

Ph.D. in Health Services Research Program Guide 2013-2014



TEXAS A&M

HEALTH SCIENCE CENTER
SCHOOL OF RURAL PUBLIC HEALTH

Notice

Every effort has been made to verify the accuracy of information in this publication. Nevertheless, the SRPH reserves the right to change without prior notice: admission and degree requirements, curriculum, courses, teaching personnel, rules, regulations, tuition, fees, and any other matter described in this handbook. This handbook does not constitute a contract, expressed or implied, between any student or faculty member and the SRPH.

The SRPH at all times retains the right to dismiss any student who does not attain and maintain adequate academic performance or who does not exhibit the personal and professional qualifications prerequisite to the practice of public health.

School of Rural Public Health

Vision

The vision of the School of Rural Public Health is to promote healthy communities and environments through collaboration with communities, organizations, other academic institutions, professionals, and citizens; strengthen the capacity of health professionals to enhance the health of the public through consultation, skill development and education; pursue high quality basic and applied research to strengthen public health knowledge and interventions; and support the provision of public health and health services.

Consistent with history and heritage of the state's only land grant institution, this School of Public Health will work with small, remote, rural Texas communities to establish and enhance public health programs, skills and services.

Our Mission

The mission of the School of Rural Public Health is to improve the health of communities, with emphasis on rural and underserved populations, through education, research, service, outreach and creative partnerships.

The mission of the School will be realized only by attainment of the following goals through well-planned and coordinated programs within the School:

- To deliver quality educational programs that rely on the collective wisdom and experiences of scientists, professionals, and students.
- To advance the knowledge of health issues specific to rural populations by conducting rigorous field-based as well as basic research of rural public health issues and disseminating results to stakeholders and other professionals.
- To improve health within diverse rural communities through collaboration and service.
- To monitor continually the adherence to these goals and principles by the Self-Study and Accrediting Committee at the School for continued accreditation status by the Council on Education in Public Health (CEPH).

Note: The policies contained in this handbook relate specifically to the Ph.D. in Health Services Research Program. For information and policies that govern all graduate degrees in the School of Rural Public Health, please refer to our current catalog at <http://srph.tamhsc.edu/current-students/general/handbookandcatalog.html>.

The Ph.D. in Health Services Research – Program Guide

The Ph.D. in Health Services Research Degree is based in the Department of Health Policy and Management within the School of Rural Public Health (SRPH) at The Texas A&M Health Science Center. This doctoral program is designed to prepare students to conduct high quality research addressing important health services issues. Such research might focus on need and demand for health care, availability and accessibility of health care, utilization of health services, financing of health services, health care outcomes, quality of care, or numerous health-related policy issues.

The Setting

The Ph.D. in health services research draws on a strong faculty rich in research experience and on a rapidly growing research infrastructure. The Ph.D. program receives research support from the School of Rural Public Health, the Southwest Rural Health Research Center, the NSF Center for Health and Organizational Transformation (CHOT), and individual grant and contracts awarded to SRPH faculty members. The Southwest Rural Health Research Center was established in 2000 as one of six national rural health research centers partially supported by grants from the U. S. Office of Rural Health Policy. The NSF and health system's sponsored CHOT began in 2008 to conduct research on health innovations and organizational change.

Given the doctoral program's home in the School of Rural Public Health, there is continuing interest in rural health research and other research efforts on vulnerable populations that span rural and urban settings and/or community-based, state, national and internationally focused research issues (see faculty list and profiles on page 18).

The research units and Ph.D. faculty are engaged in numerous funding or other collaborative arrangements with communities, health systems, foundations and national and state policy-making agencies that provide a rich environment for learning and research and otherwise advance knowledge in the field of health services. Students are offered opportunities to learn and sharpen their research skills on a wide variety of challenging and meaningful research projects.

At the same time, the School of Rural Public Health offers teaching opportunities for doctoral students interested in academic teaching and research careers. Masters degree prepared doctoral students may be qualified to assist in teaching or to teach autonomously one or more courses serving the Master of Public Health (MPH) program, the Master of Health Administration (MHA) program, or the Master of Science in Public Health (MSPH) program. The MPH and MSPH degrees with concentrations in Health Policy and Management and the MHA degree are the responsibility of the Department of Health Policy and Management.

Faculty and staff of the Health Policy and Management program are also engaged in numerous, organized outreach-focused programs and activities. The outreach activities serve the needs of community, voluntary organizations, and government agencies at the local, state, and national levels.

