

**PERIODIC PROGRAM REVIEW
EXECUTIVE SUMMARY
HEALTH SERVICES MANAGEMENT (BHA)**

The Health Services Management (HSM) program leads to a Bachelor of Health Administration (Health Services Management) degree. To complete the requirements, students take 22 semester credits (66 credit hours); the equivalent of two years of full-time study. The School of Health Services Management received full re-certification status by AUPHA (Association for University Programs in Health Administration) in 2006. The School was re-approved in 2012 for 6 years.

In contrast to traditional undergraduate programs that begin the process of education as the basis for later practice, the HSM program is a part time only degree-completion model designed to build on an established base of professional education and practice. The program in Health Services Management is intended for two separate, distinct applicant streams, and the university welcomes /encourages applications from both of these groups as outlined below.

Stream A:

Graduates from a three-year diploma program in an applied health science (e.g. nursing, medical laboratory technology, chiropody, radiology) from a Community College of Applied Arts and Technology or the equivalent, with a grade average of B or better. The diploma must include a one-year introductory, university-level humanities course or the equivalent; *and*

Have at least two years of professional experience in the health services field; *and*

Provide documentation of professional registration/certification where appropriate.

Stream B:

Post-Baccalaureate Degree candidates. Candidates must have completed at least two years undergraduate study in a health-related field or hold a degree in another field from an accredited university. (Two years undergraduate study is equivalent to 20 one-semester courses or 10 two-semester courses.) In either case they must have at least two years (cumulative) of current professional experience in the health services field.

In 2009, Ryerson underwent an Academic Restructuring process and as part of this process, it was recommended that the School of Health Services Management be moved from the Faculty of Community Services to the Ted Rogers School of Management (TRSM). As of May 1, 2011, the School of Health Services Management made the administrative move to the TRSM and had fully re-located its offices and classroom assignments to the TRSM by January 4, 2012 for the beginning of the Winter term.

There have been some recent changes to academic staff. The program recently converted the LTF position to a full-time tenure-track (May 2012) position. Therefore academic staffing now consists of two full-time tenure-stream positions with responsibilities split 50/50 between the HSM and HIM program. Other academic staff includes seven part-time instructors. There is one Director (tenured associate professor) and one Department Administrator with responsibilities split 50/50 with the HSM program and the HIM program.

The characteristics of the student body of the Health Services Management program are:

- approximately 80% female; 20% male
- the majority (64%) identify with being over the age of 35
- 85 - 100% of enrolled students working >30 hours per week in the field
- 100% have post-secondary academic preparation prior to enrollment in the HSM field

In the Fall of 2011, a curriculum review and mapping process was initiated in preparation for the periodic program review. The curriculum mapping exercise was a positive one which allowed us to evaluate how well we were doing in meeting our own program goals as well as the Undergraduate Degree Level

Expectations (UDLEs) required by government. What was surprising to us was the diversity in the teaching and assessment methods in our program and how well the course structure mapped to our program goals (and UDLEs), culminating in the final practicum project which requires the integration of all of our program goals. The success of the program is demonstrated by the number of practicum projects which have been converted to publishable articles, presented at conferences and by the positive reviews from the practicum preceptors and affiliation agreements this has fostered with many health service organisations across the province and country.

The Health Services Management program is now more than 20 years old (inception 1993) as a part-time degree completion model and has now graduated 233 students. Academically the program is strong and yet, due to many factors, including ongoing resource constraints, awareness of the program continues to be a weakness. Further there is some concern that College programming will expand into Ryerson's HSM program as Colleges have now been extended degree granting status. However, this also presents the opportunity to expand the program through the development of a graduate level program.

Now that the School of Health Services Management and the Health Services Management program have relocated to their new home in the Ted Rogers School of Management several short and long term development goals are considered to be imperative to the success of the School going forward.

Short Term Goals:

Development of a Master`s program

Secure funding for faculty position(s)

Secure funding for staff

Establish a School “presence” in the Ted Rogers School of Management building

Long Term Goals:

Increase awareness of the program

Increase student performance, retention and graduation rates

Growth of the HSM Minor

FINAL ASSESSMENT REPORT

REPORT OF ACADEMIC STANDARDS COMMITTEE TO SENATE

Approved by Senate May 31, 2016

PERIODIC PROGRAM REVIEW

HEALTH SERVICES MANAGEMENT (BHA)

Ted Rogers School of Management

1. PROGRAM INFORMATION and HISTORY

Students are admitted directly to the Health Services Management program of the School of Health Services Management Bachelor of Health Administration. Students who successfully complete the degree requirements of the Bachelor of Health Administration program in Health Services Management will receive diplomas and transcripts indicating the designation of:

BACHELOR OF HEALTH ADMINISTRATION, HEALTH SERVICES MANAGEMENT

Formal training in health services management is increasingly required to provide cost-effective, client-centred services in multidisciplinary, multifaceted settings. Ryerson University's Health Services Management undergraduate program is the first of its kind in Canada. It is specifically designed to meet the needs of healthcare professionals who now hold or wish to hold, management positions in health service organizations. The program is offered on a part-time basis in recognition of the fact that over 95% of the participants are employed on a full-time basis, and work experience in healthcare is a requirement for entry into the program.

To complete the requirements, students take 22 one-semester courses, the equivalent of two years of full-time study. Current theories and practices are identified and assessed in healthcare systems management, managerial accounting and finance, health ethics, epidemiology, health law, program planning and evaluation, research methodology and human resources management. Elective courses are offered in areas including business information systems, information technology management, quality assurance, quantitative methods and other areas of relevant interest. Faculty include experts drawn from a variety of health services management and health information management fields.

In contrast to traditional undergraduate programs that begin the process of education as the basis for later practice, the Health Services Management part-time degree-completion program builds on a pre-existing established base of professional education and practice.

Program History

- The School of Health Services Management and the Health Services Management (HSM) program was conceived in mid-1989 and the Health Services Management program was formally approved by Academic Council on February 2, 1993.
- In July 1995 the program was formally transferred from the Continuing Education Division to the Faculty of Community Services.
- The HSM program was complemented by the addition of the Health Information Management program, proposed in 1999 and approved by Senate in 2001.
- In 2009, Ryerson underwent an academic restructuring process and as part of this process, it was recommended that the School of Health Services Management be moved from the Faculty of

Community Services to the Ted Rogers School of Management (TRSM). As of May 1, 2011, the School of Health Services Management made the administrative move to the TRSM and had fully re-located its offices and classroom assignments to the TRSM by January 4, 2012.

- The School of Health Services Management received full re-certification status by AUPHA (Association for University Programs in Health Administration) in 2006. The Health Services Management (HSM) program was recertified in 2013.

2. DEVELOPMENTS SINCE PREVIOUS PROGRAM REVIEW

In 2007 the Health Services Management program was scheduled for Ryerson's periodic program review. The program had recently (2006) undergone a thorough and extensive peer review and re-certification from the Association for University Programs in Health Administration (AUPHA). As a result, it was agreed that the documentation and responses from the AUPHA review could be submitted to Senate in lieu of a full Program Review. The recommendations made in 2006-2007 remain unmet although this clearly has not been from a lack of communication about needs since then. Historically, the School of Health Services Management, despite being vocal in its need for resources to grow the program and address the concerns highlighted by the previous AUPHA review, had largely remained resource constrained.

With the School of Health Services Management's relocation to the Ted Rogers School of Management, its programming has a stronger and natural fit and there is an interest and desire to engage with the health management sector. There have been encouraging discussions indicating an interest in growing and expanding the programming of the School of Health Services Management, and there appears to be an understanding for the need to provide the resources to support such growth. Three faculty appointments have added teaching and research capacity since 2012.

3. SOCIETAL NEED

3a. Current and Anticipated Societal Need

The healthcare sector comprises about 12% of Canada's GDP, about 70% tax-funded. The Government of Canada's Job Market Report forecasts that the demand for "Managers in Health, Education, Social and Community Services" will exceed supply over the 2011-20 period, driven mostly by retirements (68% of openings) and sector growth (23%).¹ Particularly the report states: "... demographic changes will put pressure on the health sector and all health professionals, including managers in the health sector, in which expansion demand will be strong Given the nature of the occupation, namely that it requires a certain level of experience, the school system and immigration can provide only a limited number of qualified candidates. Most candidates will therefore come from other occupations (particularly from the health sector) where they have already acquired considerable experience. This trend will increase in the coming years, but will not be sufficient to fill all openings."

Several data points indicate the overall demand for Ryerson's BHA degree completion program. MOHLTC regulated health professional statistics showed that in 2010 there were 18,692 registered nurses and 9,886 other regulated healthcare professionals in the Toronto Central Local Health Integration Network (TCLHIN).² Province-wide about 31% of these have degrees, including 27% of registered nurses. Notably these figures do not include people holding diplomas or designations in informatics or

¹ Government of Canada. Working in Canada. "Managers in Health Care. National Outlook ' 10-Year Projection (2011-2020)" <http://www.workingincanada.gc.ca/report-eng.do?jsessionid=A2F508119E29941BA00AA4D87459F5E1.imnav1?area=9219&lang=eng&noc=0311&action=final&ln=n&s=2&source=6#outlook>

² HealthForceOntario, Ministry of Health and Long Term Care. Health Professions Database 2010 Stat Book. <http://www.healthforceontario.ca/UserFiles/file/PolicyMakersResearchers/HPDB-2010-stat-book-en.pdf>. The other regulated healthcare professionals category does not include physicians.

health information management. The TCLHIN has 170 health providers, including 17 hospitals, 37 long term care facilities and 17 community health centres.

The healthcare sector faces challenges meeting demand growth driven by technological innovation, high patient expectations and the aging population. The strategic response of policy-makers is to improve system efficiency, effectiveness, equity and quality. Ontario's Action Plan for Health Care, introduced in 2012, shows this commitment. Beyond stressing prevention and public health, the Plan's key initiatives include local care integration, the formation of more family health teams, and activity and quality-based hospital funding, based on patient centred care.³ More generally as government fiscal constraints tighten, it is not inconceivable that more resources will be allocated through market-type processes to both private and public sector providers. These types of activities all increase the demand for managers with analytical and managerial skills by both providers and funders.

