



**Program Name & Location**

GOVERNORS STATE UNIVERSITY  
University Park, IL

**Dates of the Site Visit**

April 23-25, 2014

**Accreditation:** 3 year CAHME Accreditation, effective 2014 through 2017

**Accreditation History**

Fall	1978*	Accreditation - 1 year
Fall	1979	Progress Report Accepted
Spring	1980*	Reaccreditation - 1 year
Fall	1981*	Reaccreditation - 1 year
Spring	1983*	Reaccreditation - 1 year
Fall	1984*	Reaccreditation - 2 years
Fall	1985	Progress Report Accepted
Spring	1986	Site visit delay granted to Spring 1987
Fall	1987*	Reaccreditation - 3 years
Fall	1988	Progress Report Received
Spring	1991*	Reaccreditation Denied; Appeal Process Initiated
Fall	1991	Recommendation of Appeal Committee Rejected; 2nd Appeal Initiated
Winter	1991	Reaccreditation based on report of appeal board; 1st and 2nd year PR
Spring	1992	Progress Report Received
Spring	1993	Progress Report Received
Fall	1993	6-month delay of next site visit granted
Spring	1995*	Reaccreditation; 1st and 3rd year Progress Report
Spring	1996	Progress Report Rejected; additional progress report due Spring 1997
Spring	1997	2nd Year Progress Received - Interim SV to be scheduled w/in 6 mos. and SV ad from Spring 2000 to Fall 1998
Fall	1997	Interim SV; deferred SV to F1998; submission of Special PR due S1998 on the I Director and Program's process
Spring	1998	Special Report Not Submitted; requested meeting with ACEHSA during AUPH June 1998
Summer	1998	Meeting 6/19/98: Program stated request for special report not forwarded to new Director nor did they see President's Interim Report submitted during Oct. 1998 I Visit.



Commission on Accreditation  
of Healthcare Management Education

		Advised to enroll in Candidacy Program or submit the special report originally r Spring 1998.
Fall	1998	Progress Report Submitted; rejected with letter stating Commission to entertain n requests for SV delays
Spring	2000	Accredited Status withdrawn by unanimous vote; Program appeals; recommenda Appeal Review Committee is to grant accreditation
Fall	2000	Commissioner's Decision of Spring 2000 is maintained by unanimous vote
March	2001	Independent Appeal Board upheld the Commission decision; Accreditation with



		*decision based on full site visit
February	2002	Application and Eligibility Statement received for Pre-Candidacy - Paid \$600.00
Fall	2002	Self-Study Year
Spring	2003	
Fall	2004*	Accreditation - 3 Years - Progress Report due 9/1/05
Fall	2005	1st Year Progress Report Accepted
Fall	2006	2nd Year Progress Report Accepted with all Recommendations Completed
Fall	2007	Site Visit December, 2007
Spring	2008	Reaccreditation - 6 years
Spring	2009	Year 1 Progress Report due February 1, 2009

**Program Description**

GSU was chartered by the Illinois Legislature on July 17, 1969. From its inception, it was intended to be an upper-division university designed to provide educational continuity to an increasingly growing community college population. Over time, GSU has evolved to be an upper-division university, offering undergraduate courses at the junior and senior levels as well as graduate level coursework at the masters and doctoral level. The University located on 753 acres in University Park, 30 miles south of Chicago, IL

The University received its first regional accreditation from the Higher Learning Commission (HLC) in 1975. The most recent accreditation by the HLC was in 2010 for a maximum length of 10 years. GUS has also been approved by IBHE to admit freshmen in 2014. A focused visit is scheduled for the Spring 2013 for HLC's approval becoming a full 4 year institution. The Master of Health Administration (MHA) program is located in the College of Health and Human Services (formerly College of Health Professions), which is structured into seven departments. They are Department of Health Administration, Department of social Work, Department of Addictions and Behavioral Health, Department of Nursing, Department of Communication Disorders, Department of Occupational Therapy, and Department of Physical Therapy. All programs in the College have attained appropriate specialized accreditation or certification.