The combination of strong masters and doctoral programs, combined with significant research and outreach activities, support a full-time faculty base within the Department of Health Policy and Management and its sister departments in the School of Rural Public Health. Additional faculty from other units within the Texas A&M University System as well as adjunct faculty from health care organizations and public health units are key resources, as well. The combination of teaching, research, and outreach activities supports a very dynamic Ph.D. learning environment in which faculty and students are continually addressing the most current health policy and management issues. The Ph.D. student is expected to embrace greater teaching and/or research responsibilities as s/he progresses through the program, gaining additional knowledge, skills, and experience.

All students, full-time and part-time, are encouraged to continually participate in special seminars, social events, and other collective activities that support a strong, local academic and research community.

Related Research Centers and Programs

The Southwest Rural Health Research Center (SRHRC)

The SRHRC is organizationally located in the School of Rural Public Health (SRPH). Established in 2000, the SRHRC was one of six federally funded rural health research centers established by the Office of Rural Health Policy (ORHP) in the Health Resources and Services Administration (HRSA) for the purpose of conducting policy-relevant rural health research. The SRHRC draws upon the relatively new and dynamic institutional resources of the Texas A&M Health Science Center School of Rural Public Health (SRPH), and serves as a focal point for uniting other parts of the Texas A&M System to conduct and disseminate policy-relevant research on critical rural health issues. Thus, SRHRC draws its senior investigators from the SRPH, the College of Medicine, and the Program in Health Services Research within the Health Science Center and, at Texas A&M University, the Center for Housing and Urban Development in the College of Architecture, the Department of Rural Sociology, and the Public Policy Research Institute (PPRI).

The mission of the center is to conduct policy relevant research focusing on three particular priorities: (1) meeting the needs of special populations, particularly those with chronic disease and disability; (2) understanding the health needs of minority populations and reducing health disparities; and (3) maintaining and building the capacity of rural health systems.

The National Science Foundation (NSF) Center for Health Organization and Transformation

The Department of Health Policy Administration at the Texas A&M HSC School of Rural public Health is the home of a new Center for Health Organization Transformation (CHOT). CHOT is a National Science Foundation Industry/University Cooperative Research Center. The Texas A&M HSC is joined by the H. Milton Stewart School of Industrial & Systems Engineering at Georgia Institute of Technology and a dozen progressive health systems from Texas and the Southeast in launching CHOT. Texas A&M HSC's expertise in health care management and IT combined with industrial engineering and IT expertise at Texas A&M and at Georgia Tech's #1-ranked college of engineering will be at the core of research work with the health systems. The *Center for Health Organization Transformation* addresses implementation of information technology, Six Sigma, Toyota's LEAN, Studer's Hardwiring Excellence, cultural change, quality and safety, chronic disease management, and possibly other evidence-based management and/or major clinical change initiatives. The universities' research faculty and graduate students will team with health system professionals to pursue research projects selected each year by the CHOT health systems members who serve as the CHOT advisory board.

The Program on Disability, Aging, and Long-Term Care Policy

The aging of America, combined with increased longevity for persons with disabilities, and the morbidity associated with each has contributed to a growing demand for a wide range of long-term care (LTC) services. These trends have been coupled with escalating costs and concerns about quality, increasing the need for policy-relevant research. With an emphasis on aging and long-term care policy, this program provides a coordinated focus for both policy-relevant research and evaluations of promising new practices and clinical interventions in long term care. The program conducts applied research in LTC; helps train health services researchers about substantive LTC policy issues and methods that can be used in applied and policy-relevant research; and supports the efforts of SRPH, students, and other components who do research on LTC. Research topics include quality assurance and improvement in LTC, preventing elder abuse and neglect, strengthening

payment and regulatory systems, assistance to providers in implementing and sustaining quality improvement initiatives, strengthening consumer advocacy efforts and using principles of geriatric assessment to improve LTC services.

