

HSM Course	HSM Learning Objectives
HSMG 603 Principles of Health Systems Administration & Management (online)	<ol style="list-style-type: none"> 1. Discuss managerial roles, task and responsibilities required to effectively plan, organize, lead and control entities (organizations, divisions and projects) towards achievement of the organizational mission. 2. Discuss managerial roles and responsibilities as they apply to selected public health organizational settings. 3. Discuss the organization of the U.S. health care system, including provider categories, payer groups, users of health care services, role of the government and environmental trends. 4. Apply basic concepts and tools that are integral to strategic leadership, including: <ol style="list-style-type: none"> a. Explain the relationship between organizations and their external environments and the resulting effect on the role and function of the manager. b. Recognize the role of uncertainty and accept risk as a necessary component of organizational change and development. c. Discuss the use of political and legal systems to effect change. d. Recognize the importance of a professional ethical code and the need to promote an organizational culture that fosters high ethical standards. e. Relate theories of organizational structure to professional practice. f. Recognize importance of systems thinking and organizational performance measurement including budgeting and quality improvement systems. g. Recognize basic elements of financial statements. h. Apply financial and quantitative techniques to the allocation of public health resources. i. Discuss the fundamentals of team and organizational learning and relate them to management of public health organizations.
HSMG 603 Principles of Health Systems Administration & Management (on-campus)	<ol style="list-style-type: none"> 1. Discuss managerial roles, task and responsibilities required to effectively plan, organize, lead and control entities (organizations, divisions and projects) towards achievement of the organizational mission. 2. Discuss managerial roles and responsibilities as they apply to selected public health organizational settings. 3. Discuss the organization of the U.S. health care system, including provider categories, payer groups, users of health care services, role of the government and environmental trends. 4. Apply basic concepts and tools that are integral to strategic leadership, including: <ol style="list-style-type: none"> a. Explain the relationship between organizations and their external environments and the resulting effect on the role and function of the manager. b. Recognize the role of uncertainty and accept risk as a necessary component of organizational change and development. c. Discuss the use of political and legal systems to effect change. d. Recognize the importance of a professional ethical code and the need to promote an organizational culture that fosters high ethical standards. e. Relate theories of organizational structure to professional practice. f. Recognize importance of systems thinking and organizational performance

	<p>measurement including budgeting and quality improvement systems. g. Recognize basic elements of financial statements.</p>
<p>HSMG604: Comparative Health Systems</p>	<ol style="list-style-type: none"> 1. Discuss health systems and boundaries of a modern healthcare system. Discuss components of healthcare systems. 2. Apply methodology of measuring health system efficiency and ranking countries by systems' efficiency scores 3. Discuss and analyze health systems of different countries of the world. 4. Recognize the importance of financing of healthcare on quality, efficiency and equity. 5. Relate financial incentive systems with the health system outcomes and effectiveness of health system production. 6. Discuss health system reform strategies and apply empirical and theoretical models to explain the potential implications of the reform strategies in selected countries of the world 7. Discuss feasibility and desirability of alternative reform strategies and possible implications of the alternatives on access and equity.
<p>HSMG 605 Health Systems Concepts</p>	<p>A. Describe and place in context the defining characteristics of the U.S. health care system by:</p> <ul style="list-style-type: none"> LO1: Identify the major categories, constructs, and data elements used to describe the health care delivery system and its performance LO2: Differentiate between public and private payers and the types of health plans within the public and private payment systems LO3: Contrast the domain of public health with personal health care LO4: Describe the evolution of federal, state and local government involvement in the U.S. health care delivery system LO5: Contrast the U.S. health care system with those of other wealthy nations in terms of organization, performance and citizen satisfaction. <p>B. Articulate the relationships between the various components of and inputs to the US health system by:</p> <p>LO6: Describe the continuum of care from preventive and acute care through post acute and long-term care and chronic care and end of life treatment and discuss the principal organizations or institutions that deliver care across this continuum</p>

