

RESIDENCY GUIDELINES FOR THE NURSING AND HEALTH CARE ADMINISTRATOR TRACK

SCHOOL OF NURSING
THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

MASTER OF SCIENCE IN NURSING

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NURSING AND HEALTHCARE ADMINISTRATOR TRACK**

I. Purpose/Goal of the Residency

The purpose of the Residency is to provide a structured field experience in an administrative role. The Student will have an opportunity to apply the theories, principles, and techniques learned in the didactic portion of the graduate program in a selected health system setting under the guidance of an experienced Preceptor and a Faculty Advisor. The Residency allows the Student to integrate practice, theory, and research components for the improvement of client care. The Residency experience provides the Student with a foundation for professional development and the opportunity to clarify career goals.

II. Objectives of the Residency

Objectives specific to each Student's Residency will be developed by the Resident in conjunction with the Preceptor and Faculty Advisor and they form the basis for the Learning Contract. General objectives of the Residency follow:

- A. Develop a practical understanding of how administrative and clinical factors interrelate in healthcare organizations, their suppliers, payers and regulatory bodies.
- B. Refine a personal code of ethics and a philosophy based on a dedication to high ideals and standards of performance which are essential for the effective Nursing and Health Care Administrator role.
- C. Apply concepts and principles learned in the didactic portion of the program.
- D. Strengthen leadership, judgment, problem-solving, and other administrative skills.
- E. Analyze the dynamics of an organization or healthcare system in relation to the quality of client care provided.
- F. Evaluate the strengths, inadequacies, and constraints of the healthcare delivery system and the role of the Administrator in maximizing the quality of services and resources available and accessible in the system.
- G. Analyze the congruence of personal strengths and individual career goals.

III. Components of the Residency

The components of the Residency encompass three broad areas: *Preceptor Relationship, Observation/Familiarization, and Application.*

- **Preceptor Relationship:** The relationship between the Preceptor and the Resident is expected to be one of mentor to Student. In such a relationship, the Student can acquire an in-depth understanding of the Preceptor’s attitudes and beliefs concerning quality of client care, strategic thinking, operations, management, interpersonal skills, professional socialization, analysis of political processes, community relationships, and ethical issues.
- **Observation/Familiarization:** The Residency experience is expected to provide the Resident with opportunities to observe and become familiar with the organization’s mission, administrative structure, operation, and interrelationship of major units within the organization, and the means through which the organization carries out the following functions: planning, human resource management, marketing, community and information management, financial management and resource allocation, and quality improvement. The Students should be provided opportunities supporting an understanding of the operations of decision-making bodies and processes at various organizational levels, including: policy-making, professional staff, administrative staff, and external organizations, such as regulatory, financing, and professional associations.
- **Application:** The Residency experience is expected to provide the Resident with opportunities to apply and test administrative theory and tools in a “real world” setting. Through this application process, the Student can build upon knowledge acquired in each of the following didactic curriculum content areas: Healthcare Economics; Organizational Management; Research; Health Policy, Law and Ethics; Human Resource Management; Quality Improvement; Organizational Leadership and Communication; Financial Management; and Strategic Management. This integration of the didactic content and application will provide the Student the opportunity to begin to develop the ability and confidence necessary to assume significant administrative responsibility in a health system or healthcare organization.

IV. Elements of the Residency

The Residency semester(s) comprise(s) the final courses in the Nursing and Healthcare Administrator track of the Graduate Program at The University of Mississippi School of Nursing. It encompasses two courses—N659: Residency in the Nursing and Healthcare Administrator Role, and N696: Directed Study in Management Research. The Student is expected to be available the equivalent of full time either in the placement site or involved in related activities during the semester. Prior to the semester in which the Residency will occur, the organization, the Preceptor, and the Faculty Advisor will be selected and agreed to by all participants.

- **Organization:** The placement is selected to provide exposure to a wide range of programs, services, and administrative practices.

- **Preceptor:** The selection of a Preceptor, qualified by professional experience, imagination, and commitment to education, is of vital importance. The individual will act as a professional role model and is responsible for the continuing educational development of the Resident during the Residency period. He/she should not only advise, counsel, and instruct the Resident, but should also create an intellectual climate that is challenging and satisfying.
- **Faculty Advisor:** Each Resident will be assigned a Faculty Advisor from the full-time faculty of the Nursing and Healthcare Administrator track. In consultation with the Preceptor, the Faculty Advisor will be responsible for evaluating the academic requirements of the Residency and assigning grades (Pass/Fail for the Residency course and letter grade for the Directed Study course). The Advisor will monitor the Resident's progress and offer advice and guidance when appropriate. He/she will consult with the Preceptor on a regular basis and will make at least one site visit during the Residency period.