3b. Existing and Anticipated Student Demand

Since 2003 the number of applications has remained relatively steady at approximately 63 applicants per year rising to a high of 87 in the 2010-2011 academic year. In the last 3 years (2013/14 – 2015/16) the average number of students accepted into the program was 27.

There has been some discussion that the older cohort of health service management employees looking to upgrade their higher education qualifications may have reached a plateau. Further, there has also been some discussion or concern that the colleges which act as feeder schools for our degree completion program may now extend their offerings given that they have been given permission to offer degree level programming.

As a result, discussions have been underway for new opportunities for expansion and broadening our student target. We now offer a Minor in Health Administration (since Fall 2013). Additionally, we are currently preparing a Letter of Intent for a Masters in Health Services Management.

4. PROGRAM LEARNING OUTCOMES

4a. Program Learning Outcomes

In the fall of 2011, a curriculum review and mapping process was initiated, and in the spring of 2012, a new set of learning outcomes as representative of the Health Services Management Program and reflective of the Undergraduate Degree level Expectations were developed.

HSM Program Learning Outcomes <i>By the end of this program graduates will...</i>
1. Apply a deep and broad knowledge of the key concepts, methods, current advances and strategies in health services management to a variety of settings at the entry or mid-level management position which may intersect with and include the wider healthcare and health management fields.
2. Collect, interpret, assess, and debate multiple sources of information informing critical selection of methods, approaches, and strategies for facilitating planning and decision- making in a healthcare setting.
3. Complete a capstone research project integrating a broad range of skills and knowledge from the health care field by identifying a specialized area of inquiry, by implementing effective research methods (qualitative or quantitative), by critically evaluating resulting data and by formally preparing and presenting findings of publishable quality and thereby demonstrating a solid basis for entry into advanced or graduate studies.
4. Communicate health information, appraisal of literature, arguments, data analysis and interpretation effectively to a variety of audiences first through oral presentations and by responding to questions

³ Ministry of Health and Long Term Care. 2012. Ontario's Action Plan for Health Care. http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_healthychange.pdf.

and secondly through essays, formal research reports and other written assignments.
5. Monitor and appraise the changing field of healthcare and identify gaps in current understanding, challenging assumptions and re-evaluating current practices in light of new developments and understandings in the field.
6. Apply specialized health services management knowledge, strategies and critical thinking skills to complex multidisciplinary problems involving multiple stakeholders in the healthcare system demonstrating principles consistent with academic and social responsibility.

Following agreement of the program learning outcomes, each instructor in the program completed a curriculum mapping exercise for the program courses, identifying the particular learning outcomes they address and the teaching and assessment methods they use to address these learning outcomes. The mapping demonstrated the overall progression from introduction through to proficiency as they progress through the curriculum. For example with learning outcome 1, we see it first *introduced* at an introductory level in the 300 level courses (HSM 301, HSM 305, HSM306, HSM 330, and HSM 326). This is then *reinforced* in later courses at an intermediate level (HSM 407, HSM 408, HSM 417, HSM 437), and lastly students demonstrate *proficiency* by the time they reach the practicum project (HSM 418 and HSM 419).

We can see this pattern repeated through all the learning outcomes except perhaps learning outcome #3, which is particularly applicable to the Practicum experience. Further progression in meeting Learning Outcome #3 is demonstrated at an introductory level through Research Methodology (HSM 417) and is reinforced through Program Planning and Evaluation (HSM 408) and culminates in the actual completion of a formal Practicum Research Project (HSM 418 and HSM 419) of publishable quality (Proficiency).

4b. Program Consistency with other Academic Plans

The program learning outcomes are consistent with the University mission and academic plan, the Faculty academic plan and the school's academic plan. Ryerson's degree-completion HSM program is uniquely structured to target students working in the healthcare field who can apply skills they are learning immediately in their workplace, which reflects Ryerson's history of applied knowledge to address societal needs. Further, woven through many of the program learning outcomes is a focus on the acquisition of critical thinking, interpretation and assessment of multiple sources of information related to a health services management field as well as the broader health care field and in turn societal needs in general (e.g. Public Health; Chronic Disease Management and Pan Canadian Health Record). Lastly, program Learning Outcome #3, which applies to the required capstone research project, integrates both theoretical and applied knowledge at a high level, integrating the learning from the entire program, including the application of a broad range of knowledge, critical thinking and research skills to a specific health care management problem within a healthcare organization. Success is assessed through the demonstration of effective communication skills in a formal presentation to both an academic and management audience and the formal research document, often of publishable quality. The rigour required for the capstone course is deliberately designed to prepare students to move on to graduate level work.

5. ACADEMIC QUALITY

5a. Program Curriculum and Structure

The degree-completion program in Health Services Management is offered as a part-time program and provides the equivalent of the upper-level portion of an honours degree. To be eligible for graduation, students must complete fifteen professional courses (11 professionally required and 4 professionally related and required); four one-semester professionally related courses; and three one-semester liberal studies courses.

<p>LEVEL I, SEMESTER I <u>Professionally Required Courses</u> HSM 301: The Healthcare System HSM 305: The Management Cycle <u>Professionally Related and Required</u> (two of) QMS 102: Business Statistics I ACC 100: Financial Accounting HIM 301: Healthcare Information Analysis <u>Professionally Related Elective</u> (One from Level I) <u>Liberal Studies</u> (One)</p>	<p>LEVEL I, SEMESTER II <u>Professionally Required Courses</u> HSM 306: Management, Leadership and Decision Making HSM 326: Law for Health Managers HSM 330: Managerial Epidemiology for Healthcare <u>Professionally Related and Required</u> (one of) QMS 102: Business Statistics I ACC 100: Financial Accounting HIM 301: Healthcare Information Analysis <u>Professionally Related Elective</u> (One from Level I) <u>Liberal Studies</u> (One)</p>
<p>LEVEL II, SEMESTER I <u>Professionally Required Courses</u> HSM 407: Financial Management HSM 417: Research Methodology HSM 437: Human Resources Management <u>Professionally Related and Required</u> PHL 444: Ethics in Health Services Management <u>Professionally Related Elective</u> (One from Level II) <u>Liberal Studies</u> (One)</p>	<p>LEVEL II, SEMESTER II <u>Professionally Required Courses</u> HSM 408: Program Planning and Evaluation HSM 418: Practicum Seminar HSM 419: Practicum <u>Professionally Related Elective</u> (One from Level II)</p>

PROFESSIONALLY RELATED ELECTIVES LEVEL I (2 one-semester courses required)		PROFESSIONALLY RELATED ELECTIVES LEVEL II (2 (not chosen in Level I) one-semester courses required)	
CMN 279	Introduction to Business Communications	INT 901	Gerontology: Critical Issues & Future Trends
ECN 104	Introductory Microeconomics	INT 902	Disability Issues
ECN 204	Introductory Macroeconomics	INT 903	Research Projects in community Services
HIM 302	Health Information Systems Management	INT 904	Health Promotion and Community Development
HSM 307	Principles of Long Term Care and Service Delivery	INT 905	Conflict Resolution & Dispute Resolution
HSM 308	Project Management: Long Term Care	INT 906	Intimacy and the Politics of Reproduction
HSM 309	Trends in Long Term Care Service Delivery	INT 907	Team Work for Community Services
HSM 310	Institutional Structure	INT 908	Homelessness in Canadian Society
HIM 404	Health Economics	INT 909	Participatory Development Communication
INT 901	Gerontology: Critical Issues & Future Trends	INT 910	First Nations Issues
INT 902	Disability Issues	INT 911	International Community Development
INT 903	Research Projects in community Services	HSM 307	Principles of Long Term Care and Service Delivery
INT 904	Health Promotion and Community Development	HSM 308	Project Management: Long Term Care
INT 905	Conflict Resolution & Dispute Resolution	HSM 309	Trends in Long Term Care Service Delivery
INT 906	Intimacy and the Politics of Reproduction	HSM 310	Institutional Structure
INT 907	Team Work for Community Services	MHR 522	Industrial Relations
INT 908	Homelessness in Canadian Society	MHR 741	Managing Interpersonal Dynamics
INT 909	Participatory Development Communication	MKT 100	Marketing I
INT 910	First Nations Issues	OHS 208	Health Law and Safety Law
INT 911	International Community Development	OHS 508	Occupational Health
INT 913	Issues in Migration		
INT 914	Settlement Experiences		
INT 916	Introduction to Fundraising		
OHS 208	Health Law and Safety Law		
OHS 508	Occupational Health		
POG 310	Ontario Politics		
POG 315	Equity and Human Rights		
POG 319	The Politics of Work and Labour		
PSY 805	Adjustment, Stress and Coping		
SOC 31A/B	Sociology of Health		

SOC 608	Feminism and Society		
SOC 609	Women and Human Rights		

5b. Diversity and Inclusion

Diversity and inclusion in the health services management program are reflective of the broader healthcare field. It is recognized that characteristics associated with diversity – ethnicity, race, culture, gender, ability, class and so on – are associated with healthcare access and outcomes. There are important implications for managers and providers in the system. These topics arise throughout the program, particularly in both policy and management courses. In HSM 437 (Human Resources Management in Health Services Organizations), there is a section/chapter specifically addressing Diversity Management and makes up a chapter in their required textbook readings. The section specifically talks about the strategic importance of diversity management and uses case studies as teaching tools for classroom discussion. Further, one of the learning objectives of HSM 301 (The Health Care System) is to “Demonstrate an understanding of the complexity and challenges of servicing diverse populations in the Canadian health care system.”

The capstone course (HSM 418 and HSM 419) requires students to engage with health service organisations and providers in the field reflective of a very diverse healthcare system. Students are required to work on a research project collecting data and interacting with staff in a collaborative way.

