



**Arnold School of  
Public Health**  
UNIVERSITY OF SOUTH CAROLINA



**2025-2026**

Department of Health Services Policy and Management

# MHA PROGRAM HANDBOOK

Revised May 2025

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This Handbook of the programs, policies, and practices of the Department of Health Services Policy and Management is not an official University document. If there are discrepancies between this Handbook and the University's Graduate Studies Bulletin, the Graduate Studies Bulletin supersedes



## TABLE OF CONTENTS

<b>TABLE OF CONTENTS .....</b>	<b>2</b>
<b>WELCOME.....</b>	<b>4</b>
<b>THE ARNOLD SCHOOL OF PUBLIC HEALTH.....</b>	<b>5</b>
<b>THE DEPARTMENT OF HEALTH SERVICES POLICY AND MANAGEMENT.....</b>	<b>6</b>
<b>Mission, Vision, and Values .....</b>	<b>6</b>
Mission .....	6
Vision.....	6
Values .....	6
<b>THE MASTER OF HEALTH ADMINISTRATION PROGRAM .....</b>	<b>8</b>
<b>Mission, Vision, and Values .....</b>	<b>8</b>
Mission .....	8
Vision.....	8
Values .....	8
<b>Educational Goals.....</b>	<b>9</b>
JD/MHA program .....	10
MHA Executive Track .....	11
<b>MHA Program Competencies .....</b>	<b>11</b>
<b>MHA Program Logic Model.....</b>	<b>16</b>
<b>MHA DEGREE PROGRAMS.....</b>	<b>17</b>
<b>Admission Criteria and Application Requirements.....</b>	<b>17</b>
Admission Criteria.....	17
Application Requirements .....	18
<b>International Applicants.....</b>	<b>19</b>
<b>Conditional Admission .....</b>	<b>19</b>
<b>MHA Traditional Track Details.....</b>	<b>19</b>
Course Sequence for Full-Time MHA Students .....	20
Professional Development Seminar .....	21
<b>MHA Executive Track Details .....</b>	<b>22</b>
<b>Dual Degrees (JD/MHA) .....</b>	<b>23</b>
<b>TUITION AND FINANCIAL ASSISTANCE.....</b>	<b>24</b>
<b>Tuition &amp; Fees .....</b>	<b>24</b>
<b>Grants, Loans, and Other Financial Assistance .....</b>	<b>24</b>
<b>GRADUATE ASSISTANTSHIPS.....</b>	<b>25</b>
<b>Objectives of the Graduate Assistantship (GA) .....</b>	<b>25</b>
<b>Availability and Placement .....</b>	<b>26</b>
<b>Securing a Graduate Assistantship (GA) .....</b>	<b>26</b>
<b>Preparing for Your Graduate Assistantship (GA-ship) Interview.....</b>	<b>27</b>
<b>Procedure for Completion of Graduate Assistant Contract .....</b>	<b>27</b>
<b>Compensation and Benefits .....</b>	<b>28</b>
Hours and Pay Structure.....	28
Additional Compensation Guidelines .....	28
Fringe Benefits and Fees.....	28
University-Supported Benefits.....	29
Summer GA.....	29
<b>Frequently Asked Questions.....</b>	<b>29</b>
<b>STUDENT EXPECTATIONS: ACADEMIC, ETHICAL, AND PROFESSIONAL .....</b>	<b>31</b>

Academic Enrollment Standards and Degree Completion Rules .....	31
Acceptable Academic Performance.....	31
Academic Integrity .....	32
Professional Responsibility .....	32
<b>ACADEMIC STANDARDS.....</b>	<b>33</b>
Academic Advisement and Maintaining Academic Standing.....	33
Periodic Competency Acquisition Assessments.....	34
<b>RESIDENCY FOR MASTER’S DEGREE PROGRAMS .....</b>	<b>35</b>
<b>Management Residency: Traditional Track.....</b>	<b>36</b>
MHA Residency Frequently Asked Questions.....	36
Finding a Management Residency Location.....	37
Residency Advisors and Preceptors: Their Responsibilities .....	38
FAQs for Residency Site Preceptors.....	39
Residency Proposal and Report .....	40
Residency Conditions and Requirements for MHA Candidates.....	43
Checklist of the “nuts and bolts” of the MHA residency project and report .....	45
<b>Management Residency: Executive Track.....</b>	<b>45</b>
<b>COMPUTER FACILITIES AND WEBSITE .....</b>	<b>47</b>
<b>AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES (ACHE) &amp; USC’S HEALTHCARE LEADERSHIP ASSOCIATION (HLA) .....</b>	<b>48</b>
<b>CAREER ORIENTED SERVICES .....</b>	<b>50</b>
USC Career Center.....	50
Center for Business Communication.....	50
Alumni access to USC webmail services .....	50
Career-related services for HSPM students .....	51
Professional Development Seminar Series.....	51
Networking Opportunities .....	51
<b>APPENDIX I: MHA Program Dress Code Etiquette.....</b>	<b>52</b>

## WELCOME

Dear Incoming MHA Students,

Welcome to the Master of Health Administration (MHA) Program at the University of South Carolina Arnold School of Public Health! We are excited to have you join our community and look forward to supporting your journey as a future leader in healthcare.

Healthcare is a dynamic and evolving field, and now more than ever, there is a need for well-prepared professionals who can navigate complexity, lead with confidence, and contribute to innovative solutions. Our program is designed to equip you with the knowledge, skills, and practical experience needed to thrive in a wide range of healthcare settings.

Whether you are part of the traditional or executive track, your time in the program will challenge you to grow both personally and professionally. Through classroom instruction, case-based learning, hands-on assistantships or residencies, and access to a network of experienced practitioners and alumni, you will gain a strong foundation to pursue a meaningful and impactful career in health administration. You are joining a diverse and supportive community of students, faculty, and healthcare professionals committed to excellence in education and leadership development. We encourage you to fully engage with the opportunities available, ask questions, seek feedback, and take an active role in shaping your experience.

This handbook serves as a comprehensive guide to the policies, procedures, expectations, and resources that support your academic and professional journey. It outlines key elements of your program of study, including curriculum details, residency requirements, graduate assistantships, competency expectations, and codes of professional and academic conduct. All students are expected to review this handbook carefully and consult it regularly. It is a companion to the [University of South Carolina Graduate School Bulletin](#), which outlines the broader institutional policies governing graduate education. In the event of any discrepancies between this handbook and the Graduate School policies, the policies outlined by the Graduate School will take precedence. If you have questions, please contact me at [natafqi@mailbox.sc.edu](mailto:natafqi@mailbox.sc.edu).

We are proud to have you as part of the MHA Program and look forward to seeing all that you will accomplish during your time here and beyond.



**Nabil Natafqi, PhD, MPH, CPH**  
*Interim Director*  
MHA Program

## THE ARNOLD SCHOOL OF PUBLIC HEALTH

The Arnold School of Public Health, of the University of South Carolina, was established in 1974 in response to a mandate from the South Carolina Legislature. The first students were admitted in late 1974. The growing number of students necessitated a reorganization of the School and the permanent formation of a full-time faculty, in July 1977. In 2000, we became the Arnold School of Public Health, in honor of a generous donation to the School by Norman J. Arnold. Presently, the School has a faculty of about 132 members and over 700 graduate students.

Since 1979, the School has been accredited by the Council on Education for Public Health (CEPH), the accrediting body for schools of public health in the United States. The mission of the Arnold School of Public Health is to expand, disseminate, and apply the body of knowledge regarding the following: prevention of disease, disability, and environmental degradation, promoting health and wellbeing in diverse populations; and providing effective, efficient and equitable health services.

Principal responsibilities of the Arnold School of Public Health are: (1) educational preparation of undergraduate and post-baccalaureate students for academic and professional careers within public health and health services organizations; (2) research on significant public health problems and/or issues; and (3) development and delivery of continuing professional education for health services personnel outside the immediate university community.

There are six departments within the Arnold School of Public Health: Communication Sciences and Disorders (COMD), Environmental Health Sciences (ENHS), Epidemiology and Biostatistics (EPID/BIOS), Exercise Science (EXSC), Health Promotion, Education, and Behavior (HPEB), and Health Services Policy and Management (HSPM).

## THE DEPARTMENT OF HEALTH SERVICES POLICY AND MANAGEMENT

### Mission, Vision, and Values

The *Department of Health Services Policy and Management* is passionate about making a difference in the lives of others and contributing to a better and more equitable world. Many members of the Department have roots in rural or underserved areas, where we witnessed firsthand the challenges in accessing quality care, the impacts of economic and social inequities, and the profound consequences these disparities have on individuals and communities. Consequently, the Department shares a collective desire to make a real-world impact on health and healthcare systems, particularly for underserved and marginalized populations. We do this by studying the organization, financing, and delivery of healthcare in South Carolina, across the United States, and around the globe. Members of the Department conduct rigorous and innovative research to generate evidence that informs health policy, improves healthcare delivery and outcomes, and advances health equity. We are also dedicated to training the next generation of public health and healthcare leaders, practitioners, and health services researchers with the competencies needed to contribute towards a more effective and equitable healthcare system.

#### Mission

The *mission of the Department of Health Services Policy and Management (HSPM)* is to promote health equity and improve health outcomes by conducting rigorous research that informs health policy and practice. We are dedicated to training the next generation of leaders in health services policy and management to drive transformative changes in healthcare and public health.

#### Vision

The *Department of Health Services Policy and Management* envisions a world where all people, regardless of their background or circumstances, have access to high-quality, affordable healthcare that promotes their well-being and enables them to live healthy, fulfilling lives.

#### Values

**COLLABORATION.** We value and purposefully pursue partnerships with scholars locally, nationally, and globally, and actively engage with diverse community, patient, industry, and government partners through **interdisciplinary** team science.

**CREATIVITY.** We are always **learning** and are motivated by the desire to answer interesting questions in **novel** and **creative** ways, generating new knowledge that will meaningfully advance health care policy and practice.

**INTEGRITY.** Knowing that our **credibility** as teachers and researchers depends on it, we conduct ourselves with the utmost regard for ethical, legal, and moral principles. In short, we endeavor always to do the right thing, even when no one else is watching, precisely because it is the right thing to do.

**EQUITY.** We are resolute in our pursuit of a more **just** world. In everything we do, from the creation of

departmental policies and procedures to the research agendas we pursue and the concepts we teach in the classroom, the advancement of equity is one of our bedrock principles.

**RIGOR.** We consistently esteem **high-quality** work. Put simply, we believe that if something is worth doing, it is worth doing to the very best of our ability.

**INCLUSION.** In everything we do, we strive to create a scholarly and professional environment where all feel welcome to be—and openly express—their **authentic** selves.

**COLLEGIALITY.** We are intentional about creating an environment in which people enjoy both the work they do and those with whom they do it. We build **trust** by being **kind, respectful, honest,** and **empathetic**, while practicing **open communication** with—and **accountability** to—one another.

**IMPACT.** We are intrinsically motivated by our desire to make a difference in the world by conducting research that is **policy and practice relevant** and training the next generation of health services researchers, health care administrators, and public health professionals to pursue similarly meaningful work in their chosen careers.

**HUMOR.** Higher education doesn't have to be a soul-sucking enterprise. We take our work seriously, but we don't take ourselves too seriously, and we have fun together as a team, both at work and outside of it.

**WORK-LIFE INTEGRATION.** We believe that our careers, while important, are only one facet of our lives. We realize that this looks different for everyone, and we are deliberate about making space for our people to integrate their personal and professional lives in a way that works best for them.

*Revised and approved, Fall 2025*

## THE MASTER OF HEALTH ADMINISTRATION PROGRAM

### Mission, Vision, and Values

#### Mission

The *MHA program's mission* is to prepare healthcare administrators and leaders to have the competencies required for effectively managing health systems and the proficiencies for strategically addressing the social and population health responsibilities of healthcare organizations. The MHA program will serve to prepare the healthcare leadership workforce in South Carolina, throughout the United States, and beyond.

#### Vision

The *MHA program* will aspire for excellence and will be a resource for excellence in graduate healthcare management education. The program will prepare well trained graduates ready to assume or progress to leadership positions in the healthcare arena. The MHA Program will serve as a networking/integrating resource for alumni, practitioners and leaders in health services in South Carolina and beyond.

#### Values

- **Community:** The MHA Program actively engages and collaborates with community partners and stakeholders through experiential learning, alumni and practitioner involvement, placements in high quality graduate assistantships, fellowships and jobs.
- **Diversity and Inclusion:** The MHA program attracts a diverse group of individuals, supports diverse students, alumni, health systems and organizations, and embraces respect for diversity and inclusion of all persons.
- **Impact:** Through inquiry, discovery and workforce development, the MHA program will improve health and well-being of the serving communities, population, and health systems.
- **Integrity:** The MHA Program adheres to the highest standards of honesty, fairness, stewardship, professional responsibility and scholarly ethics.
- **Learning:** MHA Students are the center of the program. With its outstanding faculty and staff, strong practitioner complement, the MHA Program provides diverse and dynamic educational and experiential opportunities for all learners.
- **Leadership:** The MHA Program equips leaders with necessary skills to become change agents in health systems, their communities, and the field.
- **Student-Centric:** Student bonding and cohesion is a priority for the MHA Program which provides support to ensure an organic network growth among each cohort's peers.
- **Professional Development:** The MHA Program will drive strength of all partners, students, and alumni through continuous networking and connections and cultivate a learning environment where students thrive to be life-long learners rather than just a graduate.

