Establishing an Administrative Fellowship Program:

A Practical Toolkit to Support and Develop Future Community Health Center Leaders

IN PARTNERSHIP WITH:

Community Health Center, Inc.

Where health care is a right, not a privilege, since 1972

Weitzman Institute

Primary Care Practice Transformation and Research

AUTHORS:

Meredith Johnson, MBA, MHA, PMP
Chief Operating Officer, Community Health Center Inc.
Administrative Fellow (2012-2014), Yale New Haven Health System

Megan Coffinbargar, MHA
Administrative Fellow (2021-2022), Community Health Center Inc.

Author Bios

MEREDITH JOHNSON, MBA, MHA, PMP

Meredith Johnson is the Chief Operating Officer and Administrative Fellowship Preceptor at Community Health Center, Inc. In this role, Meredith directs the overall, system-wide, day-to-day clinical delivery and support functions, leads cross-functional strategic initiatives, and participates in planning for long-term growth and stability.

She graduated from Wartburg College summa cum laude with a degree in Business Administration and completed subsequent master's programs in Business Administration (Iowa State University) and Health Administration (the University of Iowa). She has a deep understanding of administrative fellowships having been selected as a fellowship finalist or having received offers from Massachusetts General Hospital, Johns Hopkins Hospital, Cleveland Clinic, Barnes Jewish Hospital (BJC), the University of Colorado Hospital (UCHealth), Allina Health, and Yale New Haven Health. After completing Yale New Haven Health's administrative fellowship (2012–2014), she was named Program Manager and launched the nation's first Epic Tele-Intensive Care Unit (ICU) program. She served as Yale New Haven Health's inaugural Director of Telehealth and actively participated in the annual fellowship recruitment and selection process for several years before joining Community Health Center, Inc.

MEGAN COFFINBARGAR, MHA

Megan Coffinbargar is the 2021–2022 Community Health Center, Inc Administrative Fellow. In this role, Megan works closely with senior leadership, assists in executing strategic projects, and learns skills from those around her to become an effective healthcare leader. Post fellowship, she will remain with CHC and start her new role as Project Manager, Optimizing Virtual Care Grant.

She graduated from the University of Kentucky cum laude with a degree in Health, Society, and Populations and completed a subsequent master's program in Health Administration at the University of Illinois Chicago, receiving two named scholarships. While in graduate school, Megan simultaneously worked as a pharmacy technician at Walgreens and as an Administrative Intern at Advocate Aurora Good Samaritan Hospital in Downers Grove, Illinois.

COMMUNITY HEALTH CENTER, INC. / WEITZMAN INSTITUTE

Community Health Center, Inc. (CHC), with offices in Connecticut, Colorado and California, is one of the country's most creative and dynamic providers of primary medical, dental, and behavioral health services, and a leader in practice-based research, health professionals training, and use of innovative technologies to advance health and healthcare. CHC is designated as a federally qualified health center and a patient-centered medical home by HRSA, the Joint Commission, and NCQA, respectively. CHC delivers more than 500,000 patient visits per year from primary care hubs and community clinics across the state of Connecticut, all connected by technology and common standards for quality. CHC employs several hundred medical, dental, and behavioral health providers who are engaged in practice, teaching, and research. CHC's Weitzman Institute is devoted to research and practice transformation and is recognized around the country as one of the premier research institutes focused on improving health care and health outcomes for special and vulnerable populations. In addition, the organization has developed three wholly owned subsidiaries from the original pilot developments within the Weitzman Institute: the National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC), the National Institute for Medical Assistant Advancement (NIMAA), and ConferMed.

Table of Contents

WELCOME!

We're excited you are interested in learning more about establishing an administrative fellowship at your organization. While hospitals and health systems have trained and promoted administrative fellows through their executive ranks for 45+ years, health center fellowship opportunities remain scarce (at the time of this publication, an online search of "FQHC administrative fellowship" only produced two results, with our organization, Community Health Center, Inc., constituting one of results).

This toolkit is designed to provide you with an overview of administrative fellowships, items to consider prior to implementation, and practical tools to recruit, train, and place fellows into permanent roles. As no two organizations are alike, neither are any two fellowships; this guide is designed to be flexible, allowing you to customize your content and your future fellows' experience. Regardless of your organization's services or culture, the fellow should be given opportunities to develop skills, interests and goals working alongside senior leadership and should be embraced as one of the team to develop an understanding of health centers and the entire health care landscape.

As former administrative fellows ourselves, we strongly support these training programs, and realize that with the many challenges facing the health care industry, it is important to invest in the future leaders within the field. Unlike strictly academic programs, post-fellowship, candidates are uniquely prepared to think practically, critically, and innovatively, having obtained the necessary skills to support and implement the essential changes in health care.

We hope that you will consider establishing an administrative fellowship at your organization to develop the next generation of health care professionals who are passionate about the health of their community and committed to superior patient care.

WHAT IS AN ADMINISTRATIVE FELLOWSHIP?

An administrative fellowship is a program typically administered by healthcare organizations to train master's-level post graduate students on the management and delivery of healthcare services. Program lengths vary between six months and two years, with most programs offering of a one year curriculum. While postgraduate fellowships are not required, a majority of healthcare focused graduates pursue fellowship opportunities *(The American College of Healthcare Executives (ACHE) surveyed graduates from master's programs in healthcare management between 2006 and 2008 regarding their decision to pursue residencies and fellowships. Fifty-nine percent of respondents had either secured or preferred a fellowship vs 41% of respondents who had either secured or preferred a full time position).*

Competition for administrative fellowships is strong, as precepting organizations typically only accept one to four fellows each year. Applicants are required to submit undergraduate and graduate transcripts, letters of recommendation, and essay responses. While most applicants will have full time internship or academic practicum experience, some organizations may require or prefer applicants with full time work experience (healthcare or related, such as management, research, human resources, legal, finance/accounting, or information technology).

Applicants typically submit their materials between mid-June and the end of January prior to their spring graduation date; a nationwide system called NAFCAS (The National Council on Administrative Fellowships) posts fellowship opportunities and serves as the centralized application portal. Applicants must submit their materials prior to mid October (application cycle 1) or end of January (application cycle 2); thereafter, organizations make formal, written offers to selected applicants. Applicants have up to six weeks

to accept, decline, or put an offer on hold (only one offer may be held at a time), but must make a decision by Noon Central Time on the designated match day. Organizations may extend offers to alternate applicants should their first applicant(s) decline, but must give applicants a minimum of 24 hours to make their decision. Once accepted, recipients relocate to the organization's corporate headquarters or designated practice location and receive a salary (typically commensurate with first or second year Medical residents or priced via salary surveys) and full benefits.

Each organization customizes their fellowship program according to its leadership philosophy. Key considerations may include whether fellows will serve as learners (e.g. participating in shadowing experiences), contributors (e.g. leading projects or completing key individual assignments) or some combination of both, cultural values the organization wishes to impart such as matters of faith (for faith based organizations), patient safety, or outstanding customer service, and whether the organization expects to retain fellows or prepare them for external job searches.

Regardless of the organization's philosophy, the fellowship should be designed to ensure that fellows hit the ground running and gain practical experience. Fellows should be challenged to stretch and take risks in a controlled environment; this opportunity to fail, recover and learn distinguishes fellowships from both classroom experiences and full time (post fellowship) roles.

The organization's fellowship preceptor guides the fellow(s) through their charted course of study, including department or geographic rotations, project leadership, participation in key meetings and strategic initiatives, and exposure to senior leaders. Fellows work directly with clinicians and administrative leaders to gain a better knowledge of clinical, quality, financial, operational, patient experience, legal/compliance, and marketing aspects of patient care.

Administrative fellows play key roles on projects, such as

- Data/financial analyst
- Project manager
- Workflow / process improvement consultant
- Strategy researcher
- Observer / fresh eyes

Project deliverables may include:

- Financial analyses and recommendations
- Business plans, budgeting, and price transparency
- Workflows and redesigns
- Best practices dissemination
- Implementation of new technology or processes

Some organizations may require fellows assume leadership of a project and complete it within a certain timeframe, while others may prefer fellows serve as project analysts on multiple projects of increasing challenge and importance. The preceptor may also choose to tailor the fellowship and/or projects to the individual fellow's interests and background, or assign the fellow projects based on predetermined department or geographical rotations and organizational needs. The best matches occur when the fellow's development aligns with the organization's objectives.

Post training, fellows may be well suited to join the management team at medical clinics, hospitals/health systems, governmental agencies, insurance companies, and consulting companies. Many fellows elect to continue working in the same healthcare delivery arm in which they completed their fellowship, with a great portion electing to remain with their fellowship organization. As evidence of the value of the fellowship "credential", many current senior healthcare executives received this defined, preceptor-directed, real world experience at the start of their careers.

Fellow Qualifications

Fellowship programs are typically intended for recent graduates of Master's programs (no more than a six month gap between program graduation and fellowship start).

Candidates typically receive one or more of the following degrees:

- MHA: Master of Health or Hospital Administration
- MPH: Master of Public Health
- MBA: Master of Business Administration
  - Typically with a concentration in health/hospital/science administration or paired with an MHA or MPH
- MHSA: Master of Health Services
- MHSc: Master of Health Science
- MPS: Master of Public Service
- MSA: Master of Science in Administration
- MSHA: Master of Science in Health Administration
- MSN: Master of Science in Nursing Administration
- MPA: Master of Public Administration
- Students may also hold clinical degrees (MD, RN, BSN) in addition to their administrative degree

A candidate who is trained at a CAHME (Commission on Accreditation of Healthcare Management Education) accredited program is preferred.

"The Commission on Accreditation of Healthcare Management Education was organized in 1968 to provide accreditation to individual academic programs offering a major course of study in health services administration, leading to a professional master's degree. CAHME has been granted formal recognition by the Commission on Recognition of Postsecondary Accreditation and the U.S. Department of Education. The Commission is the only organization recognized to grant accreditation to master's level health administration programs in the United States and Canada.

CAHME establishes criteria for graduate education in health services administration, planning and policy; conducts surveys that will encourage universities to maintain and improve their programs; determines compliance with the Commission's criteria; and provides ongoing consultation to health services administration programs. The Commission promotes quality education in health services administration.