5c. Curriculum and Structure - Undergraduate Degree level Expectations (UDLEs)

Depth and Breadth of Knowledge: UDLEs #1 is well represented through all of our courses. The 300-level courses particularly address depth and breadth of knowledge at an introductory level. As students progress, this expectation is reinforced through the 400-level courses, and by the final courses (the Practicum HSM 418 and HSM 419), students’ depth and breadth of knowledge are demonstrated in both written and verbal form and assessed at the proficiency level through their practicum research project.

Knowledge of Methods: UDLEs #2 is well represented as our program is structured to culminate in a high-level research project. This particular degree level expectation strongly aligns with program learning outcome #2. Similarly, the 300-level courses are designed to introduce students to the collection, interpretation, assessment and the debate around multiple sources of information in order to inform critical selection methods, approaches and strategies for facilitating planning and decision-making in a health care setting. These concepts are then reinforced in the Research Methods course (HSM 417) and Program Planning and Evaluation course (HSM 408), and later applied at a proficiency level when they reach the capstone practicum (HSM 418 and HSM 419) where they are required to engage in and produce a formal research project.

Application of Knowledge: UDLEs #3 is well represented through learning outcomes #3 - #6 and in most of the program courses. The 300-level courses provide the basic introduction (e.g., HSM 330) into how to critically assess and weigh critical approaches to evaluating healthcare issues, and the 400-level courses take this further, both reinforcing and formalising the application of their knowledge (e.g., HSM 408), leading to and culminating in the research project (HSM 418 and HSM 419).

Communication Skills: UDLEs #4 is well represented in many of our courses and through most of our program learning outcomes. This is particularly illustrated in the assessment and teaching methods matrix. Many courses use both essays and presentations to assess communication skills. For example, HSM 305 and HSM 306 use both role playing exercises in teaching methods and critical analysis papers in assessments. Similarly, HSM 301, the very first course our students are required to take in the curriculum, requires both presentations and written assignments for assessment at an introductory level. At the reinforcement level, HSM 408, HSM 417 and HSM 437 integrate both presentations and written assignments into both teaching and assessment. Finally, the capstone courses (HSM 418 and HSM 419)

require proficiency to present their research findings by means of a formal presentation to the entire School of Health Services Management faculty and students, and often include representatives of the host institution and practicum preceptor. Further, their final research project must be written up as a formal research project suitable for publication.

Awareness of Limits of Knowledge: UDLEs #5 is particularly well represented through our program through learning outcome # 5. An awareness of the limits of knowledge is associated with courses which require some degree of literature review and critical analysis. Specifically, HSM 301 and HIM 301 require research papers and some degree of awareness that there is a wide range of opinion in these areas for which they have only an introductory understanding at this point. This is particularly relevant as many of these students come from a healthcare background and often make the assumption that they already have a good understanding of the system. These first few courses lay the foundation of an awareness of the limits of their understanding. This is then formalised and reinforced in the 400-level courses like HSM 417 (research methodology) and HSM 408 (program planning and evaluation). Similarly, by the time they reach the capstone courses (HSM 418 and HSM 419), they have a greater understanding and appreciation of the limits of their knowledge and how this impacts the strength of their interpretations of that knowledge and the conclusions they can draw from their own research project.

Autonomy and Professional Capacity: UDLEs #6 is well represented in many of our courses and through our program learning outcomes 3, 5 and 6. Many courses from the 300 level through the 400 level and culminating in the capstone practicum course require our students to develop transferable skills, such as a broad understanding of the health care field and management field beyond simply the health information management sector. Further, they have developed their critical thinking and analytical skills which can be applied to a wide context. Through courses like HIM 301 (Health Information Analysis) at an introductory level, HSM 408 (Program Planning and Evaluation) at an reinforcement level, and HSM 418 and HSM 419 (Practicum) they have developed a proficiency in initiative, personal responsibility and accountability as demonstrated by their ability to manage their own learning under changing circumstance particularly through the independent projects required in these courses to access information provided by host healthcare institutions.

Further, group work and the ability to manage and work effectively in groups are required by many courses. Lastly, for those courses which require students to gather data from either their own workplace (e.g., HIM 301 and HSM 408) or in the case of the practicum another workplace setting, students are required to pay significant attention to business ethics and act and behave in a professional manner consistent with academic integrity and social responsibility. PHL 444 Ethics in Health Services Management specifically addresses behaviour consistent with academic and social responsibility.

5d. Curriculum Development

The Health Services Management Program undergoes curriculum review on an annual basis through the curriculum committee. In addition to the curriculum committee, the School Council is involved in all matters related to academic planning, administration, operation and procedural policies. For example, our School Council discussed Undergraduate Degree Level Expectations and the curriculum mapping process in preparation for the HSM program review. Further to those discussions, a curriculum mapping exercise began which helped us to better understand our current curriculum structure and how well we are addressing our newly developed program learning outcomes.

5e. Enrolment in program courses

Enrolment in program courses by HSM students may appear to be low (15-30), however; they do not represent the total enrolment of these courses as both HSM program students and CE students also enroll in these courses. In addition, the School of Health Services Management is consistently seeking to provide online offerings to meet the needs of our out-of- province students.

5f. Relationship to Current Discipline and Profession

In contrast to traditional undergraduate programs that begin the process of education as the basis for later practice, the Health Services Management part-time degree completion program builds on a pre-existing established base of professional education and practice.

It is noteworthy that approximately 95% of our students are working in the field. Most of our part-time instructors are also working in the field and relating course content to contemporary issues. In addition, the Health Services Management program undergoes peer review and re-certification by the Association of University Programs in Health Administration (AUPHA) every 8 years. There are 84 undergraduate level AUPHA member programs of which Ryerson is the only Canadian program.

For comparison purposes, even though it is not an AUPHA recognised program, it is worth mentioning York University's School of Health Policy & Management which offers a full-time bachelor's degree (BHS - Bachelor of Health Studies) in Health Management in addition to a BHS in Health Policy and Health Informatics. As of September 2008, the School is now offering an Honour major in Health Studies and minors in Health Policy, Health Management or Health Informatics. A Health Informatics Certificate is also available as a stand-alone option.

5f. i Professional Practice

Our program is unique in that most of our students are already working full time in the health services field while completing their degree. Students are exposed to both academic integrity and social responsibility in several courses and one of the program learning outcomes (#6) specifically addresses principles consistent with academic and social responsibility. Specifically, PHL 444 (Ethics in Health Services Management) reinforces and builds on topics related to ethical issues in health services management and these are reinforced again in Program Planning and Evaluation (HSM 408) in preparation for their practicum research project. At a more advanced and experiential level, the Practicum as the capstone course in the program emphasizes both academic and professional integrity through a learning contract with a healthcare organisation around a particular research proposal which addresses the FINER criteria (Feasible, Interesting, Novel, Ethical and Relevant). The formalisation and negotiation of the project with the host organisation, the subsequent signing of a formal learning contract requires the student to consider and note both the academic and professional integrity required to successfully complete their project.

5f. ii Accreditation Certification

The School of Health Services Management received full re-certification status by AUPHA (Association for University Programs in Health Administration) in 2013.

5g. Student Engagement

5g. i Innovative or Creative Content and/or Delivery

The program is designed around the needs of the working professional in health services management and as such must provide instruction in a variety of formats in order to meet the unique needs of this group. Courses are delivered in three formats:

- On-site evening classes that take place once or twice a week.
- Distance Education courses that are delivered over the Internet.
- Modular courses that are taught on campus over three non-consecutive extended weekends (full days on Fridays and Saturdays) over one semester.

Teaching methods vary from course to course but a variety of methods including videos, movies, role playing exercises, guest speakers, group work, and in particular practical research field experience as part

of the capstone course, make for a diverse and creative learning experience. Peer feedback and peer teaching, case studies, guest speakers, films and videos, and role playing exercises are employed in teaching. Field experiential opportunities are utilised in HIM 301, HSM 408 and the practicum project HSM 418 and HSM 419.

The 300-level courses address all the program learning outcomes at an introductory level except learning outcome 3, which is specific to the capstone course. At the 400 level there is reinforcement of these learning outcomes in most courses and an introduction to learning outcome 3 in the research methodology course with a reinforcement of learning outcome 3 in the program planning and evaluation course. All of this leads to the capstone course (HSM 418 and HSM 419) where students are engaged in an experiential activity requiring them to draw on and demonstrate proficiency in all the program learning outcomes.

5g. ii Partnerships or Collaborative Agreements

Ryerson's Health Services Management program is designed to build on an established base of professional education and practice. This leads to collaborative informal relations with college diploma programs that provide the foundation for our degree completion model (e.g., George Brown College, Fleming College, and St. Lawrence College). Other key partnerships are the formalised relationships required for the final practicum research project. The School of Health Services Management has developed ongoing relationships with several health services and health information management partners. Such relationships are important for the future placement of our students and are nurtured by the Director. Such placements include hospital service and information management departments, Community Care Access Centres, long-term care facilities, health laboratories and other specialized health service organisations. In order for students to be able to do their Practicum at an external site, Ryerson's School of Health Services Management must have an affiliation agreement with that site.

5g. iii Experiential Learning Opportunities

The HSM Program provides several experiential learning opportunities. Two are outlined in more detail below, one at the beginning of the program at the 300 level and the other in the capstone course.

HIM 301 – Health Information Analysis:

As part of a class project, each student must complete an independent project at a healthcare organisation (preferably their own) that involves the collection and analysis of data for the purpose of demonstrating or illustrating, provide a theory, or drawing a conclusion.

Practicum Seminar and Practicum (HSM 418 and HSM 419):

HSM 418: The first pre-field work seminar orients students to the process of experiential learning. Students and faculty supervisors establish learning contracts detailing the terms and conditions of fieldwork placements. The mid and final seminars provide an opportunity for students to apply theory and collectively share their experiences. Learning outcomes include an applied understanding of the management cycle, the challenges for managers and enhanced research and evaluation skills.

HSM 419: The practicum provides the opportunity to apply management theory and concepts in a working environment. Students evaluate and analyze on-site management issues within the context of their understanding of organizational systems. Supervision is provided by on-site preceptors. These courses address all the program learning outcomes.

