supports or does not support. Provide the answer to your question as a result of the review, or explain why the question has not been answered, and design a study to answer the question.</p> <p><i>(Draft ½ page, Final 2-3 pages)</i></p>	<b>1</b>	<b>2</b>	<b>3</b>

<p><b>Label the <u>seventh</u> section “Current Standards of Practice”.</b> Seek out current standards of practice related to the topic and describe these standards. Conclude this section with a summary of the evidence that supports the state of knowledge on the topic.</p> <p><i>(Draft ½ page, Final 1-2 pages)</i></p>	.5	1	1.5
<p><b>Label the <u>eighth</u> section “Implications for Clinical Practice”.</b> Based upon the evidence, determine what the best practices are and make appropriate recommendations. These recommendations may include any additional research that needs to be done as well as practice or cost implications.</p> <p><i>(Draft ½ page, Final 1-2 pages)</i></p>	.5	2	2.5
<p><b>Label the <u>ninth</u> section “Reference List”.</b> A complete reference list must be included. Every reference cited in the body of the paper must be included on the reference list. Additionally, do not include references on the reference list that were not included in the body of the paper.</p>	1		1
<p><b>In the <u>final</u> paper only:</b> overall clarity and coherence of writing, effective use of headings, correct spelling, punctuation, grammar, formatting, use of correct format (APA or AMA) for the citations and references, and use of EBP format (as described above and from CD with text). See in particular, Reviews 18-5, 19-7.and 20-6.</p>		4	4
<p><b>General Guidelines:</b> Paper must be typed, double-spaced, paginated and submitted electronically. Have a colleague give you feedback on both your draft and final paper before submitting to instructor. Avoid writing in the first person. Do not include your personal experiences or opinions in the paper, other than in making recommendations for future research and best practices. Do not use “Scholarly Paper” as the title for your paper, create a title that clearly reflects the topic.</p>			
<b>Total Points</b>	<b>8</b>	<b>17</b>	<b>25</b>
* Points not earned in the draft are not available to be earned in the final paper.			



<p><b>Label the fourth section “Conclusions”.</b> Summarize what the research evidence supports or does not support.</p> <p>( Draft ½ page, Final 1 page)</p>	1	1		2
<p><b>Label the fifth section “Alternatives”.</b> Formulate mutually exclusive alternatives and analyze each one. State why you would support or reject each alternative <u>based on the evidence</u>.</p> <p>(Final 2 pages)</p>		2		2
<p><b>Label the sixth section “Recommendations”.</b> <u>Based upon the evidence</u>, recommend the preferred option. Include a secondary course of action that would be the next preferred alternative. This section need not be included in the draft.</p> <p>(Final 1-2 pages)</p>	1.5	2		3.5
<p><b>If you decide to use an appendix instead of including charts and tables in the "body" of the report, label the seventh section “Appendix”.</b> If used, the Appendix section will be graded as part of the "Presentation of the Evidence" (see above).</p>				
<p><b>Label the seventh section “Reference List”.</b> A complete reference list must be included. Every reference cited in the body of the paper must be included on the reference list. Additionally, do not include references on the Reference List that were not included in the body of the paper.</p>	1			1
<p><b>Include an Executive Summary at the beginning of the final Work Proposal text form only, and label it “Executive Summary”.</b> Provide a succinct and clear summary of the proposal. The PowerPoint provides this same basic information in outline format. The Executive Summary is not included in the draft or in the PowerPoint presentation. It is best if you write it after the final paper is completed.</p> <p>(Final 1 page).</p>			2	1
<p><b>In the final text paper and the PowerPoint presentation only:</b> overall clarity and coherence of writing, effective use of headings, correct spelling, punctuation, grammar, formatting, use of correct format (APA or AMA) for the citations and references will be evaluated</p>		3	1	4.5

<p><b>General Guidelines:</b> Paper must be typed, double-spaced, paginated and submitted electronically. Have a colleague give you feedback on both your draft and final paper before submitting to instructor. Avoid writing in the first person. Do not include your personal experiences or opinions in the paper, other than in making recommendations for future research and best practices. Do not use "Work Proposal" as the title for your paper; create a title that clearly reflects the topic.</p>				
<p><b>Total Points</b></p>	<p><b>8</b></p>	<p><b>14</b></p>	<p><b>3</b></p>	<p><b>25</b></p>
<p><b>* Points not earned in the draft are not available to be earned in the final paper.</b></p>				

## APPENDIX F

### Guidelines for the Grant Proposal

Chapter 13 in Melnyk is the primary reference for the completion of this option. See the listing of potential funding agencies in Table 13.1 and identify an actual grant source (e.g. Robert Wood Johnson Foundation, BCBS Foundation) for a specific program related to health care services. Using the guidelines provided by the foundation or funding source, develop a proposal that specifically responds to the requirements of the funding source. These requirements may vary greatly from one organization to the next. Select a funding source that requires more than 50% of the items listed in Box 13.3 in order to meet the requirements of this assignment. Include a cover letter and budget for your proposed project. See Table 13.2. Also include a timetable for your proposed project. See Figure 13.1.

