

**Administrative Residencies and Postgraduate Fellowships in  
Healthcare Administration**

**SUMMARY REPORT**

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American College of  
Healthcare Executives  
*for leaders who care*

# **Residencies and Postgraduate Fellowships in Healthcare Administration: Summary Report**

## **Executive Summary**

Whether as a requirement to complete a healthcare administration master's degree, or in the form of a postgraduate administrative fellowship, the education of many of today's senior healthcare executives included a structured, preceptor-directed, practical experience at the start of their careers. In order to better understand current attitudes among students, academicians and healthcare executives related to the nature and potential benefits of residencies and fellowships, as well as the process of securing such positions, ACHE has undertaken a multi-phase study involving surveys of students graduating in 2009, recent graduates (since 2006), academic program directors, ACHE affiliates who completed residencies or fellowships in the past, and CEOs of healthcare organizations. This report summarizes the results from all of those surveys. Additional detail is available in a series of five reports focusing separately on each of the sampled groups.

Across all the constituencies surveyed—students, academicians and healthcare executives—there was strong support for the role of administrative residencies and fellowships. Whether surveying ACHE affiliates who took residencies/fellowships in the past or the 2009 graduating class of ACHE Student Associates about to enter postgraduate fellowships, such experiences were valued in terms of their ability to provide exposure to leadership and strategic decision making, contribute to skill development and enhance one's career. Respondents who had completed residencies or fellowships considered the choice to have been the right career decision and their experiences were typically seen as having an immediate positive impact on their careers.

Given their positive experiences, it is not surprising that respondents also felt that residencies or fellowships continue to be important for new entrants to the profession. Senior executives also felt they had a professional obligation to help the next generation of leaders by offering a residency or fellowship opportunity.

However, there was some evidence of present as well as potential future shortages in the supply of residency or fellowship opportunities. The respondents from the 2009 graduating class reported more difficulty seeking fellowships than earlier graduates. The 2009 graduates seeking fellowships also reported more difficulty than their current classmates who were seeking regular positions. Only one-fifth of the CEO respondents reported that their organizations offered residency or fellowship opportunities.

While perceived issues related to the supply of opportunities may be a short term reflection of the general economy, among CEOs the propensity to offer residencies or fellowships, as well as the assessment of their value, was associated with whether or not the responding CEO had a residency or fellowship experience. To the extent that individuals with increasingly diverse educational and experiential backgrounds may

become CEOs, there is a risk of declining support for residency and fellowship placements. From a demand perspective, it also should be noted that the 2009 graduating class sample was comprised of ACHE Student Associates. While 60% of them had already accepted or preferred a postgraduate fellowship, it is possible that the demand for placements would be lower among students who were not ACHE Student Associates.

Given the strong support for residencies and fellowships among academic leaders as well as healthcare executives who themselves had such experiences, it may be appropriate to develop approaches to reinforce interest in pursuing residencies/fellowships among those entering the profession as well as the availability of opportunities for them to pursue.

## Introduction

The American College of Healthcare Executives (ACHE) has undertaken a study of attitudes regarding residencies and fellowships in healthcare administration among students graduating in 2009, recent graduates (since 2006), academic program directors, ACHE affiliates who completed residencies or fellowships in the past, and CEOs of healthcare organizations. By surveying multiple constituencies—students, academicians and healthcare executives—the study is designed to understand current attitudes toward residencies and fellowships, including perceptions of availability (the supply of residencies and postgraduate fellowships) and the level of interest among students (demand for residencies and postgraduate fellowships).

The study focuses on perceived advantages of attending a program requiring a residency or undertaking a postgraduate administrative fellowship, their perceived strengths and weaknesses and the process of searching for such opportunities. As a result of the study, ACHE also will be in a better position to determine if there may be value in interventions to expand residency and fellowship opportunities.

## Methodology

The overall study is based on surveys administered to five separate constituencies as indicated in Table 1. This report summarizes the results from each of those constituencies. Additional detail is available in a series of five reports focusing separately on each of the sampled groups.

**Table 1: Sample Subgroups and Response Rates**

Sample Group	Sample Size	Responses	Response Rate	Method
ACHE affiliates: 2009 graduates	940	390	41%	Electronic
ACHE affiliates: 2006-08 graduates with residency or fellowship experience	624	387	62%	Electronic
ACHE affiliates: pre- 2006 graduates with residency or fellowship experience	1071	522	49%	Fax
ACHE affiliates: CEOs	1358	513	38%	Fax
Academic Program Leaders: CAHME accredited and/or ACHE Higher Education Network	173	85	49%	Electronic

Since healthcare executives may use the terms residency and fellowship interchangeably, the survey language did not attempt to rely on respondents distinguishing those terms *per se*. Instead, the portions of the analysis that rely on distinguishing the timing of the experience are based on whether respondents indicated they were referring to a degree program that **required** an administrative residency/fellowship for graduation or, alternatively, a postgraduate administrative residency/fellowship that was **not required for graduation** and was optional. Both required residencies and voluntary fellowships were defined as experiences of at least nine months duration, thereby excluding situations such as summer internships.

