

COMPETENCY ASSESSMENT FOR GRADUATE HEALTHCARE MANAGEMENT PROGRAMS: **PERSPECTIVES FROM THE FIELD**

March 2020



Commission on Accreditation
of Healthcare Management Education

FORWARD



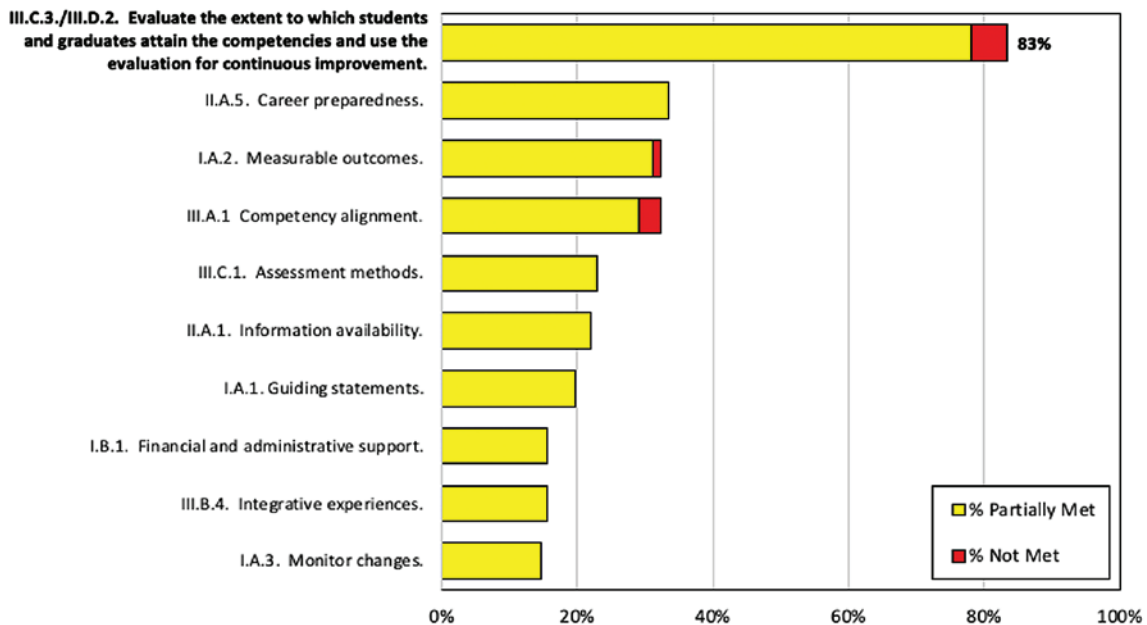
Anthony C. Stanowski, DHA, FACHE
President and CEO
Commission on Accreditation of Healthcare Management Education

Healthcare and higher education are embracing the use of data for quality improvement. Measurement leads to improvement. Not only does data aid continuous quality improvement in the delivery of care, but it is increasingly used to make sure graduates of CAHME accredited programs are prepared to lead the profession.

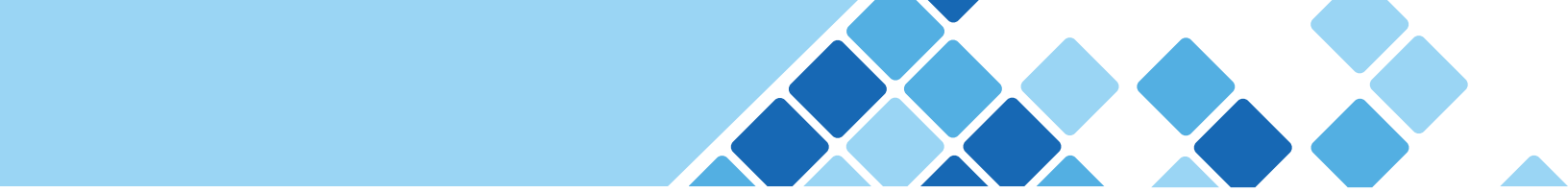
If you are a program director of a healthcare management program, how do you know if your students are gaining the skills and learning the lessons your curriculum intends? Healthcare employers increasingly care about the results of their new hire’s education rather than the process. Competency assessment is the path forward.

While the idea of tracking student competency development seems intuitive, the implementation can be challenging. Examining site visit data from Spring of 2013 through Fall of 2019, CAHME found that 83% of its programs received a “partially met” or “not met” in competency assessment (Figure 1). The past chair of CAHME’s Standards Council and Texas State University faculty member Brad Beauvais, PhD, MBA, MA, FACHE highlights the challenge: “No two programs are alike, no two competency models are alike, none of the faculty are alike, but the secret sauce is to generate good ideas and good discussion around how competency based assessments can be advanced in programs.”

Figure 1: Top 10 Criteria “Partially Met” and “Not Met” by CAHME programs from Spring 2013 to Fall 2019



*N=96 site visits Spring 2013-Fall 2019.



CAHME programs use many methods to develop their competency assessment plan, from boot-strapped excel documents to plug and play LMS platforms such as those developed by Peregrine Academic Services. Best practices from successful programs include establishing a competency assessment timeline, forming universal rubrics that map courses and individual assignments to competencies, and establishing a standard advising checklist.

The idea of competency assessment is not to stifle creativity and have every program look and function the same. Rather, it encourages students to actively participate in their professional development, and faculty to tailor their teaching based on student need. Jerry Ledlow, PhD, FACHE, Dean and Professor, School of Community and Rural Health, at the University of Texas Health Science Center at Tyler observed: “In my teaching experience, understanding the student’s learning styles makes a huge difference as a professor. It gives me a lot more satisfaction...to understand...to modify... and to tailor my course to the students.”

CAHME CATEGORIZES COMPETENCIES INTO FIVE MAIN BUCKETS:

- Knowledge of the healthcare system
- Communications and interpersonal effectiveness
- Critical thinking, analysis, and problems solving
- Management and leadership
- Professionalism and ethics

As graduate healthcare programs continue to advance in their competency journey, students will be able to better assess courses to select. They will be able to enter the workforce with more confidence and get results at their new job more quickly.

We assembled best practices and a futurist view from leading academics from six programs that range in accreditation experience from more than 50 to less than 10 years. We also included a program in their self-study year, and a program that has recently applied for CAHME Accreditation. Degree types include MBA, MHA, and MS programs. CAHME hopes that the insights and best practices of faculty from these programs allow you to advance the quality of graduate healthcare management education in your program, whatever your degree and wherever you are in the accreditation process, as you proceed on your #COMPETENCYJOURNEY.