*Revised and approved, Fall 2021*

## Educational Goals

The overall educational goal of the MHA program is to prepare healthcare managers who have both the competencies required to manage effectively in a market-driven healthcare system and an understanding of approaches to address the social and population health responsibilities of healthcare organizations. We will equip MHA students with the theory, competencies, and applications to prepare: (1) individuals without previous health services management experience for entry level managerial positions and facilitate their advancement into senior management; and (2) experienced health service professionals for promotion and further career advancement.

Upon completion of the program, MHA graduates will be able to:

- a. Identify and apply appropriate techniques and applications of quantitative and qualitative methods to the management of healthcare and allied organizations and programs.

Curriculum: HSPM712, HSPM716, HSPM718, HSPM775, HSPM776

- b. Demonstrate a working knowledge of the concepts and application of health information systems to management and decision-making in healthcare and allied organizations and programs.

Curriculum: HSPM713, HSPM777, HSPM776

- c. Apply economic concepts and analysis to health services management and decision making.

Curriculum: HSPM712, HSPM732

- d. Apply appropriate financial analysis and financial management tools and techniques in healthcare and allied organizations and programs.

Curriculum: HSPM712, HSPM733, HSPM731, HSPM777, HSPM770, HSPM732

- e. Identify the relevant methods of and how to apply market analysis, research, and assessment to the management of healthcare and allied organizations and programs.

Curriculum: HSPM712, HSPM710, HSPM733, HSPM716, HSPM718, HSPM 777, HSPM732, HSPM776

- f. Identify the relevant considerations, processes, and application of strategic management for survival and growth of healthcare and allied organizations in a competitive environment.

Curriculum: HSPM733, HSPM718, HSPM769, HSPM766, HSPM777, HSPM770, HSPM732, HSPM776

- g. Identify and apply appropriate concepts and techniques of quality assessment and improvement in healthcare and allied organizations.

Curriculum: HSPM710, HSPM718, HSPM769, HSPM766, HSPM777, HSPM770, HSPM774, HSPM775

- h. Identify the concepts and applications of relevant legal principles and regulations to the management of healthcare and allied organizations.

Curriculum: HSPM718, HSPM724, HSPM766, HSPM732, HSPM776

- i. Demonstrate knowledge of the principles, practice, and application of ethics in business and clinical decision-making.

Curriculum: HSPM710, HSPM718, HSPM 765, HSPM 732, HSPM724, HSPM766, HSPM 777, HSPM770, HSPM774

- j. Apply a public/population health perspective to health services management.

Curriculum: HSPM710, HSPM775, PUBH700

- k. Demonstrate effective written, verbal, and interpersonal communication skills.

Curriculum: HSPM765, HSPM710, HSPM718, HSPM731, HSPM766, HSPM777, HSPM769, HSPM770, HSPM732, HSPM774, HSPM775

- l. Demonstrate understanding of the processes and how to exercise effective leadership – visioning, change management and team development in healthcare and allied organizations and programs.

Curriculum: HSPM765, HSPM718, HSPM769, HSPM766, HSPM777, HSPM770, HSPM774, HSPM776

- m. Demonstrate understanding of the concepts of and processes of human resources management, governance and the governing body including its relationship to the executive leadership in healthcare and allied organizations and programs.

Curriculum: HSPM765, HSPM710, HSPM718, HSPM724, HSPM766, HSPM777, HSPM776

Similar competencies apply to the MHA Executive track. For the Executive track, the expected student competency performance levels are higher than the traditional program.

### **JD/MHA program**

The dual degree in health administration and law is designed for students who wish to pursue study in law as applied to healthcare settings. The dual degree leads to a Juris Doctor (JD) degree and Master of Health Administration through an integrated curriculum to be completed over a four-year period. Under the JD/MHA program, HSPM 724 Health Law is replaced by a related course taught in the Law School covering legal aspects of healthcare. Appropriate JD program courses count as MHA electives. Otherwise, the objectives and required courses of the MHA section are identical to the standalone MHA program. The completion of this dual degree will allow graduates to compete successfully for positions in the complex field of health administration and law. Applicants must apply to each program separately (see MHA program description and requirements) and satisfy the requirements for each program to be accepted into each program in order to matriculate into the JD/MHA program.

## MHA Executive Track

The MHA Executive Track is designed for qualified health professionals such as physicians, nurses, pharmacists, senior and mid-level healthcare executives, service line managers/directors, and other healthcare professionals to obtain an advanced degree without interrupting full-time careers. Coursework is accomplished through meetings in person once a month for weekend classes. The *weekend-only track* prepares leaders with the ability to balance regulatory issues and offer value-based care without compromising quality or putting their organizations at financial risk. The objectives and curriculum of the MHA Executive Track differ primarily at the level of competency attainment from the traditional MHA program. In addition, 13 credit hours are waived for students with three years of approved healthcare professional experience or ongoing clinical experience. In lieu of the residency requirement, MHA Executive Track students are required to visit and conduct a comparative analysis of a selected global healthcare system vis-à-vis the US healthcare system.

## MHA Program Competencies

The Commission on Accreditation of Healthcare Management Education (CAHME) is the only organization recognized to grant accreditation to academic graduate programs in healthcare management education in the United States. Our CAHME Competency Domains include:

**Communications and interpersonal effectiveness:** “Communications” should include competencies associated with giving and receiving of information between an individual and other individuals or groups. “Interpersonal effectiveness” involves competencies associated with developing and maintaining effective working relationships with others. The following are examples of the kinds of competencies that may fall into this domain: Collaboration, Oral Communications, Relationship Building, and Written Communications.

**Critical thinking, analysis, and problem solving:** This domain should include competencies related to the appropriate use of information, data, and judgment to inform sound management decisions. The following are examples of the kinds of competencies that may fall into this domain: Analytical thinking, Financial Management, Information Seeking, Performance Measurement, and Process Management.

**Management and leadership:** This domain should include competencies related to a student’s ability to successfully pursue organizational goals that involve getting things done through and in collaboration with others. The following are examples of the kinds of competencies that may fall into this domain: Change leadership, Human Resource Management, Impact & Influence, Initiative, IT Management, Innovative Thinking, Organizational Awareness, Project Management, Strategic Orientation, and Talent Development.

**Professionalism and ethics:** This domain should include competencies that relate to upholding high professional and ethical standards. The following are examples of the kinds of competencies that may fall into this domain: Accountability, Acting with Integrity, Achievement Orientation, Ethical decision-making, Professionalism, and Self-Confidence.

**Population health improvement, public health and community development:** This domain should include competencies related to the integration of population health needs, including the social determinants of health into the management of health services delivery. The following are examples of the kinds of competencies that may fall into this domain: Population Health Management, Resource Allocation, Addressing Social Responsibility, Data-Driven Decision-Making, and Community Health

Monitoring.

*CAHME requires course syllabi to specify the level of competence students are expected to achieve for every competency each course in the curriculum emphasizes. This level is included in the appropriate column of the competency-objective matrix, as illustrated in the matrix below.*

**Level 0** – No or minimal knowledge of information needs and skill sets of the specific competency.

**Level 1** – Cognition (Know): Student knows about the information and skill set needs including affective skills. Student has a basic proficiency level of the assigned material.

**Level 2** – Conceptual Proficiency (Demonstrate understanding of “how to” carry out the function): Student can conceptually articulate the steps for gaining competency and knows how to seek information needed.

**Level 3** – Execution Proficiency: Student demonstrates ability in the competency by appropriately applying his/her understanding and integrating knowledge and skills to address a limited range of applications.

**\*Level 4** – Advanced Proficiency: Student consistently demonstrates his/her ability to integrate and apply information, knowledge, and skills to decision-making/problem solving.

*\*Level 4 is applicable as an expectation for MHA Executive Track students only and NOT the MHA Traditional Track.*

MHA Competencies	Level
<b>1. Critical thinking, analysis, and problem solving</b>	
<b>1.1 Scientific approaches to decision-making and problem solving</b>	
a) Understands and is able to apply quantitative analytical tools and techniques, (such as regression analysis, linear programming, and bivariate comparison methods) for economic, financial, and operational decision-making and problem solving	
b) Understands the appropriateness of and application of selected qualitative data sources and analytical methods, (e.g., case studies, stakeholder assessments) to understand processes, contexts, dynamics, and multiple stakeholder perspectives related to healthcare phenomena	
c) Understands and is able to apply quantitative data in population health and program planning (e.g., descriptive statistics, descriptive epidemiology) to determine patterns and trends	
<b>1.2 Financial Management</b>	
a) Define and describe the fiscal terminology and tools used in healthcare organizations, and evaluate the impact of cost behavior relative to changes in the level of business activity	
b) Explain and use accounting functions such as budgeting, financial reporting and cost analysis for managing financial resources including allocation of scarce resources in an evolving regulatory environment	
c) Able to develop a pro forma/budget and to use these plans to make projections for the future	
d) Able to execute financial management functions under managed care and under evolving payment methods (e.g., pay-for performance, accountable care organizations) including contract negotiation	
<b>1.3 Organizational performance management</b>	
a) Demonstrates skills and knowledge needed for stewardship of organizational resources for organizational performance improvement	

b) Understands the importance of using organizational strategy to guide decisions	
c) Demonstrates ability to optimize resource use through appropriate application of quantitative and qualitative methods, including simulation, queuing, demand forecasting, linear programming, and decision analysis	
<b>1.4 Operations and business process management</b>	
a) Able to identify and analyze business processes in healthcare organizations	
b) Demonstrates knowledge and application of essential operations management functions (such as supply chain management, inventory management, enterprise resource planning, demand forecasting, scheduling, and capacity management) in healthcare context	
c) Able to apply project management and quality management principles and techniques in operations management	
d) Understands the role and application of IT in operations and business process management	
e) Understands the principles and approaches to hospital emergency preparedness and disaster management	
<b>1.5 Quality improvement, patient safety management</b>	
a) Able to implement continuous quality improvement concepts and skills to improve work processes	
b) Able to direct effective processes for continuous assessment and improvement of patient care delivery and service quality (e.g., work process design, clinical pathways, practice guidelines) for improved patient outcomes and satisfaction	
c) Understands how to employ tools and techniques to aid in process analysis and improvement (e.g., Lean and Six-Sigma approach; Root Cause Analysis, Failure Mode, Effects Analysis, etc.)	
<b>1.6 Risk management</b>	
a) Understands the implications of and able to implement technology- and process-based safeguards for information and information systems security	
b) Understands sources of organizational liability risk, and can describe approaches to risk management for minimizing financial losses from damages/risks associated with patients, employees, visitors, property, and other assets	
<b>1.7 Health law, policy, regulation, and compliance</b>	
a) Understands the elements of, and can interpret the legal, regulatory, statutory, and accrediting body requirements for healthcare organizations from a compliance and liability minimization perspective	
b) Demonstrates understanding of how to manage processes related to providers business relationships, contracts and agreements	
c) Able to ensure compliance with confidentiality requirements and associated handling of medical, quality assurance, risk management, and peer review records	
<b>1.8 External environment management</b>	
a) Business Plan Design and Implementation: <ul style="list-style-type: none"> <li>• Develops, directs, and evaluates the business plan</li> <li>• Able to critically evaluate programs within the strategic plan including risk and outcome evaluation</li> <li>• Able to identify approaches for effective healthcare resourcing in a resource-constrained environment</li> <li>• Able to execute decision analyses and formulate alternatives to achieve most effective uses of constrained resources</li> </ul>	
b) Demonstrates understanding of how to assess the impacts and expectations of external stakeholders, and of approaches to manage stakeholders and the political environment	

<b>1.9 Economic analysis and applications to healthcare management-</b>	
a) Demonstrates understanding of and applications of key economic concepts and techniques in healthcare planning and management - supply and demand theory, planning production and diminishing returns, labor costs, exchange, discounting and investment, organizational efficiency, and insurance	
<b>2. Management and leadership</b>	
<b>2.1 Human resource management</b>	
a) Demonstrates understanding of the elements of <u>HR development</u> and their implementation for maximizing organizational performance, employee performance and employee satisfaction	
b) Demonstrates understanding of the relevant elements of <u>HR administration</u> , processes and procedures from employee recruitment through hiring, maintenance and separation/severance	
c) Demonstrates understanding of the <u>regulatory and accrediting agency/ statutory requirements</u> related to HR administration and ensuring compliance	
d) Able to describe the unique processes and approaches used in <u>HR management of physicians</u> – credentialing, privileging, compliance, and medical staff/physician relations management	
<b>2.2 IT management</b>	
a) Possesses a working understanding of the role and potential of information systems, as well of IT infrastructure for health service delivery and knowledge management	
b) Plans for and optimally utilizes health information systems (through systems analysis, project planning, and considerations for application software and IT infrastructure requirements)	
c) Able to analyze information exchanges within and across healthcare organizations	
d) Able to describe and potentially leverage IT innovations to impact substantive healthcare organization performance, in areas such as patient safety, quality management, revenue cycle management, and drug delivery	
<b>2.3 Leadership and governance</b>	
a) Comprehends and applies a systems approach to healthcare management in decision-making and problem-solving	
b) Personal leadership skills: Demonstrates understanding of important leadership skills and behaviors – professional values and ethics, stewardship of resources, leader-relevant interpersonal relationship management and communication, cultural competency, appropriate use of the types of power and influence, change and innovation management, and conflict resolution	
c) Knows the key elements of and approaches to the decision-making process in order to make informed decisions	
d) Demonstrates understanding of the structure, roles and responsibilities of organizational governance, and the governance-executive leadership relationship	
<b>2.4 Strategic planning/ management and marketing</b>	
a) Understands and applies basic concepts and tools that are integral to strategic thinking, planning and management	
b) Uses system and strategic thinking models and methods to make decisions and solve problems	
c) Demonstrates understanding of market analysis, consumer behavior analysis, adoption of innovation, market expansion and market research	
<b>2.5 Organizational behavior</b>	