This summary report brings together data from all five of the samples, and organizes the results into the following sections:

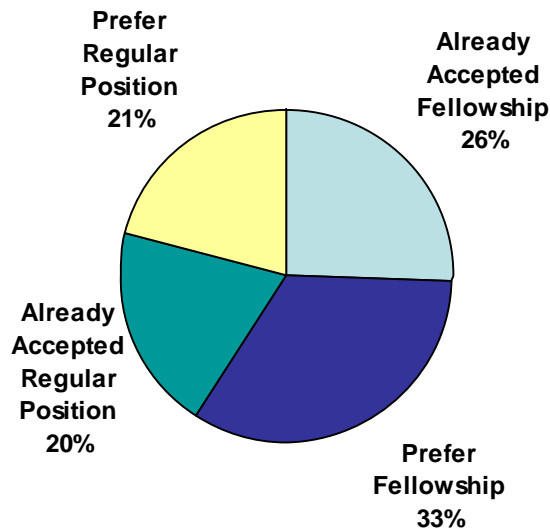
1. Decision to Seek a Postgraduate Fellowship
2. Process of Securing a Residency/Fellowship
3. Supply of Residency/Fellowship Opportunities
4. Assessment of One's Residency/Fellowship Experience
5. Value of Residencies and Fellowships
6. Conclusion

### **1. Decision to Seek a Postgraduate Fellowship**

Both the 2009 sample of graduates from master's programs in healthcare management and those who graduated between 2006 and 2008 were asked about their decision to pursue residencies and fellowships. While the later group had either completed or were about to complete their residency or fellowship experience, the 2009 graduates still were in the process of assessing and deciding upon their postgraduate opportunities.

Among the 2006-08 graduates, all of whom were included in the sample on the basis of having pursued a residency or fellowship, 28% had attended a graduate program that required a residency and the remaining 72% had undertaken a voluntary fellowship. At the time of their survey (April, 2009), the majority of 2009 graduates responding had either already secured a postgraduate administrative fellowship or preferred one rather than a regular position (Figure 1).

**Figure 1**  
**What are your current plans following receipt of your master's degree? (2009 graduates)**



Respondents from both the 2006-08 and 2009 graduate samples had similar reasons for choosing a postgraduate fellowship, revolving around three factors: strategy/leadership, skill development, and career enhancement (Table 1).

**Table 1**  
**Selected Factors Impacting Fellowship Decision**

	% Important or Very Important	
	2006-08 Took Postgraduate Fellowship	2009 Accepted/Preferred Postgraduate Fellowship
<b>Strategy/leadership</b>		
• Having significant interaction with senior leaders in the organization	98.9%	95.6%
• Being exposed to organizational strategic decision making	96.2%	95.5%
<b>Skill development</b>		
• Gaining practical experience before I started my job search	94.0%	91.2%
• Gaining responsibility for specific projects to demonstrate my abilities	94.4%	92.0%
<b>Career enhancing</b>		
• Improving my chances of achieving rapid career progress after my fellowship	96.6%	90.3%
• Improving my chances of being hired by the organization after completing my fellowship	87.2%	90.7%

About half of the respondents felt that the advice of their academic advisor or other faculty member was a significant factor in their pursuit of a fellowship (51% important/very important among 2006-08 graduates; 49% among 2009 graduates). The reputation of the organization in which the individual pursued a fellowship was also considered important/very important by 86% of the 2006-08 graduates and 76% of the 2009 graduates. Less important were personal issues related to geographic preferences (44% important/very important among 2006-08 graduates; 58% among 2009 graduates) or family considerations (32% important/very important among 2006-08 graduates; 39% among 2009 graduates).

Unlike the respondents from the 2006-08 graduating class, over half of the 2009 graduating class felt that an important factor in choosing a fellowship was the lack of other job opportunities (Table 2).

**Table 2**  
**Importance of Perceived Lack of Entry Positions on Fellowship Choice**

	% Important or Very Important	
	2006-08 Took Postgraduate Fellowship	2009 Accepted/Preferred Postgraduate Fellowship
Providing an option because other types of entry level positions were not available to me.	26.2%	58.8%

In addition to those respondents who had selected or preferred a fellowship, 41% of the respondents from the 2009 graduating class chose a different direction and had accepted or preferred a regular position. For half of those respondents, their decision NOT to pursue a postgraduate fellowship was influenced by a perception that salaries associated with fellowships were not competitive compared to those of regular positions. Perceptions regarding compensation and other potential barriers to pursuing a fellowship are presented in Table 3.