The Commission has 10 corporate members: the American College of Healthcare Executives, the American College of Medical Practice Executives, the American College of Physician Executives, the American Hospital Association, the American Medical Association, the American Organization of Nurse Executives, the American Public Health Association, the Association of University Programs in Health Administration, the Canadian Institute of Health Management, and the Healthcare Financial Management Association. There are 15 Commissioners; 13 are appointed by the corporate sponsors and two public Commissioners are appointed by the members of the Commission."

You may search a candidate's program to determine if it is CAHME accredited: **https://cahme.org/advance2.5/.**
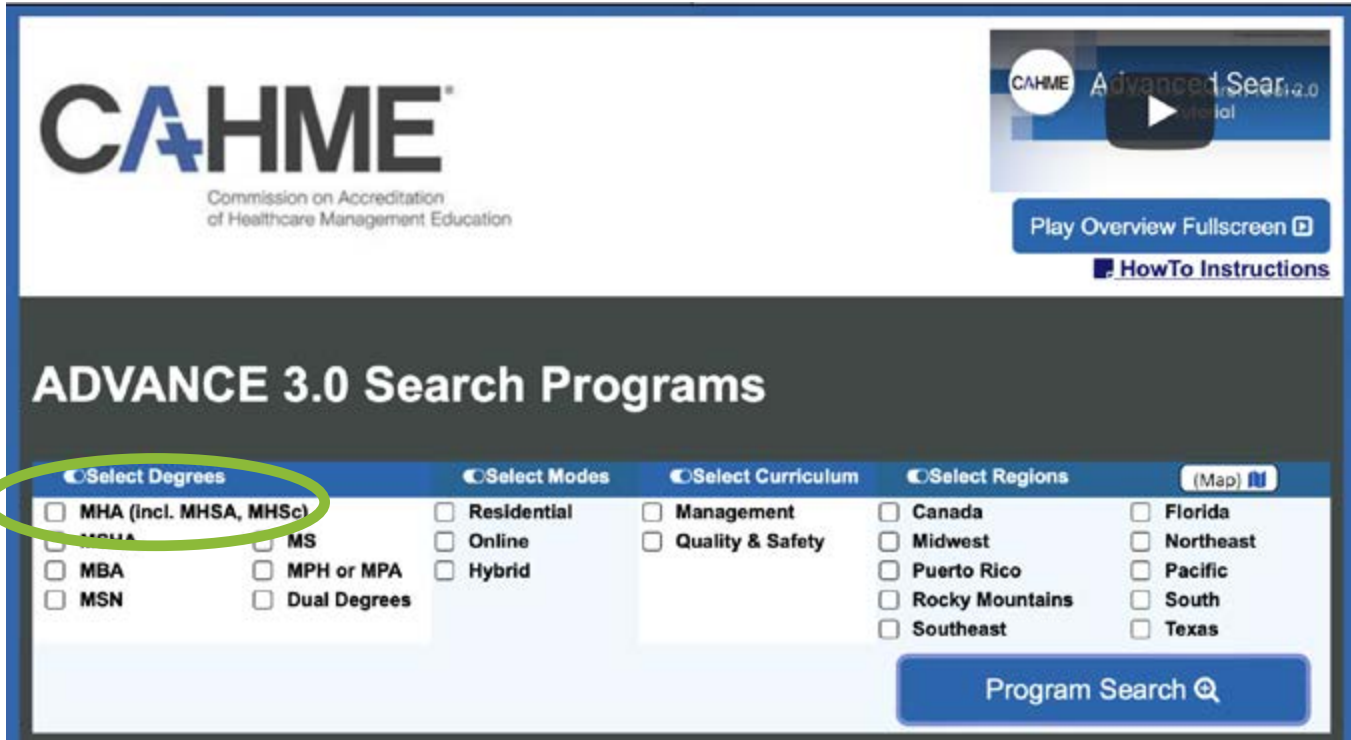
The search will provide the accreditation status, degree accredited, delivery mode (residential, online, or hybrid), and class size. You may also click the institution name to link to the program's homepage to learn more about specifics including core competencies, curriculum and degree requirements, experiential learning, mission, vision and values, and program outcomes and placement.

Typical Master's Coursework

While every program differs in its qualifications and electives, it is common for Master's candidates to be trained in social, political, economic, and financial environments of healthcare organizations, as well as concepts, tools, and techniques of effective managerial decision-making, planning and control. Courses may include the following:

- Healthcare Organization and Policy
- Healthcare Management
- Leadership of Healthcare Organizations
- Nonprofit Organizational Effectiveness
- Hospital Organization and Management
- Medical Practice Administration
- Analytics for Healthcare Management
- Health Economics
- Corporate Financial Reporting
- Healthcare Financial Management
- Health Insurance and Managed Care
- Human Resources Management in Healthcare
- Health Information Systems
- Legal Aspects of Healthcare
- Healthcare Ethics
- Strategic Planning & Marketing
- Quality, Patient Safety, and Performance Improvement
- Cost Effectiveness and Decision Analysis
- Essentials of Public Health

- Health Policy
- Medicare and Medicaid Policy
- Managerial Epidemiology
- Population Health

Candidates typically complete real-world projects (called practicums) during the academic year, such as working with local clinic or hospital leadership to analyze and propose solutions to issues they are facing.

Candidates also typically complete a full-time 10-12 week internship between their first and second years of study. Students may intern at a wide variety of institutions, including hospitals and health systems, health insurance plans, health departments, community health centers, advocacy organizations, professional associations, think tanks, foundations, state/federal government agencies, and global health initiatives. Students receive assignments and projects of significant responsibility under the guidance and mentorship of a preceptor, and the majority of students are paid for their internship work. This experiential learning gives students the opportunity to apply and more deeply understand what they are learning in the classroom. Internships also allow you to dive into this 'real world' experience when you interview potential fellowship candidates; this is especially important if candidates do not have prior full-time work experience.

WHY SHOULD I CONSIDER ESTABLISHING AN ADMINISTRATIVE FELLOWSHIP?

As FQHCs don't have the benefit of 45+ years of fellowship experience, for this section we'll analyze the results of hospital and health systems and conclude with our five years of experience at Community Health Center, Inc.

Most organizations establish an administrative fellowship for at least one of the following three reasons:

- To retain talent that will join and strengthen the administrative team (potential succession planning)
- To discover and develop talent who will bring diverse backgrounds, skill sets, and perspectives
- To contribute to the profession by developing and launching well-prepared new healthcare executives

Succession planning

Fellows are uniquely positioned to assume a leadership position post fellowship, having established connections and participated on strategic projects. The Johns Hopkins University Medical Center (Johns Hopkins) notes on its fellowship website that "Approximately 75% of our fellows are retained by Hopkins and approximately 90% of our fellows are recruited into leadership roles at academic hospitals nationally for their first post-fellowship job."

Sample leadership roles post fellowship may include:

- Administrator / Assistant Administrator
- Administrative Director
- Operations Manager
- Physician Liaison
- Program / Project Manager
- Sr. Associate

In fact, fellowships have been such a successful retention and succession tool that the following executives started as administrative fellows:

- CEO, Anne Arundel Medical Center
- CEO, Barnes Jewish Healthcare
- CEO, Spectrum Health
- CEO, Yale New Haven Health
- CFO, Massachusetts General Hospital
- COO, Mass General Physicians Organization
- VP of Operations, UNC Rex Hospital
- VP of Cardiovascular Services, HCA Virginia
- Director, Strategic Planning and Market Research, Eastern CT Health Network

Diverse backgrounds, skill sets, and perspectives

In addition to attracting the best and brightest candidates, some fellowship sponsors have added a desire to advance diversity as a recruitment consideration.

Cincinnati Children's Hospital specifically mentions candidate diversity on their fellowship website: "Given Cincinnati Children's commitment to building a culturally competent and diverse workforce, this program strongly encourages applicants from historically underrepresented groups in healthcare–including diverse groups based on race, ethnicity, sexual orientation, and gender identity. Individuals with the following credentials make ideal candidates for the Administrative Fellowship:"

They also specifically state the fellowship is intended to create a leadership pipeline for diverse executives: "Goals of the Cincinnati Children's Administrative Fellowship include creating a pipeline of diverse and culturally competent healthcare administration leaders by increasing the fellows' opportunity to be considered for full-time roles at Cincinnati Children's."

The first year of its fellowship program launch, Rush University Medical Center (Rush) sent promotional packages to Commission on Accreditation of Healthcare Management Education (CAHME) program directors, but they also promoted the fellowship with the National Association of Health Service Executives (NAHSE, a premier professional healthcare industry association for African-American executives).

Training the next generation

Fellowships also serve as an opportunity to mentor, provide executive development, and give back to the profession.

Massachusetts General Hospital (Mass Gen) notes that "Fellows have a unique opportunity to learn about the structure, culture and values of a leading academic medical center in an environment that supports and encourages lifelong learning... Fellows have access to resources through seminars, training courses and conferences through the Mass General Leadership Academy." They note theirs is "A progressive experience directed towards preparing fellows for administrative leadership positions in academic medical centers."

Johns Hopkins notes "Our goal is not to just prepare our Fellows for the next steps in their careers, but also to help them discover what part of healthcare administration they are passionate about pursuing."

While Mass Gen and Johns Hopkins aim to retain fellows post training, Rush is more focused on mentoring and developing future healthcare leaders regardless of their post fellowship placement; this is evident as fellows are encouraged to look for post fellowship opportunities both internally and externally.

Community Health Center Inc.'s Experience

We at Community Health Center Inc. (CHC) launched our Administrative Fellowship program in 2017. We support one fellow per year who rotates through departments every three to four months and who selects elective departments/projects in coordination with the Fellowship Preceptor (the Chief Operating Officer).