GSU has been dedicated to serving women, minorities, and working adults. The MHA at GSU graduated its first class of 22 students in 1987. In 2004 the program was accredited by Accrediting Commission on Education for Health Services Administration (ACEHSA, later CAHME) for a length of 3 years. The program was most recently accredited by CAHME in 2007 for a length of 6 years. Given the University's definition of full-time student status and the academic calendar, two years of full-time study are equivalent to 36 credit hours. The MHA degree requires the completion of 54 credit hours plus any unmet prerequisites.

The University is using the Credit Unit Equivalent (CUE) system for the calculation of faculty workload. In early spring of each year, every faculty member is required to negotiate his/her coming year's workload through the Assignment of Duties (AOC) process. The faculty, in consultation with the Chair, determines assigned teaching loads and other assigned non-teaching activities. Each assigned duty has a standardized CUE value. According to the collective



bargaining agreement, a faculty member can be assigned a range of 24-27 CUES per year. Research CUES are awarded through a process where the faculty member submits a research proposal to the College Research Review Committee and negotiates with the Chair. Typically faculty teaching graduate courses under these guidelines would be assigned no more than 6 courses per year over two semesters and 10 months of contracted time.

**Findings**

CAHME sends a team on-site to review the program. On the first day, the CAHME Fellow reviews the records and resources of the Program. On days two and three, the full team completes an extensive evaluation of the Program based on CAHME requirements. These findings are reported, and programs are designated as being a leader in meeting the requirement (a “strength”), meeting the requirement; partially meeting the requirements, or not meeting the requirement. Sometimes, a program may “meet” a requirement, but the site visitors suggest a recommendation for the program to improve (“Consultative Recommendations”).

Programs need to report to CAHME following their site visit their remediation activity for all requirements that are not “Met” in a “Progress Report”. Thus, evaluating a program based on “Not Mets” or “Partially Mets” may not reflect the progress a program has made since their last site visit. Programs have two years to complete all criteria found partially or not met on their site visit report. Accreditation past two years indicates that the program has successfully completed progress reporting.

		Number	Percent
Met	Strengths	3	9%
	Other Met	25	71%
Partially Met		6	17%
Not Met		1	3%
<b>Total</b>		<b>35</b>	<b>100%</b>
<i>Consultative Recommendations</i>		3	9%

**Program Strengths**

I.A.1 THE PROGRAM WILL HAVE STATEMENTS OF MISSION, VISION, AND VALUES THAT GUIDE THE PROGRAM'S DESIGN, EVALUATION AND QUALITY IMPROVEMENT EFFORTS.

**Strength Comment:**

A strength of the program is the very clear commitment of its faculty and institutional leadership to the program's mission of serving traditionally underrepresented populations, made possible through the program's multiple professional relationships in the community at large.



IV.A.1 PROGRAM AND UNIVERSITY LEADERSHIP WILL ENSURE THAT THE COMPLEMENT, INVOLVEMENT AND QUALIFICATIONS OF PROGRAM FACULTY ARE SUFFICIENT TO ACCOMPLISH THE MISSION OF THE PROGRAM.

Strength Comment:

A strength of the program is its committed, engaged and energetic faculty. In addition, the faculty is student-centered and very accessible to the students.

IV.D.1 FACULTY WILL PARTICIPATE IN HEALTH-RELATED COMMUNITY AND PROFESSIONAL ACTIVITIES OUTSIDE OF THE UNIVERSITY.

Strength Comment:

The depth and breadth of the service in which the Comment: faculty is engaged, evidencing a genuine and deep commitment to the community and society at large.

Not Mets

III.A.1 THE PROGRAM WILL ADOPT A SET OF COMPETENCIES THAT ALIGN WITH THE MISSION AND TYPES OF JOBS GRADUATES ENTER. THE PROGRAM WILL USE THESE COMPETENCIES AS THE BASIS OF ITS CURRICULUM, COURSE CONTENT, LEARNING OBJECTIVES AND TEACHING AND ASSESSMENT METHODS.