**Table 3**  
**Perceptions of Potential Barriers to Fellowships**  
**Among 2009 Graduates Who Already Accepted or Preferred a Regular Position**

	% Agree or Strongly Agree
<b>Compensation</b> <ul style="list-style-type: none"> <li>Salaries are not competitive compared to regular positions.</li> </ul>	50.0%
<b>Career Impact</b> <ul style="list-style-type: none"> <li>A fellowship would slow my career progression compared to getting a regular job right after graduation.</li> <li>It is harder to find a job after a fellowship than it is right out of school.</li> </ul>	31.5%
<b>Fit With Skills/Needs</b> <ul style="list-style-type: none"> <li>I don't really need a fellowship based on the level of experience I already have.</li> <li>I have specific interests and prefer a position that will allow me to focus on one type of responsibility or function.</li> <li>Fellowships are too general; they do not really give you concrete responsibilities.</li> </ul>	4.0%
<b>Choices</b> <ul style="list-style-type: none"> <li>There are not enough options that would meet my location preferences.</li> <li>There are not enough options that fit the type of organization I prefer.</li> </ul>	41.7%
	30.0%
	21.5%
	30.0%
	19.3%

Thus, while concerns over compensation appear to have been the strongest factor, significant numbers of those pursuing a regular position felt that a fellowship would slow their career (32%), and that they already had sufficient experience (42%).

## 2. Process of Securing a Residency/Fellowship

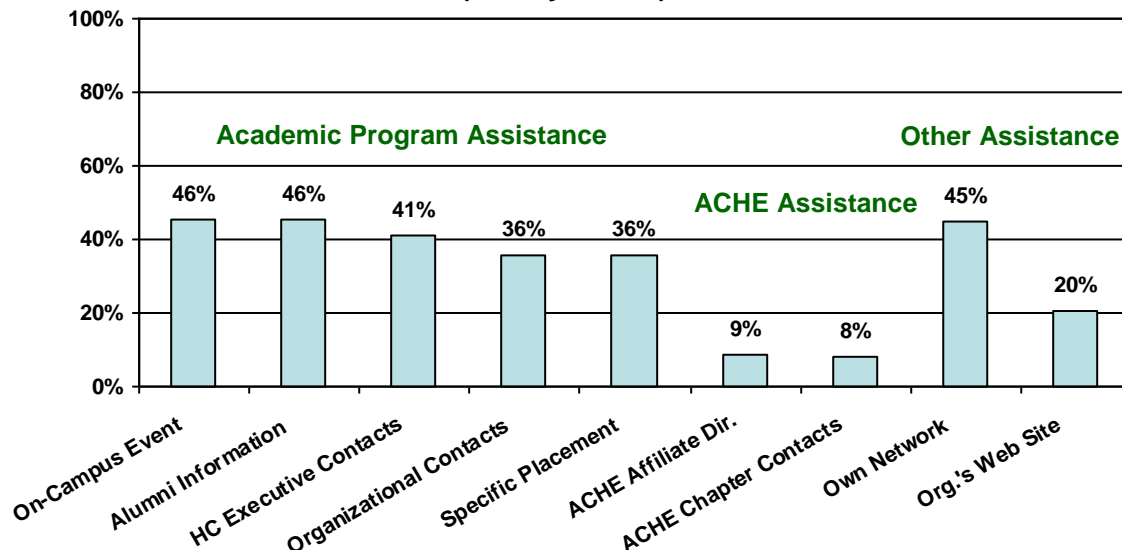
For many individuals the process of securing a residency or fellowship begins with assistance from their academic program. Among academic program directors responding to the survey, 76% stated that their programs provided some type of assistance to their students. As indicated in Table 4, the types of assistance ranged from high intensity efforts such as matching individual students with specific opportunities that were available to lower intensity efforts such as helping students with interviewing skills.

**Table 4**  
**Types of Assistance for Students Seeking a Residency or Fellowship**  
**(Among the 76% of program directors whose programs provide assistance)**

	Yes	No
Matching individual students with specific fellowship/residency opportunities	62.7%	37.3%
Holding an on-campus event with representatives of organizations offering fellowships/residencies	47.5%	52.5%
Providing suggestions of healthcare executives for a student to contact	86.7%	13.3%
Providing suggestions of organizations for a student to contact	93.2%	6.8%
Providing alumni information for the student to use when searching for a fellowship/ residency	79.3%	20.7%
Providing a directory/listings of organizations offering a fellowship/residency	81.7%	18.3%
Working with students to improve their cover letters, resumes and interviewing skills	94.8%	5.2%

From the perspective of the students, however, there are significant differences in the usefulness of various types of assistance. Students who are going on to a residency required for graduation are more likely to view assistance provided by their programs as very useful compared to those who are enrolled in programs without a required residency and are voluntarily pursuing a postgraduate fellowship (Figures 2 and 3).

