

THE RESIDENCY IN HOSPITAL AND HEALTH
ADMINISTRATION AS EXPERIENTIAL LEARNING

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I. INTRODUCTION

It is presumed that almost all readers of this paper are familiar with on-the-job experiential learning in education for business. Originally all education for business was on-the-job. The future businessman learned as an apprentice in his father's or relative's or friend's business, perhaps in some cases building on a classical education. This on-the-job training may have been supplemented by some readings or classroom work in a nearby school if available and appropriate.

But as the demands increased for the successful operation of a business, more and more didactic work became necessary for future businessmen and finally schools became the major site for their education. Schools offered practical training in business procedures, sometimes with on-the-job training experiences with local business, commercial, or manufacturing enterprises. When formalized, this became "distributive or cooperative business education". But even when the business education had no such on-the-job component, it was highly oriented to practical how-it-is-done learning. The business was brought into the classroom. Practice sets existed not only for accounting but for most aspects of business. An article I read recently in a philatelic journal on business school stamps (i.e., facsimile postage and revenue stamps used by students to learn the proper handling, amounts, and cancellation of stamps in business procedures) gives evidence of those early days of truly experiential learning in business. [1, p. 358]

The increasing sophistication of business administration led to the disappearance of most on-the-job learning in business. By the time studies of American business education by Gordon and Howell for the Ford Foundation [2] and Pierson *et al* for the Carnegie Corporation [3] were published in 1959, on-the-job components in collegiate and university education for business had all but disappeared. Gordon and Howell state "A few schools stress part-time work concurrently with formal education." They give the City College of New York as an example of this. [4,p.372] Pierson also mentions CCNY as well as Cincinnati, Drexel and Northeastern, writing

“Despite the close ties which many undergraduate and graduate business schools have with employers, few have attempted to establish cooperative or internship relations with firms.” [5, p.290]

Both reports support such on-the-job component of a business education. Gordon and Howell say “Ideally students should have supervised practical experience to go with their formal training on the campus.” [6,p.372] (*italics theirs*). Pierson comments “The advantages of tying the student’s academic and job experience more closely together would seem obvious.” [7, p.291]

Both reports then give reasons for non-existence of such on-the-job components of business education: the student jobs at too low a level to add to what is learned in the classroom. The job interferes with the formal education. Few firms interested in taking on students for short work experience involving much supervision. Such programs are difficult to maintain administratively.

In their conclusions on this subject, these two reports differ. Gordon and Howell say that although some form of cooperative plan for business education holds out certain attractions, they have some doubts that the gains are worth the cost for most schools. Pierson, after stating the problems in cooperative business education and saying that this does not appear to be an appropriate pattern of business education for most schools to follow, writes that it would be unfortunate if the matter were permitted to drop there. The idea is too valuable to give up altogether and business schools should be more imaginative and aggressive in working out cooperative on-the-job educational opportunities for at least some of their students.

II. GRADUATE EDUCATION FOR HOSPITAL AND HEALTH ADMINISTRATION

A. Introduction

In this section of the paper, the reader who is not in the health field may be in for a few surprises which I will note and then discuss at greater length. The first surprise may be that specialized graduate educational programs and special degrees have existed for hospital and health administration since the first such program began on the master’s level in the School of Business at the University of Chicago in 1934. And many of these M.B.A. programs are within schools of business administration. The second surprise may be that these specialized graduate degree programs have survived the

recommendations of the Gordon and Howell and the Pierson reports which were both negative towards specialized categorical business education, and the post-recommendation actions of the business school faculties.

And finally, that starting in 1934 at the University of Chicago School of Business, the M.B.A. programs have traditionally included experiential on-the-job learning. A year's residency in hospital administration served in a hospital often located hundreds or thousands of miles from the university.

B. Education for Hospital and Health Administration

As noted above, graduate education for hospital and health administration began when the first such program began on the master's level at the University of Chicago School of Business in 1934. Now in its 44th year of continuous existence, this program has granted over 500 master's degrees in hospital administration.

