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2026 Standards Basics Training



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PRESENTING TODAY



Dr. Maureen Connelly Jones
President & Chief Executive Officer

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2026 STANDARDS CORE PRINCIPLES

- Mission-Driven and Purpose-Aligned
- Sustainability and Institutional Effectiveness
- Stakeholder Engagement and Shared Governance
- Transparency and Accountability
- Competency-Based Education and Industry Relevance
- Continuous Quality Improvement and Evidence-Based Practice
- Graduate-Level Rigor and Integrative Learning
- Student Success and Career Preparedness
- Faculty Excellence and Andragogical Development

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HOW THE STANDARDS ARE EVOLVING

- The self-study is a coherent system, not a checklist
- Use of exhibits over narratives
- Mission, vision, and target students drive everything
- Competencies are the backbone of the entire self-study
- Assessment is program-level and evidence-based
- CQI is a living process, not a compliance exercise
- Stakeholders are active contributors, not symbolic
- Sustainability and resources are strategic, not static
- Transparency and student experience matter

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2026 STANDARDS HUB

New 2026 CAHME Standards Hub: <https://cahme.org/2026-standards/>

- Standards
- Exhibits
- Tools
- Timeline
- Candidacy Essential Standards

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HOW TO READ THE 2026 STANDARDS: STRUCTURE

Criterion 2.1 Competency Model Development

Criterion Statement
The program will develop, adopt, or adapt and implement a competency model that is industry relevant and prepares students for post graduate employment outcomes.

Rationale
The program has a set of relevant competencies that are aligned with the program's mission and vision, industry specific, align with student post-graduate employment outcomes and have been layered across the curriculum in a way that allows students to attain the competencies at the program-level competency proficiency targets.

Definitions

- **Post-graduate employment outcomes:** types of jobs, roles, or career advancements graduates are prepared to pursue as a result of completing the program
- **Competency Model:** translates program learning outcomes into clear, measurable capabilities that students should demonstrate by graduation; a list of competencies, competency definitions, measurement expectations.
- **Industry Relevant:** aligned with the current needs, priorities, and standards of the professional fields or industries.

Required Elements
Additional documentation within the LMS will be used by the site visit team to support and validate the criteria completeness.

Element	Required Documentation
a. Alignment: Define each competency and explain why these competencies were chosen for this program's mission, vision, target audience, and post graduate employment outcomes.	<ul style="list-style-type: none"> • Narrative • Exhibit 2.1.1
b. Stakeholders: Describe how stakeholders (industry experts, faculty, alumni, and others) were involved in the process to develop the competency model.	<ul style="list-style-type: none"> • Narrative • Documentation that validates the narrative
c. Proficiency Scale: Describe the proficiency scale used to assess student competency attainment.	Exhibit 2.1.2
d. Industry Relevancy: Specify how the program identifies and integrates industry-relevant competencies into the curriculum aligned with mission and post-graduate employment outcomes.	Narrative

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HOW TO READ THE 2026 STANDARDS

Focus on Required Elements

The Required Elements establish the specific evidence and documentation necessary for the Site Visit Team and Accreditation Council to evaluate whether a program meets each criterion. Failure to fully address all Required Elements limits the ability of reviewers to substantiate compliance with the standards and may result in findings of “opportunities for improvement” or “critical concern”.

Programs should:

- Address each Required Element individually and explicitly
- Submit all required components, including narratives, tables, exhibits, and supporting documentation
- Clearly respond to all parts of multi-part Required Elements
- Ensure submitted evidence is complete, current, accurate, and directly aligned to the specific Required Element being evaluated
- Organize the self-study in a manner that allows reviewers to readily identify where and how each Required Element has been addressed

The self-study should be structured so that reviewers can easily identify how each required element has been met.

HOW TO READ THE 2026 STANDARDS

Narrative vs. Exhibits

The 2026 Standards emphasize clarity and structured evidence over lengthy narrative. The narrative, exhibits, and any included supporting documentation must be in English.