Students have had the opportunity to learn from and network with industry leaders through the HSM Speaker Series and Symposium, which brought industry health leaders to the School of Health Services Management for special student engagement initiatives. Due to resource constraints, the Speaker Series and Symposium were discontinued in 2010.

5h. Student Assessment

Assessment methods employed include assignments, quizzes, presentations and critical analysis papers like literature reviews and research reports. There is an increasing emphasis placed on the acquisition of skills directly related to communicating knowledge in both written and oral formats as the student progresses through the curriculum, culminating in a formal presentation open to the site preceptor and the entire school of health services management and a written research report of publishable quality.

5i. Student Success and Achievement

The greatest marker of student success and achievement for our program is the successful completion of the required capstone course, the Practicum, and, while challenging, students in general feel the process to be extremely rewarding and recognize it as proof of the knowledge and skills they have acquired throughout the program.

The retention rate of the HSM program varies over the years (low of 65.5% to high of 95.7%) with the most recent year of 2014-2015 reporting a 1 year retention rate of 65.5%. Variations like this are often reflective of the part-time nature of the program where students are sometimes unable to complete a course during an academic year due to a variety of reasons including work related issues or the availability of a particular course in the term of their choice.

5j. Variation from GPA Policy

None.

5k. Library Resources

The library has been very responsive in accommodating the needs of distance students, for example, in obtaining and validating library cards. The Ryerson library acquires, stores, and provides access to a variety of information resources. The collection is monitored by professional librarians who, along with support staff are available to answer questions.

While the Health Services Management program is relatively small, it does draw on expensive and heavily-used library resources that support larger programs, including Business Management, Information Technology Management, Public Health, Nursing and Health Information Management.

The library report demonstrates that Ryerson University Library resources and services adequately support the program in Health Services Management. The current depth and breadth of print and electronic resources, achieved by diligent collection development efforts by the Library, have resulted in a collection that satisfies the information demands of study and research for this program. Electronic resource access, through subscriptions to aggregators and publishers' collections and participation in national and provincial resource sharing consortia over the past decade, has resulted in an exponential increase in journals and scholarly sources supporting the program.

5l. Student Surveys, Focus Groups, and Graduate Surveys

Student Survey:

Of the 40 students that responded to the student survey (18% response rate), there was a relatively even distribution in the level of degree-completion with approximately 20% represented in each category (0-5; 6-10; 11-15; 16-20 and 21 or more courses completed) although the greatest proportion (27.5%) were in the 11-15 category of course completion.

- 80% were employed either part-time or full-time prior to enrolment in the HSM program
- 20% had attended community college or university prior to entering the program
- 39 of 40 responses were either A or B level students
- 77.5% of the respondents were female which is representative of our enrolment

- 30.8% were age 30-34 and only 2 represented a younger cohort of 25-29. The remaining 25 respondents were relatively evenly distributed between age 35 to 50 and over (62.5%) with 7 over the age of 50

The majority of students felt the program:

- is academically challenging (97.5%)
- provides good preparation for a career (100%)
- is of high quality (97.5%)
- offers well organized courses (90%)
- has a workload that is manageable (87.5%, although 5 respondents felt the workload was excessively high)

The majority of students felt their program was strongest in helping them with problem-solving, written communication, oral communication, research skills, leadership skills, computer proficiency, professional and ethical responsibilities, developing a broad knowledge of their academic field, mastering specific employment related skills/knowledge, and working in teams.

Where students appeared to have some criticism was in creativity, entrepreneurship, understanding the international context of their career field, understanding people from different cultures and in responding to technological innovations. There is a strong focus on the Canadian Healthcare system in the program so we can also understand the lack of improvement in understanding the international context of their career.

Written assignments, learning materials, classroom instruction, group work and print and computer-based library resources were considered effective or very effective. Some improvements could be directed would be toward tests and examinations, group work and print-based library resources.

The consensus seems to support that professors are current and knowledgeable, teaching is intellectually challenging, teaching is of high quality and professors provide useful feedback. However, a minority (approximately 17.9%) of students felt that their professors were not well organized in their teaching and more critically 20.5% felt professors need to work on their availability outside of class time.

89.7% of respondents indicated that they would recommend this program to others. The majority of comments were positive; however, one concern identified the lack of availability of online courses in each semester since they depend solely on the online provision of courses. Another concern outlined the need for scholarships and grants. 97.5% of students indicated that they would recommend Ryerson University to other students.

Alumni Survey:

To date the HSM program has graduated 246 students. In June 2008 a survey was distributed to HSM alumni (n=140) to gauge alumni perceptions of the Health Services Management Program. The mean time elapsed since graduation for all alumni was approximately 2 years. 70 identified as female while 16 identified as male for a total response rate of 86 (61.4%).

- Of those that reported their age, 25 identified as between 40 and 49, 23 identified in the age ranges of 30-39 and 22 in the 50-59 range
- 82% earned between \$50,000 and \$100,000 and the remainder were earning between \$100,000 and \$150,000
- 83% had prior clinical training and of those, the majority came from the allied health professions and the next largest group was represented by nursing.
- Over 50% of those who had practiced clinically had been doing so for 10 years or longer before entering the HSM program

In ranking their perceptions of the skills, knowledge and abilities they gained in the HSM program, the most highly ranked skills were trends and issues in healthcare, problem solving skills, health law, human resource management, critical thinking, leadership, ethics in healthcare, communications, and team building skills. Over 56% of alumni reported that they did not feel well prepared to deal with international health, management epidemiology and operations research. After entry to the HSM program twice as many respondents held management positions than previously reported. This increase from 31.33% to 62.82% indicates a large shift from that of alumni in clinical positions to assuming the role of healthcare managers.

An open-ended question revealed respondents felt health politics/health policy, and funding and strategic planning would be areas on which the program could place more emphasis. Other areas for curriculum improvement were statistics. Since the survey was administered, a statistics course has been added to the list of required courses.

A short alumni survey in 2012 had 25 respondents which represent a low response rate of 10.7 % (25/233). All of the students were employed when they entered the program. HSM graduates identified their jobs prior to entering the program as predominantly Nurse (4), Laboratory Technician (4), Paramedic (3), Respiratory Therapist (2), and Manager (2). In this cohort of alumni, 64% identified securing a more senior job position as a result of their degree.

- 25/25 were satisfied or very satisfied with the core courses, 24/25 were satisfied or very satisfied with the elective courses and 24/25 were very satisfied or satisfied with the practicum courses
- 12/25 said course availability was a problem but their responses to the open ended questions were more a criticism of specific courses rather than about availability

Courses that should be added to the HSM program included statistics, strategy and project management, Informatics or IT management and people management. There was a recommendation for a new accounting course specific to HSM which has already been implemented. Several alumni recommended the removal of Statistics and yet this was put in place because of previous recommendations that it should be included.

Alumni responded to questions about promoting awareness of the program and recommendations included that the program should: promote more in healthcare institutions (including LTC, Hospitals, and community sectors), agencies and professional journals; use our alumni more aggressively to market the program given that many of them are now in more senior positions; bring back the speaker series and symposium and other networking opportunities; and advertise in transit and through online social media channels. There were also recommendations for the program to expand into graduate studies utilising a blended learning approach.

Practicum Preceptor Evaluations:

A total of 233 HSM students have completed the practicum. Recently, a practicum student completed research on the preceptors' perception of the practicum experience based on preceptor responses from January 2007 through to and including January 2011 academic terms. The report stated:

“Despite the challenges inherent in participating as a preceptor, the value in the experience has been deemed both pleasurable and enjoyable by the preceptors involved in Ryerson's practicum program. Other findings indicated that the majority of preceptors were highly impressed by the student's attitude, professionalism, work ethic and final deliverables (written report and/or presentations). Overall, it was well communicated in the feedback from the preceptors that the student's projects were deemed both valuable and useful to the host organizations; in several cases steering health care management decisions on site.”

Recommendations for improvement included:

“...increasing the number of face-to-face visits by faculty and hosting an annual preceptor appreciation breakfast would help to both support and recognize the efforts of participating preceptors.

“Lastly, but most importantly would be the recommendation to hire a full-time faculty member to work exclusively with the practicum program in an effort to fill the existing gap in communication and support identified by the preceptors.”

Employer Survey:

The School has not conducted an employer survey. The practicum preceptor survey, mentioned above, was used as a proxy for an employer survey since the students are, for the most part, employed and disbursed in small numbers throughout the healthcare system.

6. ACADEMIC QUALITY INDICATOR ANALYSIS

6a. Faculty

Since inception the HSM program has operated with a skeleton staff. Up until May of 2012, the program consisted of one Tenured Faculty member (who was also the Director of the program). In May 2012 an LTF position was converted to a Tenure-track Faculty position. Both positions split their responsibilities equally between the HIM program and HSM program. Additionally, as of September 1, 2013, a faculty member transferred into the School of Health Services Management as a full-time faculty member. The remaining faculty are CUPE 1 contracts.

Scholarly, Research and Creative Activities

SRC activities naturally fall along a continuum from the applied to the theoretical. All disciplines in which SRC is conducted and all forms of SRC are valued for their contributions to knowledge creation, knowledge integration, knowledge dissemination and knowledge in the service of society. As part of the collegial environment of Ryerson, faculty, staff and student members are encouraged to disseminate the knowledge and experience gained through SRC. Such dissemination may be achieved through exhibitions, performances, screenings, monographs, publications, inclusion within the curriculum, academic conferences, seminars and workshops to external groups such as industry governments and community institutions. Faculty members are encouraged to incorporate student participation, as appropriate to the SRC programs and the skills and interests of students. The following table presents a sampling of recent presentations and publications applicable to Ryerson faculty involved with the Health Services Management Program. Individual resumes contain a more comprehensive list.

6b. Students and Graduates

6b. i Admission Requirements

Health Services Management is intended for two separate, distinct applicant streams and the university welcomes /encourages applications from both of these groups as outlined below:

Stream A:

- Graduates from a three-year diploma program in an applied health science (e.g., nursing, medical laboratory technology, chiropody, radiology) from a Community College of Applied Arts and Technology or the equivalent, with a grade average of B or better. The diploma must include a one-year introductory, university-level humanities course or the equivalent; *and*
- Have at least two years of cumulative, current professional experience in the health services field; *and*
- Provide documentation of professional registration/certification where appropriate.