- Website: **chc1.com**
- Administrative fellowship website: h**ttps://www.chc1.com/what-we-do/training-the-next-generation/administrative-fellowship/**

CHC fellows have worked on significant, agency-wide projects, including the following:

- Covid testing and vaccine operations
- 340B revenue enhancements
- Employee listening sessions and satisfaction surveys
- Return to site (post Covid) planning and space allocation
- Co-authorship of published peer reviewed articles
- Kiosks for patient check-in
- Online bill pay rollout and post go live assessment
- New phone system and texting messaging vendor RFPs and contract development
- Conversion of paper new patient packet to online workflow with available on site iPad option

Our fellows have accepted the following leadership positions post fellowship:

- Project Manager, Optimizing Virtual Care Grant, Community Health Center
- Manager of Covid Services, Community Health Center
- Public Health Analyst, Office of the National Coordinator for Health Information Technology
- Practice Manager, Regional Medical Center
- Clinical Pharmacist, Medical Review Institute of America, LLC

While we aim to retain talent post fellowship, our ultimate goal is for the fellow to find the best opportunity to utilize their skill set. We have wished fellows well on their journey to external positions in Connecticut, Washington, D.C., New Mexico, and Utah, retaining their email address and adding them to our communications listservs. We have found that these external connections can sometimes be even more impactful than if fellows had remained with our health center!

Resources

The American College of Healthcare Executives (ACHE) has published two documents you may find helpful as you consider the value of establishing a fellowship program:

- Administrative Residencies and Postgraduate Fellowships in Healthcare Administration – Summary Report 5/12/2010
- Postgraduate Fellowship Insights and Resources from Executives—Blog, 2020

WHAT SHOULD I CONSIDER BEFORE ESTABLISHING AN ADMINISTRATIVE FELLOWSHIP?

1. *How much access is my agency willing to grant the fellow?*

Will you invite the fellow to be a full member of the executive team (e.g. all leadership meetings, board meetings, potential practice acquisition discussions, human resource discussions) or a member of leadership / senior leadership only (included in relevant communications and meetings, but not board meetings and other sensitive/confidential discussions)?

While it is not required that you grant the fellow full executive team access, you may want to consider inviting the fellow to attend one board meeting, social or fundraising event, employee town hall, media interview, etc. In this way, they learn about the various duties of the executive team without participating in these experiences repeatedly throughout their fellowship.

Anything less than senior leadership access is insufficient for a fellow to witness the inner workings, opportunities, and challenges of running a CHC. As a former intern and fellow, I was deeply impacted by attending 6am Medical Staff meetings at one hospital and evening meetings and fundraising events at another; had I not been included, I would not have understood the time and sacrifices that accompany executive leadership roles.

2. Will my agency offer a general fellowship, or offer specialized focus areas (e.g. Finance, Strategy, Clinical Operations)? How many fellowships will we offer?

If you are establishing a fellowship for the first time, it is recommended you limit yourself to one, general fellowship position. This will allow you to focus on the trainee (ensuring they have sufficient projects and leadership access) and the preceptor and project/rotational leads (ensuring they have adequate time and energy to devote).

If you have successfully established one, general fellowship previously and are finding you have excess projects and preceptor/rotational lead support, you may consider the following:

- Offering additional general fellowship positions. Some health systems offer up to four general fellowships each year. Fellows are able to support each other as a fellowship 'class', acclimating to a new agency and geographic region more quickly. However, preceptor(s) must collaborate to ensure projects are assigned fairly, and financial constraints and

post-fellowship opportunities must be taken into account.

- Offering focus area specific fellowship positions. Some health systems have found it beneficial to offer fellowships matching areas for which they're looking to build a recruitment pipeline (e.g. Finance, Strategy, Clinical Operations). Fellows may interact with their fellowship 'class' (e.g. post work social activities, invitations to board meetings or networking opportunities), but typically they do not rotate or participate in projects outside of their assigned department. Fellow qualifications are tailored to the departments support (e.g. a Finance fellow may need an MBA with a concentration in Finance and internships/projects which demonstrate an aptitude and preparation to assist financial leaders).

3. What departments / sites / projects do I want to ensure sure my fellow is exposed to?

Assuming you're creating a general, broad-based fellowship, you'll want to ensure the fellow experiences a subset of the following and/or other services your agency offers:

- Clinical service lines
  - Clinical aims
  - Telehealth and remote patient monitoring
- Community relations
- Development
- Diversity, equity and inclusion
- Facilities management
- Finance
  - 340B
  - Budgeting and business plans
  - Patient billing
  - Payor negotiations and contracts / value-based reimbursement
- Grants

- Human resources
  - Benefits
  - Compensation
  - Generalist functions
  - Recruitment
- Information technology
  - Business intelligence and analytics
- Legal / Risk Management
  - Contracts
- Marketing and communications
  - Event management
  - Policy development
  - Public relations
- Population health
- Practice management
  - Patient communications (incoming calls / texts / portal management / translation services)
  - Patient outreach and registration
  - Patient flow
  - Record management
  - Indexing
- Quality Improvement / process improvement
- Site management
  - Visits to as many clinic locations as possible / relevant
- Special populations
- Strategy
- Training and education
- Other (examples)
  - Affiliations with 3rd parties
  - Subsidiary companies
  - Consulting opportunities
  - Covid testing and/or vaccines
  - Domestic violence shelters
  - Refugee programs
  - Research
  - School-based health centers
- Committees
  - Quality and safety committees
  - Joint Commission and HRSA preparedness teams

- New building planning teams
- Diversity committee
- United Way campaign
- Community health fairs
- Patient and family advisory committee
- Emergency preparedness/Incident command teams

4. **How long will it take for the fellow to gain this experience?**

If you are establishing a fellowship for the first time, a one-year fellowship is recommended (starting in June or July and concluding the following May or June).

However, if you find the fellow is unable to acquire sufficient learnings or rotational experiences (perhaps you have sites in other states/regions or have developed affiliate organizations/partnerships you want the fellow to gain exposure to), you may extend the fellowship to two years. Typically fellowships are either one or two full years (fellowships are not typically structured to end mid-year, unless the fellow accepts a full time job prior to the scheduled end date). Keep in mind two year fellowships mean double the preceptor, project/rotational lead and financial support needed.

5. Will my fellow rotate through departments or work on an all-encompassing list of strategic projects?

Once you've determined the fellowship length and list of departments/sites/projects the fellow will be assigned to, you'll want to decide upon the content structure. Fellows may either rotate through departments per a defined calendar or simply work on a list of strategic projects (without a specific calendar of department rotations).

If you are establishing a general fellowship for the first time, a defined, rotational calendar of departments is recommended. With this approach, both the fellow and the rotational leads know when the fellow will be spending time in their department, preventing fellows from becoming overwhelmed and/or over leveraged.

If you're considering a rotational model, you may structure the fellowship as follows:

- Service line-based
  - Rotations in Operations, HR, Finance, IT, Facilities, Special Populations, Legal, Marketing/Communications, etc.
- Geographic-based
  - Spending significant time embedded in a variety of physical practice sites

Regardless of which rotational model you choose, it is recommended you have the fellow first spend time with Operations/Practice Administration. This will set the stage for their understanding of clinical practice, patient interactions, billing, and IT workflows so they are best equipped for subsequent department or site rotations.

If your fellow has full time healthcare experience, you and the fellow may collectively elect to assign the fellow a list of strategic projects at the onset of their fellowship (instead of requiring them to rotate through departments or sites). You'll want to consider the number of projects they can manage (we'd recommend no more than 10 per

year if large in scale/scope) as well as diversity of projects / project leads. As we recommended for the rotational model, we again recommend the fellow's first project involve Operations/Practice Administration.

If you're considering a list of strategic projects, below are samples of projects you may want to assign:

- Rollout of patient workflows (e.g. online bill pay, texting, chatbot, centralized scheduling / call center)
- New electronic medical record deployment and/or enhancements
- Practice acquisition
- Marketing / rebranding strategy
- Covid testing and vaccinations
- Process improvement / quality improvement projects

Finally, you'll want to consider whether the fellow needs to report to an office each day or whether the fellow may work a hybrid or remote assignment. During the pandemic, CHC interns worked completely remotely, while our fellows worked hybrid schedules depending on Covid restrictions and department rotations/projects they were leading.

6. Who will serve as Fellowship Preceptor?

Fellows routinely report that their preceptor has the single largest impact on their fellowship experience, so it is very important to select someone who has the time, desire, and leadership standing/visibility to support the fellow(s) throughout their experience. Typically, preceptors are members of the executive suite (CEO, President, COO, Chief of Staff, Practice Manager); if the fellowship has a specific aim (e.g. Finance, Strategy), the heads of those departments typically serve as preceptor (Chief Financial Officer, Director of Strategy).

7. Who will serve as Rotational or Project Leads?

Once you've identified departments / sites you want your fellow to experience, it is key to identify energetic, committed rotational or project leads; remember, your fellow will spend the majority of their time under their direction and/or side by side with their teams.

The first year you launch the fellowship, you will likely need to educate leads on fellow credentials/ background, fellowship structure and aims, benefits the fellow may provide their department, and sample projects they may want the fellow to participate in and/or lead. In subsequent years, leads may actually approach the preceptor to 'pitch' potential projects – in fact, this author was specifically instructed by her preceptor not to accept any new projects without preceptor approval – fellows were so highly regarded that they were sometimes approached mid-year!

In subsequent years, you may also draw upon past fellows to serve as candidate interviewers and informal mentors during the relocation/onboarding process and as needed throughout the year.

8. How much is my agency willing to budget for salary and benefits? Will my agency sponsor visas? Is my agency willing to offer stipends for conference attendance or housing search/ relocation?

Organizations may wonder what the 'going rate' is for administrative fellows. Like all other positions, salary is largely based on geographic location and agency pay practices. Many organizations base their administrative fellowship salary on a first or second year medical resident's salary. If the fellow serves a second year, they are typically eligible for a merit increase following the same process you utilize agency-wide.

The American College of Healthcare Executives (ACHE) has conducted postgraduate fellowship compensation surveys in 2002, 2006, 2010 and 2016. Survey respondents are overwhelmingly hospital and health system fellows (who are likely to be paid at higher rates due to increased complexity of ambulatory, emergency department, and inpatient environments), but it may be useful in considering your own agency pay structure.

- Postgraduate Fellowship Compensation Survey (2016): **https://www.ache.org/-/media/ache/ career-resource-center/2016postgraduatefell owcompensationsurveyreport.pdf**
  - Respondents reported a median income of about $56,600
    - 3% of respondents reported making less than $45,000 per year
    - 12% of respondent reporting making $70,000 or more per year
    - 75%+ of respondents reported earning between $50,000 and $70,000 per year
  - Nearly one-fifth of respondents reported they were eligible for an incentive compensation/ bonus program.
- Of those eligible for an incentive/bonus program, most (31 of 35 individuals) stated that they received a bonus based on specified corporate objectives.