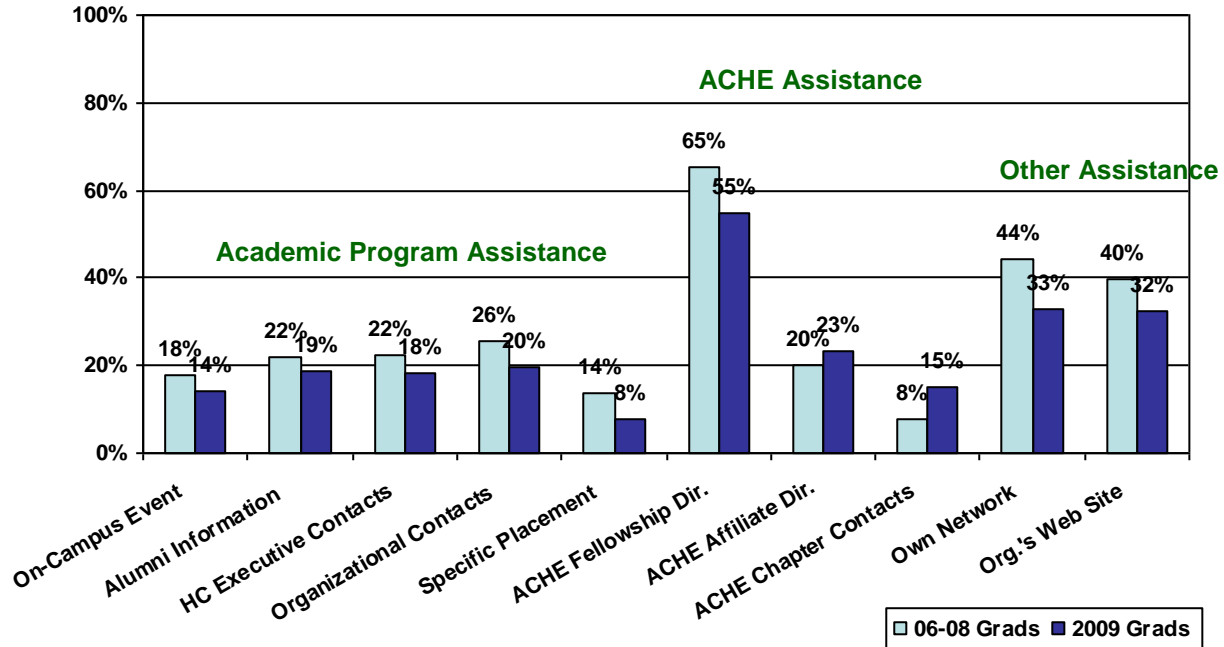
**Figure 2**  
**Usefulness of Assistance in Finding a Required Residency**  
**(% very useful)**





In contrast to those going on to a required residency, a different picture emerges for those who were seeking a postgraduate fellowship opportunity (Figure 3). Whether from the sample of 2006-2008 graduates or that of the 2009 graduates, assistance from academic programs was viewed as less useful than one's own network and the ACHE Web-based fellowship directory.

**Figure 3**  
**Usefulness of Assistance in Finding a Postgraduate Fellowship**  
 (% very useful)



From the perspective of individuals entering the profession, the process of securing a residency or fellowship, as well as a regular job, has become particularly difficult compared to the past. Table 5, comparing four groups, indicates that the least difficulty in finding a placement was reported by the 2006-08 graduates seeking a required residency to complete their degrees, while the most difficulty was experienced by 2009 graduates seeking a voluntary postgraduate fellowship. Overall, 2009 graduates, whether seeking a fellowship or a regular position report greater difficulty than the earlier cohorts from 2006-08.

**Table 5**  
**Perceived Difficulty of Obtaining a Position**

	% Very or Somewhat Difficult	% Neither	% Very or Somewhat Easy
06-08 graduates: Required Residency	34.0%	17.5%	48.5%
06-08 graduates: Postgraduate Fellowship	43.4%	16.9%	39.7%
09 graduates: Regular Position	62.7%	22.7%	14.7%
09 graduates: Postgraduate Fellowship	78.5%	10.3%	11.2%

One factor that sometimes is mentioned as a potential contributor to the perceived difficulty of securing fellowships is the variability in the timing and nature of the recruiting process itself. For example, among the 2009 graduating class who had already accepted or preferred a fellowship, 60% felt that the process was more difficult because of differences in the timing of position announcements, interviewing and decision making.

When academic program directors were asked if there should be greater uniformity in the timing of selection processes similar to the medical residency match, 30% disagreed or strongly disagreed, 13% were neutral, and 57% agreed or strongly agreed.

However, as indicated in Table 6, respondents who were CEOs and therefore in a position to make decisions about fellowship opportunities, generally were not supportive of a match system. Among those already offering residencies or fellowships, two-thirds were ambivalent or negative towards participating in a match. Only 11% of those not currently offering residencies or fellowships felt that the lack of a match was a barrier impacting their decisions.

