

## **FINAL ASSESSMENT REPORT**

### **Institutional Quality Assurance Program (IQAP) Review**

#### **Master of Health Management**

**Date of Review: January 22<sup>nd</sup> and 23<sup>rd</sup>**

*In accordance with the University Institutional Quality Assurance Process (IQAP), this final assessment report provides a synthesis of the external evaluation and the internal response and assessments of the Master of Health Management Program. This report identifies the significant strengths of the program, together with opportunities for program improvement and enhancement, and it sets out and prioritizes the recommendations that have been selected for implementation.*

*The report includes an Implementation Plan that identifies who will be responsible for approving the recommendations set out in the Final Assessment Report; who will be responsible for providing any resources entailed by those recommendations; any changes in organization, policy or governance that will be necessary to meet the recommendations and who will be responsible for acting on those recommendations; and timelines for acting on and monitoring the implementation of those recommendations.*

#### **Executive Summary of the Review**

In accordance with the Institutional Quality Assurance Process (IQAP), the Master of Health Management program submitted a self-study November 2017 to the Vice-Provost and Dean of Graduate Studies to initiate the cyclical program review of the program. The approved self-study presented program descriptions, learning outcomes, and analyses of data provided by the Office of Institutional Research and Analysis. Appendices to the self-study contained all course outlines associated with the program and the CVs for each full-time member in the department.

Two arm's length external reviewers and one internal reviewer were endorsed by the Deans, Faculty of Business and Health Sciences, and selected by the Vice-Provost and Dean of Graduate Studies. The review team reviewed the self-study documentation and then conducted a site visit to McMaster University on January 22<sup>nd</sup> and 23<sup>rd</sup>, 2017. The visit included interviews with the Provost and Vice-President (Academic); Associate Vice-President, Faculty, Associate Vice-President and Dean of Graduate Studies, Associate Dean, Grad Studies and Research, Co-Directors of the program and meetings with groups of current students, full-time faculty and support staff.

The Co-Directors of the Program and the Deans of the Faculties of Business and Health Sciences submitted responses to the Reviewers' Report (March 2018). Specific recommendations were discussed and clarifications and corrections were presented. Follow-up actions and timelines were included.

## Strengths

Master in Health Management (MHM) is an innovative program, exceptionally well run and is meeting the advanced education needs of health professionals. Overall, stakeholders (staff, full-time and parttime faculty, upper management, students and alumni) view this program positively. Two indicators reported in the self-study, student retention and time to completion, reflect a rigorous, yet appropriately paced, program that selects the right candidates. Revenues are reinvested in support of faculty (research and conferences) and students (awards). Current innovations in the program to integrate a full-time stream and course development to support experiential learning options are key indicators of the ongoing responsiveness of the program to student demand and feedback.

## Areas for Enhancement or Improvement

The program noted that the following items were worthy of their attention but not included by the reviewers in the section called areas for enhancement/improvement:

1. Reviewers note that the admissions process of non-regulated healthcare professionals should be more transparent. Admission requirements for non-regulated healthcare professionals are listed on the program website. Applicants are required to submit a one page letter outlining their educational and work experience and provide a clear rationale as to how these have prepared them for meeting the following core competencies of the Master of Health Management Program:

- a. Awareness of the political and healthcare environments
- b. Organizational behaviour and human resources management
- c. Financial management
- d. Research awareness
- e. Leadership

The statement regarding the letter and the core competencies is linked to the admissions page; based on the feedback of the review team they will ensure that this is included on the main page and added to the MHM Program description of the 2019-2020 Graduate Calendar. They will discuss at a future executive meeting the inclusion of non-regulated healthcare professionals, review data on the achievements of the non-regulated health professions who have completed the program and determine whether additional admissions criteria are warranted.

2. The reviewers suggest that the feasibility of offering travel bursaries for students to attend the residency be investigated and considered by the MHM executive. The program will review the need and financial implications of providing travel bursaries for students. As current students are working fulltime, we do not anticipate that there is a significant need. However, they are mindful that the costs associated with attending the residencies could be significant in the full-time cohort. If demonstrated need is apparent, then a process will be developed and shared with students in time for 2019 Spring Residency.

3. On an ongoing basis, pre-course skills will be identified by instructors and appropriate modules will be added to the MHM Virtual Office for students to gain various proficiencies that could attribute to course success.

4. The reviewers note that there was little information about academic services accessed by students and their level of satisfaction with these services. The program will implement a survey of current students and recent graduates of their use of available student services to assess utilization and need.

*Summary of the Reviewers' Recommendations with the Department's and Dean's Responses*

<b>Recommendation</b>	<b>Proposed Follow-Up</b>	<b>Responsibility for Leading Follow-Up</b>	<b>Timeline for Addressing Recommendation</b>
Curriculum (EDI, Canadian content and examples)	-Although not always explicit, the topic of EDI is included in some courses (HM700-Health Policy, HM708-Leadership). We recognize that aspects of EDI could be included in all courses. We will poll current instructors about the inclusion of EDI in their courses to understand our baseline. We plan on having this as a discussion topic at the Fall 2018 Instructors Meeting. Instructors will discuss personal strategies to include EDI in their curriculum. Instructors will add a statement about EDI to their course description of the 2019-2020 Graduate Calendar. -Some courses do include content dealing with other provinces/countries. In HM700-Health Policy and HM731-Economic Evaluation students have the freedom to complete an assignment using any province/state/country. Instructors will discuss personal strategies to include more Canadian/world content, and interprofessional examples that are more relatable to all students in their curriculum at the Fall Instructors Meeting.	-Instructors -Executive	Initiate at Fall 2018 Instructors Meeting. Adopt new and better examples each year.