In addition to base pay and possible incentive compensation, fellows typically receive full healthcare, retirement, and any other benefits your agency offers exempt level employees. It is unusual for organizations to sponsor visas for administrative fellows.

At your discretion, you may elect to offer the following stipends (candidates may inquire, as they are somewhat common across hospital/ health system fellowships):

- Reimbursement for one healthcare conference of choice per year
- If fellow needs to relocate:
  - A housing exploration trip

- Flight, car rental, meals and hotel (selected by agency; option to cover expenses for fellow's spouse/partner or one family member
- Some health systems have developed relationships with local realtors who reach out to the fellow to discuss housing preferences (towns, apartment complexes, commute etc.) prior to the housing exploration trip and spend 1–2 days with the fellow and their family to show them potential rental options
- Relocation assistance

It is unusual for fellowships to be offered as unpaid positions. If you are considering this, it is expected you will provide a housing and/or other stipend to cover basic needs and expenses.

If your interview process includes on site interviews, you'll also want to budget for travel and hotel expenses to reimburse the final candidate(s).

9. Will my agency support fellows in their search for full-time opportunities or create positions for them post fellowship?

Assuming your fellow has done well throughout their training and you'd like to retain them post fellowship, you may encourage them to either interview for open positions or you may specifically create a role / pathway for them.

It's important to communicate the agency's stance on this early and often to the fellow (typically by December/January if the fellowship ends in May/June).

Requiring the fellow to interview for an open position ensures the agency does not appear to play favorites or give fellows preferential treatment merely due to their new leadership connections. It also ensures the fellow is filling a true agency need versus expending financial resources to create a seemingly unnecessary role. It is not uncommon for senior leaders to begin pitching full-time roles to fellows prior to their end date; this is wonderful, as

the goal of the fellowship is to provide exposure to leadership and permanent positions. Some fellows are even hired mid-fellowship (e.g. CHC hired the 2020 administrative fellow to be the Manager of Covid Services in the Spring of 2021 given her extensive work with testing and vaccination teams).

However, some hospitals / health systems use fellowships to train candidates to assume an entry-level individual contributor or leadership position (e.g. site manager, strategy professional, or leader of a specific department or institute). In this way, the position almost becomes a de facto extension of the fellowship, as fellows typically work in or supplement these roles. Some fellows may find this pathway reassuring, as a job is virtually guaranteed, while others may find leadership's view of opportunities stifling. You will want to make sure your operating budget includes these positions and ensure the fellow's salary will not create issues of compensation inequity within their future department.

Of course, there is absolutely no promise (written or implied) of a position post-fellowship. If the agency or the fellow do not feel a full-time position is mutually beneficial, there is no harm in reflecting on the lessons learned and parting on good terms.

I'M EXCITED TO ESTABLISH AN ADMINISTRATIVE FELLOWSHIP. WHAT'S NEXT?

1. Determine fellowship length (1 or 2 years) and number of fellowships to offer

- If you are establishing a program for the first time, it is recommended you offer one, one-year fellowship

2. Budget for fellow(s) salary, benefits, additional optional stipends (housing search, relocation, conference attendance), and recruitment expenses (travel and hotel for final candidates)

- Most candidates submit the majority of applications to organizations in cycle 1 of NAFCAS (early to mid-June application start with offers extended starting early to mid-October). Visit **https://help.liaisonedu.com/ NAFCAS_Applicant_Help_Center/Starting_ Your_NAFCAS_Application/Getting_Started_ with_Your_NAFCAS_Application/2_NAFCAS_ Application_Cycle_Dates** as application dates change each year. Most fellows start with their chosen organization the following June or July. You'll want to ensure your budget aligns with this timeline.

- Many organizations base their administrative fellowship salary on a first or second year medical resident's salary or price the position with their HR compensation analyst.

3. *Name a preceptor and develop the fellowship structure and calendar*

- Rotational structure (with embedded projects) is preferred if:

  - You are launching a fellowship for the first time (as rotations provide built in structure and rotational lead accountability)

  - The fellowship will include shadowing (as rotations through all major departments ensure fellow meets key members of each team

  - The fellow does not have prior full time work experience

Sample Rotational Fellowship Calendar

ROTATION	ROTATIONAL LEADS	ROTATION DATES
Operations	<Name> VP of Practice Administration	June–August
Information Technology	<Name> CIO	September–October
Finance and Purchasing	<Name> CFO, <Name> Controller	November–December
Human Resources	<Name> VP of Human Resources	January – February
Facilities	<Name>, Director of Facilities	March
Marketing and PR	<Name>, VP of Communications	April
Legal	<Name>, General Counsel	May
Electives	TBD, per fellow interests and organizational needs	Throughout fellowship as time allows
Final Presentation	Presentation to preceptor, executives, rotational/project leads, and department team members	Late May / June (before incoming fellow starts)

- Strategic Project List structure is preferred if:
  - You are refining a mature fellowship program
  - Your fellow has prior full time work experience or prefers not to shadow/rotate through departments
  - Your organization has a list of strategic projects the fellow will be assigned to at the start of the fellowship
- The preceptor and fellow agree to meet regularly to ensure ongoing success of concurrent projects

Sample Strategic Project List

PROJECT	DESCRIPTION	DEPARTMENT	PROJECT LEAD(S)
Redesign of Operation Managers' KPI Dashboard	Assist VP Practice Administration with goal setting and redesign of existing dashboard	Operations	<Name> VP of Practice Administration
HealthStream Modules Tailored by Role	Assist VP of HR with determining if HealthStream modules may be tailored by role and/or whether employee works on site or remote	Human Resources	<Name> VP of Human Resources
New Equipment Tagging Software	Assist Director of Facilities in developing proposal to implement new equipment tracking software to monitor inventory and notify upcoming end of life / certification dates	Facilities	<Name> Director of Facilities
Optimization of Behavioral Health EMR Module	Develop the plan and manage meetings to ensure timely rollout of enhancements to the BH module in <name> EMR	IT and BH	<Name>, Chief Information and Technology Officer; <Name> Chief of Behavioral Health
Optimization of the Patient Service Recovery Process	Analyze, propose and implement best practices to solicit patient feedback and provide a timely response / incident report	Operations / Data	<Name> VP of Practice Administration; <Name> Senior Program Manager Population Health
Development of Next FY Budget	Assist CFO and Controller with projections, department meetings and financial narrative	Finance	<Name> CFO, <Name> Controller
Electives	TBD, per fellow interests and organizational needs	TBD	TBD
Final Presentation	Presentation to preceptor, executives, rotational/project leads, and department team members	NA	NA

- Regardless of the fellowship structure, the first project or rotation is very important to help the fellow establish a foundation and network. We suggest the fellow first rotate through or be assigned to a project within Operations / Practice Administration, as it ensures the fellow obtains baseline knowledge of practice sites, patient population(s), payer mix, patient satisfaction, and operational workflows.

- The fellow's schedule should be flexible enough to allow for electives. The preceptor should inquire into fellow interests (post-onboarding) and incorporate electives if possible.

4. ***Develop the recruitment plan and selection process***

It is important to align your organization's recruitment and selection dates with NAFCAS cycle 1. Post the job by early to mid June and be ready to extend an offer early to mid October; visit **https://help.liaisonedu.com/NAFCAS_Applicant_Help_Center/Starting_Your_NAFCAS_Application/Getting_Started_with_Your_NAFCAS_Application/2_NAFCAS_Application_Cycle_Dates as application dates change each year.**

You will want to consider the following questions in order to build your interviewing team and selection timeline:

- Who will lead the process?
  - Usually the preceptor leads the process, but sometimes this duty is delegated to another senior or emerging leader on the preceptor's behalf (so long as they have knowledge of the process and/or experience with fellows).

- Who will participate in reviewing resumes, conducting initial phone screens, and interviewing candidates?
  - Resumes are typically reviewed by former and current fellows, a small committee of senior or emerging leaders, and/or the preceptor. Regardless of the resume reviewer(s), everyone will follow a standard resume review matrix that is blessed by the preceptor; see an example on page 20.
  - Initial phone/video screens are most often conducted by current and former fellows. Fellows know the requirements of the program better than anyone, and are well suited to screen candidates and respond to basic as well as detailed questions about the fellowship program. See an example of phone/video screening questions on page 21. If the fellow has not had their Human Resources rotation prior to the phone/video screening timeline, a brief tutorial on screening interviews is recommended.
  - Interviews, whether via video or in person, should be conducted by the preceptor, rotational leads, and executive(s) if not the preceptor. See sample preceptor and rotational lead interview questions on pages 21–22.

INTERVIEW ROUND	INTERVIEWER	DURATION (MIN.)
Phone Screen / First Round	<Name>	45
Preceptor	<Name>	45
Rotation Leads	<Name>	30
	<Name>	30
	<Name>	30
	<Name>	30

5. *Craft the job description*

Below is our administrative fellow job description at Community Health Center. In addition to the standard description of the position and location, fellowship specific components include number of positions, fellowship duration, application materials (cover letter, resume, transcripts, essays, letters of recommendation), and deadline to apply.

Description of Fellowship

The Community Health Center, Inc. (CHCI) is a Federally Qualified Health Center (FQHC) and is part of the Moses/Weitzman Health System (MWHS), which also houses the Weitzman Institute, the National Nurse Practitioner Residency and Fellowship Training Consortium (NNPRFTC), the National Institute for Medical Assistant Advancement (NIMAA), and ConferMed. The Weitzman Institute Administrative Fellowship provides a 12-month, broad-based exposure to the operations and management of an innovative, technologically advanced FQHC with clinical and school-based sites throughout the state of Connecticut and offices in Colorado and California. The Fellow will have an in-depth, hands-on experience working with CHCI's senior leaders, participating in key strategic projects, and developing the personal and professional skills needed to pursue a career in healthcare focused on the medically underserved.