**Table 6**  
**CEO Attitudes Regarding a “Match” System for Residencies/Fellowships**

	Yes	Not Sure	No
<b>CEOs in organizations offering residencies/fellowships</b> <ul style="list-style-type: none"> <li>• If there were a match program for administrative residencies/fellowships, would your organization likely participate?</li> </ul>	33.3%	51.5%	15.2%
<b>CEOs in organizations NOT offering residencies/fellowships</b> <ul style="list-style-type: none"> <li>• Is the lack of a match service an impediment to offering a residency/fellowship?.</li> </ul>	11%	32%	57%

### **3. Supply of Residency/Fellowship Opportunities**

The reported difficulty in finding a residency or fellowship placement is at least partially a reflection of the supply of positions. For example, among the respondents from the 2009 graduating class who had accepted or were seeking a postgraduate fellowship, three-quarters agreed or strongly agreed with the statement that “not enough organizations offer administrative fellowships.” Program directors also perceived a shortage of opportunities, with 64% responding that the current supply of residencies and fellowships was less than the level needed to meet student demand.

From the perspective of academic program directors, there are several initiatives that might lead to an increase in supply, including communication to leaders of healthcare organizations about the need for more fellowship and residency opportunities (96% agree or strongly agree), providing more information to both academic programs and healthcare organizations about how to structure fellowships and residencies (82% agree or strongly agree) and providing informational tools for programs and students regarding the advantages of residencies and fellowships and how to seek them (88% agree or strongly agree).

Chief executive officers of healthcare organizations are likely to have the most impact on the supply of residency and fellowship opportunities. Among the respondents to the CEO survey, 19% indicated that their organizations offered residency/fellowship opportunities. Respondents who had themselves experienced a residency or fellowship were more likely to be leading organizations that currently offered residency or fellowship opportunities (Table 7).

**Table 7  
Prevalence of Organizations Currently Offering Residency/Fellowship  
Comparison of CEOs With Versus Without Past Residency or Fellowship\***

	Organization Offers a Residency/Fellowship	
	Yes	No
CEO took a residency/fellowship	23.3%	76.7%
CEO did not have a residency/fellowship	15.3%	84.7%
Total	19.4%	80.6%

\*  $\chi^2$  statistically significant,  $p < .05$

With only 19% of responding CEO's indicating their organizations offered residencies or fellowships, it is important to explore perceived barriers among the other 81% of CEO respondents whose organizations did not offer those opportunities.

A critical factor impacting the pattern of responses to potential barriers is whether or not the CEO had a residency or fellowship. Among the CEOs in organizations not offering residencies and fellowships, CEOs who had not themselves undertaken such an experience were more likely to feel there was insufficient information about how to structure a residency or fellowship, that it was too difficult to identify and recruit quality candidates, and that the most talented individuals bypass the residency/fellowship experience (Table 8A).

**Table 8A**  
**Potential Barriers to Offering Residencies/Fellowships**  
**CEO Respondents in Organizations NOT Offering Those Opportunities**

<b><u>Recruitment Process/Candidate Pool</u></b>	<b>Disagree/ Strongly Disagree</b>	<b>Neither</b>	<b>Agree/ Strongly Agree</b>
There is not enough information about how to structure a residency/fellowship in a way that really benefits both the individual and the organization.			
CEO took a residency/fellowship	50.6%	19.4%	30.0%*
CEO did not have a residency/fellowship	22.2%	38.6%	39.2%
It is too difficult to identify and recruit qualified individuals who are interested in a residency/ fellowship			
CEO took a residency/fellowship	56.8%	31.4%	11.8%*
CEO did not have a residency/fellowship	38.2%	42.9%	18.8%
The most talented individuals tend to seek regular positions rather than residencies/ fellowships.			
CEO took a residency/fellowship	56.0%	29.2%	14.9%*
CEO did not have a residency/fellowship	30.9%	41.9%	27.2%

\*  $\chi^2$  statistically significant,  $p < .05$

CEOs without a residency or fellowship experience also were more likely to question the organizational benefits of offering such experiences and to feel that providing a residency/fellowship experience takes too much of management's time and effort (Table 8B).

**Table 8B**  
**Potential Barriers to Offering Residencies/Fellowships**  
**CEO Respondents in Organizations NOT Offering Those Opportunities**

<b><u>Management Time and Expense Issues</u></b>	<b>Disagree/ Strongly Disagree</b>	<b>Neither</b>	<b>Agree/ Strongly Agree</b>
The expense of offering a residency/fellowship opportunity is not worth the return to the organization			
CEO took a residency/fellowship	54.1%	28.8%	17.1%*
CEO did not have a residency/fellowship	40.3%	33.0%	26.7%
Providing a residency/fellowship experience takes too much of management's time and effort.			
CEO took a residency/fellowship	55.0%	27.8%	17.2%
CEO did not have a residency/fellowship	49.7%	29.8%	20.4%

\*  $\chi^2$  statistically significant,  $p < .05$

From a hiring perspective, in the organizations not offering a residency or fellowship opportunity, a higher percentage of CEO's without their own residency or fellowship experience were likely to feel it was more beneficial for the organization to recruit individuals directly into regular positions, as well as to recruit individuals from non non-traditional backgrounds (e.g., MBAs, clinicians, etc.) than traditionally trained MHA graduates (Table 8C).