Be sure that you avoid the major pitfalls listed in Box 13.5.

Your choice of foundation/funding source must be approved by the Instructor and Program Chair / Advisor in advance.

Examples of abstracts for funded studies are in Box 13.4. The second one is a good example for management students as it deals with an intervention to improve outcomes.

## **APPENDIX G**

### ***Contents of CD-ROM for Evidence-Based Practice in Nursing and Healthcare***

*Melnyk and Fineout-Overholt*

#### **Chapter Content (synopses of best evidence reviews in Chapters Reviews section below)**

- Ch.17: Reviewing Evidence to Guide Best Practice (duplicate of chapter in textbook)
- Ch.18: Best Evidence to Guide Clinical Practice with Adults in Acute and Critical Care
- Ch.19: Best Evidence to Guide Clinical Practice with Adults in Primary Care
- Ch.20: Best Evidence to Guide Clinical Practice with Aging Adults
- Ch.21: Best Evidence to Guide Clinical Practice in Emergency and Trauma Care
- Ch.22: Best Evidence to Guide Clinical Practice with High-Risk Children and Youth
- Ch.23: Best Evidence to Guide Clinical Practice in Psychiatric Mental Health

#### **Chapter Reviews (40 best evidence reviews to answer burning clinical questions)**

- Reviews for Ch.18: Best Evidence to Guide Clinical Practice with Adults in Acute and Critical Care (8 articles)
- Reviews for Ch.19: Best Evidence to Guide Clinical Practice with Adults in Primary Care (7 articles)
- Reviews for Ch.20: Best Evidence to Guide Clinical Practice with Aging Adults (6 articles)
- Reviews for Ch.21: Best Evidence to Guide Clinical Practice in Emergency and Trauma Care (7 articles)
- Reviews for Ch.22: Best Evidence to Guide Clinical Practice with High-Risk Children and Youth (8 articles)
- Reviews for Ch.23: Best Evidence to Guide Clinical Practice in Psychiatric Mental Health (6 articles)

***Glossary of Terms Chs.18-23 (different from glossary at back of text book)***

***Review Questions and Answers (192 Questions – study mode or test mode)***

***Slide Presentation (Appendix G)***

***Short and Long-Term Effects of the COPE Program on Critically Ill Children and Mothers***

***PowerPoint Presentations (Ch.14)***

***Improving Cognitive Development of Low-Birth-Weight Premature Infants with the COPE Program***

***Catastrophic Reactions among Persons with Dementia***

***Continuing Education Forms***

## APPENDIX H

You are required to use the UDM subscription to RefWorks which will be taught by the UDM librarian during an in-person session. RefWorks will create citations and make a reference list for your paper so that you do not have to use the following to do the work manually. Guidelines for APA and AMA formatting follow

***Guidelines for Reference Formats Recommended by the American Psychological Association (5<sup>th</sup> Ed).***

### REFERENCE LIST

References are listed alphabetically

References cited in the text must appear in the reference list; and each entry in the reference list must be cited in the text

### GENERAL COMMENTS ABOUT REFERENCES/CITATIONS IN TEXT

When only 1 or 2 authors, must cite both names every time you reference

If more than 2 authors, must cite all the authors first time you reference in text (up to six), then with subsequent citations, reference with first author et al., year.

If more than 6 authors, can cite as author et al., year even the first time you reference in the text and all subsequent references.

#### Example for one or two authors:

Awywitz and Mannarino (2000) – first time you reference and all subsequent references

#### Example for three to six authors:

Saywitz, Mannarino, and Cohen (2000) – first time you reference in the text

Saywitz et al., (2000) – subsequent references

#### Example for more than six authors:

Saywitz et al., (2000) – first time you reference and all subsequent references

\*\*When you compile your reference list, all authors up to six must be cited in the reference.

### GENERAL FORMAT FOR REFERENCES

#### Periodicals:

Author, A.A., Author, B.B., & Author, C.C. (year). Title of article. *Title of Periodical*, number, volume, page numbers.

Example:

Kernis, M.H., Cornell, D.P., Sun, C.R. (1993). There's more to self-esteem than whether it is high or low: The importance of stability of self-esteem. *Journal of Personality and Social Psychology*, 65, 1190-1204.

Nonperiodicals (books):

Author, A.A. (year). *Title of work*. Location: Publisher.

Example:

Saxe, G.B. (1991). *Cultural and cognitive development: Studies in mathematical understanding*. Hillsdale, NJ: Erlbaum.

Book chapters:

Author, A.A., & Author, B.B. (year). Title of chapter. In A. Editor, B. Editor, & C. Editor (Eds.), *Title of book* (pp. xxx-xxx). Location: Publisher.