Assessment:

The development of the competency model at the GSU MHA program has been an iterative process over a period of years. The program has dealt with faculty turnover (now stabilized), the imposition of new admissions requirements (more below) and the development of a competency model associated with new CAHME accreditation requirements while seeking to fulfill a relatively unique mission in graduate health administration education. As a consequence, the program has struggled with the development of a cogent competency model that aligns appropriately with its mission as well as its curriculum, teaching and assessment methods. It still does not quite have all the pieces in the right place, though the program has made good progress. Of particular concern to the team was the correlation of the level of competencies articulated in the model corresponding to the level of competencies being delivered in the individual courses, and the relationship of that level with the level of teaching and the related levels of assessment. In some cases there appeared to be an absence of understanding regarding the necessity of a linkage between the level of teaching and level of assessment. This granular level of detail: competency model --> course competency --> teaching method --> assessment method needs to be addressed by the program to resolve this concern.

Criterion Related Concern:

The program has struggled with fully integrating a single competency model into its curriculum, teaching methods and assessment methods. The criteria related concern is that the program has not fully consolidated its strategy about how competencies impact elements of course offerings, the teaching methods and manner of assessment.

Criterion Related Recommendation:



The criteria related recommendation is that the program focus on how its competency model provides the foundation for its curriculum, teaching and assessment methods and adapt accordingly. The program should place particular emphasis on improving congruence between teaching and assessment methods.

### **Partially Mets**

**I.A.2 THE PROGRAM WILL ESTABLISH GOALS, OBJECTIVES AND PERFORMANCE OUTCOMES THAT ARE ACTION-BASED, OBSERVABLE, AND MEASURABLE.**

#### **Assessment:**

The program has developed a fairly elaborate set of goals and objectives that seem to have been well discussed and vetted both by faculty and the advisory council to the program. Of significant note, however, is that all of those goals were related to educational and teaching mission of the program. The program has no stated research and service goals as part of its overall goal structure. Furthermore, written, specific goals related to enrollment of cohorts targeted at fulfilling the program's mission were also absent. Certainly the program is fulfilling its mission relative to the population it serves as well as its research and service requirements. Of concern, however, is the absence of written, specific targets against which progress can be measured and by which assessments can be made.

#### **Criterion Related Concern:**

While the program has several educational goals and objectives, it lacks outcome measures for research and service goals. Thus the criteria related concern is that the program has no outcome measures for its research and service goals, as well as mission-related enrollment goals.

#### **Criterion Related Recommendation:**

The criteria related recommendation is that the program develop outcome measures for its research and service goals, in addition to mission-related enrollment goals.

**I.A.3 THE PROGRAM WILL MONITOR CHANGES IN THE HEALTH SYSTEM, THE UNIVERSITY ENVIRONMENT, AND MANAGEMENT THEORY AND PRACTICE AND ADJUST ITS MISSION, VISION, GOALS, OBJECTIVES AND COMPETENCY MODEL AS NECESSARY.**

#### **Assessment:**

The program clearly has taken advantage of a multitude of informal relationships with a broad spectrum of health care leaders in the greater Chicagoland region. In addition, the program has had regular, documented, meetings with its advisory council. There is no evidence, however, that the program has undertaken any systematic method to gather information from its primary external environment and used that information to inform or modify its competency model. Missing from the data are such things as a survey of the regional industry, an alumni survey (more below on this item), an industry roundtable discussion, focus groups -- any of the conventional quantitative or qualitative data gathering methods that one might use as a basis for establishing competencies to be inculcated in graduates to be employed by organizations in the region. Part of this stems from the fact that the program has struggled with the competency model as it has re-built its faculty and program in recent years. In order to keep the program moving in



the right direction, the team feels that systematically monitoring the external environment is an essential component for curriculum and competency refinement.