	<p>LO7: Identify the contributions of personal health practices to individual and population health outcomes</p> <p>LO8: Characterize the U.S. pharmaceutical and medical device industries and their growing role and importance in health care</p> <p>LO9: Explain the factors that influence the supply and demand of health care workers</p> <p>LO10: Contrast the role of the health services manager with that of the clinician and discuss major issues that stem from these role differences</p> <p>C. Identify the major issues confronting the performance of the U.S. health care delivery system by:</p> <p>LO11: Specify how governance and management contribute to health organization performance and examine challenges presented by increasing levels of accountability in the system</p> <p>LO12: Describe and analyze alternative approaches taken by health care purchasers (Medicare, employer groups, health plans, etc.) to ensure quality of delivered services</p> <p>LO13: Discuss the access barriers to health care insurance coverage and to health care services and explain their relationship to health disparities across the U.S. population</p> <p>LO14: Describe potential policy solutions to constrain the growth in health care costs and evaluate whether proposed solutions are likely to be effective</p>
<p>Hospital Operations, HSMG 610</p>	<ol style="list-style-type: none"> 1. Understand the key concepts of hospital organization and operations 2. Identify the key stakeholders and segments of the health care industry 3. Understand the role of leaders in health care organizations at multiple levels 4. Apply theoretical concepts to real-world scenarios and situations 5. Begin to identify a personal management philosophy and strategy
<p>HSMG 614 Leadership for Clinical Improvement</p>	<ol style="list-style-type: none"> 1. Apply leadership skills through individual and group exercises 2. Design a program of personal growth and development toward a leadership model 3. Analyze the basic functions of management and their inter-relationships 4. Incorporate the principle roles and skills of managers 5. Determine an effective balance between clinical and managerial activities 6. Evaluate the forces shaping the external environment of the health care industry and discuss their implications for management 7. Recognize the principle manifestations and importance of organizational

	<p>culture</p> <ol style="list-style-type: none"> 8. Describe the strategic management process, discuss its application in the health care industry, and identify potential sources of competitive advantage in health care delivery organizations 9. Differentiate between organizational mission, vision, values, goals, and strategies. 10. Evaluate the effect of a group's composition and structure on its decision making processes and its ability to manage organizational change 11. Explain why innovation is important in health care institutions and describe ways in which innovation can be fostered 12. Contrast the sources of power and illustrate how leaders can successfully use power 13. Understand the importance of delegation as it relates to personal and professional development 14. Describe the increasing importance of outcomes management in health care and discuss the unique role of the physician executive in this activity 15. Design the key elements of a quality management process that leads to organizational learning
<p>HSMG 617- Quality Management in Health Care</p>	<ol style="list-style-type: none"> 1. Define Quality in Healthcare 2. Describe the impact the quality movement has had in the current healthcare environment 3. Design and demonstrate the PDCA cycle, Lean, Six Sigma, RCA (root cause analysis), FMEA, and reliability science for improving healthcare processes 4. Organized and manage a structured and facilitated team-learning environment to improve the health of those served 5. Define the different types of measures: clinical, health status, utilization, and patient satisfaction 6. Discuss methods of developing and implementing clinical practice guidelines 7. Define the public and payer policy implications for quality review and demonstration in the near

<p>HSMG 619 Ethical Concerns in Health Care Management</p>	<ol style="list-style-type: none"> 1. Recognize a wide range of ethical problems that arise in the health care arena. 2. Compare models of governance in various health care settings and contrast the benefits and liabilities of each for ethical conduct inside the organization. 3. Identify issues, rights, and obligations and apply ethical principles to their resolution in various administrative and clinical situations. 4. Apply the reasoning of previously resolved situations to hypothetical and real-life situations 5. Use the principles studied to approach the resolution of ethical problems. 6. Formulate one or more plans of action through ethical policy development to problems identified. 7. Convey descriptive and analytical information clearly in writing and verbally. 8. Articulate and compare the ethical traditions, culture, and obligations of a variety of professional disciplines including health care administration. 9. Address issues of personal and public policy issues from an ethical perspective. 10. Design an organizational culture which promotes ethical decision making within the organization and identify the role of a corporate compliance function within the organization.
<p>HSMG 621 Health Law and Regulation</p>	<p>LO1 Articulate the basic types of law, the sources of law, and the organization of the legal system in the United States</p> <p>LO2 Explain the process by which legislative and regulatory mechanisms establish law for health care delivery</p> <p>LO3 Examine and distinguish principles of jurisdiction affecting federal and state health care laws, regulation, and judicial and administrative agency opinions;</p> <p>LO4 Evaluate how business relationships are governed and affected by a variety of laws, regulations, and legislative/political issues;</p> <p>LO5 Identify and match legal principles to specific health care delivery and management situations;</p> <p>LO6 Internalize the process by which managers associate understanding of and compliance with law and regulation to routine decision making in health care settings, to include knowing whether to seek professional legal advice</p> <p>LO7 Recognize and distinguish competing interests and philosophical postures of various stakeholders and policy makers as they relate to the health care system</p> <p>LO8 Read materials regarding legal issues in the health care delivery environment, summarize them accurately, and interpret and articulate their relevance and effect on patient care delivery and its management</p>