**Table 8C**  
**Potential Barriers to Offering Residencies/Fellowships**  
**CEO Respondents in Organizations NOT Offering Those Opportunities**

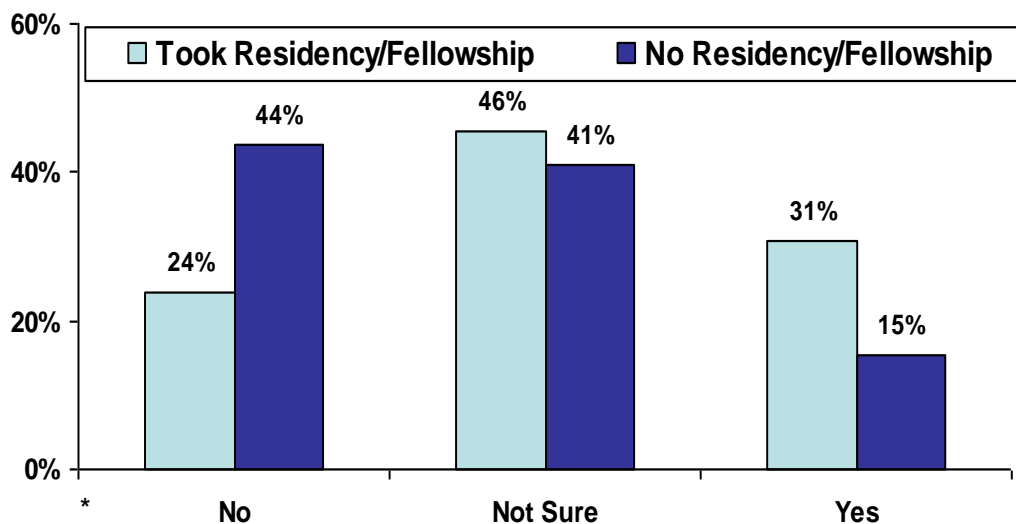
<b><i>Benefits of Alternative Recruitment</i></b>	<b>Disagree/ Strongly Disagree</b>	<b>Neither</b>	<b>Agree/ Strongly Agree</b>
It is more beneficial for the organization to recruit individuals directly into regular positions rather than into a residency or fellowship.			
CEO took a residency/fellowship	48.8%	29.4%	21.8%*
CEO did not have a residency/fellowship	26.3%	36.8%	36.8%
It is more beneficial to hire individuals from non-traditional backgrounds (e.g., MBAs, clinicians, etc.) than traditionally trained MHA graduates.			
CEO took a residency/fellowship	71.2%	21.8%	7.1%*
CEO did not have a residency/fellowship	35.1%	48.7%	16.2%

\*  $\chi^2$  statistically significant,  $p < .05$

As an indicator of the potential for an increase in the supply of opportunities, CEOs in organizations not currently offering residencies or fellowships were asked if they would likely consider offering such opportunities in the future. Considering both CEOs who had a residency/fellowship and those who did not, one-third responded negatively, while 43.3% indicated they were not sure and 23.9% responded affirmatively.

The CEOs who had completed their own residencies or fellowships were twice as likely to respond that their organizations would consider offering a residency/fellowship opportunity in the future (Figure 4).

**Figure 4**  
**In the future, is your organization likely to consider offering a residency or fellowship opportunity?\***



\*  $\chi^2$  statistically significant,  $p < .05$

#### 4. Assessment of One's Residency/Fellowship Experience

Having overcome any difficulties in the search process or overall supply issues, the individuals who took a residency or fellowship placement tended to be satisfied with their experiences. This was true across all three key dimensions of strategy-leadership, skill development and career factors (Table 9).