Learning Objectives

The fellowship seeks to produce leaders who can lead community health centers using innovative approaches to provide the highest quality, patient- and family-centered care using a team-based, community-oriented model for care delivery. Fellows will develop knowledge, skills, and practical experience related to FQHC leadership in the following:

- How to manage the operations of an FQHC
- How to manage the finances of an FQHC
- How to manage, support, and develop employees
- How to partner and work with clinical leaders
- How to improve the quality of care for your patients and community
- How to appreciate the influence of politics and policy on your FQHC
- How to anticipate and address issues that are transforming health care in FQHCs
- How to support the formation of a health system

Details

- Positions: 1 position per year
- Duration: 12 months (July 1-June 30)
- Organizational Home: Weitzman Institute, 631 Main St., Middletown, CT

Application Requirements

Upload the following documents in the "Resume/Cover Letters" box in the "My Experience" portion of the application.

- Resume/Curriculum Vitae
- Official Transcript (electronic copy is acceptable)
  - Include conferral date of master's degree in one of the following areas or similar concentration area:
    - Public Health
    - Business Administration
    - Health Services
    - Health Sciences
    - Health Administration
    - Public Administration
    - Healthcare Administration
- Cover letter (limited to 1 page single spaced)
  - Include a description of your goals for participation in the fellowship and how your experience and/or interests align with the mission, vision, and work of Community Health Center, Inc.
- Essay (limited to 1 page single spaced)
  - Respond to the following question: *As the leader of an FQHC, what would you do to improve the quality of care for your patients and community during the COVID-19 pandemic?*
- Two letters of recommendation
  - Letters must be from individuals who can speak to your abilities and to how participation in this program will benefit you.
- Deadline to Apply: <Date>
  - Selection for <Year>–<Year> fellow will be made by <Date>

6. Post the job description

NAFCAS is the most important portal to post your position. We suggest contacting NAFCAS well in advance of the June posting date to craft your organization's profile and pay fees to ensure don't encounter any last minute administrative delays. Visit **https://help.liaisonedu.com/NAFCAS_Applicant_Help_Center/Starting_Your_NAFCAS_Application/Getting_Started_with_Your_NAFCAS_Application/2_NAFCAS_Application_Cycle_Dates** as application dates change each year.

We also suggest posting the position on your organization's jobs webpage as well as other national sites as desired (ACHE and NACHC, detailed below).

PORTAL	APPLICANT WEBSITE	POSTING CONTACT	DUE DATE
The Centralized Application Service for Administrative Fellowships (NAFCAS)	**http://nafcas. liaisoncas.org/**	**nafcasinfo@ liaisoncas.com**	Cycle 1: Early to Mid June Cycle 2: Mid November
American College of Healthcare Executives (ACHE)	**https://www. ache.org/career-resource-center/ seek-new-opportunities/ postgraduate-fellowships**	**contact@ache.org**	Rolling
National Association of Community Health Centers (NACHC)	**https://www.nachc. org/job-board/**	**trainings@nachc.org**	Rolling

In addition to annual job postings, you may want to consider developing a permanent fellowship page on your organization's website. This page ensures potential candidates can search for information on your fellowship at any time of year, not just during the search window. Below is a sample of informational fellowship webpages:

- Community Health Center, Inc: **https://www.chc1.com/what-we-do/training-the-next-generation/administrative-fellowship/**
- Cleveland Clinic: **https://my.clevelandclinic.org/professionals/fellows-program**
- Johns Hopkins: **https://www.hopkinsmedicine.org/adminfellowship/**
- Kaiser Permanente: **https://adminfellowship.kp.org/**
- Massachusetts General Hospital: **https://www.massgeneral.org/education/administrative-fellowship**
- Mayo Clinic: **https://jobs.mayoclinic.org/trainingprogramsandinternships**

- UCLA Health: **https://www.uclahealthcareers.org/internships-fellowships-2/#adminfellow**
- UPMC: **https://www.upmc.com/careers/admin-fellowship**
- Yale-New Haven Health: https://www.ynhhs.org/about/administrative-fellowship

7. *Develop the candidate application scoring matrix*

Whether an experienced recruiter or a former fellow reviews the candidate application materials, it is helpful to lay out the minimum requirements needed to qualify for a phone screen. Many programs will quantify the components with weights and minimum scores to objectively compare candidates. We did such an exercise at CHC, starting with a grid of components and weights (see below), and then crafting an excel sheet for reviewers to score each application (see page 20).

APPLICATION COMPONENT	WEIGHT
Cover Letter • Description of goals for participation in the fellowship • Explanation of how experience and interests align with the mission, vision, and work of the organization • Details the value they could bring to the organization • Shows passion and enthusiasm for the fellowship	10%
Resume/CV • Pattern of healthcare or business experience • No excessive gaps in employment or schooling that is not addressed in cover letter	15%
Graduate School Transcript • Relevant graduate degree from an accredited institution • GPA of 3.0 or higher	15%
Essay Response • Example: As the leader of an FQHC, what would you do to improve the quality of care for your patients and community during the COVID-19 pandemic?	30%
Letters of Recommendation • Examples: Graduate School Program Director, Professional, Academic	30%

Fellow Application Document Rating System (50 Points Maximum)—Candidate Name	
1. Cover Letter: 5 Points	
1.25 Points: Cover Letter Requirements	
• Description of goals for participation in the fellowhip (0.75 points)	
• How experience/interests align with mission, vision, and work of CHC (0.75 points)	
1.25 Points: Standard Cover Letter Etiquette	
• Addressed and Signed	
• Tailored to CHC	
• Tailored to role of administrative fellow	
• No grammatical or spelling errors	
2.5 Points: Content	
• States value they can bring to CHC	
• Shows passion and enthusiasm for CHC and the fellowship	
Cover Letter Total	
2. Resume/CV: 7.5 Points	
0.5 Point: No excessive gaps in employment or schooling that is not addressed in cover letter	
4 Points: Healthcare or business pattern of experience	
2 Points: Special skills or experience (eg. Software skills, LEAN certification, etc.)	
1 Point: Resume is organized and easy to read	
Resume/CV Total	
3. Transcript: 7.5 Points	
Relevant degree from CAHME-accredited program (If not = Do not consider)	
7.5 Points: GPA (3.0–3.24 GPA = 2pts; 3.25–3.49 GPA = 4pts; 3.5–3.74 GPA = 6pts; 3.75+ GPA = 7.5pts)	
Transcript Total	
4. Essay (As the leader of an FQHC, what would you do to improve the quality of care for your patients and community during the COVID-19 pandemic?: 15 Points	
6 Points: Essay Requirements	
• States how they would improve quality of care for patients	
• States how they would improve quality of care for the community	
2 Points: No major grammatical or speling errors	
2 Points: Essay is organized and easy to read	
2 Points: Suggestions are provided with an explanation	
1 Point: Suggestions are practical	
1 Point: Suggestions are innovative	
1 Point: Suggestions are effective	
Essay Total	
5. Letter of Recommendation #1: 7.5 Points	
0 Points: Does not Recommend -or-	
2 Points: Applicant is Qualified -or-	
5 Points: Applicant is Highly Qualified -or-	
7.5 Points: Applicant is a Star	
Letter of Recommendation #1 Total	
6. Letter of Recmmendation #2: 7.5 Points	
0 Points: Does not Recommend -or-	
2 Points: Applicant is Qualified -or-	
5 Points: Applicant is Highly Qualified -or-	
7.5 Points: Applicant is a Star	
Letter of Recommendation #2 Total	
CANDIDATE TOTAL SCORE	

In our most recent fellowship year, approximately 25% of applicants were scheduled for an 45-minute initial phone screen.

8. Develop candidate Interview questions

Below are the question banks we developed for the first round phone screen (administered by our current fellow), second round Zoom preceptor interview, and third round Zoom rotational lead interviews.

First Round: Phone Screen (administered by recruiter or past/current fellow; 45 minutes)

Each phone screen candidate was asked the same set of questions and was rated on a scale of 0-15. Applicants with a score of 10 or above were scheduled for an interview with the fellowship preceptor; in our most recent fellowship year, this was approximately 70% of candidates.

- Background / Tell me about yourself
- What drew you to seek an administrative fellowship?
- What drew you to <organization name>?
- Ask about a specific experience or project on resume. What steps did you take to analyze the problem? What was your role in the project? What tools did you use to present the issue and solution?
- Describe a project where you had to use a large set of data. Do you have experience in using any data analysis software or Excel?
- Describe the largest oral or written communication you had to put together.
- Describe another large project that you recently worked on. Walk me through the process start to finish. Did you encounter any obstacles?
- Describe a project or idea that was implemented primarily because of your efforts. What was your role? What was the outcome?
- Tell me about a time when you identified a problem in school or work and developed a solution to improve.
- If you had a magic wand and could solve 3 major issues in healthcare today, what issues would you solve?

Second Round: Preceptor Interview (Video call or in person; 45 minutes)

Each preceptor candidate was asked the same set of questions and rated on a scale of 0-20. Applicants with a score of 15 or above were scheduled for interviews with the rotational leads; in our most recent fellowship year, four semifinalists were selected.

- I'd like to dive into your resume. Walk me through your academic program / projects/ internship / externship / prior full time experience
- Why are you electing to pursue an FQHC fellowship vs another type of experiential learning opportunity (e.g. health system, VA, for profit healthcare fellowship, government relations) or full-time employment?
- What are you interested in learning during your fellowship? Do you have specific interest areas?
- What are you passionate about / what drives you to come to work each day?
- If I were to poll your academic colleagues or coworkers about your performance, what would they say? What role do you fill on a team? What are your strengths and areas for improvement?
- Walk me through the most complicated or stressful team project you've been part of. What was the task, team structure, and outcome?
- Tell me about a time you identified an opportunity for improvement.
- Do you have a sense of what you're looking to do post-fellowship?
- Allow time for questions (10–15 minutes if possible)

Third Round: Rotational Lead Interviews (Video call or in person; 30 minutes)

- What intrigued you about CHC and our administrative fellowship?
- How do you see a fellowship supporting your short- and long-term goals?
- Describe a time when you faced conflict while working in a team. How did you handle the situation?
- Describe a time when you discovered new information that affected a decision you had made already. How did you move forward?
- If you received five new school or work tasks at the same time, what would you do to make sure you complete each task on time?
- We have all made mistakes when it comes to work or school projects. Tell me about one of those times.
- Tell me about the most stressful day you have had. What was the situation and how did you respond?
- Describe a time when you had to work with a colleague whose personality was different from yours.
- Describe a time when a colleague approached you with concerns about your idea. Explain how you handled the situation.
- Give me an example of a time when you did not meet your team's expectations or your own expectations.
- Describe a time when you were able to motivate unmotivated team members.
- Tell me about a time when you disagreed with a team member or coworker and how you communicated that to them.