The ***Program for Health Policy Research*** (PHPR) is dedicated to finding innovative, robust and sustainable solutions to local, state, national, and global health problems. PHPR will be housed in the Department of Health Policy & Management at the School of Rural Public Health (SRPH), Texas A&M University Health Science Center (HSC), but engage scholars from across SRPH, the HSC as well as other TAMUS components. The **vision** of the PHPR is to serve as a TAMUS focal point for health policy research and as a vehicle for bringing together academic, research, business and legislative entities to work collaboratively to help find solutions to America's greatest social crises . . . the efficient management and delivery of quality, affordable health care and particularly the population-based and public health focused prevention of the need for expensive care that could have been avoided. Our **goal** is to attract academic and public-private partners in securing external funding for local, state, national and global health policy research. Conducted by a multi-disciplinary group of faculty and staff, this research on key issues in health policy will extend across the broad spectrum of health care from acute care to population-based health programs. PHPR members will be engaged in a wide variety of projects, focusing on issues relating to health care financing, the uninsured, federal and state health insurance reforms, quality of care, comparative effectiveness and outcomes research, mental health services research, population health status, aging and long-term care, innovation in the delivery of healthcare, and the impact of changes in the health care market on providers and patients.

PHPR is collaboration among researchers, scholars and health professionals from across the University and affiliated institutions to engage in research, program implementation, and evaluation activities to illuminate our understanding of health care delivery and policy issues, and to develop and analyze strategic policy options for improving public health delivery and health care. The PHPR will conduct research in four major core areas of interest: 1) strategies for improving population health status and healthcare quality, access, and affordability; 2) comparative analysis of local, state and national health care systems for innovation, efficiency and effectiveness; 3) tools for informatics and information systems in public health and healthcare; and 4) mechanisms of organizational transformation of health care delivery.

The Ph.D. Program Overview

A Health Services Research program is built upon a foundation of rigorous methodological training applied to health related problems in access, quality, and finance of health services from primary prevention to hospice care. At the same time, effective framing of such research requires a clearly defined conceptual basis for understanding the context and key variables associated with the problem investigated. The program currently allows students to choose between three related core conceptual frameworks. One area is in health politics and policy, one is health economics, and the third is health organizational science. Any of these core conceptual areas can be applied to a substantive field within health services research. Such substantive fields include: long term care, child health services, mental health, substance abuse, quality assurance, health information systems or other areas approved by the student's advisor and doctoral committee. A total of 65 semester-credit hours is required for the Ph.D. in health services research.

Coursework Requirements

Core Health Research Methods (17 semester-credit hours)

Introduction to Health Services Research
Health Services Research Methods
Applied Health Services Research I
Applied Health Services Research II
Secondary Analysis of Health Data
Qualitative Methodology
Foundations of Health Services Research

Core Conceptual Frameworks (9 semester-credit hours)

Health Politics and Policy
Health Economics
Organization Theory and Applications

Additional Coursework (39 semester-credit hours)

- Five additional statistics/research methods courses to be approved by the student's advisor and the Departmental Doctoral Studies Committee (DSC) (15 semester-credit hours)

Three courses approved by the DSC in any of the following three cognates (9 semester-credit hours). The courses listed below simply illustrate the types of courses the student might take. Any course approved by the DSC can fulfill the requirement.

- *Health Politics and Policy (illustration)*
 - Cost-effectiveness Analysis for Health
 - Evaluating Quality and Utilization Management
 - Social Welfare Policy (Bush School)
- *Health Organization Science (illustration)*
 - Seminar in Organizational Behavior
 - Inter-organizational Relations
 - Management of Innovation in Health Services

- *Health Economics (illustration)*
 - Cost-effectiveness Analysis for Health
 - Health Insurance and Managed Care
 - Applied Micro-Economics

Three courses in a specialized substantive field approved by the DSC (9 semester-credit hours).

- A dissertation or a sequence of three publishable research papers approved by the Student Doctoral Studies Committee (SDS) as the doctoral capstone (usually 6-9 semester-credit hours)

More specific information regarding course sequences, committee, exams, and program completion is described under the heading, “Progressing toward the Ph.D. in Health Services Research.”

Admission to the Ph.D. in Health Services Research

Admission to the Ph.D. in Health Services Research is very competitive. Completion of the Ph.D. program requires strong preparation and intelligence as well as a deep commitment to research and advancing knowledge associated with key health services issues and associated populations, communities, professionals, organizations, systems, and policies. Health Services Research requires advanced knowledge of statistical and theoretical models and an ability to apply both to current health policy issues in scientific oral and written format. The admission process is intended to explore prospective students knowledge of these issues and measure all of these elements.