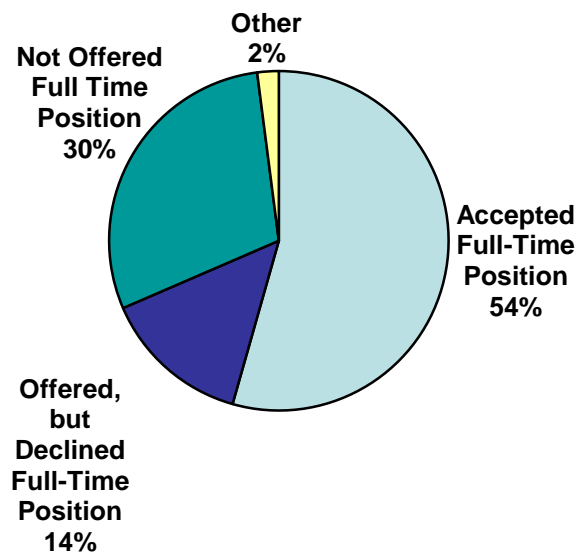
**Table 9  
Assessment of Residency/Fellowship Experience**

	% Agree of Strongly Agree		
	2006-08 Required Residency	2006-08 Postgrad. Fellowship	Earlier Graduates
<b>Strategy/leadership</b>			
• Significant interaction with senior leaders in the organization	96.1%	98.1%	98.2%
• Exposure to organizational strategic decision making	92.2%	95.9%	95.9%
• Providing a mentor	88.3%	85.7%	85.8%
<b>Skill development</b>			
• Providing a wide range of practical experience	91.3%	94.7%	97.2%
• Responsibility for specific projects to demonstrate abilities	93.1%	91.4%	94.3%
<b>Career enhancing</b>			
• Was the right career decision	98.1%	92.9%	97.0%
• Improving chances of achieving rapid career progress	80.6%	84.2%	88.5%

The positive impact of a residency or fellowship was also reflected by the fact that such experiences frequently led to an offer of a full time position by the sponsoring organization. Among the 2006-08 graduates, 70% of the respondents who took a required residency and 63% of the postgraduate fellowship sample were offered a full time job by the organization in which they undertook their experience. At the time of the survey, some of the 2006-08 graduates were still in their residencies or fellowships. Although they did not yet know their future status, another 13% of the residency group and 27% of the fellowship group expected to be offered a full time position by the organization. If all respondents expecting an offer actually received one, then an offer would be extended to a total of 83% of the required residency group and 90% of the postgraduate fellowship group.

Among the affiliates who graduated prior to 2006, 69% were offered a full time position, although 14% reported that they declined the offer (Figure 5).

**Figure 5**  
**Employment by Organization When Completing Residency or Fellowship**  
**(Sample of affiliates who graduated prior to 2006)**



The vast majority of respondents (89%) from the sample of affiliates who graduated prior to 2006 felt that their residency/fellowship began benefitting their careers “immediately after the experience.” Another six percent felt that it took “several years” before they felt the benefit of their residency/fellowship experience. Less than one percent felt the experience slowed their career progression, and five percent felt it had neither a positive nor negative impact. Thus, despite the sample including individuals who graduated over a 40 year span, the positive impressions left by their residencies and fellowships were almost universal.

## **5. Value of Residencies and Fellowships**

There was strong support for the continued value of residencies and fellowships across the sampled groups (Table 10). While CEOs who did not themselves have residency or fellowship experiences were the least positive (a lower percentage responding “strongly agree”), both healthcare executives and program directors agreed that residencies and fellowships provide value to both the new professional and the organization. They also felt that there was a professional obligation on the part of senior healthcare executives to help the next generation of leaders by offering residencies and fellowships.

**Table 10**  
**Attitudes Regarding the Value of Residencies/Fellowships**

**A. Value to the new professional**

A residency or fellowship provides critical “hands-on” learning experience.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Affiliates: Graduated prior to 2006	0.0%	0.0%	1.6%	34.6%	63.8%
CEOs: Took a residency/fellowship	1.6%	0.0%	0.8%	22.2%	75.5%
CEOs: Did not have a residency/fellowship	1.2%	2.4%	11.2%	54.6%	30.5%
Academic program directors	1.3%	0.0%	6.3%	21.3%	71.3%

**B. Value to the organization**

The organization offering a residency or fellowship benefits from cultivating those new to healthcare management. (Note: The academic program directors version of the question was, “My program’s reputation is enhanced by our strong network for residency/fellowship placement.”)

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Affiliates: Graduated prior to 2006	0.0%	0.2%	6.2%	45.6%	48.1%
CEOs: Took a residency/fellowship	1.6%	0.0%	9.8%	46.5%	42.2%
CEOs: Did not have a residency/fellowship	0.8%	2.0%	12.9%	63.1%	21.3%
Academic program directors	2.7%	11.0%	24.7%	30.1%	31.5%

**C. Professional obligation**

There is a professional obligation on the part of senior executives to help the next generation of leaders by offering a residency or fellowship at their organizations.

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Affiliates: Graduated prior to 2006	0.4%	1.4%	9.3%	40.9%	48.1%
CEOs: Took a residency/fellowship	1.9%	2.3%	17.5%	35.0%	43.2%
CEOs: Did not have a residency/fellowship	0.4%	8.4%	22.9%	45.0%	23.3%
Academic program directors	0.0%	1.3%	8.9%	26.6%	63.3%

The strong support for the ongoing value of fellowships and residencies also was indicated by the level of agreement with the notion that academic programs that did not already require a residency should encourage students to seek a postgraduate fellowship (Table 11). Among the sample of affiliates who had been in the field for at least a few years (graduating prior to 2006), 91% felt that academic programs without a required residency should encourage their students to pursue a postgraduate fellowship. Among the CEOs who themselves had residency or fellowship experiences, that was true of 86% of the respondents. Although a lower percentage of CEOs without residency or fellowship experiences concurred (57%), over half did agree with the notion of encouraging fellowships. Among the academic program directors themselves, 69% expressed agreement.