<p>HSMG 624-88 SocioEcon Stat Labor</p>	<p>Course Description</p> <p>Does socioeconomic status early in life predict health status later in life? Does health status affect socioeconomic status? As we get older, poor health may result in a withdrawal from the labor force, reduction of earned income, premature retirement, and inadequate standard of living. This course will discuss the significant interdependence of health and the economic status, emphasize the differences between causality and correlation of the two, and review the methods used to identify the direction of causality. The course will provide an overview of the most relevant current literature on the underlying link between health status and socioeconomic circumstances, such as the level of educational attainment, income, wealth, job opportunities, and retirement.</p> <p>Course Outline:</p> <ul style="list-style-type: none"> - Introduce the concepts of correlation and causation, provide examples. - Methodology: natural experiments, instrumental variables, etc. - The effect of socioeconomic status on health outcome - The effect of health status on economic outcomes
<p>HSMG 632 Managerial Communications</p>	<ul style="list-style-type: none"> • Practice basic management communication concepts that lead to effective decision-making; • Analyze different audiences to create messages that accomplish a desired goal; • Use problem-solution approaches to analyze business issues and articulate steps to problem-solving orally and in writing; • Understand ways to persuade others and to gain commitment to the organization's objectives; • Utilize the language of business and apply that language clearly, concisely, and correctly; • Select, structure, and present data in appropriate oral and written form for a variety of business settings; and • Identify and define individual strengths, biases, and weaknesses in working with others in a team.

<p>HSMG 637/799 Organizational Behavior</p>	<ol style="list-style-type: none"> 1. Explore the role of the manager in an organization and view organizational processes and outcomes in relation to this role. 2. Understand the history of concepts of organization behavior and structure and the interrelationship between the two. 3. Discuss the foundations in the social science disciplines of sociology, psychology, economics, and social psychology in contributing to our understanding of behavior in organizations. 4. Identify the major features of organizations (structure, culture, technology) and recognize the form they might take in health care organizations. 5. Utilize current managerial concepts and tools to manage organizations and behavior in organizations 6. Apply theories of change management and organizational development to increase workforce effectiveness. 7. Identify and apply conflict resolution methods to effectively achieve organizational goals. 8. Describe the informal organization and its effect on communication within organizations, including confidential and sensitive information. 9. Describe the use of power in policy making, both from an organizational and community perspective. 10. Recognize patterns of behavior and causal relationships and identify appropriate approaches or solutions.
<p>HSMG 645-01 Economics for Health Systems</p>	<ul style="list-style-type: none"> LO1 Model the economic and non-economic factors that affect the production of health by society members and how these factors alter the health status of a population. LO2 Explain and predict health-related behavior relating to the demand for and endowment of health and the demand for and supply of medical care and its substitutes and complements using basic economic concepts LO3 Identify the key characteristics of perfectly competitive and monopolistic markets and assess their impact on quantity, cost, prices, and quality of health-related goods and services. LO4 Characterize the differences between public goods and private goods and explain how decisions about their production and distribution are made by society under different political systems. LO5 Demonstrate the use of cost-benefit, cost-effectiveness (CB-CE) analysis in decisions to produce and distribute health-related goods and services. LO6 Assess the sources of market failure in the health system, how it affects the efficient functioning of health care markets, and potential remedies for correcting it. LO7 Analyze the basic structure, operation and performance of health care industries including health insurance, hospitals, physician services, pharmaceuticals and long term care. LO8 Interpret the findings of health economics research and its implications for predicting the behavior and performance of consumers and organizations in the health industry LO9 Gather evidence to explore a health-related problem or question and,