Stream B:

- Candidates must have completed, at an accredited university, at least two years undergraduate study in a health-related field or hold a degree in another field, from an accredited university. In either case

they must have at least two years of cumulative, current professional experience in the health services field.

Applicants who have yet to finish their first degree in another field may be eligible for conditional acceptance contingent on their completing their degree requirements prior to commencement of classes.

6b. ii Student Qualifications

The admission data show an applicant pool ranging from 47-87 per year with a range of 22 - 47 enrollments per year. A large number of rejections are due to applications that do not meet the eligibility requirements outlined above. Since this is a degree-completion program and we are recognized by AUPHA, it is important for the program to maintain standards that are appropriate to maintain AUPHA certification status.

Academic Year	Total Applications	Accepted
Fall 2010 – Spring 2011	87	47
Fall 2011 – Spring 2012	66	28
Fall 2012 – Spring 2013	59	30
Fall 2013 – Spring 2014	70	31
Fall 2014 – Spring 2015	50	22
Fall 2015 – Winter 2016	47	29

6b. iii Enrolments, Retention and Graduation Data

Students entering into our program are admitted three times a year in the fall, winter and spring semesters and are given a maximum of eight years to complete their program. It is expected that students will maintain an average registration of one, one-semester course per term for each of the three academic terms per year. Since the degree-completion requires twenty two (22) courses, the student should complete the program in an 8-year time-frame.

The HSM program retention rates vary over the years and are often reflective of the part-time nature of the program. Students are sometimes unable to complete a course during an academic year due to a variety of reasons, including work-related issues or the availability of a particular course in the term of their choice. While limited formal follow-up has been undertaken, students are withdrawing from the HSM program indicate a number of reasons including:

- Amount of time required to complete the degree
- Increased job requirements/commitments
- Re-location
- Job loss or job change
- Increase family/life commitments

While the overall withdrawal rate from the HSM program remains manageable and within expectation, this is an area that requires more formal assessment.

7. RESOURCES

7a. Human resources

Administrative Structure - The Director and Department Administrator administer the day-to-day operations of the School of Health Services Management. Other administrative bodies of the department are the Curriculum Committee, School Council, External Advisory Committee and Alumni Association.

The Director is responsible for both undergraduate BHA programs (Health Information Management and Health Services Management). There was a short term contract Program Manager employed from 2008-2010 to help with the Director's administrative responsibilities; however, due to resource constraints this

position was not renewed. One full time Department Administrator is employed. Support staff splits responsibilities between the HSM program and HIM program.

External Advisory Committee - In matters relating to the academic planning, operation, and long term initiatives affecting the program, the Director seeks the advice of the Program Advisory Committee. Initially a separate advisory committee for Health Information Management was created during the development of HIM but this was subsequently merged with the Health Services Management Committee so both programs are now represented on one Program Advisory Committee (2003). The Program Advisory Committee meets twice annually, or more frequently if required.

Alumni Association - The mandate of the association is to enhance the existing program and related activities by providing educational and recreational opportunities that directly benefit the development of the alumni and students. Other goals and activities include building partnerships, acting as a resource for the faculty, administration, students and employers, fostering pride in the school, and providing a voice for issues and concerns in the health and education sectors. The association offers a great opportunity to network, articulate concerns and to initiate innovative ideas and make a difference in the future of the program. The Alumni Association is actively involved in planning events in conjunction with the School of Health Services Management and the Ted Rogers School of Management Careers Centre.

Academic Assistants

Not Applicable.

Curriculum Counselling/Advising

The School offers four ways students can access academic planning information. The first is a comprehensive web site that outlines the curriculum, describes key elements (including the Practicum), and offers links to the Ryerson Calendar. Second, there is a Departmental Assistant (DA) who responds to inquiries by phone, email or in-person. Third, the School Director will respond to inquiries either directly or by referral from the DA. Fourth, for the most complex element of the program, the Practicum project, an obligatory workshop is conducted prior to the planning semester students use to prepare for their placement and associated study.

7b. Physical and Financial Resources

Space allocation

HSM currently shares classrooms at TRSM (Ted Rogers School of Management). The dedicated spaces are four offices and a shared office space for LTF and part-time instructors. The School shares meeting facilities with other TRSM Schools. The program does not have a “storefront” unlike the other TRSM Schools. TRSM has two computer labs available for use by students.

8. STRENGTHS, WEAKNESSES AND OPPORTUNITIES

Academic Quality: Some of the strengths of our program include the variety of delivery options (traditional, modular, and online), the currency and experience of our instructors, the flexibility and structure of the degree-completion model. Where we continue to see challenges is lower than expected student enrolment numbers. While we have a much higher application rate than enrolment, many of the students who apply continue to not meet the academic requirements for entry into the program. One explanation for this discrepancy between applications and acceptance is that, despite our best efforts to communicate the requirement for previous healthcare education, we continue to have non-healthcare trained individuals seeking healthcare management education.

Further anecdotal comments suggest that awareness of the program still appears to be limited and this may also be affecting the quality and quantity of eligible applicants. Lastly, there appears to be some concern from some students that the demands of the practicum are too high. While we feel very strongly

about the value of the practicum experience, we need to consider how we can make this process more supportive for students who are struggling with the challenge to meet the rigour and demands of the practicum experience.

Opportunities for Program Improvement and Enhancement: While it is clear that the quality of our program is high, there are opportunities for improvement. There is a need to increase the number of sections and to continue to develop both modular content and web-based content to meet the increasing needs of students from outside the greater Toronto Region. Currently students are integrated into classes which include both Health Information Management program and Health Services Management Certificate students, in addition to other continuing education students and the foreign trained physiotherapy students undergoing credentialing by the Canadian Physiotherapy Association.

For continued success there must be ongoing efforts to ensure the relevancy of the curriculum and continued efforts at student recruitment and retention. As history has proven, continued and imaginative methods of building program awareness and presentation are necessary to ensure the programs future viability and relevancy.

The recently revived HSM Alumni group has enabled the School to work in partnership with the HSM Alumni and the Ted Rogers School of Management Career Centre to re-initiate the Speaker Series, as well as to organize meet-and-greet activities for current students and alumni. The HSM Alumni plan to open up the Speaker events to members of the community as well, to further engage with the health management sector in the Greater Toronto Area.

The vitality, relevance and success of the program are highly integrated into the strong practitioner orientation of the curriculum and the experience of the instructors. The value of an instructing faculty with current health services and health industry experience cannot be understated. However, the dependency on part-time instructors also poses a challenge when it comes to curricular and strategic planning given part-time instructors typically have full time jobs elsewhere and their loyalties and time constraints do not allow them the flexibility required for these school activities. One solution would be to create more permanent faculty positions.

In addition, with increasing competition from the college sector particularly with degree granting authority being extended to some colleges, there is concern that this will impact on the pool of students from where we currently draw. The solution may be an opportunity for program expansion into offering a full-time degree level program.

Ability of Program to meet learning outcomes and Degree Level Expectations: The curricular mapping exercise for PPR was a positive and worthwhile experience and helped us focus our program learning outcomes and evaluate just how well they map to the Undergraduate Degree Level Expectations. We were able to delve deeper into assessing each course and the variety of teaching methods and assessment methods used. What was surprising for us was how diverse the teaching and assessment methods were in our program and how well the course structure mapped to our program learning outcomes, culminating in the final practicum project which requires the integration of all of our program learning outcomes and affirms and clearly resonates with the undergraduate degree level expectations. Overall, this process confirmed that we are addressing our program learning outcomes, and in doing so we are also addressing the undergraduate degree level expectations as required by the province.

9. DEVELOPMENTAL PLAN

Short Term:

a. Masters development: It is our opinion that there is room here for growth and we see the development of a Master's program as an opportunity to offer a unique health management focused Masters within a

school of business management as opposed to the traditional Schools of Medicine or Public Health. We also believe that our students graduating from the Bachelors of Health Administration from both programs including the Health Information Management program would see this as a natural extension of their learning. The School is currently preparing a Letter of Intent regarding the creation of a Master's in Health Services Management.

b. Secure Funding for Faculty: The School of Health Services Management has been operating with minimal faculty resources. Despite some positive movement with new additions to the program via LTF to tenure track conversion, the School of Health Services Management is in need of another tenure track faculty position, to be shared by the HSM and HIM programs, with a specialty in HIM.

c. Secure Funding for Staff: With the pending proposal for the Master's in Health Services Management program housed within the School, along with continued growth in the program, the School anticipates significant additional staff supports for management and administration.

The position Program Development Officer needs to be reinstated and funded on a permanent basis and the position Research Assistant needs to be reinstated and funded on a permanent basis.

d. Provide a School "presence" in the Ted Rogers School of Management: To provide a presence for the School of Health Services Management and the Health Services Management program, space needs to be re-allocated to provide for a reception area (which could be shared with another school), and this space needs to be directly linked to space for the Director, Administrator, a cluster of academic offices and a student advising space.

Long Term:

a. Increase Awareness of Program: It is noteworthy that our students and alumni have also commented on a lack of awareness of our programming due to insufficient resources and cutbacks over the last few years. Based on our analysis and some of the feedback provided, it is our understanding that the School should/will engage in more promotion and marketing activities, thus supporting the need for additional resources previously identified in the short term goals.

b. Increase Student Performance, Retention and Graduation Rates – the School will:

- continue to review and adjust curriculum as required based on student and stakeholder feedback (e.g. Accounting course; Economics course; new courses etc.)
- continue to work with students to support them and ensure the practicum experience is a rewarding learning experience
- continue to enhance and utilize the modular model of course delivery
- continue to enhance and utilize the online model of course delivery
- work with the Canadian College of Health Leaders (CCHL) in order to facilitate membership and participation of the students registered in the program
- work with the Alumni Association to build opportunities for networking

c. Growth of HSM Minor: Expansion of the HSM Minor to include students from other faculties across the university including program students from the Faculty of Community Services and Faculty of Arts.