CASE STUDIES IN COMPETENCY ASSESSMENT

1. BAYLOR UNIVERSITY



Cherise Bridgwater, MBA, FACHE
Director, Accreditation and Operations
Robbins Institute for Health Policy and Leadership
Hankamer School of Business
Baylor University
Waco, Texas

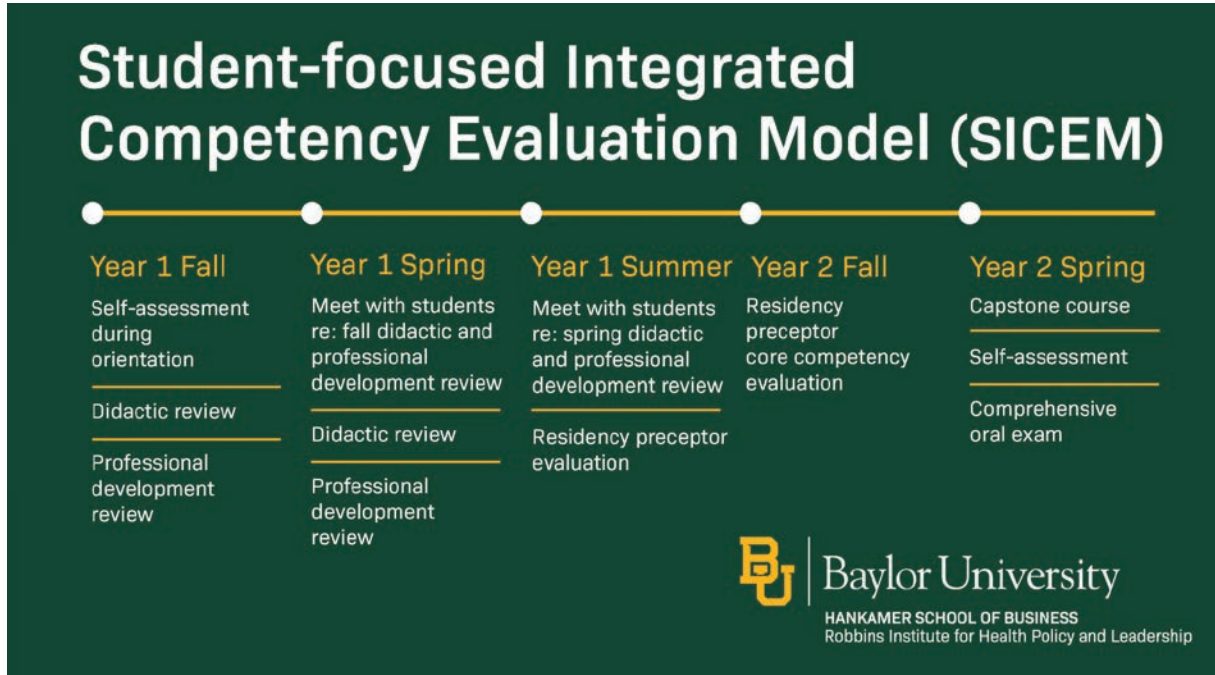
CAHME Status: Accredited since 2009

The Baylor University Robbins MBA in Healthcare Administration Specialization Program was founded in 2003 and aims to provide a reliable source of motivated, committed, and highly trained executive leaders for service to the healthcare industry. The program, which is situated within Baylor’s Hankamer School of Business, is a 21-month, 58-hour program designed for those seeking early-career leadership positions within the healthcare industry.

Baylor utilizes a competency model that was cultivated through the dedication of Advisory Council members, faculty, alumni, and administration using several leading competency models (e.g., NCHL) as a base. The model consists of 6 domains, 24 competencies, and 87 sub-competencies. These competencies are essential to leadership success within the industry. To note, the 87 sub-competencies provide better definition of the 24 core competencies, and the 24 core competencies are those competencies which are reviewed and assessed for each student in the Student-focused Integrated Competency Evaluation Model (“SICEM”; the name for the competency assessment process). A sample student scorecard is noted in [Figure 2](#).



Since the program is housed within the business school, the competency model is directly tied to the MBA Learning Goals and is a joint effort between MBA and healthcare faculty. The program employs a continuous improvement philosophy. Otherwise stated, faculty regularly convene at various meetings—weekly healthcare faculty, bi-weekly MBA core faculty, and semi-annual Advisory Council—to discuss and review competencies that might need to be modified.



The competency assessment process, the SICEM, includes oral and written feedback to the students throughout the program. During orientation, students reflect on their competency progress via self-assessment as well as take a subjective test to assess their baseline. Then, throughout the program, faculty evaluate didactic competencies and regularly meet with students to provide feedback. The program additionally employs professional development and leadership evaluation: the focus being on the social, emotional, professional, and leadership skills that are necessary for success within an executive environment. Since the program's mission focuses on early careerists, the professional development and leadership competency review and feedback of the SICEM are essential for successful residency and job placement.

Another aspect of the SICEM is the preceptor feedback provided to students during the administrative residency. This external touch point allows the opportunity for collaboration with preceptors as well as the ability to further tailor the curriculum and better prepare students for their upcoming careers.

Lastly, the SICEM provides students with a comprehensive final assessment through the capstone course, self-assessment, subjective test, and comprehensive oral exam. Each comprehensive oral examination panel, around four or five individuals, employs the expertise of chief executives, clinical professionals, alumni, and academics. This assessment allows students not only to see their competency progress but also how they might react in challenging boardroom situations. The examination furthermore shows how the program might better adapt the curriculum for future cohorts.

To implement the SICEM, Baylor uses a manual process. Program leadership and faculty use various tools, including Microsoft Excel and Word, to create communications for external and internal stakeholders. In the future, the program may consider using the Peregrine Healthcare Administration Assessment as an enhancement in order to benchmark student performance across other programs. Moreover, since the program is relatively small (i.e., 15 to 20 students in each cohort), meetings can occur on an as-needed basis. The process provides one-on-one written and oral feedback in a personal and direct approach as well as assesses technical and professional skills. As a result, the SICEM is quite labor-intensive, time-consuming, and not automated. Nevertheless, despite its challenges, the SICEM provides important benefits for continuous improvement and effectively prepares students for the ever-changing healthcare landscape.



Figure 2: Baylor University, MBA Healthcare Program, Student-focused Integrated Competency Evaluation Model (SICEM)

DOMAIN Competency		S.A.	Fall 2016	Spring 2017	Preceptor	Spring 2018	Final S.A.	Orals
Knowledge of the Healthcare Environment	Healthcare Environment	2.00	4.00	4.00	4.00	4.33	4.33	4.17
	Economics and Statistical Methods	2.00	4.00	4.00	5.00	4.50	4.00	
	Policy and Advocacy	2.00	4.00	4.00	3.00	4.00	4.50	
	Population Health	2.00	3.50	4.00	3.50	4.00	4.20	
Critical Thinking and Analysis	Critical Thinking and Analysis	3.33	4.00	4.50	4.50	4.67	4.33	4.00
	Innovative Thinking	3.67	4.17	4.50	4.50	4.43	5.00	
	Information Seeking	3.50	4.00	4.50	5.00	4.67	5.00	
Business and Management Knowledge	Financial Skills	1.80	4.00	4.00	4.00	4.50	4.00	4.00
	Strategic Orientation	2.00	4.00	4.50	4.00	4.50	4.00	
	IT Management	2.00	4.00	5.00	3.50	5.00	4.00	
	Organizational Awareness	3.00	4.00	4.50	5.00	4.50	4.50	
	Performance Measurement	1.50	4.00	4.00	4.50	4.33	5.00	
	Organizational Design and Governance	2.00	4.00	4.00	4.00	4.00	4.00	
Political and Community Development	Community Orientation	2.33	5.00	5.00	NO	5.00	4.00	4.00
	Professionalism	3.75	5.00	5.00	4.00	5.00	5.00	
	Relationship Building	4.00	5.00	5.00	5.00	5.00	5.00	
Communication	Communication Skills	3.75	4.00	4.00	4.50	4.33	4.50	3.83
	Interpersonal Communication	3.50	4.50	5.00	4.00	5.00	4.75	
Professional Development and Leadership	Personal Leadership	3.50	5.00	5.00	5.00	5.00	4.83	4.00
	Change Leadership	2.67	4.00	4.00	3.50	4.00	4.67	
	Collaboration	4.00	5.00	5.00	4.00	5.00	5.00	
	Self-Confidence	4.00	4.00	4.50	4.00	4.75	5.00	
	Self-Development	3.75	5.00	5.00	4.00	5.00	5.00	
	Accountability	3.25	5.00	5.00	4.00	5.00	4.00	