	<p>using the evidence, make recommendations for organizational, community or government policy.</p>
<p>HSMG 650 Introduction to Healthcare Accounting (online)</p>	<p><u>Objective # 1:</u> Students will acquire an understanding of the context of health care financial management to appreciate the economic and political pressures within which health care organizations operate.</p> <p><u>Objective # 2:</u> Students will learn to read and interpret financial statements so they can make informed decisions about the economic condition of the health care organization.</p> <p><u>Objective # 3:</u> Students will acquire an understanding of the inter-relationships between the four predominant financial statements to better appreciate the manner in which profits impact cash and capital structure that, in turn, impact that ability of organizations to acquire assets to survive.</p> <p><u>Objective # 4:</u> Students will acquire an understanding of some of the important measurement and reporting principles and practices of financial accounting to better understand the economic events in the financial statements.</p> <p><u>Objective # 5:</u> Students will learn to read and interpret financial ratios to enhance their understanding and decision-making capabilities pertaining to the financial statements of the health care organization.</p> <p><u>Objective # 6:</u> Students will learn to read and interpret some of the non-financial data being reported in a balanced scorecard (or dashboard) format to complement and enhance the financial information embedded in the financial statements</p>
<p>HSMG 675: Information Systems</p>	<ol style="list-style-type: none"> 1. Demonstrate knowledge of the basic technology underlying information systems, including hardware, software, and telecommunications and networking. 2. Discuss the structure of health care data and basic principles of managing

	<p>data.</p> <ol style="list-style-type: none"> 3. Describe the evolution of health care information systems. 4. Discuss the main features and capabilities of the following categories of information systems applications: <ol style="list-style-type: none"> a. Patient administration systems (admission, discharge, transfer (ADT); registration; scheduling; patient billing or accounts receivable; and utilization management) b. Financial management systems (accounts payable, general ledger, personnel management, materials management, payroll, staff scheduling, and staff time and attendance). c. Ancillary information systems (laboratory, radiology, pharmacy, and other ancillary information systems) d. Other clinical information systems (nursing documentation, electronic medical record, computerized physician order entry, decision support systems, tele-medicine and tele-health, rehabilitation service documentation, and medication administration) 5. Examine the systems development life cycle as it pertains to both the development of a custom application and the selection of a proprietary system. 6. Recognize the importance of health care information standards. 7. Discuss issues surrounding security of health information systems. 8. Describe the process of setting a direction, and developing strategic and operational plans for IT management. 9. Identify the principles of managing technology resources and the information systems function. 10. Discuss problems and solutions to the issue of demonstrating value from IT/IS investments.
<p>HSMG 684-Health Care Marketing</p>	<ol style="list-style-type: none"> 1. Understand key concepts in health care services marketing 2. Identify markets in the health care industry 3. Understand the role marketing plays in health care organizations 4. Recognize trends in the health industry that call for marketing strategies
<p>HSMG 691 Administrative Internship I</p>	<ol style="list-style-type: none"> 1. Examine various components of the healthcare delivery system. 2. Define typical leadership management activities in selected segments of the healthcare delivery system. 3. Describe principles of management as applied in differing healthcare environments. 4. Develop personal and professional skills that will be utilized in employment searches and in workplace.
<p>HSMG 692 Administrative Internship II</p>	<ol style="list-style-type: none"> 1. Perform as an integral member of a health care leadership team and apply acquired didactic knowledge to operational situations. 2. Generate a practical, in-depth understanding of how one particular health care organization functions, both at the executive and operational levels. 3. Evaluate how health care managers cope with the constraints of time and resources and the need for attention to detail. 4. Review the breadth of factors affecting managerial decision-making and for the political complexity of health care systems.