10. PEER REVIEW TEAM (PRT) REPORT

Reviewers:

Glen E. Randall, Ph.D., Associate Professor and Chair, Health Policy and Management, DeGroote School of Business, McMaster University

Janice Waddell, R.N., Ph.D., Associate Dean, Faculty of Community Services, Associate Professor, Daphne Cockwell School of Nursing, Ryerson University

1. On-site Visit

The PRT conducted an on-site visit at the School of Health Services Management on January 21st and 22nd, 2015. During the visit the PRT met with a range of individuals including the program Director, a tenured faculty member and former program Director, a pre-tenure faculty member, program students and alumni (4), the Department Administrator and the Associate Dean TRSM. The PRT also met with the Provost at the conclusion of the on-site visit. The PRT had an opportunity to tour the facilities (including faculty and staff offices, TRSM classroom, Board Room) and observe a class lecture. Unfortunately, the PRT did not have an opportunity to meet with any students who were enrolled exclusively in distance courses.

2. General Assessment of the HSM Program

- a. There is clearly a high level of commitment to the program by the Director, faculty and administrative staff and the program is administered in an efficient manner.
- b. The program meets the needs of a large but shrinking group of health care professionals.
- c. Overall, students report that they were satisfied with the program, would recommend it to other students, and thought that it provided them with knowledge and skills that positioned them for employment that they would not otherwise have been qualified.
- d. The location of the School of Health Services Management is a significant strength as is the flexibility of online and evening and weekend in-class courses.
- e. Efforts of faculty and staff are focused on maintaining the quality of the current program. Although strongly committed to the practicum experience faculty members note that coordinating and supporting practicum students, as well as securing and building ongoing relationships with key contacts within the practicum organizations, takes up a disproportionate amount of their time.
- f. Long-term planning, beyond the potential of developing a graduate program in health services management, has been sporadic and informal among program faculty. There is a pressing need for formal strategic planning and the development of a clear vision for the future of the program.
- g. The report identified the goals of the 2009-2013 academic plan. The 2014-2019 academic plan has been distributed and provides direction for strategic planning that would inform future planning and development for HSM. A strategic planning retreat would help the team to look forward with a renewed vision, mission and goals – from which specific needs for added human and physical resources could be identified with rationale driven by the strategic plan.

3. Admission Requirements

- a. Admission requirements appear to be generally aligned with the learning outcomes as evidenced by high levels of student satisfaction and the progression of some students to additional or graduate education. However, there appears to be a relatively high drop-out rate as students proceed through the program. It is unclear the extent to which this is related to admission requirements versus student expectations or some other cause. This issue is raised in greater detail in a following section.
- b. There appears to be no clear definition of “*professional experience in the health services field*”. While this provided the Admissions Committee with some degree of flexibility it may well raise questions with applicants who may be on the fringes (e.g. equipment sales, health insurance processing). Presumably the requirement is intended to ensure that potential students have at least some common understanding of the health care system. Alternatively, the program might consider (as part of future strategic planning) opening the program beyond those currently in the health care sector to individuals with an interest in moving into the health care sector.
- c. A concern was raised about a perceived threat to program admissions due to both a shrinking pool of potential applicants due to some health professions moving to a degree for entry to practice as

well as colleges having extended degree status which may be combined with current diploma level health programs. At this point an external scan should be conducted to assess whether these concerns are real or perceived. Presently, post-diploma nurses comprise a significant number of new admissions; however, this pool of applicants will likely diminish given the shift of nursing (and several other health care professional programs) to a degree as an entry-to-practice requirement.

- d. Development of a marketing plan that reaches out to other diploma programs (e.g. massage therapy and medical laboratory technologists) for recruitment should become a priority.
- e. Some of the students admitted to the program already have an undergraduate degree. Many of these students would be eligible for direct entry into a range of graduate level programs (including Ryerson's MBA program) which they may be able to complete in similar or shorter amounts of time. An ideal alternative for these students would be a graduate level health management program that builds on the current HSM program's many strengths.

4. Assessment of Program Learning Outcomes

- a. The HSM program is in alignment with both Ryerson's mission and academic plan. The program integrates elements of self-directed, interdisciplinary and experiential learning. It is a unique program which addresses a gap in the educational marketplace for students with health care training at the college level who wish to obtain an undergraduate degree.
- b. The curriculum mapping suggests that the content of the current course offerings is well aligned with the goals and expected learning outcomes of the program.
- c. Given the focus on the development of managers within the healthcare setting the HSM program appropriately makes available courses in a flexible format that includes evening in-class courses, intensive weekend courses, and distance/online courses.
- d. In an effort to achieve the goal of providing students with a "*broad understanding of political, social, economic, ethical, cultural and technological factors which shape the health system*" the programs has also consistently offered an assortment of course offerings that that expose students to a range of issues and concepts within a health care context.
- e. As a means to support the goal of preparing students for advanced or graduate studies the HSM program includes a practicum and research report that exposes students to practical aspects of health care management within actual health care delivery settings. While this element enhances the unique flavour of the program and provides students with real world experience it is also a labour intensive activity in terms of coordination of practicum placements, management of relationships with partner organizations, and providing academic support and evaluation of student learning activities.

5. Curriculum and Teaching Assessment

- a. The outcome of the HSM curriculum mapping exercise illustrated that the HSM curriculum meets the undergraduate degree level expectations as mandated by the Ontario Council of Universities. This process prompted the school to re-visit their program goals (or learning outcomes) to more accurately reflect the curriculum. While the mapping exercise showed that the course offerings were well aligned with the program goals it is less clear the extent to which those goals are appropriate for the current state of the discipline. In particular the curriculum seems not to explicitly tackle areas such as risk assessment and change management (although these may be more subtly integrated into existing curriculum). In addition, students identified shortcomings in the areas of cultural sensitivity, international health, management epidemiology and operations research. There would be value in identifying the competencies (and even more ideally the capabilities) that have been identified as essential from other health management programs in Canada as well as related organizations such as the Canadian College of Health Leaders and ensure that they are reflected in the program learning outcomes.

- b. There is evidence of innovation and creativity in content and delivery of the HSM program relative to other programs. The flexibility of delivery options, movement towards more online courses as well as more course material for in-class courses being available online, and the capstone practicum all demonstrate that faculty and staff have continually worked towards enhancing the quality of the program.
- c. Based on the course outlines, the demonstration of an online course and attendance of an in-class course, the courses appear to be well designed, with clear objectives and expectations. The content level looks to be appropriate for undergraduate students, although expectations related to the practicum may be excessive for undergraduate students.
- d. The HSM program was re-certified by the Association for University Programs in Health Administration (AUPHA) in 2013 but the reviewers recommended that the program speak more to how the practicum offers students the opportunity to integrate knowledge and competencies from all courses (not program planning and evaluation alone). For all program courses it would be informative to know what principles of experiential learning guide teaching, learning and evaluation methodologies within and across program courses.
- e. Innovative teaching methodologies and pedagogical approaches such as hybrid courses and the flipped classroom could be a good fit with the program structure and course delivery options.
- f. Curriculum changes have been based on student feedback (e.g. statistics course) derived from alumni surveys. A concern is that the numbers of respondents who complete the surveys are low and may not represent the majority. In order to ensure responsiveness of the curriculum and the integration of evidence informed teaching and learning methodologies, it is recommended that the program adopt some form of curriculum planning and development model to guide their ongoing program development and evaluation.
- g. The Director and the tenured faculty member rely heavily on personal relationships to identify and nurtured practicum partners. A systematic process of reaching out to potential practicum placements that may offer added experiences for the students has not been established due to the lack of resources and a general level of satisfaction with the current situation. Developing institutional partnerships (e.g. St. Michael's Hospital) that are already in place at Ryerson may help to expand and diversify practicum experiences and potentially further inform the curriculum.
- h. Practicum placements within a student's current workplace are strongly discouraged to avoid any potential conflicts. It should be possible to allow greater flexibility in this regard by allowing placements that are at arm's length from the student's existing employment position.
- i. Several students raised concerns about restrictive policies relating to electives and required liberal studies courses. The university has distributed a 'white paper' focused on curriculum renewal, the content of which may have a positive influence on the ability of program students to have better access to electives and liberal studies. A review and analysis of the changes proposed in the white paper, in relation to ongoing/future curriculum renewal in HSM is recommended.
- j. The 2014-2019 Academic plan priorities include student engagement, experiential learning and social innovation. These areas of existing, or future, curriculum foci could be enhanced in the program.
- k. Teaching is carried out by a mix of tenured, pre-tenure, and sessional instructors. The quality of their teaching appears to be high with positive feedback from the students that were interviewed. In addition, findings from the student and alumni surveys suggest that instructors were generally well organized, knowledgeable and available to provide assistance outside of class time.

6. Quality Indicators and Required Resources

- a. In general, it would be helpful if the program consolidated its quality indicators into a single location or report (perhaps using a balanced score card approach) in order to enhance the ability of the Director and committees to identify trends and concerns arising from multiple indicators that may not be immediately evident from reviewing a single indicator. Likewise, identifying specific performance targets for each indicator is suggested.