Admissions Criteria for the Doctoral Degree Programs

Applicants must hold a bachelor’s degree from an accredited college or university. It is expected that most successful applicants to the program will hold a master’s degree (e.g., MPH, MSPH) from an accredited program in public health. Either the Graduate Record Examination (GRE) or the Graduate Management Admission Test (GMAT) is required for admission to the doctoral degree program. Three letters of recommendation will be carefully considered. An applicant will also participate in an interview, either in-person or by telephone.

Applicants whose native language is not English are required to submit acceptable scores (paper 570 or higher; computer 230 or higher) on the Test of English as a Foreign Language (TOEFL) as outlined in the admissions section of the School of Rural Public Health Catalog.

Complete student applications are reviewed by the members of the Health Policy and Management Department Doctoral Studies Committee (DSC). The DSC members consider a number of factors during their evaluation process, including grade point average, area of concentration in student’s master’s degree, letters of recommendation, letter of application describing prior work and rationale for seeking a doctoral degree in the specified area, and competitive GRE or GMAT scores. It is possible that a deficiency with respect to one criterion may be offset by strengths with respect to others.

Provisional Admissions to the Doctoral Degree Programs

Any departure from standard admission requirements must be based upon DSC recognition of compensating strengths in other areas of the student’s application. Provisional admissions must be approved by the DSC, department head, and Associate Dean for Academic Affairs.

The criteria that provisional students must meet, and the times by which they must be met in order to be removed from provisional status are specified at the time of admission. Beyond these requirements, student admitted on provisional status share all the rights and responsibilities of students admitted under the standard admission requirements.

Leveling Requirements

All foreign students enrolling in the Ph.D. program who have a master's in public health from a foreign university will be required to take PHPM 601 and PHPM 605 as leveling courses. Any student enrolling in the Ph.D. program without a master's in public health will be required to take PHPM 601, PHPM 605, and PHSB 603 as leveling courses. Leveling courses will not be considered toward meeting the hour requirements for the Ph.D. All leveling courses must be completed with a grade of B or A, prior to the student's comprehensive exam. These requirements, in part or in whole, can be waived in individual cases by a majority vote of the Departmental Doctoral Studies Committee and consent of the Department Head. If entering students have not had a graduate level statistics class equivalent to STAT 651 or PHEB 602, they must complete a leveling statistics course prior to taking PHPM 672.

Progressing toward the Ph.D. in Health Services Research

The following presentation contains sample curriculum progressions for the full-time Ph.D. student choosing each cognate area. It then provides a timetable of activities and steps to be completed by the student in completing the degree. This is followed by a description of the committees and major events associated with steps along the way. The presentation is based on the admission of a new cohort of students every other year.

Course Sequence

Doctor of Philosophy (Ph.D.) in Health Services Research
Approximate Course Sequence for all cognates

First Fall Semester		First Spring Semester		First Summer Semester**	
*PHPM 671	Intro. to Health Services Research	PHPM 661	Intro. to Health Economics	PHPM 676	Analytical Issues in Health Services Research
*PHPM 668	Applied Health Services Research I (1 cr)	*PHPM 672	Data science for health services research		
*PHPM 641	Health Politics & Policy	*PHPM 669	Applied Health Services Res II (1 cr)		
*PHPM 619	Org Theory & Applied in the Study of Health Services	PHEB 603	Biostatistics II (or equivalent; or other methods class)		
Second Fall Semester		Second Spring Semester		Second Summer Semester	
PHEB	Categorical Data Analysis		Multivariate Statistical Methods Course		
	Statistical Methods or Cognate Course	*PHPM 676	Secondary Analysis of Health Data	Qualifying Exam – Requires completion of Cognate Courses	
	Methods Course or Cognate Course		Cognate course		
Third Fall Semester		Third Spring Semester		Third Summer Semester	
	Elective (Methods, or Substantive Area)		Specialty or Substantive Course		Elective (Methods, or Substantive Area)
	Secondary Analysis of Health Data		Specialty or Substantive Course	Comprehensive Exam and proposal submission	
	Specialty or Substantive Course		Elective (Methods or Substantive Area)		
Fourth Fall Semester		Fourth Spring Semester		Fourth Summer Semester	
PHPM 695	Doctoral Capstone (3-9 hours) ***	PHPM 695	Doctoral Capstone (3-9 hours)***	PROGRAM COMPLETED	
	Other courses as desired		Other courses as desired		

65 Hours (minimum)

***This course is offered every other year.**

**** Summer hours are not required, unless employed as a GAR**

***** Must be enrolled in 9 hours during fall and spring if employed as a GAR.**

Cognates: (others accepted if approved by DSC)