Scale

- 0 = No Knowledge
- 1 = Novice
- 2 = Adv Beginner
- 3 = Competent
- 4 = Proficient
- 5 = Expert

2. THE UNIVERSITY OF IOWA



THE UNIVERSITY OF IOWA

Dan Gentry, PhD*
Clinical Professor
Health Management and Policy
College of Public Health
University of Iowa
Iowa City, IA

**Effective March 2020, Dr. Gentry is the President/CEO of AUPHA*

CAHME Status: Accredited since 1968

The University of Iowa MHA Program, founded in 1947, resides in the Department of Health Management and Policy, one of five departments in the College of Public Health. The Program has two tracks:

a traditional track (MHA) for students who relocate to Iowa City from across the country and typically enter graduate school right out of their undergraduate degrees or with one or two years of work experience; and, an executive track (EMHA) which requires current full-time work in healthcare with a minimum of five years of professional experience. Approximately 65% of current Iowa EMHA students are clinicians. The MHA and EMHA require 60 and 45 credit hours of graduate study, respectively.

The curriculum is based on 31 competencies across four primary domains and five sub-domains: Leading People (Professionalism and Team Development), Managing Resources (Finances, Operations, and Information), Setting Strategic Direction, and Improving Population Health.



The Iowa Program uses both direct and indirect methods to assess student attainment of competencies. Indirect methods are primarily focused on student self-assessment of all 31 competencies (at 7 points in time for the MHA and at 4 points in time for the EMHA) at the Program level, self-assessment of a subset of 10 competencies for the required MHA Internship in the traditional track, and student reflection focused on the results of major assignments tied to the primary one or two competencies in each required course. Direct assessment is accomplished through instructor assessment of course-embedded assignments (“sentinel assignments”) tied to the primary competency or two in each required course, preceptor assessment of a subset of competencies in MHA Internships for the traditional track, and instructor assessment of a large subset of competencies in the MHA and EMHA Capstone.

All outcomes of these efforts — student self-assessments, instructor-assessed sentinel assignments and student reflection of performance, internship self-assessments and preceptor assessments, and instructor-assessed Capstone assignments — are archived in the Iowa MHA and EMHA iFolios. The iFolios also accommodate periodic systematic collection of student resumes, advising team documentation, MHA Internship deliverables, graduates’ continuing education plans (tied to the competencies), and EMHA Capstone projects.

Results of student assessment of competencies for each student (for the past semester) are communicated and discussed in individual 30-minute meetings at the beginning of each semester and just prior to graduation with either the MHA/EMHA Program Director or the Executive-in-Residence.

Aggregate results, by cohort for both the MHA and EMHA, of assessment of students’ attainment of competencies are reviewed, discussed, and utilized for quality improvement efforts by the MHA/EMHA Quality Improvement Committee (QIC), which meets monthly during the academic year.



3. JOHNS HOPKINS UNIVERSITY



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Mark J. Bittle, DrPH, MBA, FACHE
Senior Scientist, Health Policy and Management
Program Director: Master of Health Administration (MHA)
and Master of Applied Science in Population
Health Management
Johns Hopkins Bloomberg School of Public Health
Baltimore, MD

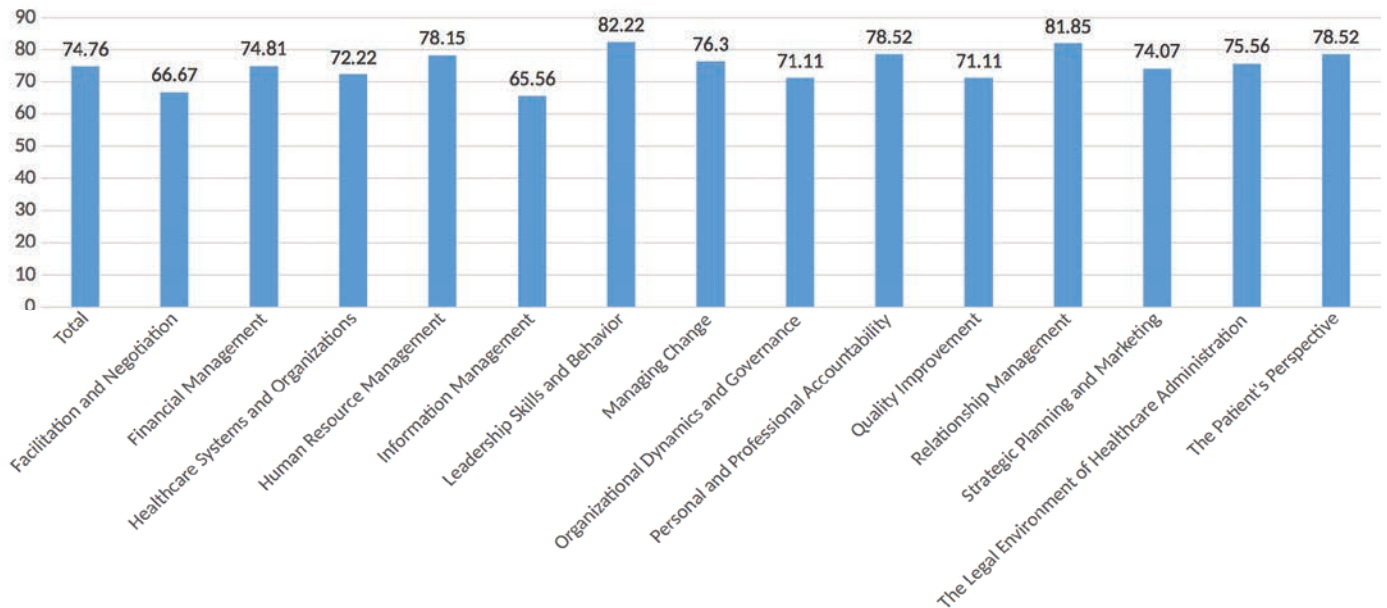
CAHME Status: Accredited since 1992

The JHU-MHA is a two-year, cohort program in which students complete an accelerated didactic curriculum followed by an 11-month administrative residency (i.e. built-in fellowship). For nearly 4 decades, our commitment remains focused on graduating students who are prepared to face current challenges and who value continuous learning; able to critically assess the landscape and adapt to an uncertain future.

Measuring competency attainment is an area of intense focus and debate. The approach to defining and assessing competencies within the JHU-MHA program continues to evolve. Our MHA competency model has 5 domains, divided into two categories: Knowledge-based (what you need to know) and Practice-based (behaviors).



