

# Student Guide for HCA 399: Health Care Administration Practicum

Charter Oak State College 55 Paul Manafort Drive New Britain, CT 06053-2150

#### **Proposal Guidelines**

#### **Health Care Administration Practicum**

A practicum is performance based and enables you to earn credit by demonstrating that you have knowledge and competencies in the area of Health Care Administration and that you can apply your knowledge in actual situations. A student in the Charter Oak practicum will earn **three (3)** upper division credits.

Your practicum site may be your place of work or the site of an extensive volunteer experience. You must complete a **required minimum** of **240 hours**, in one setting, prior to completing the assessment process.

You should not register for the Charter Oak practicum until most of your course work in your Health Care Administration concentration is completed. Your courses will give you much of the theoretical knowledge that you will need to apply to your practicum experience and the practicum assessment process.

Your **supervisor** will be someone in your work or volunteer setting who will verify your responsibilities and comment on your work. The supervisor must have at least two years of experience in the field and hold an associate degree in Health Care Administration or a related field. The faculty may approve exceptions.

Charter Oak College will assign your **faculty mentor**, who will then determine your practicum grade based on the paper and conference described later.

If you have general questions about the practicum experience, call your mentor. If you have enrolled in the College, your advisor can answer questions specific to your situation.

The major steps for the practicum are:

- 1. Identify your supervisor for your work experience.
- 2. Enroll in the practicum course. Complete the practicum application and mail it to the Distance Learning Office who will forward it to your faculty mentor.
- 3. Submit the Supervisor's Assessment Form to your supervisor.
- 4. Compose, edit and proofread your practicum paper and submit it to your advisor.
- 5. Prepare for your oral conference.
- 6. Schedule your conference with the faculty mentor assigned by the College.
- 7. Complete the scheduled conference.

You will be notified of the decision regarding your grade within three weeks following your conference.

#### **ELEMENTS OF THE PRACTICUM**

#### The Practicum Paper

The areas listed below are areas of competency that any Health Care Administrator should have in their position in a health care organization that either facilitates or delivers health care services. As a part of your practicum, you should gain these competencies and applied knowledge bases.

- 1. Demonstrate basic and usable knowledge of the differentiated levels and complexities of the health care delivery system.
- 2. Demonstrate basic and usable knowledge of the health care reimbursement systems in both the public and private sectors.
- 3. Demonstrate a comprehension of the laws, public policies, and regulations that affect the organization of your practicum.
- 4. Confidently discuss the nature of services provided by the organization of your practicum using a systems theory approach.
- 6. Establish positive and productive relationships with clients or patients.
- 7. Understand and discuss any limitations on the practicum organization imposed by lack of resources, legal mandates, state regulations, or any other limiting factors.
- 8. Demonstrate professional commitment and involvement in professional activities and establish positive and productive relationships with other staff members.

Your practicum paper must address A and B below:

- A. Your practicum paper should discuss each of the elements (1-8). For each element, you should state at least one principle or theory that relates to that area. You should then give an example of how you have used that principle or theory in your work. If you believe that your practicum may not expose you to one or more of these competencies, you should discuss this with your faculty mentor before your practicum begins.
  - B. In addition, you should address one of the following: 1) recommend changes to improve the production or provision of health care. When providing the rationale for these changes, be sure to cite appropriate principles or theories; or 2) evaluate your growth and development in the area of Health Care Administration from your early experience to the present.
  - C. The final paper for your practicum should be at least ten pages and no more than twelve pages, typed, double-spaced, using a 12 point font and one inch margins. Your name should be on the cover page. Use footnotes and cite references when necessary. Make sure to cite all work from which you draw seven or more words in context. To not do so, constitutes plagiarism. Make sure you carefully proofread the paper and use grammar and spell checking before you turn in your paper. Do not use passive voice in your narrative.

#### THE CONFERENCE

#### **How to Prepare**

The faculty mentor will be talking with you about your healthcare administration work experiences and is interested in how you connect theory and practice. To prepare, you should review your class notes and textbooks, and other materials you may have gathered from inservice courses or your work experience. The following ideas may help you prepare:

- 1. Take notes as you review. These notes can be read again once you have gone through all of the material.
- 2. As you review, pick out general principles and theories. Write these down under one of the eight areas outlined earlier.
- 3. Next to each principle or theory noted above, give as many examples as you can of that theory or principle in action. Have you observed practices in your work setting which were inappropriate and contrary to such principles of theories?
- 4. Make sure you are comfortable with technical language in this field. Note key terms.

#### The Conference

The practicum faculty mentor will call you to set the conference time and date. Usually the conference will be at the faculty mentor's campus. The meeting will be recorded and will usually last two hours. A telephone conference can be arranged for students who live outside Connecticut.

During the conference, the faculty consultant will focus on the eight elements and have you connect general principles with your experiences. Hypothetical examples also may be presented in the discussion.

#### **PROPOSAL**

#### **HEALTH CARE ADMINISTRATION PRACTICUM**

Please read the "Student Guide to the Health Care Administration Practicum" before completing this form. You must submit this proposal and the job description forms to the College at least two months before the conference date you request. Your mentor and supervisor must agree to your proposal. Once approved, this document will act as your practicum contract. You must submit the practicum paper at least one month before the conference date.