a) Demonstrates understanding of application of organization behavior theories and practices to establish an organizational culture and climate of high level of morale and job satisfaction	
b) Understands effective motivational strategies including compensation mechanisms to elicit desired behavior and response from others	
<b>2.6 Innovation, change and creativity management</b>	
a) Identifies and analyzes innovation opportunities in healthcare organizations	
b) Understands and applies models and methods of organizational change and innovation	
<b>3. Communications and interpersonal effectiveness</b>	
<b>3.1 Personal communication and presentation skills</b>	
a) Able to develop, synthesize and articulate ideas and information	
b) Able to listen effectively and respond to others' ideas and thoughts, including non-verbal forms of communication	
c) Speaks and presents information clearly and effectively before individuals and groups, in formal and informal settings	
d) Writes clearly and effectively	
<b>3.2 Developing and maintaining effective working relationships</b>	
a) Able to carry out effective communications with external stakeholders/audiences: marketing communications, public relations, advertising	
b) Demonstrates understanding of and able to apply the critical elements of team development, dynamics and performance	
c) Demonstrates cultural sensitivity and competence	
<b>4. Professionalism and ethics</b>	
<b>4.1 Ethical decision-making, compliance, accountability, and integrity</b>	
a) Understands the roots of ethical behavior and decisions – personal, professional, organizational, and biomedical ethics, and identifies effective decision-making approaches to reconcile personal ethical values with the various ethical standards/codes	
b) Identifies the key elements of medical ethics, patient autonomy, beneficence, non-maleficence, and justice, and principles of ensuring organizational compliance	
<b>4.2 Professionalism in interfacing with other professionals</b>	
a) Able to interact and work effectively with other professionals, including cross-disciplinary team communication/ negotiation skills, and professionally acceptable norms of comportment and demeanor	
<b>5. Population Health Improvement, Public Health &amp; Community Development</b>	
<b>5.1 Social determinants of health and partnerships with public health agencies for advancing community health</b>	
a) Demonstrates understanding of population health and its applications in healthcare service planning and resource use optimization, including the social determinants of health and health disparities, and approaches to address the social responsibility of healthcare organizations	
b) Able to acquire and use the data needed for community health planning and services development, developing the Affordable Care Act-mandated community health needs assessment (CHNA) and associated hospital strategy by non-profit hospitals, including sourcing data from public health agencies and stakeholders	
<b>5.2 Integrating population health with management of health service planning and delivery</b>	
a) Describes how epidemiological surveillance tools are used to monitor community health and facilitate health promotion and prevention programs	

## MHA Program Logic Model

The MHA Program Logic Model provides a structured framework that aligns program goals with competencies, validated learning outcomes, assessment tools, and educational delivery methods. Designed to prepare graduates for middle to advanced-level management roles and career advancement, the model emphasizes core domains such as critical thinking, leadership, communication, ethics, and population health. Competency development is guided across four levels—from cognitive understanding to adaptive proficiency—ensuring depth and progression. Learning outcomes are assessed through diverse student products including quizzes, case analyses, presentations, and residency projects. Educational methods are intentionally varied, combining lectures, interactive techniques, team assignments, and real-world application to foster both cognitive and behavioral-affective learning. See Figure 1.

Program Goal	Competencies and Levels	Learning Outcomes Validated	Student Products & Assessment Tools	Educational Content & Delivery Methods
<p><b>PREPARE GRADUATES FOR:</b></p> <ul style="list-style-type: none"> <li>a. Middle to advanced level management</li> <li>b. Future career advancement</li> <li>c. Promotion/Career advancement of experienced professionals</li> </ul>	<p><b>DOMAIN</b></p> <ul style="list-style-type: none"> <li>• Critical thinking, Analysis, &amp; Problem-solving</li> <li>• Management &amp; Leadership</li> <li>• Communications &amp; Interpersonal Effectiveness</li> <li>• Professionalism &amp; Ethics</li> <li>• Population health, Public health &amp; Community development</li> </ul> <p><b>LEVEL</b></p> <ol style="list-style-type: none"> <li>1. Cognition</li> <li>2. Conceptual proficiency (applied)</li> <li>3. Executive proficiency</li> <li>4. Adaptive proficiency</li> </ol>	<ul style="list-style-type: none"> <li>• <b>Cognitive Knowledge</b> <ul style="list-style-type: none"> <li>- Information &amp; Theory</li> </ul> </li> <li>• <b>Critical thinking</b> <ul style="list-style-type: none"> <li>-Scenario application</li> <li>-Functional application</li> </ul> </li> <li>• <b>Integration</b> across fields for real world decision-making</li> <li>• <b>Behavioral-affective skills</b> for performance</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Quizzes and exams</b> <ul style="list-style-type: none"> <li>Multiple choice, short answers, problems</li> </ul> </li> <li>• <b>Case analysis report:</b> Rubric for case analyses</li> <li>• <b>Comprehensive cases/field projects</b> - Rubric for comprehensive case</li> <li>• <b>Team performance</b> - Rubrics for team performance, cultural competence</li> <li>• <b>Presentations</b> <ul style="list-style-type: none"> <li>Rubric for presentation</li> </ul> </li> <li>• <b>Residency project</b> <ul style="list-style-type: none"> <li>Health System analysis (travel abroad or local)</li> </ul> </li> </ul>	<p><b>Knowledge</b></p> <ul style="list-style-type: none"> <li>• Information by lecture</li> <li>• Structured interactive methods (Q and A, problems, homework)</li> </ul> <p><b>Critical thinking</b></p> <ul style="list-style-type: none"> <li>• Case analysis/ diagnosis</li> <li>• Problem assignments</li> </ul> <p><b>Integration for decision-making</b></p> <ul style="list-style-type: none"> <li>• Comprehensive cases (multiple dimensions)</li> <li>• Field projects</li> <li>• Residency project</li> </ul> <p><b>Behavioral-Affective</b></p> <ul style="list-style-type: none"> <li>• Team assignments</li> <li>• Role-play/Scenario-analysis</li> <li>• Presentations</li> </ul>

Figure 1. MHA Program Logic Model

## MHA DEGREE PROGRAMS

The Department offers two tracks for the MHA program, the Traditional Track Master of Health Administration (MHA) and the Executive Track Master of Health Administration (MHA-Executive). Each has a distinct focus and prepares students for a distinct career path. Students are encouraged to review the goals and curriculum associated with each track to select the one that best matches their personal goals.

The MHA Traditional Track prepares students for a career in the management of health services organizations in the private and public sectors, ranging from direct service providers (clinics, hospitals, long-term care settings) through the ancillary industries (insurers, quality review organizations). In addition to the core public health principles, the 58-hour MHA provides training in management and leadership, accounting, finance, information technology, quantitative methods, operations and quality management, and strategic planning in healthcare organizations.

The MHA program is more business and organization-management oriented. Volunteering at a local hospital or large physician practice (or other care setting) or interviewing managers of different departments at a local hospital is highly encouraged and can help applicants to understand the role of healthcare managers and decide if it offers a good fit for individual career and role preferences.

Students in the MHA Executive Track should have significant work experience in the healthcare sector prior to admission. The educational objective of this track is to provide training in management and decision-making, leadership, health policy evaluation, financing, strategic planning and operations and quality management for senior administrative and management personnel.

### Admission Criteria and Application Requirements

The USC MHA program adopts a holistic approach in the review of MHA applications. A completed bachelor's degree (or its equivalent) with a minimum GPA of 3.0 (or its equivalent) is required. No standardized test scores are required, however, the GRE/GMAT will be considered if provided.

Traditional students apply through either the Healthcare Administration, Management, and Policy Central Application System ([HAMPCAS](#)) or the Schools of Public Health Application System ([SOPHAS](#)). MHA Executive students apply through the USC Graduate School application [portal](#).

#### Admission Criteria

- A four-year baccalaureate degree or its equivalent from an accredited institution. The MHA program looks for students of varied backgrounds, interests, and experiences, thus, students with all academic majors are encouraged to apply.
- Baccalaureate degree grade point average of 3.00/4.00 or higher.
- The GRE is not required for admission to the MHA program. However, the program does offer a GRE/GMAT optional policy whereby students applying to the MHA can submit a GRE or GMAT score for consideration. If the applicant opts to include their GRE/GMAT score for consideration during the admission process, their GRE/GMAT score must be submitted at the same time as the application for admission.

- For international applicants, a satisfactory score on the Test of English as a Foreign Language (TOEFL) - minimum score of 80 internet-based, 230 computer-based, or 570 paper-based - or the International English Language Testing System (IELTS) Academic Course Type 2 exam - minimum overall band score of 6.5. This requirement may be waived for applicants that have earned a prior degree from a US institution or in an institution in a country where English is an official language.
- For executive track applicants, a minimum of three years of work experience in a health care setting is required. Applicants should also be currently employed in a health care setting.

## Application Requirements

- Resume or CV
- Personal Statement: The personal statement is a great opportunity to express your unique qualifications, experiences, and reasons for applying to the MHA program. Prepare your letter carefully by using details and specific examples to describe your distinctive qualities. Describe your academic interests, relevant work experiences, as well as academic/professional goals and objectives in the context of the questions listed below:
  - Why are you applying to this program?
  - How will this program prepare you for your desired career?
  - What is your experience working in teams and what can you contribute to a team?
  - Is there any additional information that will help us evaluate your application?
- At least three letters of recommendation from academic and/or professional sources. Ideal sources include professors, academic advisors, and employment/internship supervisors. Letters should come from people who have had significant interaction with the applicant in an academic or professional capacity and can reflect upon the applicant's prior academic and/or professional performance. Letters from friends or relatives are not accepted.
- Official transcripts from **all** schools or colleges previously attended
- Non-US institution transcripts must be verified by World Education Services (WES) or equivalent evaluation service. Please submit a comprehensive course-by-course evaluation (WES ICAP)
- GRE or GMAT scores (optional)
- TOEFL or IELTS scores are required for those whose native language is not English

*Applicants whose materials meet these criteria will be contacted to set up a 30-minute virtual information session with the MHA Program Director.*

## Admissions Review Process

The MHA Committee reviews applications for evidence of the applicant's intent and purpose in pursuing an MHA, leadership experience, and past academic performance. We use a portfolio approach to evaluate applicants and the portfolio consists of reference letters, previous professional experience, goal statement, grade point average in undergraduate and previous graduate work (if applicable), and standardized test scores (if available). The portfolio approach allows us to balance a poorer performance in some areas with exceptional performance in others, when there is evidence of experience in or motivation for a healthcare career, and strong letters of recommendation. For the Executive Track, emphasis is also placed on previous work experience as a predictor of future success.

## International Applicants

International applicants are encouraged to apply to all degree programs of the department. The department values the interactions between US and international students to strengthen teaching and learning in the classroom and to foster academic advancement in a multi-cultural, multi-ethnic environment. International students often bring their own unique perspectives on how to address population health concerns and such perspectives are extremely useful for understanding the health concerns of populations in the USA and globally.

**NOTE:** Although the department admits international students into the MHA program, international applicants should be aware that US student visa restrictions may limit opportunities for off-campus graduate assistantship (GA) placements. These limitations can affect the learning experience compared to peers who secure GA positions in healthcare settings. It is important to note that international students *who do obtain a GA position* are eligible for the same reduced (in-state) tuition benefits as domestic students. However, due to visa-related constraints, **international students may face more limited options for GA placements**. GA opportunities **are not a requirement of the MHA program and cannot be guaranteed for any student, regardless of citizenship**. Therefore, prospective international applicants are strongly encouraged to contact the MHA Director for further information and discussion *prior* to applying through SOPHAS or HAMPCAS.

## Conditional Admission

In certain circumstances, students may be offered conditional admission. A general requisite of a conditional admission requires the student to achieve or exceed a GPA of 3.0 in their first semester to continue in the program. In addition, students may also be asked to take an English writing course, and for international students with significant difficulties in spoken English, to take remedial English language courses. All conditions will be clearly spelled out in the conditional admission letter. Students with a conditional admission may be asked to undertake no more than 10-hours a week of graduate assistantship work in the first semester to maximize their success in meeting the conditions. A subsequent increase in the graduate assistantship time commitment is permitted subject to satisfactory academic performance, i.e., no grade less than a “B” in courses completed in the first semester.

## MHA Traditional Track Details

The MHA program provides training in planning, management, accounting, finance, quantitative methods, and evaluation for students intending careers in healthcare organizations. Being housed in the Arnold School of Public Health, the MHA program additionally addresses the core public health competencies: epidemiology, biostatistics, health promotion, and environmental health. The MHA program prepares students for a management career in the full range of healthcare organizations (hospitals and ambulatory care settings, post-acute [e.g., skilled nursing], long-term, and managed care facilities) and allied industries (health insurance, quality review organizations, risk management, etc.) in the private, not-for-profit, and public sectors. The MHA is offered in a full-time format for regular students.

In October 1991 the MHA program received full accreditation by the Accrediting Commission on Education for Health Services Administration (now called Commission on Accreditation of Healthcare Management Education, or CAHME). Most recently, the MHA program was re-accredited by CAHME in 2022 for seven years.