Health Politics and Policy	Health Organizational Science	Health Economics
PHPM 663 Cost-effectiveness analysis (2 nd spring)	PHPM 621 Interorganizational Relations (Gamm)	PHPM 663 Cost-effectiveness analysis (2 nd spring)
PHPM 654 Health insurance & managed care (currently Fall)	PHPM 622 Management of Innovation in Health Services (Gamm)	PHPM 654 Health insurance & managed care (currently Fall)
Health Policy at Bush School	MGMT 634 Seminar in Organizational Behavior	BUSH 621 Economic Analysis (Fall)
Social Welfare Policy at Bush School	Readings Course with PHPM organization science faculty	Readings Course with PHPM economics faculty
Readings Course with PHPM policy faculty	Other Course approved by DSC	Other Course approved by DSC
Other Course approved by DSC		

Qualifying exams will be held in June of second year.

Comprehensive exams will usually be held in summer of third year.

Defense of Capstone product will usually be done in late fall or spring of fourth year.

Ph.D. in Health Services Research Student Checklist

✓	Month	Item	Accompanying Form	Explanation
Year One				
	August	Advisor Appointed Upon Admission		
	September	Initial Degree Plan Submitted	Degree Plan Template	
	August	Annual Review-DSC	Annual Review Form	
Year Two				
	September	Revised Degree Plan Submitted	Degree Plan Template	
	June	Qualifying Exam	Report of Qualifying Exam	Completed after minimum of 36 semester credit hours
	August	Annual Review-DSC	Annual Review Form	
Year Three				
	August	Student Doctoral Studies Committee and Substantive Area Chosen	Student Doctoral Studies Committee Selection Form	
	September	Revised Degree Plan Submitted	Degree Plan Template	
	July-May	Capstone Proposal	Proposal Title Page	Submitted to SDS no earlier than passing qualifying exam and no later than two weeks prior to comprehensive exam.
	June	Comprehensive Exam	Report of Comprehensive Exam	
	June	Admission to Candidacy		
	July	Dissertation Committee Chosen	Dissertation Committee Membership Form	
	August	Annual Review-DSC	Annual Review Form	
Year Four				
	September	Revised Degree Plan Submitted	Degree Plan Template	
	Spring Semester	Capstone Completion		
		Schedule defense	Final Defense Request and Announcement	See Devy Hardeman in Office of Student Affairs for details; to http://srph.tamhsc.edu/current-students/thesis-dissertation/deadlines.html
		Defend dissertation	Defense Outcome Form	

For all forms, go to myhsc.tamhsc.edu.

At the beginning of the semester you plan to graduate, you will need to do the following:

1. Apply online for graduation
2. Submit a FINAL degree plan
3. Submit commencement participation form

Ph.D. Program Committees, Exams, and Events

Departmental Doctoral Committee Membership & Charge

The Health Policy and Management Departmental Doctoral Committee (DDC) for the Ph.D. in Health Services Research is comprised of no fewer than four faculty, including at least one member representing each of the cognate areas, additional HPM faculty members, and at least one student representative (having already completed his/her qualifying examination). The Department Head is a non-voting, ex-officio member of this committee.

Acting in “executive session,” i.e., without the student member present, the DDC is responsible for the following duties:

- appointing the student’s advisor
- approving members of the student’s doctoral studies committee (SDS),
- conduct an annual performance review of each doctoral student, with input from the student’s advisor.
- administering the qualifying exam to all eligible Ph.D. students,

Acting in regular session, the DSC is also responsible for making admissions recommendations, considering doctoral program changes, weighing curriculum changes, and performing other program duties as assigned.

Student Advising

Each student will have a primary advisor appointed by the DSC. Responsibilities of the advisor include the following:

- initial advising and direction of the student and selection of initial coursework
- facilitating the completion of the student’s initial plan of study, in consultation with the student, by the end of the student’s second semester of coursework and submitting it to the department head for approval
- reviewing student progress in the first two years of study (up until the qualifying examination) and forwarding their assessment of student progress to the DSC prior to its annual review

Doctoral Student Qualifying Examination

After satisfactory completion of a minimum of 36 semester credit hours of required coursework for the doctoral degree (or in the case of transfer or waived credits, 12 or more credit hours of doctoral course work and no sooner than completion of two academic semesters of course work), the student will participate in a qualifying examination of the student’s performance in *core courses, methods, and all cognate courses* to that date. The written exam is administered by the DSC (along with other faculty designated by the DSC) and will occur by the second week of June each year.

