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Flexible learning for health care professionals

Opportunity

Many health care professionals experience difficulties moving into management and need to develop core skills in such areas as staffing, budgeting and information about the broader functioning of the health care system, its policies and governance. However, it is difficult for them to leave the work place for full-time education and general business management programs may not meet their specific needs.

Innovation

Professor Patricia Wakefield at the DeGroot School of Business, Professor Mary Law in the School of Rehabilitation Science and Professor Glen Randall at the DeGroot School of Business worked together to design and deliver a graduate program that combines both management and health care system expertise for the wide range of regulated health professionals, including physicians, nurses, physiotherapists, and many others. This part-time program was designed for online delivery with a short residency session so health care professionals do not have to leave their jobs to undertake a full-time program.



BRIDGE THE GAP
between **HEALTH PROFESSIONAL**
and **HEALTH MANAGEMENT**

The program consists of six courses, plus a two-credit scholarly paper, that run consecutively over 32 months in a lock-step style, with each course building on the information from the ones preceding it. The program began in 2010 with 17 (now 15) students. In 2011, 31 students were accepted and divided into two cohorts. The cohorts stay together throughout the program.

For the first course, Health Systems and Policy, the students receive a weekly online discussion question and are assigned both mandatory and supplementary readings.

Each student is required to post one major response weekly as well as at least two shorter, but substantive, comments on the postings of other students. They are marked on their online participation.

The course content may be presented through slides, audio, video, or text depending on the instructional strategies chosen by the various professors. The course site offers links to additional sources and key health organizations, a general discussion area, a class list with photos for more personal contact, and an announcement tag for new posts.

The program is built around asynchronous online learning, but the course designers also wanted to provide an opportunity for face-to-face discussions and collaborations among the students. They were looking to develop a sense of community, trust, and a willingness to take risks by setting up two short residency periods of three days each – one early in the program and one near the end. To evaluate the contribution of the residency periods, they asked students about the benefits and impacts of the face-to-face portion of the program.

Outcomes and Benefits

The program's main benefit for health care professionals has been described as "flexibility, flexibility, flexibility." The students are self-selected, self-directed learners who are comfortable with technology and find the asynchronous, online courses best suited to their professional needs and realities. Student responses and evaluations have indicated that they are learning effectively.

Challenges and Enhancements

The use of discussion questions with required student postings is seen as an effective teaching and learning strategy, but it also generates an enormous number of postings – from 800 - 1,000 for each cohort in each course. The time demands for the professor ended up exceeding those for a lecture, classroom-based program.

During the first year the program was offered, the weekly discussion questions in the Health Systems and Policy course were each posted for eight days. This was to accommodate students who may be travelling or otherwise unable to access their computers. But the students complained that they felt they were required to check in and consider posting daily. The questions are now posted for three days only and then are closed to any additional posts. The students appreciate the break this provides them between questions.

Potential

Separate from the program, Professors Wakefield and Randall are conducting research on the impact of the onsite residency program, with the results to be released by fall 2012. The students responded to questions prior to and following the onsite residencies in both 2010 and 2011. The preliminary analysis indicates that students find the residency portion important for building a sense of community and connection among the cohort.

The Masters program currently includes students from across Canada and there is potential to include international students. A small portion of the course content is specific to Canada, but the examples could be widened to refer to other health systems outside Canada, making the program attractive to students around the world. Military personnel and family members posted overseas with them have expressed particular interest, as the skills and knowledge acquired through the program can be applied both in Canada and in other countries.

The DeGroot School of Business is considering the integration of online content into some of its program, particularly the co-op program so that students on work placements could also complete courses.

The professors who developed the program welcome the opportunity to discuss the Master of Health Management program and the upcoming research on the residency component with colleagues in other post-secondary institutions. There is also an interest in understanding more about the special skills of successful online students and how these can be fostered in other learners.

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