- b. There are high attrition rates in the HSM program which is an area of concern. In particular, a substantial proportion of students in the 3rd year of the program who do not register for subsequent terms. The available data does not provide a clear picture of what is happening within the HSM program. Moreover, there is currently no method for early identification students who drop-out of the program and there is no follow-up with these students (most notably in the third and subsequent years of the program). Greater emphasis on advising students, both prior to entering and during the program, may positively influence student satisfaction and retention. No information was provided regarding student awards. Students we spoke with identified the lengthy time to completion (up to 8 years) as one probable issue. Given the incidence of the attrition, we strongly recommend the implementation of a strategy to identify issues of concern and re-engage students with the program. Moreover, higher retention rates will mitigate the need for additional program marketing efforts.
- c. Students expressed concern with the lack of consistent and structured support from the school as they prepared for, and engaged in, the practicum experience. The students indicated that they would like a more structured orientation to the practicum, conducted earlier in the year, with regular meetings with their advisor to ensure that they were on-track in terms of expectations for the practicum and to benefit from advice and support in relation to any issues they may have in their practicum setting.
- d. Outcome measures for the program courses and overall program are overall appropriate and at the undergraduate level. The requirements of the practicum are stated to be at the graduate level in terms of the expectation of the final project write-up, the degree of active involvement of the faculty advisor in the write-up, and the project itself. The practicum may need to be re-evaluated to either alter the expectations to align with undergraduate education or to re-evaluate the practicum outcomes to make it more feasible for the students to complete the project write-up in a more independent manner.
- e. Despite all full-time faculty members being doctorally prepared, faculty members have fairly weak research records which may have ongoing implications for their ability to bring cutting-edge research into the classroom. The low research output may be in large part related to the faculty member's focus and high level of commitment to the academic programs within the School of Health Services Management. All full-time faculty members report that their time is fully consumed by teaching and maintaining the program and consequently there is little to no time for research activities. Re-structuring of the practicum may free-up additional time for all faculty to become more engaged in research.
- f. The Director and faculty team are doing their best to maintain the quality of the existing program. They report a high need for added resources to continue to maintain the program and to develop and implement initiatives that will serve to enhance the program. Despite resource limitations the quality of the program has largely been maintained. The identification of the need for specific resource enhancements should be directly tied to program goals and objectives as identified during the strategic planning process.

7. Other Issues

- a. By its nature, HSM is an interprofessional program. Both the undergraduate and future graduate programs should capitalize on this unique aspect of the program within courses, the practicum and the program at-large.
- b. Some concern was raised about the nature of the relationship with the Chang School in terms of the development of online courses. In particular, the challenges associated with ensuring that the content of the in-class courses matches with the online versions as there may be some lag-time in updating online courses. Also, as the program faculty consider more innovative delivery models, such as hybrid courses, it remains unclear who might have ownership/responsibility for the development and/or maintenance of these types of courses.

Recommendations:

1. **Conduct a strategic planning session**
2. **Develop a marketing plan**
3. **Adopt some systematic curriculum planning and development model/process**
4. **Review and revise policies and procedures related to the practicum**
5. **Enhance process for developing, reporting and monitoring quality indicators**
6. **Enhance resources and supports available to the program and its faculty**

11. SCHOOL OF HEALTH SERVICES MANAGEMENT (SHSM) RESPONSE TO HEALTH SERVICES MANAGEMENT PRT REPORT

Introduction

The SHSM HSM Program, a part-time Bachelor of Health Administration (BHA) degree completion program, was reviewed in January 2015. This memo comprises the School's response to the Peer Review Team Report (February 22, 2015). This review follows the 2014 review of the SHSM's sister program in Health Information Management (HIM), which also leads to a BHA and shares some required and professionally related courses. Many issues raised and addressed during and after the HIM review process are relevant to the HSM program. The Reviewers composed a very useful and thoughtful report that will help improve the Program.

In 2015-16 the School produced an academic plan consistent with those pronounced at the Faculty (TRSM) and University levels. The most important objective of the plan is to introduce a part time Master of Health Services Management and Innovation. This will build on the current BHA's strengths, and acknowledge the credential creep occurring in healthcare, as it is in many sectors. A LOI has been developed for posting, and the SHSM's intention to propose this program has been endorsed by the Provost, and the Deans of YSGS and TRSM.

The SHSM is small School undergoing changes. It comprises a Director, one recently tenured RFA faculty and a new HIM Assistant Professor. There is also a one-year LTF due to the retirement from July of a long serving faculty/Director. The HSM program has 221 students (headcount, June 2015), and overlaps with the HIM program (100). CE certificates overseen by the School (Health Informatics and Health Services Management), both which can ladder into the BHA, comprise about 290 students. The SHSM now delivers about 40 undergraduate (or shared with CE) sections a year, as well as one MBA class. In 2015-16 about 15 sections, or about 38%, will be RFA-taught.

The general view expressed by the reviewers is that the program is good quality and that School administration and faculty are capable and committed. The major criticisms are that a key element, the capstone Practicum research project is too labour-intensive for students and the School, and the School requires a strategic analysis of its curriculum, performance and promotion initiatives. The reviewers agreed with the HIM program reviewers a year earlier that the School requires program support resources to help address the concerns raised.

General assessments

The SHSM agrees with the reviewers that the HSM program is useful for its students; though labour-intensive in terms of delivery. The SHSM also concurs with the overall opinion, expressed throughout the review, that the School's approach lacks a longer term strategic orientation; rather the goal is to focus only on maintaining the program. It must be said that merely sustaining the program consumes a considerable amount of the School's administrative resources (Director and DA), not an unusual situation when teaching resources are highly leveraged; sessional and LTF faculty are not expected to make substantive administrative contributions, though they require administrative attention themselves.

Admission requirements and candidate pool. The reviewers generally support the SHSM's approach to admissions. Their suggestion to remove references to "post-baccalaureate" candidates from the self-study

reflects a minor misunderstanding. While the program is, as the Reviewers recognize, for diploma holders, there also are some undergraduate degree holders.

The requirement of current health sector employment has been, as noted by the reviewers, stretched to beyond the original program targets (clinical or technical service providers) to include those in administrative support roles. This of course tries to ensure students know the sector and are able to secure and deliver useful practicum projects.

While we do not have complete data, it seems apparent that our candidate student pool, diploma-holding healthcare services workers, is declining. The trend for Ontario's Registered Nurses, though arguably positive for the profession, is negative for our program. For ten years RN programs have only offered degrees. The result is that the share of Ontario RNs with degrees increased from 24% in 2005 to 45% in 2014. This is significant because RNs comprise about half of regulated health in professionals, excepting those that all require degrees (e.g. physicians, pharmacists, physio and occupational therapists). Further, there has been a growth in joint college-university programs offering degrees in professions where the minimum qualification was a diploma.

Marketing. The School should develop a more formal marketing plan because there still are a substantial number of potential students. The niche nature of the program makes it difficult to promote on a broad scale. Since it is degree completion, it cannot be effectively promoted to high school graduates (and their parents), nor to students seeking graduate degrees. We have therefore relied on personal contacts in the industry, advertising in "Hospital News" and visits to colleges. The CE linkage helps because its substantial marketing resources produce HSM certificate students who sometimes progress to the undergraduate program.

Assessment of program learning outcomes. The program's alignment with Ryerson's mission and academic plan was confirmed by the reviewers. It could be that regular certification exercises for the Association of University Programs in Hospital Administration (every six years) has contributed to ensuring content is relevant.

The reviewers' suggestion that the School more formally, rather than personally, leverage Ryerson's institutional linkages is a good one in principle. The School has reached out to some organizations with some success. However it must be noted that the student body comprises a broad range of backgrounds and capabilities, and the host organizations are diverse (hospitals, associations, LHINs, long term care organizations) so it is difficult to routinize the practicum placement process.

Curriculum and teaching assessment. As noted, the HSM program conducted curriculum mapping recently that concluded it meets Ontario Council of Universities standards. The reviewers suggested there could be gaps in coverage of key topics such as risk assessment and change management, and noted earlier survey findings that identified other possible shortcomings.

As noted, the Practicum demands considerable commitment from faculty and students. Anecdotal evidence suggests it prepares graduates for post-graduate work, so the school wishes to preserve this rigour. It was also suggested that the School introduce more flexibility in terms of practicum placements, allowing students to work within their own organizations, but at arm's length. The main reasons for this policy, to reduce potential conflict and to broaden student perspectives, remain. That said, in practice in certain circumstances this rule is occasionally loosened.

Quality indicators and required resources. When the reviewers visited, the School was preparing its own academic plan, which includes the stating of objectives and measures. This will create a report showing performance on the indicators selected.

Attrition. The reviewers note high attrition rates for the program. 67% of HSM students are in the program after 3 years. While low, this performance compares favourably with numbers in other part-time program rates in Ryerson overall (54%), TRSM (54%) and Community Services (58%).

Research productivity. The Reviewers commented on the relatively low research productivity of SHSM faculty. This is attributed at least partly to the demands of the program, in terms of both delivery and administration. It is suggested that program restructuring could help reduce the time demands, which is possible. Administrative supports would also be useful in this regard.

Other issues. The School agrees with the reviewers' comment that the Program's inter-professional nature should be highlighted more explicitly to students. This good idea should be applied to our marketing efforts as well.

Problems associated with the development of online courses are expected when a program delivers courses via CE as well as their own faculties. The issue of aligning in-person and online content, as well as lags in development are unavoidable, and problematic, especially in fast moving fields, such as public policy.

Recommendations

1. Conduct a strategic planning session.

The School will do this in winter or Spring-Summer 2016. The delay is intended to allow the new faculty member to become acquainted with Ryerson and the School, and the outcome of the Master's program proposal to become clear. The session needs to focus broadly on the School's future, not only the HSM program. If it appears very probable the Masters' proposal will be successful, the School will have to seriously consider how to allocate its limited resources. It should be mentioned again that in 2014-15 the School did meet to discuss and develop an Academic Plan, as required by the University.

2. Develop a marketing plan.

The School has discussed and, in the academic plan, described a marketing plan. This involves targeted and regular visits to Colleges associated with health professionals that would benefit from earning a degree. The plan to date remains mostly unexecuted at the time of writing this response.

3. Adopt some systematic curriculum planning development model/process.

This is a fairly general recommendation that should be addressed as the HSM (and HIM) programs continue to develop, and is linked to the previous recommendation. In summer 2015 a survey, developed in the winter term based on a 2012 instrument, will be distributed to current and past students to enable this process. As our faculty stabilizes for the longer run, and the prospects for a Masters' program become clearer, we will have to make choices in terms of both what should be, and can be delivered.