*The MHA program is a 58-semester-hour program. The curriculum is as follows:*

Management .....	31 hours
Accounting and Finance .....	9 hours
Quantitative Methods .....	3 hours
Public Health PUBH 700.....	3 hours
Managerial Epidemiology and Statistics for Healthcare .....	3 hours
Health Planning.....	3 hours
Approved Elective .....	3 hours
Management Residency .....	3 hours

Prior to enrollment, all MHA-admitted students in the traditional program should have completed an undergraduate accounting course or acquired competency in basic undergraduate accounting through private study.

### Course Sequence for Full-Time MHA Students

The course sequence is designed to enable students to progressively build on the knowledge and skills essential for subsequent courses. Thus, courses are to be taken in the indicated sequence. All students enter the MHA program in the fall semester. The recommended course sequence is designed to be followed in order. Deviation from this sequence may result in delayed graduation and may extend the time needed to complete the program.

#### Year 1

##### FALL SEMESTER

HSPM 775 Managerial Epidemiology	3 hours
HSPM 733 Health Care Accounting	3 hours
HSPM 710 Introduction to the US Health Care System	3 hours
HSPM 765 Leadership in Health Care Organizations	1 hour
HSPM 769 Organizational Behavior	3 hours

##### SPRING SEMESTER

HSPM 712 Health Economics	3 hours
HSPM 716 Quantitative Methods for Health Administration	3 hours
HSPM 718 Health Planning	3 hours
HSPM 731 Health Care Finance-I	3 hours
*Possible PUBH700 or elective	* 3 hours

##### SUMMER SESSION I

HSPM 713 Information Systems in Health Administration	3 hours
HSPM 766 Health Services Administration I	3 hours

##### SUMMER SESSION II

HSPM 776 Physician Practice Management	3 hours
**Possible Elective	** 3 hours

**Year 2****FALL SEMESTER**

HSPM 724 Health Law	3 hours
HSPM 770 Health Care Decision Making	3 hours
HSPM 732 Health Care Finance II	3 hours
HSPM 774 Applied Quality Management in Health Care	3 hours
HSPM 777 Healthcare Policy and Principles of Health Insurance	3 hours

**SPRING SEMESTER**

HSPM 797 Management Residency	3 hours
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**MHA Program Total****58 hours**

\* PUBH 700 (Foundations of Public Health) is a 3-credit hour course required for MHA students who do not hold a degree from a CEPH-accredited public health program or school. Students with a prior public health degree from a CEPH-accredited institution are exempt from this requirement and will instead complete an additional 3-credit hour graduate-level elective.

\*\* The elective must be a graduate level course. Three (or six if PUBH700 is not required) hours of electives are required for graduation.

Students with strong healthcare management experience in an area may opt to take elective courses in lieu of up to two of the following courses: (1) Strategic Planning, HSPM 718; (2) Health Law, HSPM 724; (3) Information Systems, HSPM 713; (4) Health Finance, HSPM 731; and (5) Healthcare Accounting, HSPM 733. The MHA Program Director will review each request on a case-by-case basis and make the final determination on waiver of required courses. To be considered, students must submit a formal letter from their manager documenting specified professional experience in the management area for which course work waiver is being requested. ***Students completing the MHA Executive Track will follow a similar but slightly different sequence which might change by cohort.***

**Professional Development Seminar**

The Professional Development Seminar (PDS) is a non-credit, **required** component of the MHA Program designed to equip students with the essential skills and professional tools needed to thrive in graduate assistantships, residency projects, and early career roles. Sessions are led by faculty, alumni, Career Center professionals, and healthcare leaders, with a blend of workshops, interactive exercises, and real-world exposure. PDS series will occur both in Fall and Spring semesters of year 1. The below sessions are tentative and maybe revised as necessary.

**Fall Semester – Required Sessions**

<b>Topic</b>	<b>Key Learning Areas</b>
<b>Making Connections: Foundations of Professional Networking</b>	Building relationships; introducing yourself with confidence; engaging with peers, alumni, and professionals
<b>Your Personal Brand</b>	Developing a strong LinkedIn profile; digital professionalism; creating your personal brand story
<b>Communication is Key</b>	Business writing and verbal communication strategies; literature review best practices

<b>Business Dining Etiquette</b>	Navigating professional meals and formal interactions with poise and professionalism
<b>Starting with the End in Mind</b>	Resume building, interview strategies, and crafting effective elevator pitches
<b>Practicing Your Skills I</b>	Elevator pitch workshop and peer-to-peer communication practice
<b>Practicing Your Skills II</b>	Mock interviews and individualized resume feedback with Career Center professionals
<b>Case Competition Foundations</b>	Overview of case competitions, analysis frameworks, team roles, deliverables, and success strategies

### Spring Semester – Required Sessions

Topic	Key Learning Areas
<b>Case Competition Skills Lab</b>	Collaborative team-based case analysis, solution design, and presentation coaching
<b>Transforming Healthcare (PUBH 678)</b>	Interprofessional Education (IPE) course (zero or one credit); cross-sector collaboration and systems thinking
<b>Advocacy in Action</b>	Understanding healthcare advocacy and policy engagement; visit to the SC State House (co-sponsored with AcademyHealth Student Chapter)

**Note:** Students enrolled in PUBH 678 may take it for **zero or one credit hour**, depending on whether they wish the course to appear on their transcript. Participation in all associated sessions and assignments is required regardless of credit option.

### Optional Development Opportunities

Opportunity	Description
<b>SC ACHE Events (Leadership Conference, Lunch &amp; Learns, and More)</b>	A variety of professional development and networking events hosted by the South Carolina chapter of the American College of Healthcare Executives (ACHE). Opportunities include the annual SC ACHE Leadership Conference, Lunch and Learn sessions, and other local programming. These events connect students with healthcare executives and provide valuable exposure to current industry trends.
<b>Mock Case Competitions</b>	Faculty-guided practice rounds for students interested in participating in regional/national competitions
<b>ACHE Congress on Healthcare Leadership</b>	Premier national healthcare leadership conference
<b>Career Resource Drop-In Hours</b>	Support from the Academic Programs Specialist for resumes, job searches, and interview prep (virtual and in-person)

### MHA Executive Track Details

The MHA Executive Track is designed for working health professionals who wish to earn an MHA with minimal impact on their work schedules. The Executive track allows students to complete coursework by attending once-a-month weekend classes. Students attend sessions on campus or at designated locations for two weekend days per course per month. The Program begins with a one-day orientation

for new students to register, complete an advisement workshop, tour the campus and library, meet faculty and other students, and have the introductory sessions for the courses of the first semester.

Students enrolled in the MHA Executive Track are only eligible to take required courses offered in the Executive Track (i.e., weekend-only format) as outlined in their Program of Study. Likewise, students entering the MHA Traditional Track are only eligible to take required courses offered in the full-time weekday format. Exceptions to this policy may be granted in rare and compelling circumstances, with prior written approval from the MHA Program Director and/or the Department Chair.

To be eligible for the MHA Executive Track, the student should have at least three years of approved work experience in a healthcare or allied organization, or ongoing clinical experience, and fulfill the academic requirements for admission. Participants in this program also require completion of 58 hours of coursework (with 13 credits waived based on professional experience). A field visit to observe and understand the functioning of a prominent health system will be required as part of the residency project. The competencies of the MHA Executive track are similar to the traditional MHA track, with a higher competency level attainment in the curriculum content.

## Dual Degrees (JD/MHA)

The Department of Health Services Policy and Management, in coordination with the School of Law, offers dual degree programs. The requirements for the MHA portion of the dual degree are the same as the stand-alone degree programs discussed above. The requirements for the JD/MHA dual degree program are determined by the School of Law and the Arnold School of Public Health, respectively. Some courses do fulfill requirements for both portions of the dual degree. A dual degree program thus requires fewer semester hours in total than if the two programs were taken separately. The details of each program are available through the respective links on the Department's [webpage](#).

## TUITION AND FINANCIAL ASSISTANCE

### Tuition & Fees

Tuition and fees for the MHA are listed on ASPH's Tuition and Fees [webpage](#). A one-time enrichment fee of \$1000 applicable to all HSPM students is to cover additional professional development activities and events provided for HSPM students. This fee is assessed in the first semester of the program upon matriculation along with tuition and other fees.

Fees for the MHA Executive track are listed on the ASPH's Tuition and Fees [webpage](#). The matriculation fee includes costs for all required textbooks and other prescribed learning materials provided to these students, departmental operating costs associated with this program, and related services. The \$8,088 matriculation fee is charged in two instalments of \$4,044 each, included in the tuition bills of the first academic semesters of Year 1 and Year 2. Students are encouraged to follow up with the [USC Bursar's Office](#) regarding fee deadlines and confirmation of charges each semester.

### Grants, Loans, and Other Financial Assistance

The University of South Carolina, Office of Student Financial Aid provides access to a variety of grants and loans for students in the Graduate School. For application forms and all questions for all types of financial aid, contact the Office of Financial Aid and Scholarship ([sc.edu/financialaid](http://sc.edu/financialaid)).

National professional organizations such as the American College of Healthcare Executives (ACHE), the Medical Group Management Association (MGMA), and the National Association of Health Services Executives (NAHSE) also typically provide opportunities to apply for scholarships annually.

The Department offers two awards to students each year. The **Susie James Yates Award** is given to the outstanding second year MHA student who is a resident of North Carolina, South Carolina, or Georgia. The **McGaw Scholarship Award** is also available through AUPHA (Association of University Programs in Health Administration).

## GRADUATE ASSISTANTSHIPS

All full-time MHA students (*on the traditional track*) are encouraged to work as Graduate Assistants (GA) in local healthcare organizations. This experience allows students to enrich the learning process through on-the-job application of concepts discussed in class, develop a professional network, and get paid for work in a setting in which they will eventually pursue a career.

The GA-ship is a mutually beneficial relationship between the student and the sponsoring organization. Specifically for sponsors, the GA-ship provides an excellent opportunity for organizations to have graduate students:

- Work on projects that have been shelved due to lack of staffing
- Support ongoing projects and organizational initiatives
- Complete other tasks and responsibilities as needed

All while assessing graduate student fit for future employment within the organization with no commitment to hire.

### Objectives of the Graduate Assistantship (GA)

Work experience: The main purpose of GA-ship is to provide opportunities for the student to learn the activities and performance of a manager's role in health care organizations while performing required duties for their sponsor. The student learns by observing, participating in meetings, and through other learning opportunities. Often students have an opportunity to work on some form of an applied health care project (e.g., implementing an ongoing program, developing strategic business plans, program development, financial and/or utilization analyses, etc.). Students' responsibilities are summarized in their GA agreement. GA-ships also enable professional networking and socialization.

Financial: A GA-ship provides financial support to the student while establishing a certain accountability and motivation for both the student and sponsor to utilize the time of the student well. It also obliges the student to provide value to their sponsor organization.

Tuition reduction for out-of-state students: For out of state students, *getting a GA-ship through USC* gives them a tuition reduction to in-state levels. For this benefit, it is required that the GA-ship agreement should be put into USC system no later than 1 month from the semester start date, and sooner if possible.

Competency attainment: The MHA Program logic model (Figure 1 above) shows competency areas (domains) for our graduate students. GA-ships play a significant role by complementing daily didactic education with experiential experience for students. As a result, most GA-ships translate into a significant end of program residency project, which contributes significantly to the organization.

## Availability and Placement

The Department of Health Services Policy and Management works diligently to identify and coordinate a wide range of GA opportunities within healthcare and public health organizations across the Midlands region. Historically, nearly all full-time MHA students have been placed in a GA position beginning in their first semester.

However, **GA placement is not guaranteed**. Availability is dependent on the needs and budgets of sponsoring organizations, as well as the student's background, experience, professionalism, and initiative during interviews. Placement timelines can vary and may extend into the middle of the first semester or beyond.

**Tip:** Students without prior experience in healthcare settings are strongly encouraged to volunteer in a healthcare organization before beginning the MHA program to improve their competitiveness for GA placement.

## Securing a Graduate Assistantship (GA)

To qualify for assistantship, a student must be fully admitted to a degree program, be enrolled as a full-time student and maintain a 3.0 GPA. For details on Graduate Assistantships in the University please refer to the following policy document: <http://www.sc.edu/policies/acaf400.html>.

The MHA Program Director identifies opportunities for all master's level students to interview for at least one GA position. Students should submit their resumes to program leadership, and they will email suitable resumes to potential employers/researchers in line with the researcher's/preceptors' work needs. Preceptors or the program leaders will contact students to schedule an interview. Selection is at the discretion of the preceptor/employer, depending on their needs. Especially for the MHA students, these are just like "job" interviews. Displaying energy, initiative, and enthusiasm to perform in order to provide value to the organization will encourage the preceptor to hire a student. For new MHA students, it can take up to two months to get hired. Occasionally a student with little experience or suitable background relative to a sponsor's needs may have to volunteer for a semester or two to demonstrate abilities before getting hired for pay. This experience is valuable for career building.

To maintain ongoing paid GA-ships, students are encouraged to network as much as possible. The network includes advanced level doctoral students, research centers and institutes in the University, 2<sup>nd</sup> year MHA students, adjunct faculty, preceptors, alumni, and HSPM guest speakers. Students should take every opportunity to network and identify opportunities for work. For the MHA students it is especially important to demonstrate increasing initiative in obtaining a GA-ship over the course of the program. Developing these skills will help MHA students succeed in their management and administration career. It should be noted that the Department will strive to secure GA-ship performance evaluations from preceptors. Students who are evaluated as poor or mediocre performers by preceptors will not be canvassed to potential sponsors in subsequent semesters by the program leadership unless they are convinced that the evaluation may not have been fair. Because student performance impacts our ability to maintain GA-ships for future students and semesters, poor performance or professionalism will result in the student being on their own to find GA-ship positions in later semesters.