Narrative Responses - Use narrative to:

- Provide context and explanation
- Describe processes, rationale, and alignment
- Explain decision-making


Exhibits and Tables - Use exhibits to:

- Present data clearly and efficiently
- Demonstrate outcomes and results
- Organize complex information

Programs are strongly encouraged to:

- Use tables, bulleted lists, and structured formats
- Minimize narrative when information can be presented more effectively in an exhibit or table

When writing the narrative:	DO	DO NOT
Clarity & Readability	Use bulleted lists and tables when possible	Write lengthy or repetitive narrative
	Keep response concise, clearly answer the specific required element focusing only on the required elements (If you need to reference another criterion, refer back rather than repeat)	Include unrelated background information or repetitive information included in other criteria
	Format for easy review including headers and sub headers (Use keywords like 'CQI Example:')	Make reviewers search for key information
Information accessibility	Use required element “letter” to preface each response	Write a continuous narrative without breaks or identification of the purpose of the information
	Link directly to supporting evidence files	Reference evidence without linking or identifying it clearly
Closing the Loop	Explain outcomes, actions, and improvements clearly	Describe the processes without showing results or impact



HOW TO READ THE 2026 STANDARDS

"Documentation that Supports the Narrative/Exhibit"

- Validates or demonstrates that the processes, activities, decisions, or actions described within the narrative or exhibit occurred.
- Most clearly demonstrates the activity or process described.

If meeting minutes are provided as supporting evidence, programs must:


- Clearly label the document with the corresponding criterion and required element
- Highlight the applicable sections relevant to the criterion for ease of review by the site visit team

Including but not limited to:

- Meeting minutes
- Narrative Validation Template (see CAHME Resources)
- Emails or communications
- Agendas
- Reports or summaries
- Planning documents
- Other relevant evidence

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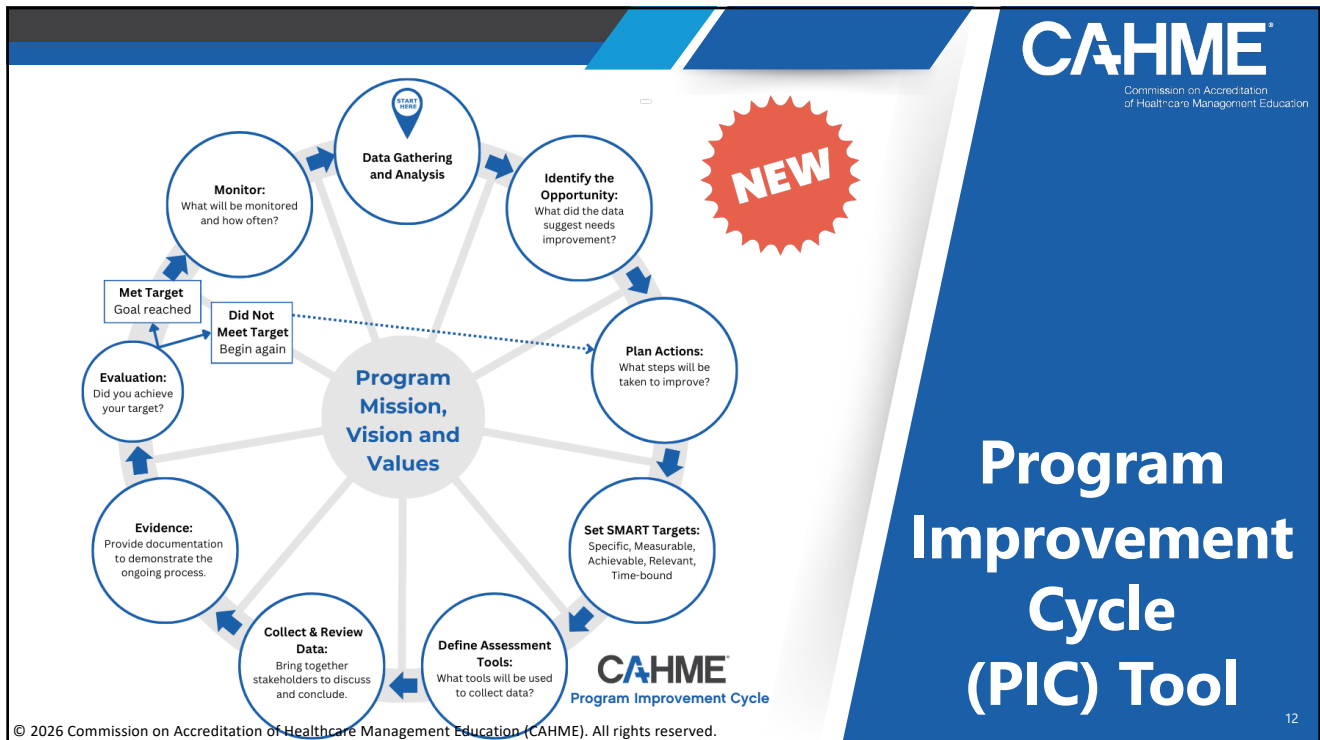
HOW TO READ THE 2026 STANDARDS