**Table 11**  
**Desirability of Encouraging Fellowships by Academic Programs Without a Required Residency**

<b>Programs that do not require a residency should encourage students to seek a postgraduate fellowship.</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither</b>	<b>Agree</b>	<b>Strongly Agree</b>
Affiliates: Graduated prior to 2006	0.0%	0.8%	8.5%	37.4%	53.4%
CEOs: Took a residency/fellowship	2.3%	0.8%	10.5%	44.0%	42.4%
CEOs: Did not have a residency/fellowship	2.0%	8.4%	32.9%	43.4%	13.3%
Academic program directors	3.8%	10.0%	17.5%	35.0%	33.8%

Finally, as an overall indicator, the samples of ACHE affiliates were asked if they would encourage someone newly entering the profession to pursue an administrative residency or fellowship. The majority of all the groups were supportive of residencies and fellowships. As was generally the case across the survey questions, CEOs who did not themselves have a residency or fellowship were less supportive, as indicated by the lower percentage “strongly encouraging” a residency or fellowship compared to the other sampled groups (Table 12).

**Table 12**  
**Encouraging Students New to the Field to Pursue a Residency/Fellowship**

	<b>Strongly Discourage</b>	<b>Discourage</b>	<b>Neither</b>	<b>Encourage</b>	<b>Strongly Encourage</b>
2009 grads (accepted/preferred fellowship)	2.3%	0.5%	10.3%	34.1%	52.8%
2006-08 grads with required residency*	0.0%	0.0%	4.9%	4.9%	90.3%
2006-08 grads with fellowship*	1.1%	0.0%	1.5%	15.7%	81.7%
Affiliates: Graduated prior to 2006	1.9%	0.2%	2.1%	13.3%	82.5%
CEOs: Took a residency/fellowship	2.4%	1.2%	0.4%	14.2%	81.9%
CEOs: Did not have a residency/fellowship	0.8%	1.6%	15.4%	43.5%	38.6%

*\*Note: Among the 2006-08 graduates, each group was responding regarding encouraging their own specific type of experience (programs with required residencies or postgraduate fellowships).*

## **6. Conclusion**

Residency and fellowship experiences were valued in terms of their ability to provide exposure to leadership and strategic decision making, contribute to skill development and enhance one’s career.

When it comes to seeking a residency or fellowship placement, most academic programs provided a variety of tools to assist their students. Students in programs with required residencies were more likely to find the assistance provided by their program to be the most useful, whereas individuals seeking postgraduate fellowships were more likely to

find the ACHE Fellowship Directory and their own networks the most useful. The 2009 graduates, 59% of whom already had accepted or preferred a fellowship, reported more difficulty finding an opportunity than the 41% of their classmates seeking a regular position. The 2009 graduates who accepted or preferred a fellowship also reported more difficulty than did earlier graduates.

The reported difficulty in finding fellowship placements reflects a concern by students and academic leaders that there may be a shortage of opportunities. Three-quarters of the respondents from the 2009 graduating class who had accepted or were seeking a postgraduate fellowship felt that not enough organizations offer administrative fellowships. Academic program directors also perceived a shortage of opportunities, with 64% responding that the current supply of residencies and fellowships was less than the level needed to meet student demand.

Chief executive officers of healthcare organizations are likely to have the most impact on the supply of residency and fellowship opportunities. However, only 19% of the respondents to the CEO survey indicated that their organizations offered residency or fellowship opportunities. The CEOs without backgrounds as residents or fellows were less likely to be leading organizations currently offering such opportunities. Those CEOs also were more open to potential advantages of recruiting individuals directly into regular positions or hiring individuals who were not traditionally trained MHA graduates.

Regardless of supply issues or difficulties in finding their residencies or fellowships, respondents overwhelmingly felt that their experiences were positive and met their expectations. They considered the choice of a residency/fellowship to have been the right career decision and the experience was typically seen as having had an immediate positive impact on their careers. In fact, a residency or fellowship experience frequently led to an offer of a full time position by the sponsoring organization.

Given their positive experiences, it is not surprising that respondents felt that residencies and fellowships continue to be important and that they would encourage new entrants to the profession to undertake such experiences. Respondents also tended to believe that academic programs without a required residency should encourage students to seek a postgraduate fellowship and that senior healthcare executives have a professional obligation to help the next generation of leaders by offering residency and fellowship opportunities.