## Preparing for Your Graduate Assistantship (GA-ship) Interview

Treat your GA-ship interview with the same level of professionalism and preparation you would for a formal job interview. You are not only representing yourself—you are also representing the USC MHA Program, and your performance helps build and maintain the program's strong reputation with preceptors and partner organizations.

Here are key tips to help you stand out:

- 1. Do Your Research:** Learn about the sponsoring organization's mission, services, recent projects, and leadership. Review the specific department or unit where you'll be interviewing and consider how your interests and experience align.
- 2. Come Prepared:** Bring multiple printed copies of your resume (on clean, professional paper, if in person). Prepare 2–3 thoughtful questions that show you have researched the organization and are interested in contributing. Bring a notepad and pen—you may want to jot down information during the conversation.
- 3. Practice Professional Etiquette:** Dress in professional business attire (e.g., suit and dress shoes), and ensure your appearance is clean and polished. Arrive 10–15 minutes early to show punctuality. Greet your interviewer with a firm handshake (when appropriate), eye contact, and a confident introduction. Avoid chewing gum, eating, drinking, or using your phone at any point before or during the interview.
- 4. Communicate Value and Enthusiasm:** Demonstrate initiative, eagerness to learn, and professionalism throughout the conversation. Be ready to clearly articulate:
  - Why you're pursuing an MHA
  - What skills or perspectives you bring to the organization
  - How you hope to contribute and grow in the role
- 5. Follow Up Promptly:** Send a thank-you note within 24 hours—either via email or handwritten—to express appreciation for the opportunity and reiterate your interest. Highlight something specific from the conversation to make the note more personal and memorable.

## Procedure for Completion of Graduate Assistant Contract

Graduate assistantships require a formal contract between the University and the sponsoring healthcare organization or agency employing the student. A contract form can be obtained from the Academic Program Specialist. The student is responsible for having the contract signed by the appropriate sponsoring organization representative or the preceptor. After signatures, the student may email or bring the contract to the Academic Program Specialist. After review, the contract will be signed by the Department Chair. After payroll verifies all information and enters it in the system, the student can be paid. If the completed paperwork is not processed by payroll before the cutoff date for the pay period, the student will not get paid until the following pay period.

After turning in the contract signed by the organization and by the sponsoring organization representative to the Department, the student should allow about two weeks for the above steps to be completed. For clarification about the status of the contract or if the completed contract is not received at the healthcare

organization preceptor's end, the student should contact the Department.

To allow for these procedures, the student should have the signed contract with all the correct information at least 3 weeks before the start of the contract. The contract needs to be submitted prior to the start of the semester. If unavoidable (e.g., new students), the contract can be submitted up to no later than 1 month after school starts, otherwise there will be no tuition reduction. Students will not receive a paycheck until after the completion of the University paperwork that the paragraph above describes.

## Compensation and Benefits

GA-ships are compensated opportunities that offer both financial support and hands-on experience in healthcare and public health settings. These roles allow students to work with sponsoring organizations while earning income and accessing important benefits through USC.

### Hours and Pay Structure

- Students may work 10, 15, or 20 hours per week, based on the needs of the sponsor and the student's availability.
- The maximum allowable work under USC policy is 20 hours per week during the academic semester.
- The minimum compensation rate is \$15/hour per USC policy, though sponsors are strongly encouraged to offer the departmental standard of \$17/hour.
- For a standard 16-week semester, compensation typically falls within the following ranges:
  - **\$2,400** minimum for 10 hrs/week @ \$15/hour to **\$2,720** at the department-recommended rate of \$17/hour (10 hrs/week)
  - **\$4,800** minimum for 20 hrs/week @ \$15/hour to **\$5,440** at \$17/hour (20 hrs/week)

**Note:** Some students, particularly those with more experience or specialized skills, may be offered higher rates based on sponsor discretion.

### Additional Compensation Guidelines

Work periods may begin before or extend beyond the semester with prior approval. In such cases, compensation must still meet USC minimum standards. New students cannot begin working before the official start of the semester, meaning they must be registered and classes must have begun. GA agreements may be executed by semester or academic year (August–July), depending on sponsor preference.

### Fringe Benefits and Fees

Sponsors must cover a \$25/semester fringe benefit fee, which supports the student's worker's compensation and liability coverage through USC HR. A \$735 per semester GA program administration fee is also required from sponsors. This fee enables the department to provide health insurance coverage in line with University guidelines and helps sustain administrative support for all GA students. This fee is reviewed annually.

## University-Supported Benefits

Out-of-state students with a GA receive a partial tuition waiver, reducing tuition to the in-state rate. Students on GA-ships who participate in USC's mandatory student health insurance will receive a health insurance subsidy that covers the full cost of the plan. More details on health insurance subsidies are available [here](#).

## Summer GA

The Department, in view of the summer course loads in the MHA program (12 credit hours over Summer I and II) recommends students to evaluate their time commitments with regard to satisfactory performance as a graduate assistant concurrent with the academic obligations.

## Frequently Asked Questions

*What is the purpose of a graduate assistantship?*

The purpose of a graduate assistantship is to provide students with "real world" experience in a healthcare organization, and an opportunity to network among professionals. Responsibilities typically include both routine office work (e.g., answering phones, copying, data entry), and completion of special projects.

*What are my responsibilities regarding graduate assistantship paperwork?*

After a GA-ship has been identified, each MHA student is required to work with the sponsor to get signed GA contracts sent by email to the HSPM Academic Programs Specialist for entry into the USC system. Students must complete additional USC payroll paperwork at the Department office. If a GA-ship sponsor requires additional security checks, or credit checks or health status clearances, the student is responsible for getting those completed to the satisfaction of the sponsor. All financial expenses associated with background/security checks and medical tests must be borne by the student applying for the GA-ship. The sponsor will provide guidance on how and where these should be completed. For out-of-state students to get tuition remission to in-state rates, their GA-ship contracts must be filed, if possible, prior to the start of the semester but no later than 30 calendar days of the semester start date.

*How long does it take to process the GA-ship contract?*

Typically, it takes 3 to 4 weeks to fully process the contract. USC has over 6,000 graduate students. Many obtain graduate assistantships. Therefore, the university must process a large number of contracts in a relatively short period of time at the beginning of a semester. The department has streamlined the GA-ship processing procedure, and the Department now deals with most of the paperwork required. However, the GA-ship contracts must be reviewed and approved in several other offices for setting up the payroll, tuition reduction to in-state, and enrollment in courses. For international students it also goes through the International Student and Scholar Support office. We do everything we can to expedite this process, but delays may occur.

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*When can I expect my first paycheck?*

Paychecks are issued twice a month. After the start of the GA-ship, students will receive the paycheck either at the beginning of the month or the middle of the month, depending upon the start date of the GA-ship. It typically takes a month from the time you submit your signed GA-ship contracts until you receive your first paycheck. You will receive the entire contracted amount allocated for your time and effort.

*Can I expect an evaluation of my performance at my GA?*

Yes, both students and their supervisors are given the opportunity at the end of each semester to evaluate the performance of the student, their progress in MHA program competency attainment, and the overall fit of the GA. These data are collected through electronic surveys; if both parties (student and supervisor) return their surveys and indicate they are willing for their feedback to be shared, each will receive the others' feedback. Feedback on student performance is also shared with the student's faculty advisor for use in individual development advising sessions.

## STUDENT EXPECTATIONS: ACADEMIC, ETHICAL, AND PROFESSIONAL

Students enrolled in any educational program within the Department of Health Services Policy and Management are required to demonstrate the highest ethical standards. These requirements pertain to both academic and professional behavior.

### Academic Enrollment Standards and Degree Completion Rules

The University's definition of a full-time graduate student is one who is enrolled in nine or more hours during a fall or spring semester and six hours during the summer session. However, students enrolled full time in fall and spring semesters need not be enrolled in the summer sessions. For master's students some courses are offered in the summer and are not typically offered during the fall or spring, requiring summer enrollment in order to graduate. Full-time progression through the MHA traditional track often requires enrollment of 12-15 credit hours per semester for three semesters plus two 6-hour summer sessions and a 3-credit hour residency semester. Students in the executive track enroll in 6 credit hours each semester.

Per the USC Graduate School, Master's programs should be completed within six years from the first term of enrollment. Otherwise, courses more than six years old must be revalidated. This requires additional student work as well as the student becomes subject to changes in degree requirements.

Students who do not enroll in a major semester (fall or spring) will need to request a renewal of enrollment privileges by submitting an Update Request Form to the USC Graduate School. If it has been three years or more since the student last enrolled, a new application for admission is required. If a student is accepted after applying for readmission, the academic rules and standards in effect at the time of readmission will supersede those in effect at the time of initial admission.

### Acceptable Academic Performance

The University requires that graduate students maintain academic standards as outlined in the [Graduate School Bulletin](#). Graduate students must average at least a B (3.0 on a 4.0-point system) over all graduate courses attempted. The Department sets a high standard of performance for students in all our master and doctoral programs. MHA students earning a grade less than "B" in one or more courses in any given semester will be asked to reduce their graduate assistantship hours, if any, to increase their focus on course work during the following semester. Any MHA student who earns a grade less than "B" in any one course will be also under departmental academic probation requiring development of a written plan by the student, academic advisor, and the Program Director to overcome the academic challenges and improve their GPA; those earning a grade less than a "B" in a second course will be terminated from the program. Note: Students who receive their first and second course grade of less than "B" concurrently in the same semester will be automatically terminated without the remedial plan given the temporal impossibility to address the issue after the first less than B grade. Grade of "U" is considered a grade less than "B".

To meet the requirements of the USC Graduate School, a minimum GPA of 3.0 is required for graduation. Additionally, per the policy for the Graduate School, any student earning less than a C in any required course must retake the course and earn a C or better for it to count towards the student's

individual program of study. (A “U” also counts as a grade of less than a C.) Given the timing of when courses are offered, especially for the Executive Track, this may mean that the student will not graduate on-time. In the instance that a required MHA course is not offered within one year of a student’s anticipated graduation date, or if the required MHA course offering conflicts with another required MHA course for the student, additional options to obtain course credit may be provided at the discretion of the Program Director. Finally, MHA students who receive a grade of “U” in the HSPM 797 Management Residency course will automatically be terminated from the program.

## Academic Integrity

Students are expected to adhere to all requirements of the Carolinian Creed ([sa.sc.edu/creed](http://sa.sc.edu/creed)). Please especially note you are held accountable to this Creed even if you violate it inadvertently. Any episode of dishonesty, cheating, or plagiarism in any form is cause for failure of an assignment, an examination, or a course. In addition, the department will report the case to the Office of Student Conduct and Academic Integrity of the University. Students may want to refresh their understanding of the appropriate use of citations when drafting papers and other assignments to prevent inadvertent plagiarism stemming from lack of information. A second episode of violation of academic honesty is grounds for dismissal from the program. Incoming students are required to document their understanding of the Department’s policy by signing a memo from the Chair provided during program orientation.

## Professional Responsibility

Graduate Assistantships (GAs) and residencies are intended to serve as an extension of the teaching mission of the Department of Health Services Policy and Management, by giving students work experience in the public health, health services, or research environments in which they will eventually pursue careers. While serving in on- or off-campus graduate assistantships or residencies, students are representatives of the Department. As such, all students are expected to comport themselves with total professionalism at all times.

Students participating in assistantships or residencies will follow the dress code of their work environment. All students should comply with the work hours associated with their assistantship or residency. While at work, all students should ensure that their level of effort, deportment, and contribution to the work environment meet and, preferably, exceed sponsor expectations. Student GAs can be terminated for poor performance or other unprofessional behavior. When this happens, the department reserves the right not to place such students in future assistantships.

All students must always follow professional code of conduct, in or outside the classroom. Students are expected to adhere to the MHA Program’s Dress Code & Etiquette policy (refer to Appendix I) during all assistantships, residencies, classroom activities, program-sponsored events, and Healthcare Leadership Association (HLA)-sponsored events. Appropriate attire should align with the setting—ranging from professional to business casual—and reflect the standards of the program and the healthcare administration profession. Exceptions to the dress code may be made only for specific casual or sporting events where a lower-level dress code has been communicated in advance by the Program Director (for program events) or by the HLA President (for HLA-sponsored events).

## ACADEMIC STANDARDS

### Academic Advisement and Maintaining Academic Standing

Every student admitted to the MHA Program (either track) will be assigned a faculty advisor. The MHA Program Director is the default academic advisor for graduate students until another advisor is assigned. During the first semester of study in the Department of Health Services Policy and Management, either as a degree candidate or in non-degree status, each student is assigned a faculty advisor who will advise the student throughout the program of study. Students are advised about appropriate courses, graduate assistantship opportunities, fellowship opportunities, performance feedback from their graduate assistantship preceptor (as available), sequencing of courses, independent studies, management residency and any additional work appropriate for preparing the student to meet his/her career objectives.

All students are required to attend scheduled group advisement meetings for the cohort to ensure proper sequencing of courses and to obtain clarification on elective courses. Students cannot register (in Self Service Carolina) for courses without turning in signed advisement forms to the Graduate Student Services office. In addition, the student is expected to arrange to meet with the assigned faculty advisor each semester, to discuss academic progress, other clarifications, graduate assistantship performance, etc. Prior to advisement, students should inform their academic advisor of their GPA and alert the advisor if their GPA falls below a 3.0, if they earned a grade lower than 'B' in a course, or if they failed a course so that this can be considered during advisement. Faculty advisors will verify good academic standing of advisees each semester before signing off on their advising checklist for the student. The departmental chair or MHA Program Director may, at the request of either faculty member or advisee, assign a new advisor to the student. The faculty advisor for the residency project (in the last semester) is typically the same as the academic advisor.