The qualify exam is a four day exam, usually administered Thursday, Friday, Monday, and Tuesday. The first day of the exam is devoted to research design issues and methodology. The second day is devoted to questions over the student's secondary cognate area. The third day is also devoted to questions over the student's primary cognate area. Days three and four may be reversed in some instances. The fourth day is devoted to the review of an article. Qualifying exams will be held only in June.

Failure of any portion of the written exam requires an oral examination administered by DSC supplemented with additional faculty at the direction of the DSC (e.g., the student's advisor or faculty members who participated in writing the exam questions). Failure in the oral requires that the student re-take the failed portion of the exam. Failure of more than one portion of the exam may result, at the discretion of the DSC, in dismissal of the student from the program.

The results of the qualifying exam are reported to the Associate Dean for Academic Affairs (e.g., pass; pass with proviso, requirements, or recommendations; or failure) with recommendations regarding student's repeating the exam or dropping the program in the event the student did not pass the examination.

The student should retake the one or more failed portions of the written exam within six months. Failure of any part of the written exam on re-take will result in dismissal from the doctoral program.

Student Doctoral Studies Committee Membership & Charge

The Student Doctoral Studies Committee (SDS) for the student in the doctoral program will be comprised of a minimum of four members. The chair of the SDS Committee must have written a doctoral thesis. The chair and at least one other member of the SDS must be members of the student's home department's tenured or tenure-track faculty. One member must be a faculty member outside the student's home department. All four must be members of the graduate faculty of the Texas A&M Health Science Center's School of Graduate Studies. Committee members and the chair of the committee are selected by the student for approval with the department head and the DDC. Proposed membership should be forwarded to the DSC within one month of the student successfully completing the qualifying examination. Any changes in composition of the SDS, or exceptions to this policy, must be approved by the DDC.

Responsibilities of the SDS include the following:

- approving the student's degree plan (should be submitted no later than within 6 weeks of the student passing the qualifying examination)
- approving the capstone proposal
- conducting the comprehensive examination

Capstone proposal

The capstone proposal will be submitted to the student's doctoral committee no earlier than successful completion of the qualifying exam and no later than two weeks prior to scheduled

comprehensive exam. The capstone proposal will be either a dissertation proposal or a proposal for three professional papers of publishable quality (see attachment outlining options).

Doctoral Student Comprehensive Examination

After satisfactory completion of all required doctoral program coursework (typically within 12 months of the qualifying exam, or after the end of the 6th semester for full time students) the student will take a comprehensive examination administered by the SDS.

Two weeks prior to the comprehensive exam, the student must submit their capstone proposal to the SDS.

The comprehensive exam is a three day exam. It includes a written component and an oral component. The written portion of the comprehensive exam is designed to assess mastery in the student's chosen field of specialization (day one) and related research methods (day two).

The oral portion of the comprehensive examination (day three), focuses on the capstone proposal and on any failed portion of the written comprehensive or any response the SDS members wish to discuss.

Failure on the oral exam requires that the student re-take the failed portion of the exam. The SDS may also require the completion of additional coursework prior to the student re-taking the failed portion of the exam. Failure of more than one portion of the exam may, at the discretion of the SDS, result in a recommendation to the DSC that the student be dismissed from the program. The DSC will review the exam, the student's course work, and interview members of the SDS in order to reach a decision.

Failure of any portion of the exam a second time will result in the dismissal of the student from the program.

Student Capstone Committee Membership & Charge

The Student Capstone Committee (SCC) for the student in the doctoral program will be comprised of a minimum of four members. The chair and at least one other member of the SCC must be members of the student's home department's tenured or tenure-track faculty. One member must be a tenured or tenure-track faculty member outside the student's home department. All four must be members of the graduate faculty of the TAMHSC School of Graduate Studies.

Committee members and the chair of the committee are selected by the student for approval by the department head and the DSC. Proposed membership should be forwarded to the DSC within one month of the student successfully completing the qualifying examination. Any changes in composition of the SCC, or exceptions to this policy, must be approved by the DSC and the Associate Dean for Academic Programs.