	<ol style="list-style-type: none"> 5. Develop a personal mentoring relationship with a practicing senior manager in a health care organization. 6. Examine and assess the health care industry's values and the expectations of its leaders.
HSMG 698 Health System of China: An Applied Perspective	<p>System Thinking</p> <ol style="list-style-type: none"> 1. Identify characteristics of a system. 2. Analyze unintended consequences produced by changes made to a public health system. <p>Diversity and Culture</p> <ol style="list-style-type: none"> 1. Describe the roles of history, power, privilege and structural inequality in producing health disparities. 2. Differentiate among availability, acceptability, and accessibility of health care across diverse populations.
HSMG 712 Health Outcomes	<ol style="list-style-type: none"> 1. Define the meaning and purpose of clinical, humanistic, and economic outcomes assessments 2. Describe the nature of variation in clinical practice and identify possible sources 3. Define the different types of measures including: clinical indicators, health status, quality-of-life, health care utilization, and patient satisfaction 4. Explain the significance of findings from various health outcomes studies and reports 5. Evaluate the usefulness and appropriateness of outcomes assessment 6. Explain fundamental appreciation of the statistical analysis appropriate for outcomes assessment, including the analysis of longitudinal and categorical data
HSMG 717 Strategic Management of Health Care Organizations	<ol style="list-style-type: none"> 1. Design a strategic analysis process for a health care organization. 2. Perform demographic assessments. 3. Apply a set of tools to assess a health care organization's strategic situation, including analysis of external environment; organizational mission/vision/values and culture; resource and core competencies; stakeholder relationships; competitive analysis, and situation analysis. 4. Formulate strategic alternatives based on the situational assessments. 5. Evaluate and choose a strategic alternative. 6. Design a control measures to align organizational performance with strategic goals.
HSMG 718 Case Studies in Health Systems Management	<ol style="list-style-type: none"> 1. Describe the role of management in situation analysis and organizational decision making. 2. Understand the relationship between a health service organization and its external environment. 3. Assess the need for the application of various managerial tools and techniques. 4. Understand the ethical issues involved in the provision of public health

	<p>services and the broader context of public health policy in the United States.</p> <p>5. Describe opportunities for improvement of the public health system in the United States at a national, state, and local level.</p>
<p>HSMG 733 Negotiation Analysis</p>	<ul style="list-style-type: none"> • Identify the four phases of negotiations • Recognize the four types of communication styles that influence negotiation • Create alternatives to negotiated agreements • Identify the underlying needs in a negotiation • Analyze the level of power of the negotiating partners • Understand the value of objective criteria in a negotiation
<p>HSMG 754 Managerial Accounting</p>	<p><u>Objective # 1:</u> Students will acquire an understanding of cost behavior such that the cost structure of an organization can be managed in a meaningful manner to respond to the economic and political pressures faced by health care entities.</p> <p><u>Objective # 2:</u> Students will learn to manage the fixed and variable costs of a health care organization through the use of such managerial tools as pro-forma income statements, breakeven analysis, and cost-volume-profit analysis in fee-for-service and capitated revenue environments.</p> <p><u>Objective # 3:</u> Students will learn to mobilize management accounting information to understand the economics of service/product lines and therefore inform important managerial decisions such as make-or-buy services/products, adding-or-dropping services/products, and expanding-or-reducing services/products</p> <p><u>Objective # 4:</u> Students will learn the important role that budgeting plays in health organizations. Here we will understand the different types of budgets that are part of organizational planning and control, with a particular focus on developing a detailed operating budget.</p> <p><u>Objective # 5:</u> Students will then learn the manner in which the operating budget serves as a form of responsibility accounting (variance analysis) to enhance decentralized management decision making and control.</p> <p><u>Objective # 6:</u> Students will be provided an exposure to the capital budget process with a particular focus on the manner in which accounting information in the capital investment decision overlaps with traditional financial accounting information embedded in financial statements.</p> <p><u>Objective # 7:</u> An important part of understanding all of the accounting information used in organizational decision making in general, and budgeting decision making in particular, is to have some insight as to the cost allocation process. As such, students will learn some of the fundamental principles and methods guiding the allocation of costs within health care organizations, with a particular focus on the understanding of the cost structure gained from activity-based costing.</p> <p><u>Objective # 8:</u> Students will then learn the various pricing approaches that have evolved in the health care setting with a particular focus on the manner in which accounting information (knowledge of the cost structure) provides one critical piece of information to guide and enhance pricing strategies.</p>