At the spring group advisement session in the students' next to last year, and no later than the group advisement session of the last year, students must complete and submit a Master's Program of Study (MPOS) form. On this form, the student lists all courses that have been and will be taken to complete the MHA. The student signs the form and submits it to the advisor, who verifies that the listed courses do fulfill the requirements for the degree. The advisor signs the form and submits it to the Program Director and there onwards to the Dean of the Graduate School. Once all signatures are in place, this constitutes an agreement between the student and the University, guaranteeing that the student will receive the degree if the listed courses are completed satisfactorily. For this reason, the form *must* be completed well in advance of graduation, otherwise graduation may be delayed. The form is available at the Graduate School [website](#).

Full details of the program's academic advising process are found in the academic advising syllabi, available for traditional and executive track students respectively. All academic advising forms, information, etc. are secured in MHA Program Advising folders organized in USC's OneDrive.

## Periodic Competency Acquisition Assessments

All MHA students are **required** to complete timely periodic self-assessments of their competencies during the program as part of the program's continuous quality improvement process. For this, each cohort will be alerted at appropriate times to complete the competency assessment surveys distributed by the MHA Program. Only aggregate scores based on these self-assessments are used, monitoring students' progression, on average, on the targeted competencies in the respective semesters to verify that the curriculum and teaching methods are adequate to ensure achievement of the stated competencies in the MHA program competency model. Results are used to make the necessary changes.

## RESIDENCY FOR MASTER'S DEGREE PROGRAMS

*(Required for the MHA traditional students; requirements for the MHA Executive students' residency semester are provided below.)*

The residency is the culmination of the Master's degree programs of the department, requiring a student to apply the theories, skills and knowledge acquired in the academic setting. Practical application of skills and knowledge is an essential part of professional degree programs, offering learning opportunities not available in classrooms. The residency is a planned and supervised learning experience, gained through first-hand planning and execution of a supervised project in a health services organization or in a public health setting. In addition to gaining some breadth of experience within the host organization, students must identify a deliverable outcome and execute planned activities to produce the outcome. Examples of deliverables include: a solution of a specific management problem or policy issue, preparing a business plan, evaluation of a program, etc.

The best residencies prepare students for employment in health administration or, in the case of those employed in some managerial capacity in the health field, for advancement. The residency should have all the following characteristics:

1. Students are challenged to carry out a quasi-independent management project with a defined management or policy objective and deliverables in a practice setting, explore appropriate solutions, plan the methodology and roadmap, gather data and analyze the data as appropriate, and provide management/policy recommendations.
2. The residency should satisfy the requirements laid out in the residency syllabus and students should specify the MHA program competencies to be demonstrated or strengthened over the course of the residency in consultation with the site preceptor and faculty advisor.
3. Preceptors provide students guidance throughout the project phases, project identification, objectives/deliverables, methods to achieve the objectives, and provide supervision by assessing progress and offering professional insight at frequent intervals.
4. Host institutions benefit from relevant and professionally executed residency projects.
5. Faculty advisor gets validation of student mastery of the MHA program competencies that are addressed/ demonstrated in the residency. Student achievement/ demonstration of these competencies will be evaluated by the student (self-assessment) and preceptor at the end of the residency using the MHA residency evaluation forms.

In addition, preceptors are encouraged to help students:

1. Develop management skills and improve self-confidence by participating in other smaller projects and tasks as assigned.
2. Gain functional exposure to senior management activities through participation in planning and decision-making meetings as possible.

For the Management Residency (HSPM 797), students are required to demonstrate an ability to apply theory to practice in a healthcare setting, and to document it by preparing a major project report that addresses a management need or policy problem of the host organization including a strong literature review component.

## Management Residency: Traditional Track

Master of Health Administration students taking HSPM 797 provide a minimum work effort of 32 hours/week (4 full working days) to the host facility over a Fall or Spring Semester (4 months), or 40 hours/week (all days of the week) if the residency is completed in a summer session (three summer months). The total effort should be, at a minimum, 48 working days. Students employed full-time can, with their faculty advisor's approval, complete the residency on a 16 hour/per week basis, over two semesters (fall and spring). Students may complete a 12-month residency or fellowship in lieu of a one-semester residency with the written permission of the MHA Program Director. Students cannot be paid for more than 20 hours of graduate assistantship(s) based on USC guidelines. The HSPM 797 syllabus provides the details of the MHA residency content and report preparation.

### MHA Residency Frequently Asked Questions

#### *Purpose of an MHA residency project*

The residency project is similar to a master's thesis, with the MHA project focusing on a practice-based project in healthcare administration. Students are expected to plan and execute an independent health administration project under the guidance of the site preceptor and in consultation with the faculty advisor to produce a residency project report. Students should demonstrate and utilize their expertise in the topic, and demonstrate the competencies of analytical and critical thinking, finance and planning, oral and written communication, and teamwork. Your residency report is a valuable marketing tool to launch your career.

#### *How are residencies obtained?*

We encourage and expect 2<sup>nd</sup> year MHA students to secure residencies through exploring options available through opportunities provided through the program, including: (1) your graduate assistantship preceptor; (2) other professionals met at your graduate assistantship site; (3) course guest speakers, adjunct faculty; (4) recent alumni, particularly MHA students who graduated the previous year; (5) your classmates; and (6) HSPM faculty. This process will help to obtain a residency that is a close fit with your professional interests. Networking is a critical skill for healthcare administrators, and the Department's philosophy is to facilitate the development of your initiative and networking skills.

#### *Are there exceptions to the usual process of obtaining residency? Yes.*

- Under exceptional circumstances, HSPM faculty members can serve as a "professional safety net." If a student cannot obtain a residency for compelling and unusual circumstances, or arrangements fall through for some reason, HSPM faculty may arrange a residency placement so that the academic requirement can be met. However, in such situations, the residency may not be compensated.
- If a student has not performed satisfactorily in a graduate assistantship, has quit an assistantship position without consulting their faculty advisor, or has repeatedly turned down assistantship opportunities identified by faculty in previous semesters, HSPM faculty may **not** be available to assist the student with obtaining a residency position. That means the student will not satisfactorily complete their degree requirements.

### *How do we ensure timely acquisition of a project and progress of the residency?*

Timely acquisition and progress of the residency are supported through a structured series of four mandatory planning meetings organized by the MHA Program Director, beginning in the late fall of the second year and continuing through the spring semester. These meetings provide clear expectations, checkpoints, and opportunities for feedback. Students are expected to come prepared to share updates, present draft ideas and proposals, and engage in collaborative discussions. Additionally, all students are required to submit a concept paper and multiple drafts of their project proposal early in the semester to ensure feasibility and alignment with residency goals.

Beyond group meetings, students must schedule one-on-one meetings with their faculty advisor—at minimum once prior to proposal finalization and twice during the implementation phase. Early planning, consistent advisor engagement, and open communication with preceptors are essential to securing a viable project and staying on track. Students are encouraged to begin developing project ideas early in the fall and to take initiative in refining their scope and deliverables in close coordination with both academic and site mentors.

### *What are MHA students usually compensated for their residency?*

Compensation varies considerably and is at the discretion of the sponsoring organization. We request preceptors to compensate at least at a 20-hour per week graduate assistantship level. While the GA contract is limited to 20-hours a week, the additional hours put in are required to get semester hours credit. It is possible, however, that on occasion (though rarely), a student may have to complete a residency project without compensation, particularly if they carry out a project for an organization at which they have not worked earlier as a graduate assistant or if organizations experience paucity of funds to support a compensated residency.

### *What are students' responsibilities regarding residency "paperwork"?*

Usually, the same USC contract mechanism as the graduate assistantship is used. Alternatively, students may be hired directly by the healthcare organization; however, this does not result in a tuition reduction for out-of-state students. Because most students are typically registered only for 3 semester hours of the residency in the final spring semester, special paperwork to request Z-status must be completed to receive permission to hold a graduate assistantship. The paperwork can be completed with the assistance of the Program Director.

### *How do students select a HSPM faculty advisor?*

The HSPM faculty advisor is usually your academic advisor. If a different advisor is desired, the MHA Program Director will identify a faculty advisor within the Department before the residency process begins. A second reader will be identified by the MHA Program Director or faculty advisor.

## **Finding a Management Residency Location**

The residency project is the culminating experience for students in health administration. *Planning for it should begin as early as possible for all students.* To begin with, entering students have a general idea of why they are interested in becoming a health administrator. As the students' progress through the

program, work in GA-ships, and interact with classmates in other GA-ships, ideas become refined or changed due to better understanding of what the management of health services organizations is all about. The Program Director will help with this process. Students should explore a range of options, visit sites, and talk with graduates and managers in health systems organizations to identify options. Again, *faculty advisors can frequently assist students, although student initiative is critical as with the entire residency experience.*

Numerous state and federal departments and agencies, as well as private hospitals and private healthcare organizations, have locations in the Columbia area or within South Carolina; these have provided excellent residency opportunities. In most cases the GA-ship site also becomes the residency site as the student and preceptor identify a project while the student progresses through the program. Students planning a residency outside the state of South Carolina must take the initiative to develop opportunities through communication and meetings with potential sites.

### **Residency Advisors and Preceptors: Their Responsibilities**

The residency advisor is typically the HSPM academic advisor. However, faculty who are not holding full-time appointments in the Department must be approved by the Chair. The residency advisor is responsible for supervision of the residency chosen by the student. In addition, the MHA Program Director or faculty advisor will identify a second reader for the residency.

#### **1. The Faculty Advisor's responsibilities include:**

- a. helping advisees clarify and understand the objectives of the residency;
- b. helping the advisee to develop specific learning objectives and MHA program competency objectives that will be addressed/ demonstrated/ used;
- c. approving the project(s) to be undertaken in the residency and signing the Residency Approval form based on the preliminary project proposal;
- d. responding to advisee inquiries/requests for advice during the residency;
- e. collaborating with preceptors to ensure an effective experience;
- f. evaluating the student's draft papers, providing feedback, evaluating the final report and the oral presentation using the appropriate rubrics (provided by the MHA Program Director) to evaluate student performance on the residency;
- g. recommending reference sources etc., as appropriate to the setting and the problem under study;
- h. providing a written assessment of the student's residency report and presentation using the MHA Residency Report and PowerPoint Assessment Rubric and the Team/Individual Presentation Rubric to the student and a copy to the MHA Program Director.

#### **2. The preceptor's responsibilities include:**

- a. understanding the residency requirements and ensuring the feasibility of meeting the requirements;
- b. identifying suitable projects and problem statements;
- c. providing the student an overall orientation to the site, to making the student feel welcome;
- d. discussing and involving the student in meetings with governance and management structures relevant to the residency project;
- e. facilitating the required meetings, data access, etc. as required to accomplish the project objectives;
- f. having weekly to fortnightly meetings with the student during the residency to discuss progress, issues and resources needed by the student for timely completion of the residency;
- g. contacting or responding to the faculty advisor in designing or adjusting the experience as

- needed;
- h. evaluating the student, reviewing the evaluation with the student, and sending a copy of the evaluation to the faculty advisor;
  - i. if possible, providing a written assessment of the student's residency report and presentation using the MHA Residency Report and PowerPoint Assessment Rubric to the student.
3. **Both** Faculty Advisor and Preceptor must approve the scope and content of the residency project. Both should sign the Residency Proposal Approval form no later than four weeks into the residency semester. A copy of the Residency Approval form should be affixed to the final copy of the proposal. A copy of the final report will be kept in the department.
  4. Copies of the final approved residency report may be given to the faculty advisor, the faculty second reader, and the preceptor. One final clean electronic copy must be given to the MHA Program Director for the Department's archives. The report (including duly signed Residency Approval form) must be delivered before the candidate can be cleared for graduation.
  5. It is the responsibility of the student to obtain faculty and preceptor signatures on both the proposal and the final report. It is also the student's responsibility to ensure that a copy of both the preceptor's student evaluation and the student's evaluation of the residency are submitted to the faculty advisor. A grade will not be assigned for the Residency **and thus the student cannot graduate** until the final report and residency evaluation forms have been turned in.

## FAQs for Residency Site Preceptors

***(Students should share this note along with the preceptor's responsibility list above to potential residency preceptors.)***

### *Summary of GA-ship*

The GA-ship is essentially a process of professional learning (earn-while-you-learn deal for students). The student learns about how health organizations work while contributing work effort as required by the sponsoring organization. Typically, GA-ship consists of tasks and short-term responsibilities assigned by the preceptor, but these tasks do not have to culminate in specific deliverables under a planned project for the organization as required in a residency project.

### *How a residency is different from a GA-ship?*

Apart from the compensation aspect which may differ due to longer work hours, the residency is a semester-long period when the student's work is focused on specific objectives with specified deliverables (such as planning or implementing a new system or procedure, evaluating a system, developing a business plan, exploring opportunities for initiating a new program or service). There must be a specific outcome and deliverables established in advance. Sometimes the residency can be an uncompensated project completed on a volunteer basis.

### *What is the purpose of a residency experience?*

The academic objective of a residency project is for the student to gain hands-on experience of applying management techniques and concepts in the real world, under the guidance of an experienced health administrator/professional. The student gets academic credit for the management residency (3 credits for

the MHA residency).