The Resident is expected to establish regular contact (email, telephone, or other) with the Faculty Advisor. The frequency and manner of contact should be arranged before the Residency begins.

- **Role of the Resident:** The Residency is first and foremost an educational experience. All projects, rotations, and other assignments must relate to the education of the Student and, as much as possible, be explicitly defined. Because of the considerable variation in experience and professional background of Students, each Residency will be individually tailored to the Student's needs. The Resident is expected to abide by all policies of the organization while in the Resident role. The Student is required to have liability insurance during the entire Residency experience. Proof of insurance must be provided to the office of the Associate Dean for Graduate Studies in the School of Nursing (601-984-6222).

V. General Residency Experience

Experience within the major administrative elements of the organization is essential. The Resident should gain first-hand knowledge of the scope of strategic planning and of daily and continuing management of the organization. The understanding of organizational dynamics and environment and the development of administrative skills should be related to the purpose of administering health services and the improvement of health care. The following are suggested experiences, but are not at all inclusive:

- A. **Organizational:** The Resident should become acquainted with the administrative structure, purpose, history, and departmental organization, programs, environment, and governance of the organization. The allocation of resources, policy-making, and operating dynamics should be explored in depth.

- B. **Meetings:** The Resident should attend and participate in staff, committee, and professional board meetings, as well as appropriate conferences, to gain an understanding of the problems and the complex relationships that are part of understanding administrative roles.
- C. **Clinical Staff:** The Resident should be afforded an opportunity for appraisal of and continuing relationships with nurses, physicians, and other health professionals to understand the dimensions of the different roles as well as to support collaboration.
- D. **Community Experiences:** The Resident should observe and evaluate professional and administrative practices at other facilities and health-related agencies in the local community, as well as other non-health-related agencies that are important to the healthcare organization. These may include: insurers, government agencies, professional associations, local and state regulatory and planning agencies, skilled nursing facilities, rural health facilities, and public health departments.
- E. **Assignments:** The Preceptor will assign studies, investigations, projects, and other learning-oriented assignments to the Resident that must be completed during the Residency. It is hoped that the results will be used by the organization, with the continuing goal to be for the educational development of the Resident.
- F. **Residency Plan:** By the end of the semester preceding the Residency, the Resident will prepare a Learning Contract in conjunction with the Preceptor and Faculty Advisor. It will be an ongoing working document that may be modified to maximize learning.

VI. The Preceptor

The Preceptor's primary role is to provide a Residency experience that integrates the Student's knowledge and skill, to expose the Student to a practical work environment, and to serve as a professional role model for the Student's personal development. The Preceptor can play a pivotal role in preparing the Student for entry into a future career.

- **Responsibilities and Duties:** The Preceptor is responsible for the continuing educational development of the Resident during the official Residency period. In discharging this responsibility, the Preceptor should not only advise, counsel, and instruct the Resident, but also create an intellectual climate that is challenging and satisfying. The Preceptor must be prepared and willing to devote time to guiding and coordinating the educational activities of the Resident in coordination with the Faculty Advisor of The University of Mississippi Medical Center School of Nursing.
- **Specific Duties of the Preceptor:** The Preceptor's duties include, but are not limited to, the following:

- A. Plan the Residency experiences in collaboration with the Resident based on the Learning Contract
- B. Provide the Resident with an initial orientation to the organization, its history, policies and procedures, and personnel
- C. Introduce the Resident to the facility staff, other health agency personnel, and members of the community, as appropriate
- D. Arrange for conferences with the Resident to discuss jointly the progress of the Residency plan and related problems or projects, and make necessary adjustments to the plan
- E. Discuss current literature to ensure that the Resident is abreast of developments in the field of health care management and related topics
- F. Assign projects, investigations, or studies of importance to the organization and to the Resident's learning needs
- G. Orient other managers of the organization to the Residency program and approve or coordinate assignments and projects that other managers recommend
- H. Arrange for affiliations or visits by the Resident with local, state, or national health-related agencies
- I. Provide adequate office space, equipment, and appropriate secretarial help to the Resident. If possible, locate the Resident's office in the administrative suite close to the Preceptor's office.
- J. Provide an opportunity for the Resident to attend continuing education meetings in healthcare administration and one or more state or national conferences, if feasible.
- K. Observe and evaluate the Resident with the assistance of other administrative personnel and meet with the Faculty Advisor to discuss the Student's progress.
- L. Evaluate, in collaboration with the Faculty Advisor, the progress of the Resident throughout and at the end of the Residency.

VII. Faculty Contact Information

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