<p>HSMG 755 Health care payment</p>	<ol style="list-style-type: none"> 1. Describe the economic structure of the U.S. health care sector, including major sources of funds and the way in which those funds are distributed across health care uses. 2. Demonstrate a working knowledge of the mechanics of traditional fee-for-service payment, cost-based reimbursement, prospective payment (including the nature of classification groupings [<i>e.g.</i>, DRGs, APGs], physician payment with emphasis on the use of the RBRVS, capitation systems, and the interactions of all of the above in mixed payment mode settings. 3. For public systems, extract the key elements and variables from statutory/regulatory documents dealing with changes to any or all of the items in Objective 2 and explain expected fiscal consequences a provider of health care services is likely to experience as a result. 4. Identify the factors in both public-sector and private-sector payment systems which may further or hinder various public policy objectives. 5. Predict or recommend provider behavior in response to explicit or implicit incentives in payment systems.
<p>HSMG 758 Health Care Financial Management</p>	<ul style="list-style-type: none"> . Identify the various qualitative components of returns to capital (time value of money, default risk, inflation, and so on). Make predictions about how changes in the economy or the health care system might affect these components for a variety of organizations. . Identify the factors involved in determining (a) organizational required rates of return including the Weighted Average Required Rate of Return (WARR) and (b) organizational costs of capital including the Weighted Average Cost of Capital (WACC), and be able to distinguish between the two concepts, including explaining the nature of capitalization effects; . Distinguish between cash flows and financial accounting accruals and the relationships/non relationships between financial accounting statements and the information needed for managerial finance; . Explain the nature of cash flow equivalents and their importance; . Identify and describe the distinct categories of financial cash flows and the relevance of each to management decision-making; . Distinguish between capital cash flows and operational cash flows and demonstrate the necessity for separating them for decisionmaking purposes; . Derive the distinct categories of cash flows from standard financial statements and pro forma financial statements; . Explain the economic underpinnings and implications of the concepts of present value; . Demonstrate proficiency in the mechanics of present value calculations; . Distinguish among competing time value analytical tools, identifying the strengths and weaknesses of each; . Perform present value calculations based on gross operational cash flows/WARR and net operational cash flows/WACC and demonstrate the economic equivalence to the present values of capital suppliers; . Use net present value for asset acquisition decisions, cost minimization choices, and to analyze pricing and contracting decisions under alternative

	<p>payment systems;</p> <ul style="list-style-type: none"> . Determine relevant cash flows for decision-making purposes by applying principles of incremental ("but for") analysis to valuing capital claims and investments/divestments; . Apply concepts of risk to valuation using risk-adjusted discount rates using the capital asset pricing model; . Integrate the above with the economics of divergent payment mechanisms, particularly in mixed settings with economic dependence, using the concepts of value additivity and conservation of value; . Identify sources of risk as they apply to managed care organizations and their contractual partners; . Explain the rudiments of an option-pricing approach to valuation
<p>HSMG 766 Health Policy Analysis</p>	<ol style="list-style-type: none"> 1. Articulate a conceptual understanding of the forces and factors accounting for legislation and regulation pertaining to health services. 2. Develop a framework to critically discuss and evaluate whether the "market" in health services is or is not a policy issue. 3. Compare and contrast the public policy objectives of Medicare and Medicaid and the private insurance sector with the realities of the political process. 4. Critically evaluate the research literature that examines the federal and state role in health services. 5. Evaluate current proposals advanced in Congress and by the private sector which impact upon health services delivery. 6. Demonstrate a working understanding of private insurance, and federal and state regulation that oversees it. The objective is to provide students with the necessary institutional and evaluative tools that can be applied within a private insurance organization or health delivery organization as well as government. 7. Trace the development and regulation of the private insurance market over the past 20 years. 8. Demonstrate competence in presentation of model congressional testimony developed by the student and presented to peers.
<p>HSMG 771 Quantitative Decision Models</p>	<p>GENERAL (G)</p> <ol style="list-style-type: none"> 1. identify the variety of quantitative methods available and recognize situations in which specific methods and analytical approaches might be beneficial. 2. assess the data requirements, limitations, assumptions, outputs and benefits of applying each of the methods. 3. apply each of the decision making tools (performing quantitative analysis) to make the specific assessments as described in the application objectives below. 4. apply decision making concepts (e.g. role of uncertainty, sensitivity, scenario and "what if" analysis, implicit quantification, trade-off's, break even, etc.). 5. solve example problems using quantitative methods software. 6. apply (either directly or through a quantitative specialist) these methods within a real world setting, for organizational advantage.