Figure 3: Johns Hopkins Bloomberg Master of Health Administration Inbound Assessment



To assess the knowledge-based competencies, we are piloting a standardized assessment service. The incoming cohort completes an inbound assessment to establish a baseline across 14 knowledge domains. At the completion of year 1, students complete an outbound assessment based on the same 14 domains. The inbound and outbound results (Figure 3) will be used to:

- 1) assess and demonstrate improvement in the requisite knowledge areas,
- 2) evaluate course-specific and curriculum-specific enhancement opportunities, and
- 3) benchmark domain-specific performance against like programs in the database.

To assess Practice-based competencies, we use a combination of a) student self-assessment with advisor review, and b) residency preceptor-facilitated assessment. Admitted students complete an online competency self-assessment in our LMS portfolio. They are asked to self-assess along the dimensions of basic, intermediate, and advanced for each of the program's competencies. Each student then meets with their faculty advisor to review the baseline self-assessment. The review session is used to validate the student's scoring and students are asked to explain any item identified as intermediate or advanced. Upon advisor approval, the self-assessment becomes part of the student's academic portfolio.

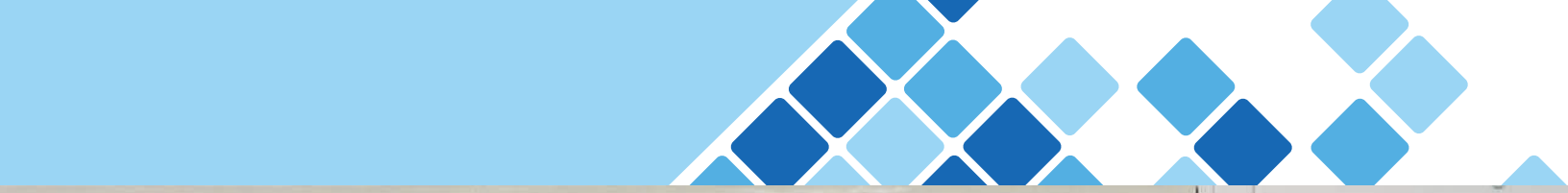


In year 2, students begin their 11-month administrative residency. Each student has an assigned residency preceptor. The preceptor is the senior leader identified in each of our partner residency sites who is responsible for ensuring learning objectives are achieved. Preceptors hold a faculty appointment to reinforce this obligation and commitment. A Competency Assessment rubric (Figure 4) is used to document competencies achieved based on actual work outcomes. For key projects, the student and preceptor identify competencies to be gained/developed from a given project. Periodically, and at the conclusion of the project, the student's competency attainment is documented using the same basic, intermediate, and advanced rating scale. The preceptor's signature acknowledges the competencies for each project. An overall assessment of competency attainment at the end of the student's residency is also documented. The preceptor sends the rubric to the student's faculty advisor for review and inclusion in the student's academic portfolio. Finally, the student completes an electronic post-program self-assessment of competencies using the incoming self-assessment as baseline, and a written summary of their overall learning experience, both of which becomes part of the student's portfolio.

Tracking both Knowledge-based and Practice-based competencies is essential and requires different approaches to provide a glimpse into student achievement and preparation for the challenges and opportunities ahead.

Figure 4: Johns Hopkins Competency Assessment Rubric

The Johns Hopkins Bloomberg School of Public Health Department of Health Policy and Management Master of Health Administration (MHA) Degree Administrative Residency Assessment Project-Based Competency Assessment																																					
Date:		Advisor Name:														Preceptor Name:																					
Student Name:		Core Competencies: * Insert Achievement Level: N (Novice); I (Intermediate); or A (Advanced) <i>[Please See Below for Category Descriptions (1A, 1B etc) and Page 8 of Residency Guide]</i>																																			
		I. The Health and Health Care Environment					II. Management										III. Leadership				IV. Relationship Management			V. Standards of Professional Behavior					Preceptor signature: (sign for each Project)								
Residency Project Title		Project Deliverable		1A	1B	1C	1D	1E	2A	2B	2C	2D	2E	2F	2G	2H	2I	2J	2K	3A	3B	3C	3E	3F	4A	4B	4C	5A		5B	5C	5D	5E	5F			
April: Overall Assessment of Competencies of Administrative Resident																																					
I. THE HEALTH AND HEALTH CARE ENVIRONMENT 1A Legal and Regulatory Environment 1B Financing Environment 1C Health Policy Environment 1D Provider Environment 1E Public Health														III. LEADERSHIP 3A Innovation and Creativity 3B Leading Change: 3C Influence: 3D Team Leadership 3E Organizational Leadership 3F Cultural Engagement														Novice Some prior knowledge and experience, but in need of additional help or study to accomplish task or understand content Intermediate Enough knowledge and experience to complete the task or understand area with minimal assistance Advanced Significant knowledge and experience; no assistance required									
II. MANAGEMENT 2A Financial Capability 2B Budget Management 2C Market Analysis 2D Operations Management & Performance Measurement 2E Knowledge Management 2F Population Health Management: 2G Workforce systems 2H Workforce Management 2I Health Services Management 2J Strategic Thinking and Management 2K Systems Thinking 2L Governance														IV. Relationship Management 4A Interpersonal Understanding 4B Relationship Management 4C Collaboration Standards of Professional Behavior 5A. Professionalism 5B. Initiative 5C. Advocacy 5D. Professional Development 5E. Self-Awareness 5F. Mentoring														Preceptor Narrative: Provide an overall assessment and other feedback below or on additional pages:									
The JHSPH MHA Competency Model is described in detail on page 8 of the "Residency Guide"																																					



4. LIPSCOMB UNIVERSITY



Donita Brown, DBA, MBA
Director of Healthcare Programs
Lipscomb University
Nashville, TN
Dmbrown1@lipscomb.edu
615-966-5102 x 5102

CAHME Status: Lipscomb University is in its Self-Study Year, with a site visit scheduled for fall 2020.

Lipscomb's College of Business changed its Masters of Management from general business to health care in 2018. Believing the health care employers in Nashville to be our customers, we wanted to use their wisdom to create a foundation for the program. The Masters of Management Health Care Program is a 40-hour program designed to be innovative, immersive, and integrative.

The Opportunity

Lipscomb University is located in the hub of health care in the US. According to The Nashville Health Care Council, the health care industry in Nashville contributes an economic benefit of \$46.7 billion and more than 270,000 jobs to the local economy each year. Worldwide, Nashville's health care industry generates more than \$92 billion in revenue and more than 570,000 jobs. More than 500 health care companies have operations in Nashville, with nearly 400 professional service firms that support the health care industry. Of particular interest are the 17 publicly traded health care companies that are headquartered in Nashville.

Background of the Program and the Executive Advisory Board

Health care leaders across the Nashville area were asked to participate in an Executive Advisory Board (EAB) program. More than twenty executives from health care companies in Nashville gathered to establish the goals of the EAB and then began the real work of designing the fundamental competencies for the program and the courses to support the competencies. After initial in-person meetings, faculty created surveys to refine competencies. The Delphi method was used to gather and then reshape consensus on competencies. Several rounds of questionnaires were sent out to the group. The anonymous responses were aggregated and shared with the group after each round. Once the competencies were agreed upon, the faculty developed course descriptions to support the competencies, confirmed content with the EAB, and sought qualified faculty to teach the courses.