Responsibilities of the SCC include the following:

- approving the student's final degree plan

- providing oversight of the completion of the capstone product(s)
- conducting the final examination over the capstone project

Capstone Product(s)

In addition to the standard dissertation option, doctoral students may select a second option that includes the preparation and submission of three manuscripts of publishable quality. Each of these manuscripts must be completed following admission to the doctoral degree program. At least two of the three manuscripts must be based upon empirical research conducted by the student. The third manuscript may be either a paper that addresses other research content (e.g., a comprehensive literature review, a contribution to the theoretical literature, or a related scholarly effort).

All three manuscripts must be considered to be of publishable quality in a peer-reviewed journal and at least one must be submitted to a peer-reviewed journal prior to the capstone completion and final examination.

Capstone Completion. Presentation, and Oral Examination

The student participates in a formal public oral presentation of either the content of the dissertation or at least two of the three completed and SCC-approved capstone papers. Following the presentation, a private oral examination over the capstone product(s) is conducted by the SDS. Any student who fails this examination will be instructed by the SCC on the necessary preparations for a second required oral defense at a specified time. A failure of the second oral can result in dismissal from the program.

The SCC will report the examination results (along with evaluation ratings by members) to the DSC and Associate Dean for Academic Affairs.

Submission of the Final Capstone Product

The dissertation or other capstone product with SCC committee member signatures and department head signature must be submitted to the appropriate office one month before the degree is conferred.

Capstone Project Structure Options

General Requirements for all doctoral students' capstone project:

- Title page
- Signature page indicating requisite approvals
- Project Abstract
- Dedication page (optional)
- Acknowledgement page (optional)
- Table of Contents
- List of Figures
- List of Tables

Option 1: Dissertation

Chpt One:	Introduction (including a comprehensive review of the pertinent background literature for the project)
Chpt Two:	Methods (including a detailed description of all methodologies, materials, and protocols used in the generation of the data)
Chpt Three thru n :	Results (description of collected data and observations)
Chpt $n + 1$:	Discussion (overall summary of conclusions and interpretation of the data with integration of new observations into the existing body of knowledge)
References:	A single reference section consisting of all references cited in all chapters

Option 2: Three Publishable Papers

Chpt One:	Introduction (a review of the pertinent background literature for the major project content)
Chpt Two thru 4:	Results presented in manuscript form (each chapter would therefore have the typical manuscript format of an introduction/literature review, materials & methods, results, and discussion. Chapters should be in the format required by the professional journal to which they will be submitted. In the Capstone, no authors other than the doctoral candidate are to be noted for these chapters, any co-authors or potential co-authors should be mentioned in the acknowledgements.
Chpt 5:	Discussion (overall summary of conclusions and interpretation of the data with integration of new observations into the existing body of knowledge)
References:	In this format, each chapter would have its own reference section rather than a composite reference section of the conclusion of the document

Transfer Credits, Course Grades, and Student Standing

Transfer Credits, Substitutions, and Course Waivers for the Doctoral Degree Programs

Up to 12 credits of coursework taken at another accredited graduate degree granting institution (and that are not courses counted toward another degree) can be transferred into their SRPH degree plan if they satisfy Ph.D. program course requirements or electives.

Additional required courses within the doctoral degree program may be waived if either (1) the specific courses were taken as a part of the MSPH, MPH, or MHA at the Texas A&M University System Health Science Center School of Rural Public Health and the student earned either an A or a B, or (2) similar courses were completed within the previous five years at another accredited graduate degree granting institution. In the second instance, the student must demonstrate that the course content either matched or exceeded the content of the required coursework in question and that the student received either an A or a B for the course.

Finally, students may be allowed to substitute more advanced or otherwise appropriate courses for required coursework depending on prior experience or interest area. Irrespective of waivers, transfer credits, or substitutions, students are still accountable for the general content of the core courses during the qualifying examination process. All transfer credits, waivers, or substitutions must have the approval of the department doctoral committee and the Associate Dean for Academic Affairs.

No more than 21 semester credit hours of the doctoral degree program may be accounted for by transfer or waived courses. Thus, the minimum required number of credits, assuming the maximum number of transfer and or waived semester credit hours, is 44 semester credit hours.

Unsatisfactory Grades

Students are required to receive a “C” or better on all courses on their official degree plan. Students receiving either a “D” or an “F” on a course on their degree plan are required to retake the course in its entirety. Although the student is required to achieve a minimum of a “C” on all courses on the official degree plan, the grade received the second time the student takes a specific course will be the grade recorded on the student’s final transcript (regardless of grade received in subsequent attempts to pass the course) and included in the calculation of the student’s GPA.