1.	Your Name			
2.	Address			
	Street Address	City	State	Zip
3.	Daytime Phone	Evening		
	(Area Code) Nu	mber	(Area Code)	
Nu	mber			
	Email address:	_		
4.	Schedule information: Approximately vearlier than two months from the date of	•	e conference? Do not	: list a date
	Month and Year:			
5.	Out-of-State ONLY ( ) Conference by	telephone at this number:		
	(Area Code) Number			
6.	. Your signature affirms your consent to share this application, your supervisor's comments, your paper and a copy of your current program plan with a faculty mentor selected by Charter Oak State College. Your signature also indicates that your supervisor's comments may be kept confidential and not shared with you.			Oak State
7.	The job description forms MUST accompany this application. Mail these to the Distance Learning Office at the above address.			
*Tuition and fees are available on our <u>website</u> .				
*Charter Oak reserves the right to change tuition and fees at any time when circumstances require.				
		Signature		

**Date** 

**Project Goal** (Course description)

### **Practicum Project Description for Proposal**

Student Name:		
Daytime Phone:	Fee Paid:	_
Evening Phone:	Date:	_
E-Mail address:		_
<u>Project Information:</u>		
Title:		
Number of credits:	_	
Initial Date:	Completion Date:	
Mentor:	Telephone:	_

#### 1. Practicum Learning Objectives:

List in complete learning statements what knowledge, understanding, skills, and/or values you seek through this practicum.. (Use additional pages if necessary.)

#### **Mentor Comments:**

(Use additional pages if necessary.)

#### 2. Project Learning Activities:

How do you propose to acquire this learning? What tasks, projects, experiences and exercises will you do? What schedule do you propose to use in communicating with the Faculty Mentor? How will you communicate (telephone, post, e-mail)? (Use additional pages if necessary.)

#### **Mentor Comments:**

(Use additional pages if necessary.)

#### 3. Resources:

Please supply a proposed bibliography that you plan to use, including books, audiotapes, films. Identify, with complete information, other resources that you will use (people, places, and things). (Use additional pages if necessary.)

#### **Mentor comments:**

(Use additional pages if necessary.)

4. Evaluation:
What evidence will you show your mentor to determine your learning? What criteria will be
used to determine this evidence? (Possible forms of evaluation include a major research paper,
a series of essays or reports, telephone conferences, audio-visual presentations, and a proctored
examination). All written work must be typed. If a letter grade is desired, indicate what you will
accomplish for the grade. (Use additional pages if necessary.)

#### **Mentor comments:**

(Use additional pages if necessary.)

#### **Approvals**

The undersigned agree to conditions of this learning contract. All renegotiations must be in writing and signed by the student, mentor and director of academic programs and must be made 2 weeks prior to deadline.

Student:	Date:
Mentor:	Date

#### **FORM A**

#### **HEALTH CARE ADMINISTRATION PRACTICUM**

#### **Job Description Form A**

Note: If more than one work experience applies, use more than one form. "Job" may also refer to an unpaid volunteer or part-time position.

Student's Name:		
Address:		
Home Phone No.		
Place of Employment:		
	(Name)	
		(Address)
		(Address)
	(Area Code)	(Telephone Number)
Position Title:		
Worked from:		to
	(Month/day/year)	(Month/day/year)
Hours per week:		Total Hours:

#### (Attach a paper for more space)

Briefly describe the program/institution you work for in terms of:

- (1) the nature of the health care service or health care related service provided by the agency;
- (2) staffing;
- (3) physical environment— acute care hospital, long-term care facility, practice office, firm, or other such site.
- (4) schedule;
- (5) patient or client group;
- (6) public or private;
- (7) profit or nonprofit.

#### **HEALTH CARE ADMINISTRATION PRACTICUM**

Describe your responsibilities and the specific activities you perform(ed) in your position.				
Your supervisor:				
	(Name)	(Title)		
	(Telephone number)	<u> </u>		
	above-named supervisor to releas ter Oak State College and the facu	e the information requested on the lty mentor chosen by the College.		
(Studer	nt's signature)			

#### FORM B

#### **HEALTH CARE ADMINISTRATION PRACTICUM SUPERVISOR ASSESSMENT**

To the	e supervis	sor:is enrolled in the Bachelor's degree			
progra	am at Cha	arter Oak State College with a concentration in Health Care Administration. The awarding			
		ed, in part, upon work at your location. We would appreciate it if you would verify the			
		ur employee has presented on the enclosed form, and add a brief statement regarding			
	ne adequacy of his or her work. You may expect a confirming telephone call from our faculty mentor				
after t	fter this form is returned to the College. If you have any questions, please contact the mentor.				
THE II	NFORMA <sup>*</sup>	TION PROVIDED BY THE STUDENT IS CORRECT.			
(Chec	k one)	YesNo			
If no,	please co	mment:			
		d below are the common elements that define what all health care administration			
•		hould know and do. Please rate the student's performance in each of these areas. For use the following scale:			
1.	Demor	nstrates excellent skills in this area.			
2.	Demor	nstrates adequate skills in this area.			
۷.	Demoi	istrates adequate skins in this area.			
3.	Needs	to work on skills in this area			
NO	Not Observed				
NA	Does n	ot apply/Not expected			
	1.	Demonstrates a basic understanding of services provided by the organization.			
	2.	Observes and applies management and administrative techniques of the organization.			
	3.	Has shown professionalism and professional growth while working in the organization.			
	4.	Has initiative to plan and implement innovations as part of his or her job, which have benefited the organization.			
	5	Follows directions and completes assignments in a timely manner			

Please mail this form to:

Charter Oak State College Susan Israel, Undergraduate Programs Administrator 55 Paul J. Manafort Drive New Britain, CT 06053-2150

## Health Care Practicum Faculty Mentor Assessment

Student Name:				
Project Title:				
Project Location:				
Number of credits:				
Initial Date:	Completion D	ate:		
Overall Assessment	of Student's Applied and	d Written Wo	ork for Practicum	
Grade:	Pass/Fail:	or		
	Letter Grade:			
Faculty Mentor:			(Signature)	
			(Printed Nan	ne)
Date:				