Program Competencies and Expectations

Ultimately 32 competencies were developed and grouped into five domains: Strategy & Execution, Leadership, Driving Transformative Change, Character Qualities/Traits, and Health Care Knowledge. The competencies were ranked by expertise level needed. Skill levels are as follows:

- Basic skills: An encompassing knowledge and comprehension of subject matter with an understanding of the principles.
- Intermediate skills: The ability to incorporate the application of knowledge to analyze a problem.
- Advanced skills: The ability to operationalize issues; synthesize information; discover and collaborate in problem-solving; lead and persuade in execution.

The program was built to be CAHME ready as Lipscomb's program prepared for CAHME Accreditation. Bart Liddle, PH.D., Associate Dean for Academic Excellence, made clear from the onset that the goal of the program was to be CAHME approved.

Results: First Cohort Graduated in December 2019

The first graduating class of Masters of Management students conferred degrees on 11 health care professional students. Upon their graduation, the Peregrine assessment tool was administered to assess their knowledge of the courses they completed. The results of this assessment are intended to provide valuable insight to develop the program further and allow the MMHC and MHA graduates of Lipscomb University to become purposeful, bold, credible, servant-minded and creative leaders in the health care industry.



5. UNIVERSITY OF NORTH FLORIDA



Health Administration
Brooks College of Health

D. Rob Haley, PhD, MBA, MHS
Professor, Fulbright Senior Specialist in
Global and Public Health
Brooks College of Health
University of North Florida
Jacksonville, FL

CAHME Status: Accredited since 1998

The University of North Florida's Master of Health Administration (MHA) Program was first accredited in 1998 by ACHESA, which is now the Commission on Accreditation of Healthcare Management Education (CAHME). Our program is designed to meet the educational needs of individuals interested in obtaining administrative positions in the healthcare industry. We are a 45-credit hour program within the Brooks College of Health's Department of Health Administration.

In response to CAHME's criteria III.C.3 pertaining to the requirement to regularly evaluate the extent to which students attain program competencies, MHA faculty created a comprehensive, innovative, and unique electronic competency and advising assessment capability in Fall 2017. We call this capability the "MHA Competency and Advising Assessment Center" (Assessment Center) using the CANVAS Learning Management System (LMS). This tool measures and reports each student's progress toward their mastery of our program's 23 competencies at the course level. Program faculty mapped their course assignments to align with these competencies and to allow for objective evaluation. Rubrics were created for each competency and posted within the Assessment Center so students could have a clear understanding of their current performance and what they need to do to improve their mastery for each competency.



Each semester, faculty record their assessment of the competencies that are aligned with their course for each student into the Assessment Center. Performance results are evaluated each semester by the Program Director. Advising modules are integrated within the Assessment Center so the Program Director can consult with each student on their progress toward their mastery of program competencies.

While the MHA Program believes our Assessment Center is a powerful advising and performance instrument, there are limitations with using the CANVAS platform. For instance, students will never earn 100% for any one competency since most courses do not have all 23 competencies mapped to each class. Therefore, the percentage score that CANVAS automatically tabulates could initially hinder the conversation because students may feel compelled to achieve a 100% score for each competency. To avoid confusion, we inform students about the purpose and layout of the Assessment Center as they enter the program and manage expectations during each student advising session.

Every MHA student is automatically enrolled into the Assessment Center upon entering the program. Student competency performance is measured and assessed at the student, cohort, course, and program levels. Each MHA faculty has 24/7 access to the Assessment Center and can review individual and aggregate measures of student progress towards mastery of each competency. Additionally, the MHA program continues to conduct Student Competency Self-Assessment Surveys and Preceptor Student Assessment Surveys through the Qualtrics Survey Software capability. Student Competency Self-Assessment Surveys are administered at the beginning, middle, and end of the program. Lastly, faculty reviews courses competency data at monthly faculty meetings and at our annual faculty retreat for program improvement.



THE IMPORTANCE OF COMPETENCY ASSESSMENT ON THE DEVELOPMENT OF FUTURE LEADERS



COLLEGE of HEALTH & HUMAN SERVICES

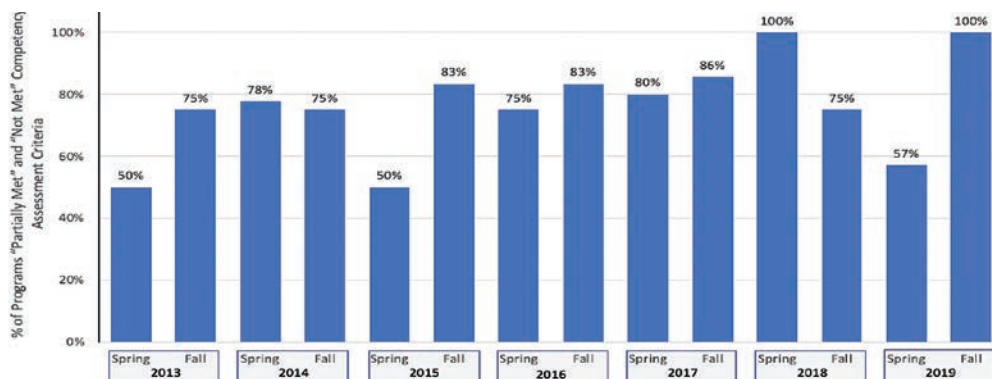


Eric Richardson, PhD, MBA, MPH
 Program Coordinator,
 Master of Healthcare Administration (MHA) & Assistant Professor
 College of Health and Human Services
 School of Health and Applied Human Sciences
 University of North Carolina at Wilmington
 Wilmington, NC

CAHME Status: UNC-Wilmington has applied for CAHME Accreditation.

“Change won’t wait for us.” A short, yet powerful and foreboding, statement of things to come. Yet, within academia we often find ourselves in a vacuum, void of agility, and our innovative aspiration curbed by self-inflicted limitation. The internal systems and processes supporting traditional academic cultures, frequently associated with academic governance, prohibit timely responsiveness to shifts in market demand. Even when intention and enthusiasm exist, the process can quell the responsiveness. Opportunities for improvement in systematic data-driven decision-making and analytics further limit programmatic capability to make adjustments at the curricular level that could influence distinct learner outcomes. As we look to the future, CAHME is tasked with contemplating how to ensure how leading programs in health administration will remain relevant to match the increasing pace of industry. We are burdened by a past with a large percent of programs not fully meeting the Competency Assessment Criteria (Figure 5).