7. discuss the application of these models and methods to health care environment.
8. describe the role of and employ the scientific method to model building.
9. describe the implications of real world issues to these decision making and planning approaches.
10. apply and explain the fundamentals of probability theory for decision making (e.g. conditionality, expectation, independence).

PROJECT MANAGEMENT (PM)

1. evaluate a project planning situation using critical path methodology, to include network construction, quantitative analysis (of early and late start and finish times, slack, and expected project completion time).
2. list and evaluate "what if" questions appropriate to answer relevant managerial questions.
3. evaluate the effect of updated conditions on the anticipated time schedule.
4. explain the data required and the results available from a 3-time estimate (PERT) analysis.
5. describe the data required and results available from a time-cost (CPM) tradeoff analysis.
6. solve a basic project management problem using project management software

FORECASTING (F)

1. perform a time series analysis (employing simple linear regression) to include making projections and evaluating the fit of the regression model.
2. assess the effect of seasonal variation on the seasonal forecasts.
3. estimate future staffing needs based on seasonal demand forecasts and service time assumptions.

INVENTORY (I)

1. determine the optimal inventory strategy, answering the "how much to order" and "when to reorder" questions within an inventory system, including determining an economic order quantity (EOQ) and the total cost of an inventory system.
2. determine an optimal ordering strategy under conditions of quantity discounts and multiple vendors.
3. determine a reorder point (ROP) and related safety stock for alternative levels of risk of stockout.
4. evaluate the risk vs. cost tradeoffs of alternative service levels (relative to stock outs).

QUEUING ANALYSIS AND PATIENT FLOW (Q)

1. dissect the parts of a queuing system.
2. evaluate quantitatively a queuing (waiting line) situation in terms of the system performance measures for a set of given system conditions.
3. identify management opportunities for systems performance improvement.
4. employ quantitative methods to evaluate the anticipated effect of such changes.
5. assess queuing systems in terms of a capacity vs. demand analysis (including

	<p>assessment of staffing patterns).</p> <p>6. apply systems thinking to the analysis of patient flow processes.</p> <p>DECISION ANALYSIS (DA)</p> <ol style="list-style-type: none"> 1. explain how decision analysis provides the structure for decision making evaluations. 2. explain utility theory. 3. define, construct and evaluate decision making situations using decision trees and decision analysis software. <p>MARKOV ANALYSIS (MA)</p> <ol style="list-style-type: none"> 1. generate forecasts from a set of transition probabilities from a set of frequency data 2. describe the meaning and implications of "absorbing states" 3. describe how Markov analysis and decision analysis fit together to perform cost-effectiveness analyses <p>SYSTEMS SIMULATION (SS)</p> <ol style="list-style-type: none"> 1. describe the application of simulation methods to real world problems and the stages of a simulation process (e.g. model formulation and translation, experimental design, experimentation, etc.). 2. describe the benefits and limitations of applying simulation vs. alternative decision making tools. 3. describe the role of experimentation and randomness in a simulation analysis. 4. perform a simple by-hand simulation.
<p>HSMG 791 Administrative Residency</p>	<ol style="list-style-type: none"> 1. Perform as an integral member of a health care leadership team and apply acquired didactic knowledge to operational situations. 2. Generate a practical, in-depth understanding of how one particular health care organization functions, both at the executive and operational levels. 3. Evaluate how health care managers cope with the constraints of time and resources and the need for attention to detail. 4. Review the breadth of factors affecting managerial decision-making and for the political complexity of health care systems. 5. Develop a personal mentoring relationship with a practicing senior manager in a health care organization. 6. Examine and assess the health care industry's values and the expectations of its leaders.
<p>HSMG 792 Administrative Residency II</p>	<ol style="list-style-type: none"> 1. Perform as an integral member of a health care leadership team and apply acquired didactic knowledge to operational situations. 2. Generate a practical, in-depth understanding of how one particular health care organization functions, both at the executive and operational levels. 3. Evaluate how health care managers cope with the constraints of time and resources and the need for attention to detail. 4. Review the breadth of factors affecting managerial decision-making and for the political complexity of health care systems. 5. Develop a personal mentoring relationship with a practicing senior manager in a health care organization. 6. Examine and assess the health care industry's values and the expectations of

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