9. Email rotational leads regarding the interview and rating process

Rotational leads will spend a significant amount of time with the fellow. As such, it is key to involve them and solicit their feedback during the interview process. Below is the email we sent our rotational leads to ensure they were aware of the interview process and provided us with standardized candidate feedback.

We are currently recruiting for the <fellowship year> administrative fellow and would value your participation in the interview process. As fellows rotate in each of your departments, we would like you to ask questions relating to your area of expertise. Below is a list of five competencies that we would like to focus on. Please develop a list of questions that ask the candidate about their experiences and interests relating to your area as well as questions that relate to the competencies.

COMPETENCIES
Ambition (A)
Problem-Solving/Critical Thinking (PS/CT)
Adaptability/Time Management (AT)
Teamwork (T)
Professionalism/Communication Skills (PC)

If you would like to ask a few broader questions (in addition to department specific items), below is generic question bank to utilize as desired.

Question Bank

A: What intrigued you about CHC and our administrative fellowship?

A: How do you see a fellowship supporting your short- and long-term goals?

PS/CT: Describe a time when you faced conflict while working in a team. How did you handle the situation?

PS/CT: Describe a time when you discovered new information that affected a decision you had made already. How did you move forward?

AT: If you received five new school or work tasks at the same time, what would you do to make sure you complete each task on time?

AT: We have all made mistakes when it comes to work or school projects. Tell me about one of those times.

AT: Tell me about the most stressful day you have had. What was the situation and how did you respond?

T: Describe a time when you had to work with a colleague whose personality was different from yours.

T: Describe a time when a colleague approached you with concerns about your idea. Explain how you handled the situation.

PC: Give me an example of a time when you did not meet your team's expectations or your own expectations.

PC: Describe a time when you were able to motivate unmotivated team members.

PC: Tell me about a time when you disagreed with a team member or coworker and how you communicated that to them.

<Hiring Manager/Recruiter> will work with you to coordinate interview times.

After the interview, please rate each candidate on a scale of 0-20 with 20 being the highest possible score.

RATING SCALE	NUMBER RATING
Not Qualified	0
Somewhat Qualified	5
Qualified	10
Highly Qualified	15
The Candidate is a Star	20

10. Compile rotational leads' interview feedback

We developed the following grid to input each rotational lead's interview score, comments and ranking (1-4 for our four semifinalists). As you can see, our rotational leads chose Candidate A as their preferred candidate.

We then notified the recruiter to schedule Candidate A for a final interview with our CEO and Senior Vice President.

Interview Stage		Fellow Candidates			
		Candidate A	Candidate B	Candidate C	Candidate D
Degree					
Most Recent Position					
Notes					
1st Round	Current Fellow	Approve	Approve	Approve	Approve
Preceptor	Fellowship Director	Approve	Approve	Approve	Approve
Rotation Preceptors	Rotation Preceptor A	3rd	1st	2nd	2nd
	Rotation Preceptor B	1st	2nd	4th	3rd
	Rotation Preceptor C	1st	3rd	2nd	4th
	Rotation Preceptor D	2nd	3rd (Tied)	3rd (Tied)	1st

11. Solicit executive (e.g. CEO) interview feedback

Our CEO and Senior Vice President spent 30 minutes (most recently via video, as it was during the pandemic) with Candidate A. They were impressed with Candidate A's credentials, ambition, and dedication to serving the underserved and overwhelmingly agreed with proceeding with an offer.

Given NAFCAS' strict timelines and acceptance day window, we suggest your executives interview several finalist candidates in case your top candidate declines your offer.

12. Extend the offer

You'll want to be ready to extend a formal, written offer in early to mid October. Applicants do not have to reply until the early to mid November acceptance day, at which time they can accept, decline, or put a maximum of one offer on hold at a time. Visit **https://help.liaisonedu.com/NAFCAS_Applicant_Help_Center/Starting_Your_NAFCAS_Application/Getting_Started_with_Your_NAFCAS_Application/2_NAFCAS_Application_Cycle_Dates as application dates change each year.**

It's a good idea to have a couple back-up candidates identified in case your first choice declines your offer or does not respond by the deadline. If you extend a formal, written offer on or after the mid November acceptance day, applicants must be given a minimum of 24 hours to make their decision.

During your conversation with the candidate and as part of the written offer, you'll want to solidify the start date, office location, whether remote/hybrid work will be allowed, salary, and any stipends you'll be offering (e.g. relocation assistance, trip to search for housing).

MY CANDIDATE HAS ACCEPTED OUR FELLOWSHIP POSITION. WHAT'S NEXT?

1. Notify the interview team of the fellow's acceptance and start date

- Let the interview team know that the candidate accepted the offer and thank them for their participation in the recruitment process.

2. Request the current fellow contact the incoming fellow

- Request the current (and past) fellow(s) contact the incoming fellow to share experience and helpful information (e.g. relocation, housing, organizational culture, preceptor/rotational leads)

3. Prep for the fellow's onboarding

- Ensure the fellow will have everything they need to hit the ground running, following the onboarding checklist below.

Onboarding Checklist (complete prior to fellow's start date)

- Secure and prepare an office or private workspace. This may be one permanent location or multiple locations may be needed if the fellow is spending time in multiple offices as part of geographic rotations.
- Ensure the fellow's badge access will allow them to access all entrances / areas needed; oftentimes, access is modeled after senior-most leaders.
- Add the fellow to all relevant meetings, email distribution lists and shared electronic/project folders
- Determine whether the fellow will receive a work device (e.g. phone or tablet) or equip their personal phone with remote email access.
- Schedule time to meet with the fellow on day 1 or 2 (pending new hire orientation schedules)

- Determine whether the fellow will have access to an administrative assistant during their fellowship (to assist with scheduling, etc)

- Request that an administrative assistant book the fellow for introductory 30 minute 1:1 meetings with all relevant leaders

- Send email to first rotational lead (if rotation-based) or all project leads (if project list based) reminding them of the fellow's start date
  - Include potential projects and ask them to brainstorm any additional projects they're proposing

- Send the fellow your agency's powerpoint template(s), and any internal templates utilized throughout the organizations (e.g. RACI, fishbone, etc)

- Purchase two inexpensive guides for the fellow:
  - *The Elements of Style, Fourth Edition* (or latest edition) by William Strunk Jr. and E.B. White
  - *The Memory Jogger II* (or latest edition): *Tools for Continuous Improvement and Effective Planning* by Michael Brassard
  - There is also a healthcare edition (note: this author has not vetted the healthcare edition)

- Develop the fellow's first four week onboarding schedule—see example on page 25

- Develop the fellow's full year (tentative) rotational / project schedule

Sample First Four Week Onboarding Schedule

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	**7-Jun**	**8-Jun**	**9-Jun**	**10-Jun**	**11-Jun**
	CHC New Hire Orientation in Person **Time : 9:45am–1:45pm, EST** Location: Middletown (MT), 19 Grand St. OR, Remote Attendees via Zoom Zoom Info sent by <Name> Onboarding Coordinator	CHC New Hire Orientation via Zoom **Time : 9:45am–1:30pm, EST** Location: Home—REMOTE ONLY Zoom information will be sent to your Outlook Email from <Name>, Onboarding Coordinator	**Time: 8:30am–12:30pm, EST** Review CHC management team, org charts, data (Tableau locations), strategic reports Review rotational plan / Operations Kiosk project	**Time: 8:30am–12:30pm, EST** Assist <Name>, VP of Practice Administration (Rotation #1 Lead) with Hartford kiosk launch / learn Patient Service Associate (PSA) roles	**Time: 8:30am–12:30pm, EST** Visit Weslayan and P + W mass vaccination sites Assist with Bristol kiosk launch / tour site / meet site manager Check in with <Name of Preceptor> on first week
	Lunch and Travel **Time: 1:45pm–2:45pm, EST**	Lunch **Time: 12:15pm–1:00pm, EST**	Lunch **Time: 12:30pm–1:00pm, EST**	Lunch **Time: 12:30pm–1:00pm, EST**	
	Time: 3:00–5:00pm (If Onsite) Meet <Name of Preceptor> at 19 Grand site—Discuss position, projects, rotation, and next steps	CHC New Hire Orientation via Zoom, cont. **Time : 1:00pm–4:00pm, EST** Location: Home—REMOTE ONLY	CHC Benefits Overview via zoom **Time: 1:00pm–2:00pm, EST**	HealthStream Courses Location: Home	
		HealthStream Courses **Time: 2:45pm–5:00pm, EST** Location: Home	HealthStream Courses **Time: 2:15pm–5:00pm, EST** Location: Home		
Week 2	**14-Jun**	**15-Jun**	**16-Jun**	**17-Jun**	**18-Jun**
	Time: 8:30am–5:00pm, EST Assist with Norwalk site kiosk launch / tour site / meet site manager	**Time: 8:30am–5:00pm, EST** Visit Lord & Taylor mass vaccination site Assist with Stamford Franklin site kiosk launch / tour site / meet site manager	**Time: 8:30am–5:00pm, EST** Assist with Groton site kiosk launch / tour site / meet site manager	**Time: 8:30am–5:00pm, EST** Visit Danbury mass vaccination site Assist with Danbury site kiosk launch / tour site / meet site manager	**Time: 8:30am–5:00pm, EST** Leadership 1:1 Meetings (get to know leadership) Meet with <Name of Preceptor>: Regroup on kiosk rollout / observations
Week 3	**21-Jun**	**22-Jun**	**23-Jun**	**24-Jun**	**25-Jun**
	Time: 8:15am–5:00pm, EST Join 8:15am rotation #1 huddle Leadership 1:1 Meetings Begin Rotation #1: Project Work	**Time: 8:15am–5:00pm, EST** Join 8:15am rotation #1 huddle Join 9am exec. leadership huddle Leadership 1:1 Meetings Rotation #1: Project Work	**Time: 8:15am–5:00pm, EST** Join 8:15am rotation #1 huddle Join 9am exec. leadership huddle Leadership 1:1 Meetings Rotation #1: Project Work	**Time: 8:15am–5:00pm, EST** Join 8:15am rotation #1 huddle Leadership 1:1 Meetings Begin Rotation #1: Project Work	**Time: 8:15am–5:00pm, EST** Join 8:15am rotation #1 huddle Join 9am exec. leadership huddle Leadership 1:1 Meetings
Week 4	**28-Jun**	**29-Jun**	**30-Jun**	**1-Jul**	**2-Jul**
	Time: 8:15am–5:00pm, EST Join 8:15am rotation #1 huddle Leadership 1:1 Meetings Begin Rotation #1: Project Work	**Time: 8:15am–5:00pm, EST** Join 8:15am rotation #1 huddle Join 9am exec. leadership huddle Leadership 1:1 Meetings Rotation #1: Project Work	**Time: 8:15am–5:00pm, EST** Join 8:15am rotation #1 huddle Join 9am exec. leadership huddle Leadership 1:1 Meetings Rotation #1: Project Work	**Time: 8:15am–5:00pm, EST** Join 8:15am rotation #1 huddle Leadership 1:1 Meetings Begin Rotation #1: Project Work	**Time: 8:15am–5:00pm, EST** Join 8:15am rotation #1 huddle Join 9am exec. leadership huddle Leadership 1:1 Meetings Rotation #1: Project Work Meet with <Name of Preceptor>