Example:

O'Neil, J.M., & Egan, J. (1992). Men's and women's gender role journeys: Metaphor for healing, transition, and transformation. In B.R. Wainrib (Ed.), *Gender issues across the life cycle* (pp. 107-123). New York: Springer.

Book, no author or editor

Place title in the author position

Alphabetize books with no author or editor by the first significant work in the title

Example:

Merriam-Webster's collegiate dictionary (10<sup>th</sup> ed.). (1993). Springfield, MA: Merriam-Webster.

**No publication date**

If no date is given, write n.d. in parentheses.

Example:

O'Neil, J.M., & Egan, J. (n.d.). Men's and women's gender role journeys: Metaphor for healing, transition, and transformation. In B.R. Wainrib (Ed.), *Gender issues across the life cycle* (pp. 107-123). New York: Springer.

Government Reports Available from the Government Printing Office (GPO)

Government institute as group author

National Institute of Mental Health (1990). *Clinical training in serious mental illness* (DHHS Publication No. ADM. 90-1679). Washington, DC: U.S. Government Printing Office.  
ELECTRONIC REFERENCE FORMAT

### **Citing a Web Site**

To direct readers to an entire Web site (but not a specific document on the site), it is sufficient to give the address of the site in the text. No reference entry is needed.

#### Example:

Kidspysch is a wonderful interactive Web site for children (<http://www.kidspysch.org>)

### **Citing Specific Documents on a Web Site**

Web documents share many of the same elements found in a print document (e.g. author, date, titles). Therefore, the citations for a Web document often follows a similar format to that for print, with some information omitted and some added.

#### Internet articles based on a print source:

Must add that article was retrieved from the Internet and the date retrieved.

#### Example:

Jacobson, J.W., Mulick, J.A., & Schwartz, A. A. (1995). A history of facilitated communication: Science, pseudoscience, and antiscience: Science working group on facilitated communication. *American Psychologist*, 50, 750-765. Retrieved October 15, 2002 from the World Web Web: <http://www.apa.org/journals/jacobson.html>.

Faculty Notes: This is a very brief and cursory handout for the most basic APA formatting questions. I strongly encourage you to purchase the Publication Manual of the American Psychological Association (5<sup>th</sup> ed.) to answer the more complicated formatting questions that you have. These examples were taken directly from the APA publication manual. (Groh)

### **Guidelines for Reference Formats Recommended by the [American Medical Association Manual of Style.](#)**

A simple Google search on “AMA style” produced the following:

There are a number of AMA guides posted on the web from various university libraries, such as:

<http://healthlinks.washington.edu/hsl/styleguides/ama.html>

A short, one page, brief specific guide of questionable usefulness for complex citation questions.

Another one pager:

<http://libraries.evansville.edu/style/ama.html>

The most abbreviated, arguably sophomoric of the lot. Color coded for those of us with ADD.

<http://www.liunet.edu/cwis/cwp/library/workshop/citama.htm>

A better guide can be found at:

<http://www.docstyles.com/amaguide.htm>

This page has a link to a 13 page downloadable AMA Style guide. This should serve the needs of most anything our students might get into. The specific link for the PDF is

<http://www.docstyles.com/archive/amastat.pdf>

Faculty note: I suggest that students requiring AMA style download this PDF soon given that things tend to disappear from the web at the most inopportune times. (Ray)

Beyond that there is the manual itself available at Amazon:

Iverson C, Flanagan A, Fontanarosa PB, et al. [\*\*American Medical Association Manual of Style\*\*](#). 9th ed. Baltimore, Md: Lippincott Williams, & Wilkins; 1998. Hardcover: \$39.95, 660 pages.

## APPENDIX I

### Question Templates for Asking PICO Questions

#### THERAPY or INTERVENTION

In \_\_\_\_\_, what is the effect of \_\_\_\_\_ on \_\_\_\_\_ compared with \_\_\_\_\_ ?

#### ETIOLOGY

Are \_\_\_\_\_, who have \_\_\_\_\_ at \_\_\_\_\_ risk for / of \_\_\_\_\_ compared with \_\_\_\_\_ with/without \_\_\_\_\_ ?

#### DIAGNOSIS OR DIAGNOSTIC TEST

Are (Is) \_\_\_\_\_ more accurate in diagnosing \_\_\_\_\_ compared with \_\_\_\_\_ ?

#### PREVENTION

For \_\_\_\_\_ does the use of \_\_\_\_\_ reduce the future risk of \_\_\_\_\_ compare with \_\_\_\_\_ ?

#### PROGNOSIS

Does \_\_\_\_\_ influence \_\_\_\_\_ in patients who have \_\_\_\_\_ ?

#### MEANING

How do \_\_\_\_\_ diagnosed with \_\_\_\_\_ perceive \_\_\_\_\_ ?