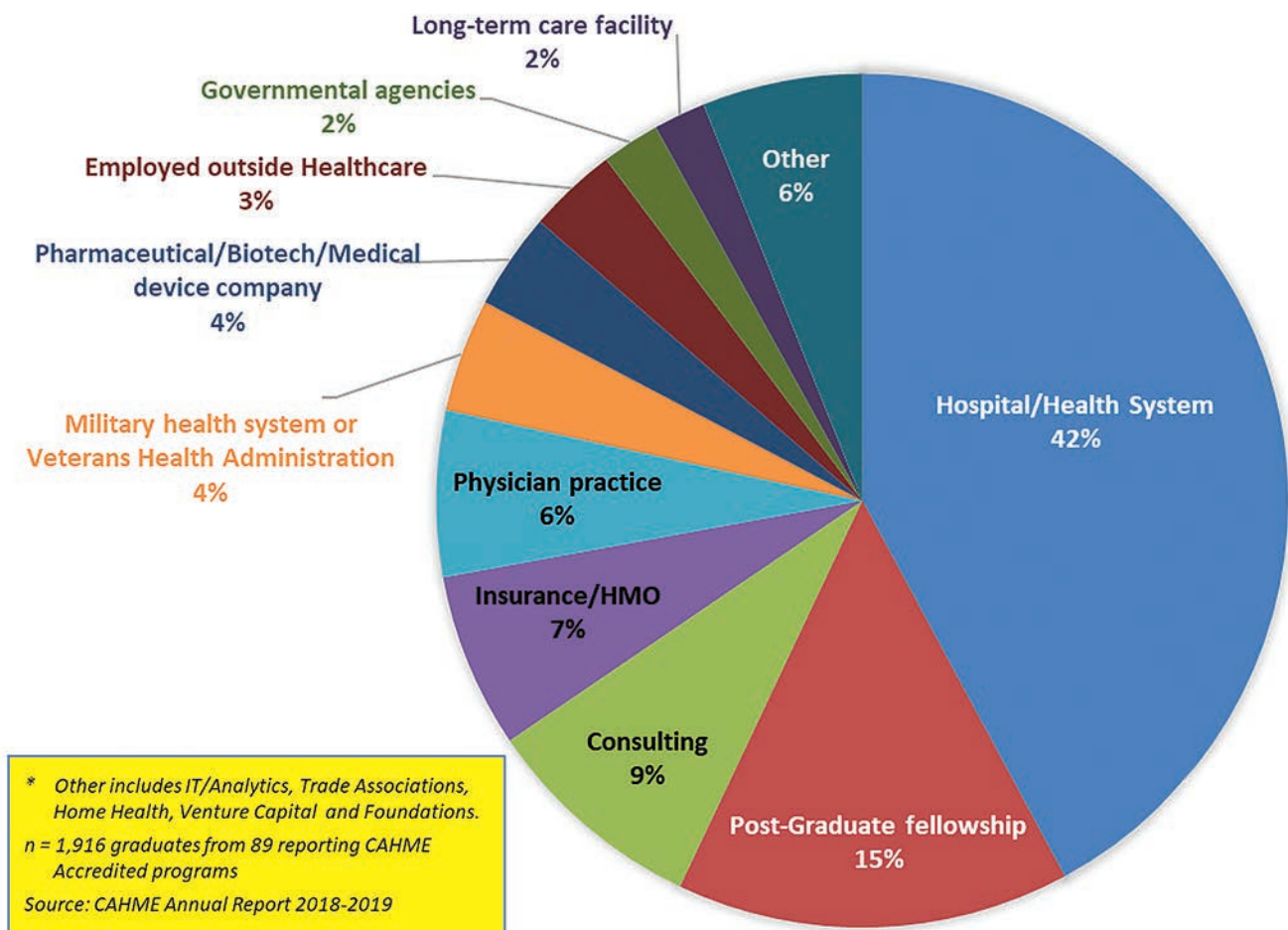
Figure 5: Competency Assessment Criteria “Partially Met” and “Not Met” for CAHME accredited program from Spring 2013 to Fall 2019




*N=96 site visits Spring 2013-Fall 2019.

While we can agree that the healthcare industry moves slowly², the rapid evolution and impact of technology does not. Given this rapid evolution of technology in healthcare, it is noted that five years from now, over one-third of skills (35%) considered important in today's workforce will have changed.¹ Imagine for a moment what the healthcare landscape will look like 25 years from now? Early careerists³ enrolled in healthcare management programs today will be operating within that very landscape during the span of their career. Given standard approaches in curricular design and performance measurement within competency-based programs of contemporary academic settings, can we truly understand (at an individual level) the proficiency among identified competencies of our students? Furthermore, given the diverse origins and career outcomes of graduates from CAHME programs (reference [Figure 6](#) for placement of graduating students), imagine what would be possible if we were able to isolate and individually develop, or remediate, student proficiency in required competency domains unique to distinct trajectories.

Figure 6: Placement of CAHME Accredited Graduates Based on 2018-2019 Graduating Class





The labor supply in the United States is expected to be constrained by lower population growth and labor force participation, among other factors. New forms of automation (i.e., artificial intelligence, machine learning, predictive analytics) will require an entire workforce to evolve or face being displaced.⁴ At the same time academic programs are presented with a challenge of acknowledging individual student attributes while moving each unique student forward toward desired competency. Envisioning our respective environments, are we confident that today's students recognize how lifelong learning and adaptation are essential for survival? Do they grasp how lifelong learning is more than formal education and training⁵ but involves deliberate and systematic self-reflection and evaluation on a continuum of proficiency toward desired competency?

The Competency Model of education provides the basis toward individualized outcomes that transcend the locus of formal education. For traditional models of healthcare management education this could pose a real challenge if we are not open to exploring, perhaps acknowledging, opportunities for improvement in systematic curricular design, analysis, data-driven decision-making, and adaptive learning.⁶ The creation and assessment of competencies is critical to help students be better prepared for the healthcare workplace of tomorrow.

References

¹Gray, A. (2016, January). *The 10 skills you need to thrive in the Fourth Industrial Revolution*. Retrieved from <https://www.weforum.org/agenda/2016/01/the-10-skills-you-need-to-thrive-in-the-fourth-industrial-revolution/>.

²Thomas, R. L. (2006). *Health care in crisis: Is HIT the Rx?* There is near-universal agreement that health care in the United States and in many areas around the world is close to "hitting the wall." Costs are escalating at unsustainable rates. Access to care is uneven. Quality suffers. Incremental change moves too slowly to address these critical issues. *Healthcare Financial Management*, 60(12), 138-141.

³American College for Healthcare Executives (ACHE). (2019). Early careerist definition. Retrieved from <https://www.ache.org/membership/forums-and-networks/early-careerist-network/early-careerist-faq#1>.

⁴Holzer, H. J. (2019). *The US labor market in 2050: Supply, demand and policies to improve Outcomes* (No. 148). Institute of Labor Economics (IZA).

⁵Fischer, G. (2000). *Lifelong learning—more than training*. *Journal of Interactive Learning Research*, 11(3), 265-294.

⁶Schaffhauser, D. (2018, November). *The next frontier of adaptive learning*. Retrieved from https://campustechnology.com/articles/2018/11/14/the-next-frontier-of-adaptive-learning.aspx?s=ct_le_061119&oly_enc_id=680010452978G5A.

Program Competency Assessment Plan

- Covers **all** competencies
- Covers **all** students (focus on required classes)
- Measures attainment at the **student** level
- Measures attainment at the **program** level
- Should have pre and post assessments
- Should be externally validated
- Must be **communicated to students** for professional development
- Must be used for **program improvement**

CONCLUSION



Olin O. Oedekoven, PhD
President & CEO
Peregrine Global Services
Gillette, WY

As W. Edwards Deming, a pioneer of continuous quality improvement, once said, “without data, you’re just another person with an opinion.” Competency-based assessment allows Program Directors to transform opinions into actionable facts that can be used to continuously improve the quality of the healthcare administration program.