The second M.B.A. program began in the School of Commerce at Northwestern University in 1943. It is again in existence after having been closed for a number of years in the 1960's. Then Columbia started its M.B.A. program in 1945 and Minnesota in 1946-- both located in their Schools of Public Health. Thus began a dichotomy of M.B.A. program locations that continues to this day.

There are now 51 graduate programs in hospital and health administration in the United States (of which 31 are accredited by the Accrediting Commission for Education in Health Services Administration) and another five in Canada. These programs have their own international association, the "Association of University Programs in Health Administration" with 45 full members, 32 associate members and 25 affiliate members from 19 different countries.

These graduate programs are all at least two years in length. Because of the multi-disciplinary nature of hospital and health administration, the programs are located in a variety of settings within their parent universities, drawing on other segments of the university for the multi-disciplinary curriculum required for accreditation. Seven of the accredited U.S. programs are located within schools of business administration; eight are in schools of public health; and the others in various other locations within their parent universities. As might be expected from so many different program locations, the 31 accredited programs between them grant 12 differently designated degrees: M.B.A., M.P.H., M.B.A., M.S., M.A., etc. But the generic term used for any master's degree in hospital and health administration is the M.B.A. (Master of Health Administration).

C. M.B.A. Programs and the 1959 Business Education Reports

The 1959 Gordon and Howell and the Pierson reports were negative towards specialized business educational programs and degrees. In spite of these recommendations, the M.B.A. programs located in schools of business administration survived and flourished. The only M.B.A. program located in a school of business to close was the

M.B.A. program at Emory University (1956-60) whose closing was not connected to the Gordon and Howell and the Pierson reports. The several years non-existence of the Northwestern M.B.A. program was not connected to those reports either, and that program is now once again alive, healthy and flourishing.

The faculty and administration of the School of Business of the University of Chicago in studying all aspects of their schools, including the specialized degree programs, in relation to the Gordon and Howell and the Pierson reports, eliminated all such specialized programs except the master's degree in hospital administration.

D. Experiential On-The-Job Learning in M.B.A. Programs

The traditional model for the education of the hospital and health administrator has been that of traditional medical education: a period of didactic work at the university followed by a year internship in a hospital. Thus, when the first M.B.A. program was started at the University of Chicago School of Business in 1934, it consisted of one academic year of didactic work on the campus followed by a calendar year of on- the-job training in some hospital under the hospital administrator's preceptorship.

All M.B.A. programs followed that model until Cornell University started its M.B.A. program in the School of Business Administration in 1958. That was a two-year academic program and no administrative residency. In the twenty years since then, the M.B.A. programs have experimented with the type and length of their administrative residencies but none ever eliminated it entirely from the curriculum. Even Cornell now has a twelve-weeks summer residency.

In 1971, in preparation for an accreditation, a special committee of the faculty of the M.B.A. program at Georgia State University did a survey of the administrative residency requirements of the 28 programs then accredited. All 28 programs reported they had an administrative residency but these varied in length from six weeks to twelve months; some were full time and some part time; some were before the academic work, some during, and some after; some were served only at the specific university hospital where the program was located while other residencies were nationwide.

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In 1977, the author of this paper undertook a survey of the state of the administrative residency at the seven accredited M.B.A. programs located within schools of business administration (Chicago, Cornell, George Washington, Georgia State, Northwestern, Pennsylvania and Temple). All have a residency ranging from three months to twelve months. Six are full time and one part time. Two are served only as the university hospital and five may be served elsewhere.

III. THE RESIDENCY IN HOSPITAL AND HEALTH ADMINISTRATION

A. General Description

The residency in hospital and health administration is an integral part of the M.B.A. curriculum, coordinated with the academic portion of the curriculum and supervised by the university faculty.

The objectives of the residency vary as does where the residency fits into the curriculum. If at the beginning or before the academic portion, then the residency is intended primarily as an introduction to the hospital and health care field. If concurrent with the academic program, the residency is intended to give the student some real life exposure to what he is currently learning didactically. If after the end of the academic work, then the residency is intended as a capstone portion of the curriculum and as an opportunity for the student to obtain real world decision making and responsibility assuming experience.