Criterion Related Concern:

While the site visit was helpful in revealing ample anecdotal evidence of multiple relationships the program enjoys with a variety of health services organizations, there is scant evidence that the program is systematic in collecting data from the external environment. Thus the criteria related concern is that the program is not systematic in monitoring the health system and using that information to inform its curriculum and competency model.

Criterion Related Recommendation:

The criteria related recommendation is for the program to be more systematic in collecting data in ways outlined by this criterion and more systematic in using that information to inform its curriculum and competency model.

**II.A.3 THE PROGRAM WILL ENSURE THAT STUDENTS ARE PROVIDED APPROPRIATE ADVISING AND SUPPORT SERVICES, AND THAT THESE SERVICES ARE EVALUATED REGULARLY AS A BASIS FOR CONTINUOUS IMPROVEMENT.**

Assessment:

It appears that there are sufficient services to support the program's students, who without exception spoke highly of the library and writing center support services. In addition, the students were uniform in their expression of appreciation for the availability and support of the faculty. Where the concern arises, however, is the need to document a systematic evaluation of those services (along with all other support services used by students, e.g. career services, student health, counseling, etc). Surveying the consumers, documenting and storing the results would remedy this problem.

Criterion Related Concern:

Interviews with the students during the site visit indicated that the faculty were accessible and very helpful for advising. In addition, support services for students appear to be robust and very helpful. There is no evidence, however, that these services are evaluated and used for continuous improvement in the program, thus the criteria related concern is that the program is not systematic in its evaluation of student advising and support services.

Criterion Related Recommendation:

The criteria related recommendation is for the program to systematically evaluate student advising and support services and use that information for continuous improvement of the program.

**II.A.5 THE PROGRAM WILL ENSURE THAT GRADUATES' CAREER PREPAREDNESS IS MONITORED, DOCUMENTED AND USED FOR CONTINUOUS IMPROVEMENT.**

Assessment:

In recent years it would appear that the program has been left to its own devices -- or nearly so -- to collect information about its alumni. Without sufficient resources to adequately and actively gather this information, data regarding alumni is sketchy and inconsequential in terms of





usefulness for continuous improvement. In the post-self-study year, the program, in cooperation with the university's Office of Institutional Research, has undertaken an on-line survey of alumni. While this effort is in its infancy, the team did observe the initial results, reviewed the survey and observed that it is a step in the right direction. Thus, the concern -- using the self-study year data - - is that the program simply does not have the data from alumni to use for continuous improvement. But given that the program is making substantial progress toward resolution of this issue justifies a "partially" met. The progress report should yield a report containing more robust information on alumni career progression.

Criterion Related Concern:

The program has made inconsistent efforts in recent years to collect alumni data without strong support from the university's central Office of Institutional Research. As a result, there is insufficient data for the program to meaningfully use for continuous improvement. Thus the criteria related concern is that the program is not systematically collecting data from its alumni to use for continuous improvement in the program.

Criterion Related Recommendation:

The program must systematically monitor and track the career progression of alumni and analyze alumni survey results for continuous improvement of the program.

**III.C.1 THE PROGRAM WILL INCORPORATE A RANGE OF ASSESSMENT METHODS DRIVEN BY ADULT LEARNING PRINCIPLES. THE METHODS WILL BE BASED ON HIGHER EDUCATION TAXONOMIC LEVELS APPROPRIATE TO GRADUATE EDUCATION AND ALIGNED WITH DEFINED COMPETENCIES.**

Assessment:

This criteria relates back to III.A.I regarding the competency model and the integration of the model into the curriculum and thus, into teaching and assessment methods. While the program has evidenced difficulty with the competency model, it has also evidenced progress. Likewise, it has evidenced progress -- but not perfection -- with regard to implementing a range of assessment and teaching methods appropriate for graduate education "and aligned with defined competencies." Certainly each course has a defined percentage of higher and lower teaching and assessment methods; what is difficult to understand is how much each is "aligned with defined competencies" as we have questions about the competency model. It would appear that not all course competencies align with a single competency model. The characterization of "partially met" seems appropriate as there is some alignment of course competencies with the current competency model. Given, however, the difficulties the program has had in selecting a single competency model, not all courses align with the current model; thus, the criterion can only be considered "partially met" and not "met."