Competency assessment for graduate healthcare programs is imperative to ensure that continuous improvement of healthcare administration and management programs is being undertaken and that the programs are transparent and accountable by specifically stating what students should be able to do at the end of an educational program. School officials are expected to make changes to their educational programs based on objective data using student learning goals and competency level attainment.

Today’s healthcare profession involves three distinct, yet closely interrelated, domains:

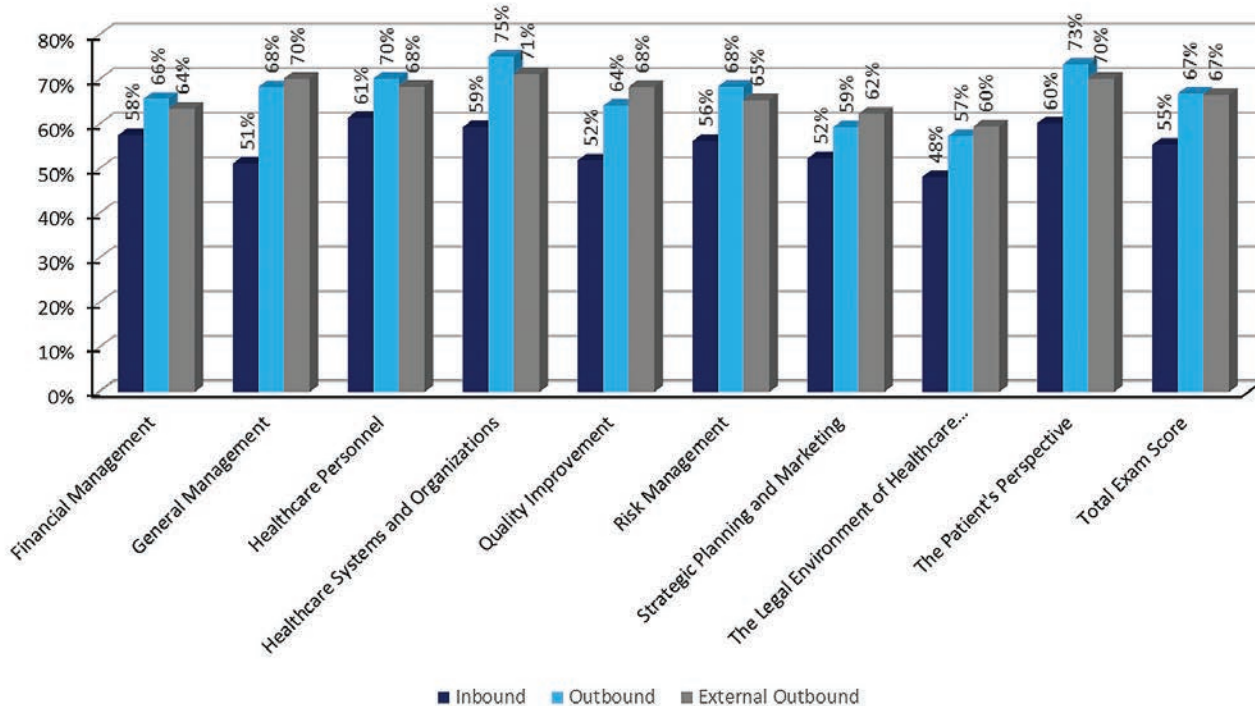
- 1) professionalism and ethics — what the professional must **BE**;
- 2) knowledge of the healthcare system and how to think critically, conduct analysis, and perform problem-solving within the workplace — what the professional must **KNOW**; and
- 3) the workplace actions related to communications, leadership, and interpersonal effectiveness — what the professional must **DO**.

The role of higher education is to develop healthcare professionals who consistently demonstrate excellence within the BE-KNOW-DO competency-based construct. Data are needed to ensure continuous quality improvement of the academic programs related to each of these BE-KNOW-DO domains.

Competency-based assessment typically includes several approaches because no one single approach is programmatically sufficient.

The KNOW domain can be assessed using standardized testing whereby student knowledge levels are measured at the start of the academic program and again at the end of the academic program to directly measure knowledge gain. These results can be further understood when compared to similar knowledge levels across CAHME accredited institutions. As shown in [Figure 7](#), such data can be used to identify strengths and gaps in the educational experience.

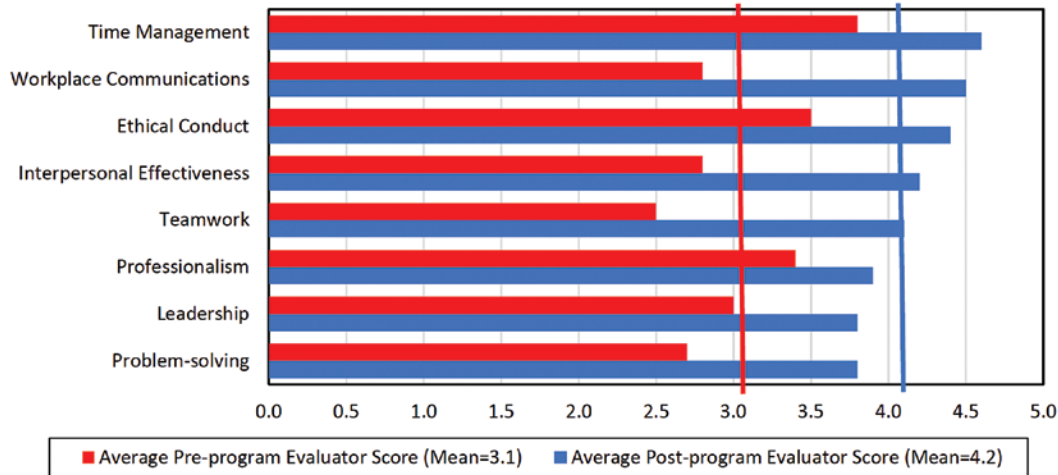
Figure 7: An example of a graduate healthcare administration program's Inbound (n=35) and Outbound (n=32) exam results compared to the Outbound results from other graduate healthcare administration schools (n=840) for selected knowledge areas of the healthcare system



Assessing the BE and DO domains of the healthcare professional involves approaches that include objective observation of the assessed individual by others who are familiar with the person. Relative skill level of the DO-related competencies and how the individual demonstrates their professionalism and ethics of the BE-related competencies can be evaluated from the perspective of others who regularly interact with the assessed individual and can make an objective assessment of the person's competency level. Such an approach can provide more meaningful evaluation and feedback compared to a self-assessment because it is from the perspectives of others that one gains the most relevant evaluation.