A student must have a GPA of 3.50 or higher among courses included on the student’s official degree plan in order to take qualifying exams, comprehensive exams, or submit capstone products.

Academic Probation for Doctoral Students

If a student’s cumulative GPA falls below a 3.00 the student will automatically be placed on probation. The student will be required to raise their overall GPA to a 3.00 within one semester unless the department doctoral committee and the Associate Dean for Academic Affairs approve

an alternative plan. A student unable to raise his/her GPA above 3.00 within the specified time will be removed from the program. Likewise, students entering the program under probation will not be allowed to continue in the program if unable to meet the terms of their probation (i.e., achieving a 3.00 or a 3.50 GPA in their first 9 – 18 semester credit hours of specified coursework).

Following the annual review of all doctoral students, any student placed (or remaining) on academic probation, or who is experiencing other difficulties in the program, must receive a statement from his or her advisor regarding the nature of the problematic condition(s) and actions required of the students to rectify the difficulties. A copy of this statement must be forwarded to the chair of the DSC and to the Associate Dean for Academic Affairs.

Time Limits

All requirements for the Ph.D. must be completed within 10 consecutive calendar years of entry into the doctoral program in HSR.

Principal Faculty Associated with the Ph.D. in Health Services Research

Name	School	Research Interests
Jane N. Bolin, RN, JD, Ph.D.	Penn State University	Chronic disease management in rural areas, diabetes prevention and management, health law and ethics, provider fraud and abuse and healthcare quality
Murray J. Côté, Ph.D.	Texas A&M University	Health care operations, including patient flow, capacity planning and management, demand forecasting, and nurse staffing and scheduling
Larry D. Gamm, Ph.D.	University of Iowa	Health organization transformation, health information systems, disease management, and community health partnerships
Sean Gregory, MBA, PhD	University of Minnesota	Health organizations, Performance of Market-based health reforms, Hospital/Physician partnerships/integration, Professional dynamics and identities, Decision Science applications in health care
Catherine Hawes, Ph.D.	University of Texas	Identifying effective regulatory policies; defining, measuring, and assuring quality in LTC; and developing and evaluating interventions, including assessment and clinical care planning, aimed at improving provider performance.
Bitia A. Kash, Ph.D., MBA, FACHE	Texas A&M Health Science Center	Organizational performance, nursing home staffing and cost, specializing in workforce issues and management capacity building
Darcy McMaughan, Ph.D.	Texas A&M Health Science Center	Estimating the prevalence of elder abuse in nursing homes, encouraging antibiotic stewardship in long term care, and investigating unlicensed board and care homes
Robert L.	University of	Analyses of health care service use related to chronic

Ohsfeldt, Ph.D.	Houston	disease in the HRS/AHEAD panel data, the effectiveness of alternative treatments for diabetic foot ulcers, and the effectiveness of community health workers in a diabetes disease management program
Charles Phillips, Ph.D., MPH	University of Texas	Measuring and evaluating quality of care and quality of life in care settings providing long-term care to the frail elderly and disabled
Barbara Quiram, Ph.D.	Texas A&M University	Leads the school's efforts in areas of emergency preparedness/bioterrorism, rural public health systems, and public health workforce competencies. Her interests include rural emergency preparedness, rural public health infrastructure, health policy, and rural community development.
Tiffany A. Radcliff, Ph.D.	University of Minnesota	Health economics, health policy, and health services research. Topical areas of interest have included improving quality of care in long-term care, access to care for rural and other underserved populations, improving care processes and outcomes, and economic evaluation
Ciro V. Sumaya, MD, MPHTM**	The University of Texas Medical Branch	Health work force and policy issues, health of and health care systems for underserved, vulnerable, and special need populations, pediatric infectious diseases
Rebecca Wells, Ph.D.	University of Michigan	How do health and human service organizations improve health services access for marginalized populations? Focus on how people work together within and across organizations, using regression analyses, qualitative techniques, and social network methods.
Monica Wendel, D.Ph.	Texas A&M Health Science Center	community health development, organizational and community capacity building, health disparities, community-based participatory research, and childhood obesity

**Not available to serve as Chair of a SDS Committee, but may serve as member of a committee

Other Academic Policies and Procedures

School of Rural Public Health Graduate Student Handbook
<http://srph.tamhsc.edu/current-students/index.html>