

RESIDENCY APPROVAL FORM

DEPARTMENT OF HEALTH SERVICES POLICY AND MANAGEMENT

I. Proposal Approval

Student's Name _____

Project Title _____

A. Faculty Advisor Approval

Signature of Faculty Advisor Date of Approval

B. Preceptor Approval

Signature of Preceptor Date of Approval

Organization

Preceptor Statement: The attached proposal represents my understanding of what the student has agreed to do with this organization and I am hereby agreeing to provide necessary supervision and support in order to carry out this work. I will monitor this student to ensure that he/she does not violate policies and legal restraints of this organization.

II. Final Approval of Written Report

A. Faculty Advisor Approval

Signature of Faculty Advisor Date of Approval

B. Preceptor Approval

Signature of Preceptor Date of Approval

C. Second Reader Approval

Signature of Second Reader Date of Approval

(Approved May 1997; reviewed May 2004, revised May 2005; revised July 2010)

MANAGEMENT RESIDENCY PRECEPTOR EVALUATION FORM

Student Name _____ Date of Residency:

Organization _____ Location:

Project Title:

1. The student was well prepared academically for the Residency. (Please circle one response).

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
----------------	----------------	---------	-------------------	-------------------

1.1 Please comment on specific issues/areas of practice in which the student could have been better prepared.

2. Residency Performance Area.

Please rank each area on a scale of 1-5 with 5 being Excellent and 1 being Poor.

	Excellent 5	Good 4	Adequate 3	Needs to improve 2	Poor 1
Promptness and Reliability	5	4	3	2	1
Inter-personal relations	5	4	3	2	1
Analytic skills	5	4	3	2	1
Knowledge: Current issues in Healthcare	5	4	3	2	1
Knowledge: Planning	5	4	3	2	1
Knowledge: Finance	5	4	3	2	1
Knowledge: Management	5	4	3	2	1
Professional: Writing skills	5	4	3	2	1
Professional: Presentation skills	5	4	3	2	1
Professional: Appearance	5	4	3	2	1
Professional: Behavior	5	4	3	2	1

3. Please list any suggestions you would have for improving the Management Residency.

4. The student met the goals and objectives that we had agreed on for the Residency.
(Please circle one response)

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
----------------	----------------	---------	-------------------	-------------------

5. Did the student's faculty preceptor contact you during the first month of the Management residency?
___ Yes ___ No

6. The faculty advisor should be more involved with the Management residency.

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
----------------	----------------	---------	-------------------	-------------------

If you think there should be increased faculty involvement, please indicate how you would like to see this done.

Student Signature

Date _____

Preceptor Signature

Title _____

Date _____

Reviewed by preceptor with Student:

MHA/MPH Program Director Signature

(Approved May 1997; reviewed May 2004)

MANAGEMENT RESIDENCY STUDENT EVALUATION FORM

Student Name: _____ Date of Residency: _____

Organization: _____ Location: _____

Project Title:

1. The practice site preceptor fulfilled his/her responsibilities as we had agreed upon and as outlined in the Departmental handbook. (Please circle one response)

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
----------------	----------------	---------	-------------------	-------------------

Comments: _____

2. The residency and project allowed for integration of course theory and content in a practice setting. (Please circle one response)

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
----------------	----------------	---------	-------------------	-------------------

3. The residency allowed for:

- 3.1 Exposure to senior management activities in the organization

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
----------------	----------------	---------	-------------------	-------------------

- 3.2 Experience throughout the organization.

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
----------------	----------------	---------	-------------------	-------------------

- 3.3 Completion of a management project.

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
----------------	----------------	---------	-------------------	-------------------

- 3.4 Participation in small projects.

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
----------------	----------------	---------	-------------------	-------------------

- 3.5 Opportunity to work in a team.

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
----------------	----------------	---------	-------------------	-------------------

4. What were the strengths in the MHA curriculum relative to your residency experience

5. What areas in the MHA curriculum should be strengthened relative to your residency?

6. How did the residency meet your needs or how could it have been improved?

7. Faculty availability and assistance met my needs during the residency. (Please circle one response)

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
----------------	----------------	---------	-------------------	-------------------

8. What could be done differently to enhance the learning and integration aspects of the residency?

9. General Comments

	Student Signature	Faculty Advisor Signature
	Date	Date

(Approved May 1997; reviewed May 2004)