### *How does a residency process work?*

The student and the sponsoring preceptor will jointly configure a project which can be accomplished within a semester. The project is expected to be useful for the sponsor in addition to satisfying the academic requirements. The student, in collaboration with the preceptor and faculty advisor, will develop specific project objectives and the outline of a methodology and roadmap with timeline to accomplish the objectives. The preceptor will review and approve the methodology, and facilitate data collection and other support as needed, such as contacting other department officials from whom information is needed to accomplish the project. The student will apply their theoretical knowledge and findings from the literature review in developing the methodology.

### *Residency Compensation*

Residency project sponsors may pay a higher hourly rate of compensation than a typical GA-ship because of the specific project needs of the organization. However, many MHA residency sponsors limit compensation to the typical amounts per semester paid for 20-hours per week GA-ship and the student puts in the remaining 12 hours per week for MHA residencies to receive academic credit. The GA-ship paperwork can be for no more than 20-hours per week per Graduate School guidelines.

## **Residency Proposal and Report**

*(The descriptions below supplement the requirements in the HSPM 797 syllabus for the MHA residency. The HSPM 797 course is secured in Blackboard where all required forms and assignments are kept.)*

The Residency is expected to help prepare students for employment upon graduation. In particular, the student should gain skills required to manage effectively and solve management problems in healthcare organizations. The problem/process selected for study/problem-solving should be identified in collaboration with the preceptor. The project and expected deliverables should be identified prior to the start of the residency semester but occasionally it may be identified early on in the residency semester. **The written draft proposal should be submitted to the preceptor for approval, and the approved version submitted to the faculty advisor for approval within four weeks of the start of the residency semester.** The summary of the proposal will also be informally presented at the second residency group meeting during the residency semester. Prior to this meeting the students should have met one-on-one with their respective faculty advisors to review the proposal.

### **Residency Proposal Should Consist Of:**

- a. **Problem Statement:** The proposal should start with a clear statement of the organizational problem or need to be addressed and a brief rationale for the study or project. It should be followed by a clear statement of the student learning objectives, performance objectives including project deliverables for the host organization, and the MHA program competency objectives to be addressed/ demonstrated.

An example project deliverable might be: "This project will provide recommendations on the number of additional workstations/OR suites/additional personnel needed, based on clinical and fiscal data and professional input and preferences of key providers and management".

- b. **Literature Review:** The purpose of a review of relevant literature is to use information from relevant data sources such as case studies, published empirical (peer-reviewed) research, and/or experts in the field. Note that a good review will not only save time but also improve the quality of the problem statement, methodology, and results. Your literature search to supplement your preliminary review and residency proposal will continue throughout your residency semester. A complete literature review in the final report should consist of approximately 10 single-spaced pages with a minimum of 15 references, at least 10 of these from peer-reviewed journals. Use of verbatim quotes (even with attribution to the source) is strongly discouraged, no more than an occasional quote is permitted. You must synthesize information from your sources to make the case for your project and cite the reference. All information taken from any source should be referenced and the full reference provided in the list of references per standard format. Information used from other sources without citing amounts to plagiarism which would have grave consequences including the possibility of termination from the program without graduation.

Web-based references should be sparingly (if at all) used, unless the website is hosted by government agencies or professional organizations. An important source of literature for management and business-related topics is the Moore School of Business library, apart from the Thomas Cooper Library, American College of Healthcare Executives newsletter or website, American Hospital Association journal or website, the Institute for Healthcare Improvement website, Modern Healthcare, MGMA journal/newsletter, etc. Students must confirm literature review expectations with their faculty advisor before they begin their proposal. Your literature review must make the case for why your project is important, document the experience or findings of similar or allied efforts in the past, methods used and the advantages and pitfalls, and implications of prior work for your chosen project area. Thus, your literature review must inform your project design and methods if such literature is available. Your literature review could cover topics such as competitor analysis, environment analysis, market analysis, review of regulations, quality improvement techniques (e.g., Six Sigma) to give a few examples.

- c. **Method(s):** The methodology section of the proposal should outline the approach to be used and the complete roadmap to achieve the residency objectives. Typically, a combination of methods is used which may include data collection (primary or secondary data), interviews, case study development, financial data, observation of work processes or patient flows, etc. To the extent available you will use support from the literature for your chosen methods. If you plan to conduct interviews or focus groups, in person or otherwise, you should develop draft surveys or lists of questions (i.e., structured or semi-structured interview) to be asked before starting the work (include the surveys as appendices in the final report) and state the approximate number of subjects you plan to interview/survey. Finally, your methods section should state how the various data will be analyzed and findings synthesized to produce the project deliverables.

The residency proposal must be approved by the faculty advisor and the preceptor; such approval is documented on a signed residency approval form provided in the Blackboard course.

### **Final Report:**

A residency culminates in a professionally formatted report that follows the format specified in the HSPM 797 syllabus. The residency requires an in-person oral presentation to faculty, students and others interested in the topic. Preceptors are required to attend the oral presentation if possible. You may schedule additional presentations at the host organization for their internal stakeholders. Oral presentations will not be scheduled without the written approval (directed to the MHA Program Director) of the faculty advisor signaling the readiness of the student to schedule his/her oral defense of the

residency project. One week prior to the oral presentation the student should post announcements of their presentation in the Department and School. The announcement should state the student's name, MHA candidacy, title of presentation, date, time, and location. **Final approval of the written report rests with the Faculty Advisor, the second reader, and the preceptor.**

**PLEASE NOTE** that both the faculty advisor and the second reader must approve the written report before the oral portion of this requirement. To enable this, students must submit their final report for review by the preceptor and faculty advisor at least two weeks prior to the oral presentation. Exceptions to this must be approved by the advisor. Please note that all candidates must submit an electronic copy of the final, accepted paper to the MHA Program Director, to the faculty advisor, the second reader, and the preceptor. Specific rubrics will be used by the faculty advisor and preceptor to evaluate the report and the presentation, available in the course Blackboard. Students should review the rubrics to ensure that their report and presentation (both the Power Point content and verbal presentation) conform to the criteria stated against the best scores on each dimension in the respective rubrics.

References should be formatted in a standard style, such as American Psychological Association, JAMA or a similar standard journal in healthcare. The Final Report must meet style and format standards indicated in the HSPM 797 syllabus. The Health Management Residency Approval Form should be signed by site preceptor, faculty advisor, and second reader and should be the second page (after the front page) in the report (the form is reproduced in the annex of this handbook). The Executive Summary should be the third page. The Executive Summary (written last, after the full report is written) should be a one- page, single-spaced summary of the problem, methods, results and recommendations.

Throughout the residency semester, students are highly encouraged to document their activities, findings and steps completed at the end of each week in a journal. They should review their accomplishments against the methods roadmap and deliverables to keep track of timeliness and the details that may be otherwise overlooked when documenting the Methods and Results sections in the final report.

### Reference citation and plagiarism

It is essential that students give proper credit to the sources of information. This applies whether the information is from a source on the internet, professional journal, peer reviewed journal, etc. Any idea, thought, concept, information, or other material that is not yours that has been taken from a specific source (including personal communications with professionals) should be cited, both in-text and in the bibliography section. Material taken verbatim (word for word) from a reference must appear in quotes, followed by a citation. However, this should be used very sparingly, if at all used. Anytime you use more than three consecutive words verbatim from a reference, it should be in quotes. Residency reports that have many verbatim quotes are not acceptable. **Plagiarism, whether it is intentional or not, is a serious offence: it is grounds for failure for an assignment, failure in the course, suspension or expulsion.** Students who do not give appropriate credit to their references will receive a grade of U for the residency and will be required to repeat the residency experience for a different project in a different organization. The student IS RESPONSIBLE to understand and avoid plagiarism through self-guidance. A good starting reference is [USC Upstate Library Guidelines on Plagiarism Prevention](#).

### Guidelines for preparing a professional report:

- The residency report must look professional, with the use of consistent font types and formats, be free from typographical or grammatical errors, and well organized. Examples of MHA residency reports (available through the MHA Program Director) should be reviewed before writing up your report.
- Keep in mind that you are writing a technical/academic consulting report, not a class paper. The report must be a minimum of 15 pages (excluding the title page, table of contents, lists of illustrations and tables, and references) and could extend to 40 pages or more, depending on the type of project. Use concise and professional language, ensuring clarity and brevity.
- Use a professional looking header or footer. Avoid anything “gimmicky” or “cute.” Make full use of white space. Avoid unnecessary indents or line spacing that result in sparse content in each page.
- Use main titles (logical dividers such as introduction, problem statement) and subtitles to organize your material for logical structure and flow. Distinguish between your main titles and subtitles by font type, e.g., bold headers, bold and italicize sub headers. Organize the text into concise paragraphs, generally not to exceed three quarters of a page. Use bullets to organize material as appropriate.
- When you use tables, graphs or pictures, you must refer to them in the text and state the major "take home" findings conveyed by the table.
- The executive summary is written last. Your executive summary should summarize precisely the main project objective, methods, results and conclusions-recommendations relative to the deliverables in one-page of single-spaced text.
- Put in page numbers on the proposal and final report.
- All material must be carefully proofread prior to submission, i.e., spell checked, and reviewed for grammar and correct uses of words that do not get flagged by the spell check. Please take your final draft to the Writing Center for a final review before submitting it to your preceptor and faculty advisor. Please make your appointment well ahead of time while you complete writing your report.

### Residency Conditions and Requirements for MHA Candidates

- i. All students due to commence the residency project are required to attend a residency planning meeting to be organized towards the end of the preceding semester. At this meeting, students will confirm their residency plans if they have finalized their site/project, and those who have not, will notify the respective faculty advisors, so that potential opportunities can be identified with their help. For MHA students 2 additional group meetings will be held during the residency semester.
- ii. All Management Residency students are required to schedule at **least two residency meetings** with their faculty advisors during the residency semester. The first meeting will be scheduled by the student with their faculty advisor within 4-6 weeks of the start of the semester. At this meeting, all students will make an informal presentation of their project proposal and discuss the residency experience with their advisor.
- iii. At the second meeting with their faculty advisors, held about 8-10 weeks from the start of the semester, each student will present their project progress to date, problems and learning experiences.
- iv. At the completion of the residency, the student will submit a residency evaluation form which includes a description of the experience gained, the administrative skills developed, appraisal of the applicability of classroom learning to practice, and the strengths and weaknesses of the residency (form provided at the end of the handbook).

MHA students are assigned a grade of satisfactory (S) or unsatisfactory (U) for the residency credits.

The forms and evaluations required for the management residency of the MHA program are listed below and provided in the Blackboard course unless otherwise noted:

- 1) Residency Proposal and Report Approval form – signed by preceptor, faculty advisor, and second reader
- 2) Preceptor evaluation of the residency – completed by preceptor
- 3) Student evaluation of the residency – completed by student
- 4) MHA competency self-assessment at the end of the program – provided by Program Director and completed by student
- 5) Faculty evaluation of the residency – 2 forms (at minimal) completed by faculty advisor and second reader
- 6) Presentation assessment – incorporated into preceptor and faculty evaluations; feedback provided by other attendees of the presentation gathered electronically.
- 7) Residency report release
- 8) Exit survey confirmation\*
- 9) Submitted presentation materials

#	Evaluation Item	Student	Preceptor	Advisor	2 <sup>nd</sup> Reader	Public Attendees
1	Residency Proposal and Report Approval form		■	■	■	
2	Preceptor evaluation of the residency		●			
3	Faculty evaluation of the residency			●	●	
4	Student evaluation of the residency	●				
5	Presentation Assessment Rubric		●	●	●	○
6	MHA competency self-assessment	●				
7	Residency report release	●				
8	Exit survey**	●				
9	Submitted PPT slides	●				

Key: ■ Required signature | ■ Required signature for Final Report only | ● Required | ○ Recommended

\*\*For students who graduate following the residency semester (most MHA students), they must complete the Arnold School of Public Health Exit Interview online (link will be sent at the end of the semester). Please print/save the acknowledgment webpage and submit via Blackboard to show completion.

Finally, a final electronic copy of the residency report should be provided to the department for departmental records.

## Checklist of the “nuts and bolts” of the MHA residency project and report

- a. Is my section on Project Objectives focused on: What is the purpose of the project, what are the specific objectives, and what are the deliverables, and what are my learning objectives?
- b. Am I journaling my residency activities as I am executing them daily/weekly?
- c. Does the Objectives section state the competencies out of our MHA program competency model that my project will address? (i.e., competency areas in which you will improve by executing the project).
- d. Does my literature review make a case for why my project should be done, the benefits as documented or speculated in the literature, and why it should be done the way I propose it? Is it organized to flow logically and read well, ending with a final closing statement paragraph that justifies my project/methods?
- e. Have I made every attempt to make sure that my work is building upon the best lessons of work already done by others, and my methods are grounded in sound theoretical and pragmatic considerations that are documented by others who have trodden on this path in the past? (In other words, it guards against a “winging it” approach which would reduce the credibility and respect for your product.)
- f. Does my methods section present a clear action plan or road map with statements of what will be done, with whom, how many individuals or case studies, from which department, what type of information/documents will be/were reviewed to create the database, etc.? (Document your activities as far as possible as you execute them, say at the end of every week. Do not wait until the last month of the semester to document.)
- g. Is the report professional, error-free, and complies with the report requirements?
- h. Have I reviewed the residency report rubric online to ensure my report is in compliance?

Please check off the above items one by one after verifying compliance with each BEFORE submitting your draft proposal or draft residency report to your preceptor and faculty advisor.

**NOTE:** To help them get oriented to the expectations and formalities of the management residency, first-year students are **required** to attend at least **two (2) residency presentations** of their colleagues in the second year. Similarly, second year students are strongly encouraged to attend their classmates' presentations. The Program will share the schedule with all MHA students ahead of time (once all presentations are scheduled).