4. _On their start date, welcome your fellow to the organization_

- Email an announcement to the Leadership Team (in smaller organizations, this may be sent organization-wide)
- Either meet the fellow or send them a welcome email on day 1 and schedule time to meet with them as soon as new hire orientation concludes
  - During the first meeting with your fellow:
    - Review the onboarding checklist to make sure everything is going ok thus far
    - Review first four week schedule and tentative fellowship rotation / project list

- Discuss their interests / opportunities for electives
- Ensure they understand the goal of fellowship is to provide breadth and depth of experience and insight into executive roles, as well as prepare them for a role within CHC or external (knowledge, connections, and project management oversight to step into a leadership position)
- Establish weekly or bi-weekly check-ins
  - Share report out template you expect fellow to utilize and present each check-in (sample below)

PROJECT	DESCRIPTION	DEPARTMENT	STATUS	NEXT STEPS
Development of Next FY Budget	Assist CFO and Controller with projections, department meetings and financial narrative	Finance	On Track; Projections completed	Meetings with department leaders <date> through <date>
Redesign of Operations Managers' Dashboard	Assist VP Practice Administration with goal setting and redesign of existing dashboard	Operations	On Track; Initial feedback provided	Meeting with VP of Practice Administration of <date> to review feedback
HealthStream Modules Tailored by Role	Assist VP of HR with determining if HealthStream modules may be tailored by role and/or whether employee works on site or remote	Human Resources	Pending; Legal review of proposal needed	Will schedule meeting with General Counsel as soon as VP of HR gives ok
Exploration of New Equipment Tagging System	Assist Director of Facilities in developing proposal to implement new equipment tracking system to monitor inventory and notify upcoming end of life / certification dates	Facilities	On Hold; Project is not budgeted for current FY	Facilities will revisit after funding is secured

MY FELLOW IS NEARING COMPLETION OF THEIR FIRST ROTATION OR QUARTER. WHAT'S NEXT?

The main objectives during the first rotation or project quarter are as follows:

- Ensure your fellow has acclimated to the organization
- Ensure your fellow has what they need to be successful in subsequent rotations/projects (contacts, tools, software, access, shadowing experiences, etc.)
- Check in with the rotational/project lead on an informal basis
  - Is the fellow balancing project commitments?
  - Are they adhering to deadlines?
  - Do they appear to be engaged and interested in the work?
    - Typically project/rotational leads are thrilled with the work of administrative fellows and you won't need to check in routinely; however, if concerns are raised, it's best to speak candidly with the fellow during preceptor 1:1s to ensure the fellow is supported and has a chance to course correct.

At the end of the first rotation or project quarter:

- Solicit feedback from your fellow and the first rotational lead / project lead on project work
  - For the fellow:
    - Was the project meaningful / interesting?
    - What work product(s) were produced? What was the fellow's role on the project?
    - What did you learn from the rotational lead's management/leadership style?
  - For the rotational lead:
    - How did the fellow perform in terms of technical and project skills?
    - What were the fellow's strengths? Weaknesses?
    - How did the fellow acclimate to and interact with the team?
    - Would you (and your team) work with the fellow again?
- Ensure the fellow hands off their first rotation project(s) or has the capacity to continue managing ongoing project(s) through the second rotation
- Prepare the fellow and second rotational/ project lead for the fellow's transition
  - Schedule a meeting with the fellow, preceptor, and second rotational/project lead to discuss:
    - Goals of next 3 months
    - Department needs
    - Fellow interests / experience
- Conduct a formal 90 day evaluation and meet with your fellow to share your ratings / feedback
  - At CHC, every employee has a 90-day evaluation (and our fellow is no different). If you already utilize a 90 day review at your organization, great! If you are looking for a template, we have provided ours below for reference.

Sample 90 Day Evaluation

OVERALL ASSESSMENT

Is the Employee meeting the expectations of the role? (free text response)
Is the Employee in compliance with policies and procedures? (free text response)

CORE VALUES

Community

Our goal is to maintain and improve the quality of life in society, particularly in communities where we provides health care services by investing in communities, encouraging employee volunteerism, and building mutually beneficial relationships with community leaders and stakeholders. To that end, we recognize respect for others, social change and community service begins with our employees:

- We exhibit cultural humility through our interactions with other people. We espouse a lifelong commitment to learning and self-critique. We strive to fix power imbalances where they should not exist.

- We foster relationships and partnerships with people and groups who advocate for others. We engage in open and honest dialogue that broadens our perspectives and encourages understanding and empowerment for all.

- We respect, understand and learn from other people. We commit ourselves to listening, speaking and acting with honesty, courtesy and fairness so that all may participate within an environment of trust and sensitivity. We recognize that success is only achieved through collaboration with our peers and the support of our community.

- We engage in activities that build healthier communities. We take care of others and ourselves through positive communication, health-promoting activities, and supportive relationships. We promote activities in the community that engage people in healthy behaviors.

  - Exceeds Expectations
  - Meets Expectations
  - Does Not Meet Expectations
  - Too New to Rate
  - Free text field

Excellence

We provide world-class customer service and the highest quality integrated care. We believe in healthcare as a "right", not a "privilege" and in creating seamless access to services for our patients and/or customers. Our patients "priority" is our "priority" by:

- Demonstrating a personal commitment to meeting our patient and/or customers' needs

- Working with our patients and/or customers to identify the best options given their background and circumstances

- Creating cultural awareness and competence, valuing different points of views, perspectives and styles of our patients, customers and employees

- Promoting teamwork, encouraging ourselves and other team members to put forward ideas for improving customer service and/or the patient experience

- Taking personal accountability for our own actions in the work that we do for our patients and/or customers. We always do the "right" thing the first time; openly admit to mistakes and addressing issues in a preventative manner.

  - Exceeds Expectations
  - Meets Expectations
  - Does Not Meet Expectations
  - Too New to Rate
  - Free text field

Innovation

Using innovative service delivery models and state of the art technology, which goes beyond traditional health services to bring care to the places it is most needed, and most impactful. We believe all innovation can be traced back to the employees' behavior. Innovative behavior describes all activities that belong to generating, evaluating, realizing and implementing of new ideas and embracing change:

- Proactively pursues an idea to solve challenges
- Learns and uses new work-methods, embraces change
- Demonstrates the ability to adapt an existing idea to enhance or solve a work challenge
- Creates and uses new strategies to help reach organizational goals
- Make organizational members enthusiastic for innovative ideas
- Contribute to the implementation of new ideas
- Search out new working methods, techniques or instruments; systematically introduce innovative ideas into work practices
- Develop or contribute to the development of priorities for continuous improvement and opportunities for innovation
  - Exceeds Expectations
  - Meets Expectations
  - Does Not Meet Expectations
  - Too New to Rate
  - Free text field

Patient Centered/Experience

Patient centered care (or Patient Experience) is about providing care/service that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide decisions. All team members are considered caregivers. Under this principle, everyone in the workforce, from our housekeeping staff to the CEO, is part of patients' care experience. Regardless of one's role, each person is expected to put the patient first.

- All caregivers cooperate with one another through a common focus on the best interests and personal goals of the patient
- We provides and/or utilizes patient, operational, and/or healthcare data to improve care and service delivery
- We focus on individualized Care Management-considering the whole person over time when developing a plan of care that collaborates with patient and family, address barriers, and identify when further care is needed.
- We deliver Team-based care that is proactive and individualized to the patient
- We focus on timely response to patient, family or those supporting patient requests
- We continuously look to offer expanded services either in access or skills to better patient needs
  - Exceeds Expectations
  - Meets Expectations
  - Does Not Meet Expectations
  - Too New to Rate
  - Free text field

MY FELLOW IS APPROACHING THEIR THIRD ROTATION OR QUARTER. WHAT'S NEXT?

As a fellowship preceptor, your most important job is to discuss opportunities post fellowship, regardless of whether your fellow is interested in internal or external roles. At CHC, we typically begin to have informal post fellowship chats with our fellow in December or January preceding a May or June fellowship end date. We proactively begin these discussions early to ensure fellows are able to explore any departments / projects they are hadn't previously considered, to meet leaders with whom they may want to work, and to allow time for interviews and post fellowship transition.

Below are a few questions to kick off post fellowship conversations:

- Do you have a sense of what you'd like to do post fellowship?
- Consider who you've enjoyed working with – what leadership styles do you want to emulate? Avoid?
- If you're interested in a certain department/position internally, have you rotated through that department yet? Do you need an introduction to make a connection and work on a project?
- Is there anything you haven't worked on yet that would make you a stronger candidate post fellowship (e.g. lacking a clinical or financial project?)
- Have you taken a look at current open positions within the organization? Are any of interest to you?