Criterion Related Concern:

The program has struggled with fully integrating a single competency model into its curriculum, teaching methods and assessment methods. This makes it difficult to assess if the program has teaching and assessment methods appropriate to graduate level education that "align with defined competencies." The criteria related concern is that the program does not fully demonstrate





teaching and assessment methods in its courses that are aligned with its defined competencies, nor does it demonstrate consistent appropriate sequencing of lower order (early in the program) to higher order (later in the program) teaching and assessment methods.

**Criterion Related Recommendation:**

The criteria related recommendation is that the program demonstrate teaching and assessment methods in its courses that are aligned with its defined competencies and demonstrate appropriate sequencing of lower order to higher order teaching and assessment methods.

**III.C.3 THE PROGRAM WILL REGULARLY EVALUATE THE EXTENT TO WHICH STUDENTS AND GRADUATES ATTAIN THE COMPETENCIES AND USE THE EVALUATION FOR CONTINUOUS IMPROVEMENT.**

**Assessment:**

In general, progress toward assessing competencies on any level has been uneven. We would refer to the assessment, concern and recommendation at III.C.1. with regard to competency assessment at the course level with respect to this criterion. With regard to the program level assessment, the team can report having observed results of two field experiences that, combined, may -- or may not -- demonstrate a comprehensive evaluation of each individual student's full range of expected competencies. The capstone project is a team project. These are business plans and are quite comprehensive. Taken as a whole they serve to demonstrate an integration of everything a student should have learned in the program. But they are done as a team, so it is possible -- likely -- that project was divided by student strength. So not every individual demonstrates every competency. The second component is a field experience. This is a 400 hour field experience in which a student completes a project for a preceptor (not their employer) and compiles a portfolio. In the course of completing both of these it is possible for a student to demonstrate mastery of all the competencies in the program's competency model. It is also possible, for example, for a student to avoid a particular competency not included in the field experience and to which the student did not contribute in the capstone project. Therefore, the student might have avoided demonstrating mastery in the finance component (or a policy component, or virtually any individual component), and thus the program cannot document that every student is being assessed for every competency.

**Criterion Related Concern:**

The criteria related concern is that the program cannot demonstrate that every student is being assessed, and achieves mastery of the competencies set forth in the competency model of the program, at both the course level and at the program level.

**Criterion Related Recommendation:**

The criteria related recommendation is for the program to demonstrate that every student is being assessed on the competencies set forth in the competency model of the program, at both the course level and at the program level.

**Consultative Recommendations**

**II.A.2 THE PROGRAM WILL HAVE RECRUITING PRACTICES AND WELL-DEFINED**



## ADMISSION CRITERIA DESIGNED TO ADMIT QUALIFIED STUDENTS AND PURSUE A DIVERSE STUDENT POPULATION

### Consultative Recommendation:

The program should consider re-evaluating the use of standardized tests as an appropriate measure in admissions criteria in order to better meet its mission with respect to the population of students it intends to serve.

I.B.1 THE PROGRAM WILL HAVE SUFFICIENT FINANCIAL AND ADMINISTRATIVE SUPPORT TO ENSURE THAT ITS MISSION, GOALS AND OBJECTIVES CAN BE ACHIEVED.

### Consultative Recommendation:

As program enrollment grows, the program may require additional staff in order to effectively secure and manage field placements and develop other professional interactive experiences that support the program.

III.B.4 THE PROGRAM CURRICULUM WILL INCLUDE INTEGRATIVE EXPERIENCES, INCLUDING FIELD-BASED APPLICATIONS THAT REQUIRE STUDENTS TO DRAW UPON, APPLY AND SYNTHESIZE KNOWLEDGE AND SKILLS COVERED THROUGHOUT THE PROGRAM OF STUDY.

### Consultative Recommendation:

The program should ensure that each student demonstrates a mastery of program competencies.