## Management Residency: Executive Track

For Executive Track students in the MHA Program, the management residency requirement is fulfilled through enrollment in **HSPM 797: Health Systems of the World – A Comparative Analysis**. This 3-credit course, delivered during the summer semester, serves as an alternative to the traditional HSPM 797 residency course and is designed specifically for working professionals.

The course focuses on *comparative analysis of international health systems*, with emphasis on system structures, financing models, health outcomes, and reform initiatives. Executive Track students engage in a combination of asynchronous learning, virtual class sessions, and an immersive international field experience. In recent years, the course has included site visits to healthcare institutions and public health organizations in countries such as the United Arab Emirates, Switzerland, Spain, and the United Kingdom.

Through lectures, case studies, group presentations, and guided international site visits, students develop advanced competencies in global health systems thinking, strategic analysis, and leadership. The final deliverables for the course—a written executive report and an oral presentation—also serve as the *comprehensive assessment requirement* for MHA degree completion, equivalent to the oral exam requirement in the traditional track.

Executive Track students must participate in all required components of the course, including pre-trip orientation sessions, in-country site visits, and peer learning activities. Successful completion of HSPM 797 is required for graduation from the MHA Executive Track.

For Executive Track students enrolled in HSPM 797, the Department of Health Services Policy and Management covers lodging, in-country transportation, and select department-sponsored events (e.g., business lunches or dinners) as part of the international immersion experience. All other costs are the responsibility of the student, including but not limited to airfare, visa fees (if applicable), cultural site visits or excursions, incidental hotel charges, meals not covered by the program, and personal expenses. Estimated costs are shared in advance to allow students to plan accordingly. This trip will be arranged during the second summer semester.

## COMPUTER FACILITIES AND WEBSITE

Students in Health Services Policy and Management have access to the Arnold School's computer lab on the 4<sup>th</sup> floor of the Discovery building (915 Greene Street). A few additional computers with printers are available in the department for the use of HSPM students. These computers are set up and maintained by the department. Students must have a departmental login name and password to be able to use the HSPM computers. Students should get their departmental account name and password from the computer lab manager.

The Arnold School's computer Lab offers current versions of leading software for word processing, spreadsheets, presentation graphics, and data analysis. The computers in the departmental lab are connected with laser printers for fast and convenient printing. Workstations in the School and departmental labs have Internet access, as well as access to MedLine, the University's library catalog, and other bibliographic services. The University provides each registered student with a free e-mail account.

The Health Services Policy and Management Department's website ([sph.sc.edu/hspm](http://sph.sc.edu/hspm)) has program information, including details on curriculum requirements and the administrative or public health residency responsibilities and policies. Fellowship related information is also made available for MHA students to review.

## AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES (ACHE) & USC'S HEALTHCARE LEADERSHIP ASSOCIATION (HLA)

The USC MHA Program is a member of the American College of Healthcare Executives (ACHE) Higher Education Network. ACHE is an international professional society of healthcare executives. As a member of the Network, the Program joins other select university and college accredited programs offering degrees in the areas of healthcare services and management.

Student membership in both ACHE and HLA is an invaluable step in a student's career progress. Membership and participation enhance the young careerists in professional development, leadership, and marketability. The Department strongly recommends MHA students consider membership in ACHE and HLA. Importantly, the opportunities in healthcare administration presented in both Associations transcend those of the Department and the University.

### Benefits of Student Membership in ACHE:

- **Healthcare Executive Magazine:** Student members of ACHE receive a bi-monthly magazine that provides critical industry topics, special features and best practices from all over the world.
- **The Journal of Hospital and Health Services Administration:** The official journal of ACHE. This journal is printed six times per year and includes articles in healthcare management, executive leadership, education, and research.

*These two publications will keep students up to date on current issues affecting the healthcare industry.*

- Members will also be eligible to participate in all conferences, seminars and professional meetings offered by ACHE. After graduation, in beginning a career, ACHE is there to help the new graduate along the way, offering advancement through the various levels of achievement which improves one's status as a healthcare manager.

### Benefits of Student Membership in HLA:

- HLA offers the opportunity to enhance the student's academic experience through close association and networking with fellow students, especially senior students who can provide mentorship and support.
- HLA sponsors guest lecturers from the working world to speak on topics of interest to aspiring healthcare managers. HLA also holds frequent social events, which allows members to relax and enjoy social activities away from the pressures of the classroom and provides an opportunity to get to know each other and build camaraderie.

The **objectives** upon which the Association is organized are as follows:

- a. To promote an environment conducive to educational and ethical development of personal and social skills in a manner that will enhance the attainment of effective leadership in healthcare organizations.
- b. To provide a vehicle for constructive student involvement, recognition, and representation in the profession of healthcare administration.
- c. To develop an association with local and regional healthcare executive groups that will enhance

academic and career opportunities.

- d. To establish congruence between graduate and professional continuing educational activities to foster a skillful approach to healthcare administration.
- e. To inform members, potential members, and others in the community of the purposes of the American College of Healthcare Executives, its goals, benefits, and reasons for advancing status within the College.
- f. To provide faculty, local healthcare executives/administrators, and students in healthcare administration a forum for professional dialogue.

**Become an Officer:** For those who wish to be involved, officer elections are held each Fall semester.

**Membership Fees & Dues:**

ACHE Annual Student-Membership Fee:	\$75.00
HLA Annual Student-Membership Fee:	\$100.00

For more information, see any one of the elected student officers.

## CAREER ORIENTED SERVICES

### USC Career Center

The USC Career Center offers career development services to both graduate and undergraduate students. The office is located on Level Five of the Thomas Cooper Library. This office exists to assist students to transition successfully from college or graduate school to their chosen field or career. Their phone number is 803-777-7280.

The USC Career Center provides a wide range of services accessible to all USC students. Career and job information/placement services are available to all USC students and to alumni for life once they register into the system. Student services offered by the Career Center include:

- a. Workshops and seminars designed to increase students' awareness of career opportunities and potential employment sites in the health professions.
- b. Workshops are designed to teach students appropriate job search skills. Workshop titles include Resume Writing, Interviewing Techniques, Writing a Career Objective, Job Search Strategies.
- c. Individual career counseling for graduate students.
- d. A listing of current employment opportunities for health professionals.
- e. Interview counseling with video tape assistance.
- f. Free access to foreign language learning labs such as Rosetta Stone

The complete range of services is posted at <http://www.sc.edu/career/>. There is no charge for the Career Center services. Also, many firms having health administration positions recruit at USC. If you wish to interview with recruiters, sign-up on USC Handshake (<https://sc.joinhandshake.com/login>).

The Graduate School also has a Graduate Student Resources Hub ([https://www.sc.edu/study/colleges\\_schools/graduate\\_school/professional-development/the\\_grad\\_hub/index.php](https://www.sc.edu/study/colleges_schools/graduate_school/professional-development/the_grad_hub/index.php)), located in the Close-Hipp building, room 204. The USC GradHub provides a more integrated graduate student experience that holistically encompasses academic training and professional development for Masters and Doctoral students. Graduate students can schedule an appointment to meet with the Manager for Graduate Student Advising or find a list of events in Handshake.

### Center for Business Communication

Another university-wide resource is the Center for Business Communication. It is located in the Darla Moore School of Business building which provides one-on-one tutoring and practice sessions on written and oral business and scientific communication and presentations.

### Alumni access to USC webmail services

In addition, alumni have access to use their USC email address for two years after graduation which helps them pursue jobs and receive solicitations and job information from USC Career Services.

## Career-related services for HSPM students

In addition to the USC Career Center services, the MHA Program Director and the Academic Programs Specialist disseminate information to students and alumni (who keep the Department updated with their contact information) on administrative fellowships, job positions, and other career opportunities as received or accessed from various sources.

## Professional Development Seminar Series

All MHA traditional track students are required to participate in the Professional Development Seminar Series in the first year of the program. An overview of this seminar is provided in the description of the MHA program. This Seminar series has promoted stronger linkages between the Department and professionals at the USC Career Center. This Seminar is non-credit bearing and offered to students without charge. A full offering of Professional Development Seminar series offerings is provided in a syllabus format early in the fall semester of the first year.

Students who complete the MHA program in the Executive Track are not required to complete this seminar series; instead, professional development tailored to the individual needs of each student is provided by the Program.

## Networking Opportunities

Depending on available resources, all MHA students will be provided the opportunity to attend networking events at a reduced cost, to include case competitions, local conferences hosted by the SC Hospital Association and SC ACHE, ACHE Congress, and other events relevant to the industry.

## APPENDIX I: MHA Program Dress Code Etiquette

As future leaders in healthcare administration, maintaining a professional appearance is essential for your success. The following guidelines apply to all genders and reflect the expectations of professionalism, ensuring that our students represent the program and themselves in the best possible light.

### Why Dress Code Matters

- **Professional Image:** As healthcare administrators, you will be expected to model professional behavior and appearance.
- **Confidence and Respect:** Dressing professionally not only builds self-confidence but also earns respect from colleagues, instructors, and future employers.
- **Networking Opportunities:** A polished appearance during events or classes can make a positive impression on industry professionals and potential employers.

### A. General Dress Code Guidelines

1. **Business Attire for Professional Events and Classes [*with Guest Speakers*]:**
  - Professional tops, such as dress shirts or blouses.
  - Dress pants, skirts (knee-length or longer), or professional dresses.
  - Blazers, sports jackets, or business suits are recommended for formal presentations.
  - Professional shoes (dress shoes, loafers, heels, or flats) should be worn—no sneakers, sandals, or flip-flops.
  - Ties and accessories are optional but encouraged for formal occasions.
2. **Business Casual for Non-Formal Settings and Classes [*without guest speakers*]:**
  - Dress shirts, blouses, or polos paired with dress pants, khakis, or slacks.
  - Dressy or tailored denim may be acceptable if maintaining a professional appearance.
  - Shoes should be professional in appearance—no casual sneakers, sandals, or flip-flops.
3. **Classroom Etiquette:**
  - While some classes may allow more relaxed attire, students should always be prepared to dress professionally if guest speakers or formal presentations (e.g., individual or group presentations, case studies, etc.) are scheduled.
  - Casual clothing like shorts, gym wear, graphic t-shirts, or ripped jeans is discouraged.
4. **Special Events (e.g., Networking, Conferences):**
  - Dress appropriately for the type of event. Business formal attire is expected for networking events, conferences, or program-sponsored events where students represent the MHA program.
  - Ensure that attire is clean, pressed, and presents a professional image.



## B. Graduate Assistantships at Partner Health Organizations

When serving as a **Graduate Assistant (GA)** in partner healthcare organizations, MHA students are expected to adhere to a high standard of professionalism that reflects both the MHA program and the host organization's culture. Students are expected to be aware of and follow their GA site policy and expectations for dress code. *Unless otherwise specified by the organization*, the following guidelines should be followed:

1. **Business Professional Attire:**
  - Dress shirts, blouses, or tops with dress pants, skirts, or professional dresses,
  - Suit jackets, blazers, or sports coats are recommended for meetings or formal interactions with senior leadership or external partners.
  - Professional shoes (dress shoes, loafers, heels, or flats) with socks should be worn—no sneakers, sandals, or flip-flops.
2. **Adherence to Organizational Dress Code:**
  - Each partner organization may have specific dress code policies, including variations for clinical and administrative areas. Students must familiarize themselves with and follow the dress code of their respective host organizations. Always err on the side of formal attire unless directed otherwise.
3. **Hospital or Clinical Setting Requirements:**

- If working in a healthcare or hospital setting, students may be required to wear business professional attire or specific uniforms (e.g., scrubs), depending on the role. Ensure that any attire is consistent with organizational hygiene standards (e.g., avoiding long jewelry, wearing closed-toe shoes in clinical areas).
  - Students may also be required to wear identification badges at all times and adhere to infection control guidelines (e.g., wearing masks or other personal protective equipment if necessary).
4. **Professionalism in Appearance and Behavior:**
- In the workplace, appearance goes beyond clothing. Ensure that you are well-groomed, maintain good hygiene, and display professional behavior, including being punctual, respectful, and attentive.
  - Scent-free environments may be required in certain health settings, so avoid wearing strong fragrances or colognes.
5. **Representing the MHA Program and Yourself:**
- As a GA, you are an ambassador of the MHA program. Your attire and behavior should reflect your commitment to professionalism. Take pride in your appearance, as it communicates your respect for both the organization and the patients and colleagues you serve.

### Additional Considerations

- **Personal Grooming:** A neat and well-groomed appearance is essential. Hairstyles should reflect a professional appearance, and culturally significant hairstyles are respected as part of professionalism.
- **Accessories and Jewelry:** Keep accessories professional and minimal. Avoid overly flashy jewelry or items that may distract in a professional setting.
- **Scent/Fragrances:** Be mindful of colleagues and professors who may have sensitivities to strong perfumes or colognes. Use fragrances in moderation.
- **Cultural and Religious Attire:** The USC MHA program respects cultural and religious attire, such as hijabs, turbans, or yarmulkes. Students are encouraged to wear any attire that aligns with their cultural and religious beliefs in a manner that maintains professionalism.

### Dress Code Violations

- Students who are not adhering to the dress code may be reminded by faculty or staff.
- Repeated violations may result in a formal warning or a conversation about the importance of maintaining professional standards within the MHA program.



**Note:** These guidelines are designed to prepare you for the professional world of healthcare administration. If you are ever unsure about appropriate attire, please consult with faculty or staff for further clarification.

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**Health Services Policy  
and Management**

Arnold School of Public Health

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