As previously noted, the residency may be six weeks to twelve months in length; part time or full time; served at the university hospital or elsewhere; and occurring before, during or after the academic work. The shorter and the part time residencies tend to be observation work assignments, while the longer full time residencies include some significant student experience in assuming authority and responsibility and making decisions. All is under the preceptor's guidance and supervision.

The longer residencies may be entirely devoted to the student working on assigned projects or they may also include a period of rotational observation through all or most of the major hospital functions and departments.

The preceptor is usually the chief executive officer of the hospital but he commonly assigns a major portion of this function to an assistant. Occasionally an assistant administrator may be the official preceptor. In all cases, assistant administrators, department heads, and other key hospital personnel aid in teaching the resident.

Faculty supervision of the residency is imperative

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because the residency is an integral degree requirement of the curriculum. Often academic credit is given for the residency and tuition charged even though the resident commonly receives a cash stipend and fringe benefits from the hospital. Faculty supervision takes the form of visits to the residency; required reports from the student and the preceptor; written student academic papers (sometimes even a formal master's thesis); return of the resident to the campus once or more often during the residency; an annual preceptors conference on the campus; and formally established faculty residency requirements published in a residency manual.

The Veterans Administration accepts administrative residencies that a formal part of the degree requirement as part of college work for which V. A. benefits are paid.

A typical administrative residency is the nine- months one at Georgia State University. It begins with one or two weeks of general orientation to the hospital, spent in such assignments as accompanying the administrator around; opening and becoming acquainted with the administrator's mail; and reading all of the governing board and committee minutes for the past year.

Then the resident goes on a 2½-3 months observational rotation of the major hospital functions and departments following a schedule suggested by the resident to meet his special needs and interests and approved by the preceptor and the M.B.A. program director. This rotation is more than just standing around looking. As much as possible the resident participates in the work of the department; for example, as an orderly in the emergency room; as a billing clerk in accounts receivable; as a filing clerk in medical records; serving food on the cafeteria line. Not to learn those jobs but to get into the activities of the hospital and to look, listen, learn.

Then the resident returns to the administrator's office where he begins to attend governing board, medical staff, hospital and community meetings, often acting as recording secretary, and begins to work on projects assigned by the administrator. First minor, closely supervised projects or portions of projects but moving on to important projects with decreasing close supervision.

A few important projects carried out by Georgia State Administrative residents in the past three years included a study of what a hospital center should do about one of their hospitals that had a very low census and was losing money but which was the only hospital serving a minority population. Another resident was put in charge of the logistics of closing down and moving an old, inner city 300-bed hospital to its totally new facility in a suburb fourteen miles away.

B. Overcoming Academic and Administrative Problems with the Administrative Residency

In establishing an on-the-job component of business education, how has education for hospital and health administration been able to overcome the problems noted by Gordon and Howell and by Pierson? First, the administrative residency in hospital and health administration has the acceptance and momentum gained by tradition in the field. A tradition founded on the example of medical education. Most hospital administrators themselves had an administrative residency and they feel a professional obligation to pass on their knowledge to residents of their own. The position of administrative resident is known and accepted throughout the hospital.

The administrative residency is not at a low level in the hospital or health organization. It is at the top of the organization although in a student capacity. A student acting as assistant to the administrator.

Because there are over 7,000 hospitals plus many thousand health organizations in the U.S., and only 1,200 M.B.A. students seeking a residency each year, much prestige comes to the hospital or health organization and administrator who are approved by a university to teach administrative residents. Instead of too few firms willing to take on business students for on-the job education, there are many more hospital and health administrators desiring a resident than there are students.

Hospital and health administration students do not require much close supervision because their education is so closely related to their administrative work and because the faculties plan the curriculum so that the residency is a coordinated integral part of the total M.B.A. program.

It is true, as both the Gordon and Howell and the Pierson reports state, that it is difficult and resource consuming to maintain the administrative residency, but the university provides the resources, the faculty gives the necessary time, and thus these difficulties are overcome.

IV. SUMMARY AND CONCLUSION

In this paper, the residency in hospital administration is introduced and described as an example of on-the- job learning in business administration. The intent of this is to acquaint the readers with graduate programs in hospital and health administration in schools of business administration. Specialized programs educating this special type of administrator or, really, this administrator functioning in a special type of environment.

REFERENCES

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