THE FORMATION AND EVALUATION OF A GRADUATE PROGRAM IN HEALTH ADMINISTRATION WITHIN A MEDICAL SCHOOL

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ABSTRACT: Several aspects of the program in health administration that was established in 1968 by the faculty of the University of Colorado School of Medicine are described. Based on the premise that knowledge about the organization and the delivery of health services had not kept pace with the advances made in the scientific foundations of medicine, the program was designed to provide training in management, accounting, economics, medical care organization, quantitative methods, and in the other skills required for health administration. The results of a survey to identify the extent to which the program's graduates have fulfilled the original objectives are presented, including a description of the graduates' backgrounds and current job situations. The lessons learned from five years' experience teaching health administration within a medical school are also reviewed.

In 1968, the faculty of the University of Colorado School of Medicine voted to establish a Division of Health Administration within the Department of Preventive Medicine. The division was to prepare administrators for work in the health field and to conduct studies dealing with the organization and delivery of health services. In exploring ways to implement the educational goal, the faculty concluded that traditional graduate programs, which prepared students for one specific institution, such as a hospital or a health department, limited the graduates' career mobility and caused them to perceive their roles from a rather narrow perspective. For these reasons, a master's degree program in health administration was established to prepare administrators who would seek and perform administrative roles within the broad range of existing and developing health care organizations. As a secondary goal, the program was also planned to provide its nonclinical orientation to the students in clinical training programs at the medical center.

CURRICULUM

The curriculum was planned so that all students would complete a core of courses in basic management principles, organizational behavior, managerial decision making, program planning and evaluation, quantitative methods, eco-
nomics, public health, and the sociopolitical aspects of health care. After completing these required studies, students select skill-area courses and field experiences that will broaden their exposure to the health care organizations within which they hope to begin their careers and that will provide them with the skills necessary to function effectively within these organizations. Such career environment areas include hospitals, planning councils, medical group practices, mental health centers, and neighborhood health programs. Skill-area coursework includes financial management and information systems, planning, evaluation, and policy analysis.

Students normally spend two academic years in completing the program. A three-month summer field experience between the first and second years and field projects during the second year provide the students with a direct exposure to the specific career environment area elected. For example, a student who wishes to become a hospital planner would concentrate on planning studies, after completing the core courses, and would pursue various field experiences and class projects in the hospital setting. Students usually complete the core coursework during the first academic year; then, with their advisor, they develop a specialized course of study for the second year. Total coursework usually entails 60 to 70 quarter hours of credit.

**GRADUATE SURVEY**

To identify the degree to which the program is meeting its original objectives, a questionnaire was mailed to all graduates in early 1975; 75 of the 91 graduates from the program’s first five classes returned the questionnaire. Information on most of the remaining graduates was obtained by telephone or personal contact. Data on all students at the time of admission to the program were collected from their admissions records. The data from both the questionnaires and the admission forms were stored in a computer file, which can now be updated and analyzed at regular intervals.

**ANALYSIS**

In the following discussion, descriptive statistics are used to present the characteristics of the data file; the numerical results of the survey are given in absolute and relative terms. The absolute number of students reported in each category is followed in parentheses by the number as a percentage of the total number of complete responses; in other words, the percentage reports are adjusted for incomplete or inapplicable responses and different subsample sizes.

Inferential statistics are not presented because of the small sizes of some subsamples that would have had to be analyzed. Although comparisons of groups for significant differences are not appropriate at the present time, the information that is currently available indicates many interesting trends, which