4. Review and revise policies related to the practicum.

As noted above, the practicum project has been identified by these reviewers, as well as the reviewers who assessed the HIM program in 2014, as requiring attention. The centrality of the project to the BHA program means that it is constantly under informal consideration, particularly as the current Director joined the School two years ago. The project is demanding of faculty and students; overall though the School wishes to preserve its basic elements for now. One key issue is that the Association that accredits the program, the AUPHA, requires a practicum. Since our part time students cannot spend a lot of time on site, the project comprises a way of making the practicum a substantial course.

Expectations. We are reluctant to lower the level of requirements we ask of our students. Some students have been delayed starting their projects, and others have had to make significant revisions in

order to finish. However from 2011 to 2015, there have been 110 graduates of the programs (HSM and HIM). During this period only three have failed the Practicum; two retook it and passed, and one has not tried again. This suggests that students are well prepared for the demands of the project.

The main reason for retaining the project rigour is linked to the School's aspirations for the Master's program. We wish to retain this capability to enable Master's level MRPs so we can apply it to the new program. Should we be successful in this aspiration it may make sense to create a less demanding capstone project in the undergraduate program.

Practicum at student's place of work. The School is reluctant to relax the expectation that students complete their practicum at a site different from their workplace. This policy helps put a proper boundary on the project and avoid conflicts, while expanding student experience and networks. It should be noted that in practice this is allowed in certain circumstances. Examples include students in rural locations where there are limited options, or for those working in multi-site organizations (e.g. University Health Network). In all cases safeguards must be in place.

Work with Ryerson partnerships. The suggestion that the School leverage Ryerson's partnerships has been considered. In the past two years the School has reached out a few times to hospitals about more formally instituting arrangements. In these cases the principle is endorsed; however these initiatives have not given rise to placements. One reason could be that the project-focus and the limited on-site time requirement (due to the program's part time nature) make these placements different from more standardized internships.

Further the default approach for our students is that they identify their own sites, which are approved by the Practicum Director. The School assists those unable to identify appropriate preceptors, and maintains contact with a cooperative pool of individuals and organizations willing to take on students. This approach reduces demands on the School to find placements, but makes it difficult to guarantee a constant stream of students for regular partners who prefer greater predictability.

Improve preparation and communication. The issues mentioned notwithstanding, there is room for improvement as suggested. A key initiative would be to improve communication between the advisors, students and preceptors. It is vital too to ensure preceptors are familiar with procedures and expectations. The School can review procedures and policies in other programs which demand research-based deliverables. This may lead to good ideas that can be adopted. Frankly, it is the Director's view that other programs could also learn from HSM approaches in this regard.

5. Enhance process for developing, reporting and monitoring quality indicators.

The SHSM will follow this recommendation through processes demanded by the University and its external accrediting body. As noted, the SHSM has developed an Academic plan and entered it into the "Academic Plan App", as required. We have identified performance indicators that will be reviewed annually as we review SHSM's progress in realizing objectives. Further, as noted we will be surveying graduates and current students in summer 2016. Finally, the School will be producing a self-study report by fall 2017 as it applies for re-certification of its undergraduate programs by the AUPHA.

6. Enhance resources and supports available to the program and its faculty.

The reviewers suggest that the strategic planning process may lead to a more solid case for more resources. The School has been relatively fortunate in the past few years in terms of expanding its permanent or tenure track faculty complement. In 2011 there was only a Director; by 2015-16 there were four RFA faculty including one-year LTF position. The School is hopeful that the University will be able to make a longer term commitment to a potential permanent faculty member who can contribute to the HSM program and SHSM. This would enable the School to have sufficient "critical mass" to sustain and develop School programs, even as faculty take research and/or administrative leaves.

The HSM reviewers indicate the program would benefit from resources to support practicum coordination and related “community outreach”, other program administration and coordination tasks, including the development of the Master’s program application. This, together with support for SRC activities could raise scholarly output.

The SHSM supports this view, of course, but is not empowered to implement it. Recently, since the administrative headcount has not been increased, the School hired people to support projects (e.g. survey construction, competition/market assessment) on an ad hoc basis, which can be appropriate. We have not engaged casual staff to assist with marketing or other outreach, believing it is best to have full time employees represent us externally.

12. DEAN'S RESPONSE (Dr. Steven Murphy)

The School of Health Services Management (HSM) has received and reflected upon the collegial suggestions provided in the Program Peer Review Team (PRT) report. Both the PRT recommendations and the subsequent HSM responses and recommendations were thoughtful and generally seen as valuable to the future development of health services management education in the Ted Rogers School of Management (TRSM).

It should be noted that many of the issues raised through the Periodic Program Review (PPR) process for HSM are aligned with the issues raised in the recent Health Information Management (HIM) PPR and were addressed in the Dean's Response of April 16, 2014. Issues of resourcing and future planning are seen as important in guiding the direction for the future of both the HSM and HIM programs. With the submission to the Academic Planning process and a commitment to a strategic review of the program in early to mid-2016 the Chair and faculty are committed to addressing the recommendations put forth by the PRT specifically related to review of curriculum, staffing and faculty resources, marketing strategies and the policies related to the practicum.

As indicated in the HIM responses the opportunity to develop a Master’s program continues to offer the greatest potential for reshaping the School toward a sustainable future. The changes in academic qualifications of potential HSM students have been recognized as well as the changing competitive offerings by other post-secondary institutions. A Master’s program would provide the strategic direction for improving upon a well-established practicum and give guidance to curriculum evolution and marketing strategies.

Since the PRT report the program has undertaken surveys of alumni and students that will help inform the upcoming planning processes. There is greater stability within the teaching with the hire provided for HIM and the retaining of Dr. Isaac to oversee the practicums as Practicum Director. Efforts at community outreach have been on-going and with anticipated movement toward a Master’s level program these activities will benefit from renewed strategic direction. As noted by the PRT and reinforced by the Chair of the School of Health Services Management the potential for future growth for the program requires strong strategic direction. The health care sector continues to be one of the strongest and growing employers in the Greater Toronto Area and I wholeheartedly endorse the commitment to identify a sustainable future direction for HSM to serve this educational need.

Consistent with the position taken with the HIM PPR, TRSM is supportive of the School’s plans subject to fiscal constraints, finding sustainable increased student enrollments and aspiring toward to graduate level programming.

13. ASC EVALUATION

The Academic Standards Committee’s assessment of the Periodic Program Review of the Bachelor of

Health Administration in Health Services Management indicated that, overall, the review was well done and provided an informative evaluation of the program.

The Academic Standards Committee recommends that the program provide a one-year follow-up report as follows:

- (1) The status of the initiatives outlined in the Developmental Plan
- (2) An overview of the strategic planning outcomes, with reference to plans for addressing both student retention issues and the anticipated external threats to program admissions
- (3) Refined program learning outcomes, ensuring they are specific to the Health Services Management program
- (4) A report as to how issues of diversity and inclusion are addressed in the curriculum, with a particular focus on required courses
- (5) A survey of employers and a summary of the findings

The Academic Standards Committee also recommends a two-year follow-up report as follows:

- (1) Mapping and analysis of the required courses to the revised program outcomes

Follow-up Report

In keeping with usual practice, the one-year follow-up report which addresses the recommendation stated in the ASC Evaluation Section is to be submitted to the Dean of the TRSM, the Provost and Vice President Academic, and the Vice Provost Academic by the end of June, 2017. The two-year follow up report is due by the end of June, 2018.

14. IMPLEMENTATION PLAN

i. Approval of the recommendations set out in the Final Assessment Report:

The recommendations have been approved by the Dean and by Senate. Ryerson University's IQAP Policy 126 states: "Senate is charged with final academic approval of the Program Review."

ii. Responsibility for providing any resources made necessary by those recommendations:

Ryerson University's IQAP Policy 126 states: "The Chair/Director and Dean are responsible for requesting any additional resources identified in the report through the annual academic planning process. The relevant Dean(s) is responsible for providing identified resources, and Provost is responsible for final approval of requests for extraordinary funding. Requests should normally be addressed, with a decision to either fund or not fund, within 2 budget years of the Senate approval. The follow-up report to Senate will include an indication of the resources that have been provided."

iii. Responsibility for acting on those recommendations:

Ryerson University's IQAP Policy 126 states: "If the report includes a recommendation for approval of the program review, it will include a date for a required follow-up report to be submitted to the Dean and Provost on the progress of the developmental plan and any recommendations or conditions attached to the approval."

iv. Timelines for acting on and monitoring the implementation of those recommendations:

Ryerson University's IQAP Policy 126 states: "The initial follow-up report is normally due by June 30 of the academic year following Senate's resolution. The Provost may require additional follow-up reports."

15. REPORTING

i. The distribution of the Final Assessment Report (excluding all confidential information) and the associated Implementation Plan to the program, Senate and the Quality Council:

The Office of the Vice Provost Academic is responsible for distribution of the Final Assessment Report to all relevant parties.

ii. The institutional Executive Summary and the associated Implementation Plan be posted on the institution's website and copies provided to both the Quality Council and the institution's governing body:

The Office of the Vice Provost Academic is responsible for posting the information on the Curriculum Quality Assurance website at www.ryerson.ca/curriculumquality. The information is provided to the Board of Governors on an annual basis.

iii. The timely monitoring of the implementation of the recommendations, and the appropriate distribution, including web postings, of the scheduled monitoring reports:

The Office of the Vice Provost Academic is responsible for following up with the programs and their respective Deans to ensure the recommendations are implemented. The follow-up report is submitted to the relevant Dean(s), the Provost and the Vice Provost Academic for review. It is submitted to Senate "for information".

iv. The extent of public access to the information made available to the public for the self-study:

Ryerson University's Senate Policies are available to the public through the Senate website at www.ryerson.ca/senate. This includes Policy 110 Institutional Quality Assurance Process and Policy 126 Periodic Program Review of Graduate and Undergraduate Programs. The Final Assessment Report (excluding all confidential information) and the associated Implementation Plan is available on the Curriculum Quality Assurance website at www.ryerson.ca/curriculumquality. A summary of the Report of the Review Committee is contained within the Final Assessment Report. A summary of the responses provided by the Dean and the program to the Report of the Review Committee is contained within the Final Assessment Report.

16. SCHEDULE

Date of next Periodic Program Review is 2023 - 2024