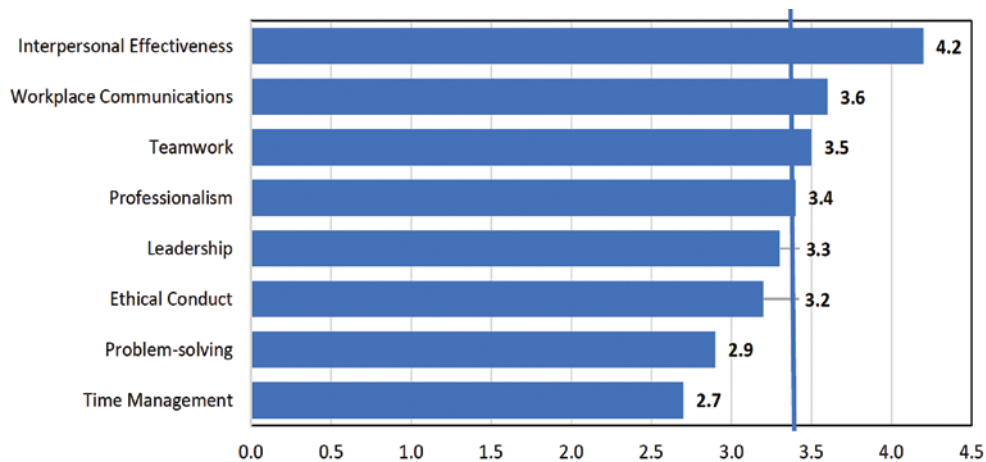
Colleagues, workplace supervisors, team members, and faculty can all provide objective assessment of the healthcare professional enrolled in an advanced educational program provided that the assessment instruments are designed and implemented in an objective and consistent manner. Figure 8 includes the results from a 360-degree evaluation of an adult learner entering (pre-test evaluation) and subsequently graduating (post-test evaluation) from an advanced academic degree program. The learner's evaluators included both people from the learner's workplace and faculty members who observed the adult learner during the academic program. The adult learners used the pre-program results to develop an action plan that they used throughout the academic program for self-development.

Figure 8: Example of a graduate degree learner's EvaluSkills: Workplace Skills Assessment, a 360-degree assessment service, Participant Report that summarizes the perspectives of both pre-program evaluators (n=11 workplace coworkers; mean evaluator score = 3.1) and post-program evaluators (n=10 workplace coworkers plus n=3 faculty; mean evaluator score = 4.2) using a 5-point Likert-type rubric (1=Unsatisfactory; 2=Marginal/Below Expectations; 3=Competent/Meets Expectations; 4=Excellent/Proficient; 5=Exceptional/Distinguished) for each evaluation item. To maximize objectivity of the evaluation, the rubrics include statements regarding the definition, scaling, and behaviors for each level of proficiency to assist the evaluators with making their selection and provide consistency across all evaluators.



When the individual 360-degree results are summarized in a group report that includes all assessed learners in the cohort, the academic program manager can discern relative strengths and gaps in the academic experience based on an objective process to assess the proficiency level of the competencies, as shown in Figure 9. The selection of the assessment items for the 360-degree evaluation is based on the learning outcomes of the program and corresponds to those outcomes that are best evaluated by others rather than self-assessed through standardized testing.

Figure 9: An Example summary from an EvaluSkills (Mean=3.4): Workplace Skill Assessment Group Report that summarizes the 360-degree assessment results of 35 graduating MBA learners. Each adult learner selected at least five evaluators from the learner's workplace plus at least one faculty member who assessed the learner using an instrument that was created based on the specific learning outcomes for the academic program.





In summary, competency-based assessment is:

- **Outcomes-based** – a competency-based assessment approach is designed based on the outcomes for the courses, programs, and the academic institution.
- **Employer-centric** – the strategic goal of the academic program is to produce employment-ready graduates who can advance in their professional journey.
- **Data-driven** – competency-based assessment must use relevant data so that program directors can make sound, informed decisions about achieving academic excellence.

Based on our experiences and those described in these CAHME case studies, we offer the following best practices and tips for competency-based assessment in healthcare administration programs.

- 1. Competency-based assessment typically involves multiple instruments used to objectively evaluate different areas.** Seldom will just one approach be adequate given the complexity of the desired data.
- 2. Knowledge of healthcare systems can be assessed using an Inbound/Outbound assessment construct.** The Inbound Exam serves as the program-level pre-test and the Outbound Exam is the program-level post-test that produces data regarding the strengths and gaps.
- 3. Proficiency levels of soft skills can be measured using a 360-degree assessment approach.** Instrumentation should include rubrics that are detailed enough to provide objective, data-driven results.
- 4. Benchmarking of data can be both internal and external.** Internal benchmarking includes comparisons within the learner cohort and comparisons between learner cohorts based on longitudinal analysis. External benchmarking allows the school to see its program in context with other accredited programs to understand strengths and potential gaps.
- 5. All faculty must be involved in the competency assessment process.** The more faculty are fully engaged in the process, the easier it will be to implement any required changes for continuous quality improvement.
- 6. Qualitative data can augment quantitative data for the totality of competency-based assessment.** Direct observation, evaluation, and feedback are all part of the competency-based assessment approach.
- 7. Experiential learning should include competency-based assessment.** The outcomes of experiential learning should be well-defined and assessed using both direct and indirect measures.
- 8. The entire academic experience must be considered within the totality of competency-based assessment.** Professional development of learners can occur throughout the educational journey.
- 9. Competency-based assessment should be employment-centric.** Academic institutions ultimately serve employers by providing employable, career-ready graduates.
- 10. Competency-based assessment is not static.** Change happens and the assessment process must also be continually assessed to ensure that it is producing relevant and actionable results.

CONTRIBUTORS

Commission on Accreditation of Healthcare Management Education

Anthony C. Stanowski, DHA, FACHE
President & CEO
Commission on the Accreditation of
Healthcare Management Education
Spring House, PA
astanowski@cahme.org

Ethan Kannel, MBA (Candidate)
CAHME Administrative Resident
Fox School of Business MBA Program
Temple University
Philadelphia, PA
ekannel@cahme.org

Peregrine Academic Services

Olin O. Oedekoven, PhD
President & CEO,
Peregrine Academic Services
Gillette, WY
oedekoven@peregrineglobal.com

William S. Parrott
Director of Business Development
Peregrine Academic Services
Gillette, WY
Parrott@peregrineglobal.com

Alimaa Jamiyansuren
Director of Partner Relationships
Peregrine Academic Services
Gillette, WY
jamiyansuren@peregrineglobal.com

Best Practice Contributors

Cherise Bridgwater, MBA, FACHE
Director, Accreditation and Operations
Robbins Institute for Health Policy and Leadership
Hankamer School of Business
Baylor University
Waco, TX
Cherise_Bridgwater@baylor.edu

Dan Gentry, PhD
Clinical Professor
Health Management and Policy
College of Public Health
University of Iowa
Iowa City, IA
Dan-Gentry@uiowa.edu

Mark J. Bittle, DrPH, MBA, FACHE
Senior Scientist, Health Policy and Management
Program Director: Master of Health Administration
(MHA) and Master of Applied Science in Population
Health Management.
Johns Hopkins Bloomberg School of Public Health
Baltimore, MD
mbittle1@jhu.edu

Donita Brown, DBA, MBA
Director of Healthcare Programs
Lipscomb University
Nashville, TN
dmbrown1@lipscomb.edu

Rob Haley, PhD
Professor, Fulbright Senior Specialist in
Global and Public Health
Brooks College of Health
University of North Florida
Jacksonville, FL
rhaley@unf.edu

Eric Richardson, PhD, MBA, MPH
Program Coordinator, Master of Healthcare
Administration (MHA) & Assistant Professor College
of Health and Human Services School of Health
and Applied Human Sciences
University of North Carolina at Wilmington
Wilmington, NC
richardson@uncw.edu

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Contact us:

+1 (307) 685-1555

Info@PeregrineGlobal.com