<p>Curriculum (human resources, digital health, quantitative analysis techniques)</p>	<p>The core content of the program and courses is reviewed annually. - Aspects of human resources (HR) are included in HM706–Health Foundations I, HM708–Leadership, and Spring Residency (Conflict Mode workshop). We will discuss key HR learning outcomes at a future executive meeting and where best to include these materials: in an existing course(s) or an online module.</p> <p>-Digital health is not significantly core to MHM curriculum. Students interested in this topic have the choice to focus on this area by completing an elective, HM730Scholarly Paper, or HM798Experiential Study.</p> <p>-Including quantitative analysis techniques is beyond the scope of the MHM Program. Students interested in this topic have the choice to focus on this area by completing an elective, HM730Scholarly Paper or HM798Experiential Study.</p>	<p>-Instructors -Executive</p>	<p>At future executive meeting discuss key HR learning outcomes and determine where to include these aspects in the curriculum by Fall 2019.</p>
<p>Enhance mental health supports for distance students</p>	<p>Through the Student Handbook and during the Fall Residency, we will increase student awareness of available mental health supports (inperson or by phone). Staff have completed QPR training. We will send annual reminders to Instructors and MHM staff of available mental health supports for students. Instructors have mental health resources available in the Instructor Guide and the Instructors Virtual Hub. These resources are used to support and redirect students when appropriate.</p>	<p>-Instructors -MHM staff</p>	<p>Reaffirm supports to instructors, staff and students at the beginning of each academic year.</p>

Provide informal, confidential mentoring opportunities	Group work and residency periods offer students the opportunity to develop community within their cohort and outside of their cohort. During the residency and within the Student Handbook, we will provide a	-Program Manager -Co-Directors	Include in Student Handbook and Orientation for each Fall Residency.
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	list of ways students have and can create mentoring opportunities. It is our impression that some students have organically developed these relationships through Facebook, etc. The nature and means of these opportunities can differ based on the needs of the students.		
Marketing (program name, interprofessional)	<p>We have not heard this feedback previously. Thank you for bringing it to our attention. We will amply promote the interprofessional nature of the program and highlight its value to the student experience. All marketing materials including the website and brochures will be reviewed and updated to include additional strengths of the program such as flexible, leading, doable, and interprofessional.</p> <p>We acknowledge that there has been some unfamiliarity with the degree designation of MHM. To counter this, we will ensure that students develop awareness of the differences between a MBA, MHM, and MHA degree with the intent to educate and advocate about the nature, content, and value of the MHM degree. We are confident that there will be more clarity in the community as we produce more graduates who can advocate on behalf of the program.</p>	-Program Manager -Co-Directors	To be completed by Fall 2018. Ongoing with each new group of students.

Program planning (PhD and career pathways)	Advise students during Fall Residency and Spring Residency about the connection between course selection and academic/career pathways. Examples of careers such as management in health system, consulting, policy, etc. could be included.	-Program Manager -Co-Directors	Include in each Spring and Fall Residency.
Student input through focus groups	The MHM Program gathers student input after each residency, each course, and one year after graduation. Informally students provide program input during the	-Program Manager	Include in each Spring Residency.
	Spring Residency. A formal focus group could be led by the McPherson Institute during the Spring Residency. Any other time may be challenging given the fact that our students and alumni are located across Canada and abroad.		

### **Faculty Response**

The Deans' appreciated that the reviewers recognized the innovative nature of this program that combines both business and healthcare administration. They agreed with their perception that the joint government and management is working very effectively and that the program does not have any major weaknesses. They appreciated the enhancements that were recommended for greater transparency in the admission of non-regulated healthcare professionals and to improve mentoring and mental health supports given that the primary mode of program delivery is through online courses. They also appreciated the suggestion to further develop the curriculum in some specific content, including issues related to equity, diversity and inclusion, human resource management and the coordination and delivery of healthcare to diverse populations and beyond the Ontario environment. The positive feedback on how the program is being run by the co-Directors and on the program's quality indicators and enhancements was appreciated.

They reviewed the program response to the reviewers' reports and fully agreed with their plans to address the suggested improvements, including the supports to attaining pre-course skills for those in need, enhancement to the program curriculum, and the enhancements to admissions for non-regulated healthcare professionals. They will be following the progress of these changes. Related to exploring needs for travel bursaries, they agreed with the program's view that the needs may not be significant given that current students are working full time. They support the plans to improve marketing, survey current students and recent graduates about academic services, and to increase student awareness of

the interprofessional strengths of the program, mental health supports and mentoring opportunities. They also agreed with the plan to use the residency periods to discuss the possibility of PhD and other post-MHM completion career pathways.

*Quality Assurance Committee Recommendation*

**McMaster's Quality Assurance Committee (QAC) reviewed the above documentation and the committee recommends that the program should follow the regular course of action with a progress report and subsequent full external cyclical review to be conducted no later than 8 years after the start of the last review.**