As you near the end of the fellowship, you should also plan to:

- Conduct an annual review
  - If you already utilize an annual review template at your organization, great! If you are looking for a template, you may use our 90 day review (pages 27-29), with the following modifications:

- Remove the "Overall Assessment" section and replace with:
- List key responsibilities and knowledge of the role
- List key accomplishments that were achieved during this performance cycle
- Goals and performance rating (as many goals as needed to cover project work)
- Overall performance rating and commentary
- Any supporting documents (optional)
  - Under each "Core Value," remove the rating option "Too new to rate"
- Consider a merit increase
  - Most organizations (71% according to the ACHE 2016 Postgraduate Fellowship Compensation Survey) do not give fellows a merit increase during their one-year fellowship, as the salary is fixed and it is understood that they will have opportunities to apply for positions post fellowship. However, if your fellow is embarking upon a second fellowship year, you should plan to grant them a merit increase, either by following your organization's merit procedures or increasing the fellow's salary to match a second or third year medical resident (if that is how you priced their first year).
- Discuss your fellow's final presentation
  - Towards the very end of the fellowship (final 2–4 weeks), your fellow should prepare and present a PowerPoint detailing their fellowship experience. The presentation should cover each of their rotational experiences, including significant project deliverables and lessons learned.
  - Your fellow should schedule their presentation and send the invite to the preceptor, rotational leads, executive leaders, and any team members they worked with.

A FELLOW'S PERSPECTIVE

Megan Coffinbargar, CHC's administrative fellow for 2021-2022 responded to a variety of frequently asked questions to provide insight into the fellow's journey.

Why did you choose a fellowship, and why at an FQHC specifically?

Administrative fellowships serve as a strong bridge between graduate coursework and the health administration field. I chose to pursue a fellowship instead of a permanent position because I wanted to gain exposure to potential career options and have the opportunity to learn from high-level healthcare executives. I specifically sought out a fellowship in primary care and at an FQHC because I have a volunteer's spirit and want to serve those in the most need.

Was it hard to find a FQHC fellowship?

Yes. There are a fair amount of fellowships focusing on primary care, but there are only two FQHC-based administrative fellowships in the country.

How was your overall fellowship experience?

My overarching goals coming into the fellowship were to learn skills to become a well-rounded, effective healthcare leader and to further explore my strengths and interests in relation to a career in healthcare leadership. As I near the completion of my fellowship, I can confidently say that this program gave me all of that and more. I worked closely with experts in many departments such as clinical, finance, human resources, operations, information technology, facilities, research, and education. I gained both the soft and hard skills necessary to be an effective leader and gained the knowledge needed to navigate the unique and complex field of healthcare.

What was your visibility and access to leadership?

Many of my graduate school classmates also pursued administrative fellowships and I have found that our experiences with leadership visibility and access vary greatly from program to program. My fellowship experience allowed me to attend daily executive leadership meetings and work closely with the CEO, COO, Senior Vice Presidents, Department Heads, and Clinical Chiefs. My colleagues in fellowships at large hospital systems have the opportunity to work with executive leaders, but not with the visibility and access that I experienced. I think FQHCs and CHCs hold the unique ability to provide fellows with the opportunity of truly working alongside the leadership team.

What are the hours and stress level of a fellowship?

Both the average work hours per week and stress level range broadly. Over the course of my fellowship, my workweek ranged from 45 to 55 hours. My stress level was highest at the start of my fellowship because I was new to the role and to the organization. Over time, it became easier to manage tasks and, consequently, stress. Fellowships are not for the faint of heart. When explaining fellowships to friends and family, I often say that it is five years' worth of experience fit into one or two years of hard work. Many of my friends with fellowships and I often say that we treat every day of our fellowship as an interview. Healthcare moves and changes very quickly and I would say fellowships follow suit—fellows need to learn how to adapt and react to sudden alterations in deadlines and priorities.

How did you integrate into the organization?

Integration into the organization truly starts on the first day of the fellow's experience. Fellows onboard into the organization in the same way as other new hires. I started my experience with two days of orientation that ended with a tour of the facilities and a meeting with the fellowship preceptor. The first meeting with the fellowship preceptor is critical as it sets the tone for the fellowship experience

and provides the fellow with an overview of the structure of the program.

What did your fellowship project work consist of?

My fellowship projects are organized by departmental rotations and assigned by either the fellowship preceptor or the rotation lead. I expressed my interest in operations to the fellowship preceptor early on in the program, so I thankfully had the opportunity to continue to work on strategic and operational projects during all of my departmental rotations. Project lengths ranged from a one-day task to a nine-month organizational workflow optimization. My favorite projects were those that stemmed from strategic goals and those that directly affected patients and/or staff.

How did you prepare for a permanent position post-fellowship?

As I mentioned above, I treat every day of my fellowship as an interview. This means that I gave my best effort in every conversation, every meeting, and every project in an attempt to build my reputation as a competent and effective employee who adds value to the organization. Even though I did not exactly know what facet of health administration I wanted to pursue, I believed that the right opportunity would present itself if I proved my worth throughout the fellowship.

What advice would you give to future fellowship preceptors?

- Serve as a neutral mentor and a liaison to the fellow. My fellowship preceptor often called herself 'Switzerland' and always provided advice with my best interest in mind.
- Choose fellowship projects based on two factors (in order of importance):
  - Value added to the fellow
  - Value added to the organization
- Provide a fellowship experience that exposes the fellow to as many aspects of healthcare as possible while considering their interests.
- Organize a one-on-one meeting cadence with the fellow to serve as an open forum to advise on issues and provide guidance.
- Start the post-fellowship conversation early.
- What advice would you give to future fellows?
- Keep an open line of communication with your fellowship preceptor and share your interests, passions, and goals with them.
- Be a sponge! Stay curious and ask questions.
- Schedule a one-on-one meeting with each rotational lead 1-2 weeks before the rotation begins.
- Schedule reoccurring meetings with your rotational lead either weekly or biweekly.
- If your fellowship organization has multiple sites, locate a site map to orient you to your organization's service area.
- Before starting a new rotation, familiarize yourself with the key leaders and team members within the rotation department.
- Create an excel sheet to track projects throughout the fellowship, similar to the format below:

Project	Rotational Leads(s)	Timeline	Tasks

MEGAN'S FINAL FELLOWSHIP ITINERARY

JUNE–AUGUST: OPERATIONS		
Project	**Rotational Lead**	**Timeline (mo/yr)**
Site Shadowing / Kiosk Launch	<Name>, VP of Practice Administration <Name>, Senior Project Manager	6/21
Call Center Research / Optimizations	<Name>, Chief of Staff <Name>, VP of Practice Administration	6/21
Kiosk Deployment Assessment	<Name>, VP of Practice Administration	6/21–8/21
Online Bill Pay Deployment Assessment	<Name>, Senior Project Manager <Name>, Director of Patient Accounts	6/21 – 7/12
Patient Outreach for Urgent Care and Behavioral Health Appointments	<Name>, Senior Operations Project Manager <Name>, Access to Care Director	6/21 – 8/21
Patient Service Associate Dashboard	<Name>, VP of Practice Administration	7/21–8/21

SEPTEMBER – NOVEMBER: IT / FACILITIES / FINANCE		
Project	**Rotational Lead**	**Timeline**
IT/Org-Wide PMO Process Revamp	<Name>, Chief Operating Officer <Name>, Chief Information Officer	9/21–2/22
340B New Contract Pharmacy Identification & Price File Data Analysis	<Name>, 340B Program Manager	9/21–12/21
Veteran Outreach Event	<Name>, Access to Care Director	10/21
Patient Accounts Policy Review and Update	<Name>, Director of Patient Accounts	11/21
COVID Self-Test Kit Shipment to Staff	<Name>, Chief Operating Officer	12/21–1/22

DECEMBER–FEBRUARY: HUMAN RESOURCES

Project	Rotational Lead	Timeline
Incoming Fellow Recruitment	<Name>, Recruiter	10/21–3/22
Staff Listening Sessions	<Name>, Vice President of HR	9/21 - 11/21
Staff Return to Site Plan	<Name>, Chief of Staff, <Name>, Vice President of HR	6/21–7/21

MARCH–MAY: WEITZMAN INSTITUTE

Project	Rotational Lead	Timeline
Maternal Child Health NIH Grant Proposal	<Name>, Director of Research	3/22–5/22
End Stage Renal Disease Health Equity Consulting	<Name>, Vice President and Director of the Weitzman Institute	3/22–5/22
Community Health Worker Policy Brief	<Name>, Vice President and Director of the Weitzman Institute	3/22–5/22
National Health Center Training and Technical Assistance Needs Assessment Summary Report	<Name>, Director of Education	4/29–5/31
Webinar Presentations	<Name>, Co-Principal Investigator and Project Director, NTTAP	3/2, 5/5, 6/2

PROJECTS THAT SPANNED MULTIPLE ROTATIONS (STRATEGIC ORGANIZATIONAL EFFORTS)

Project	Rotational Lead	Timeline
Electronic New Patient Enrollment	<Name>, Access to Care Director	10/21–2/22
New Text Message Vendor Process	<Name>, Patient Experience Supervisor	2/22–5/22
Mitel Phone Enhancements	<Name>, Assistant Director of Telehealth	2/22–5/22

REFERENCES

Division of Member Services, Research, American College of Healthcare Executives. (2016, Spring). *Postgraduate Fellowship Compensation Survey.* Foundation of the American College of Healthcare Executives. Retrieved April 1, 2022 from **https://www.ache.org/-/media/ache/career-resource-center/2016postgraduatefellowcompensationsurveyreport.pdf**

Frequently Asked Questions (n.d.) *Frequently Asked Questions*. American College of Healthcare Executives. Retrieved April 1, 2022 from **https://www.ache.org/career-resource-center/seek-new-opportunities/postgraduate-fellowships/frequently-asked-questions**

Postgraduate Fellowship Insights and Resources from Executives. (2020). *Postgraduate Fellowship Insights and Resources from Executives*. American College of Healthcare Executives. Retrieved March 23, 2022 from **https://www.ache.org/blog/2020/postgraduate-fellowship-insights-and-resources-from-executives**

Strategic Communications for the American College of Healthcare Executives (2010, May 12). *Administrative Residencies and Postgraduate Fellowships in Healthcare Administration SUMMARY REPORT.* American College of Healthcare Executives. Retrieved March 23, 2022 from **https://www.ache.org/-/media/ache/career-resource-center/administrative-residencies-and-postgraduate-fellowships.pdf**