Required Labeling of Exhibits and Evidence

- **Exhibit Number** on Each File with File Name
 - e.g., *Exhibit 1.2.3 – Program Risk Assessment and Mitigation Table*
- **Supporting evidence** files should include the associated criterion number and required element within the file name
 - e.g., *2.1.b_StakeholderMeetingMinutes*
- Same naming convention throughout the self-study submission.

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CRITERION THAT UTILIZE THE PIC TOOL

NEW

- **2 Program Improvement Projects** using PIC Tools are required for the following 2 criterion:
 - Criterion 2.3 – Competency Model CQI
 - Criterion 3.4 – Curriculum CQI
- **Data-Driven PIC Tools**
 - If analysis reveals quality improvement opportunity complete PIC tool;
 - If no improvement is identified, evidence should support this conclusion.
 - Criterion 1.4 – Student Recruitment, Admissions, Retention
 - Criterion 4.1 – Academic Resources
 - Criterion 4.2 – Academic Advising
 - Criterion 4.3 – Professional Career Advising
 - Criterion 4.4 – Post Graduate Career Preparedness
 - Criterion 5.1 – Qualified Program Leadership and Faculty
 - Criterion 5.2 – Faculty Andragogical Development

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STANDARD 1 Overview

Evaluates whether the program has the leadership, planning, resources, and operational structure needed to support long-term quality, stability, and mission alignment.



- Strengthens strategic alignment between the program’s mission, operations, resources, and long-term goals
- Helps programs build sustainable infrastructure, planning processes, and stakeholder engagement practices that support continuous quality and stability

CRITERION 1.1 – MISSION, VISION, VALUES

CRITERION STATEMENT:

The program will have statements of mission, vision, and values and demonstrate they guide the program’s design, evaluation of effectiveness, and strategic initiatives.

OPTIONS: PEOPLE TO ENGAGE

- Program director
- Department chair or school director
- Dean or associate dean
- Core program faculty
- Adjunct faculty who teach required courses
- Advisory board members
- Current students from each program variant
- Alumni representing target employment outcomes
- Employers or healthcare executives
- University strategic planning or assessment staff
- Marketing/recruitment staff

CRITERION 1.1 – MISSION, VISION, VALUES

SAMPLE PROCESSES TO HAVE IN PLACE

- Mission and vision review cycle
- Stakeholder input process for mission relevance
- Strategic planning alignment process
- Process for aligning curriculum and competencies to mission
- Approval and revision workflow for mission/vision updates
- Communication process for mission and values



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OPTIONS:

DATA/EVIDENCE TO SUBMIT

- Mission, vision, and values statements
- Strategic planning meeting minutes
- Advisory board feedback summaries
- Faculty retreat agendas and notes
- Stakeholder survey results
- Program evaluation reports tied to mission
- Examples of decisions linked to mission/vision
- Program variant table (Exhibit 1.1.1)
- University and college mission alignment documentation
- LMS examples showing mission-driven curriculum or assessment

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PROGRAM VARIANT DEFINITION

- A version of the same academic program that differs in how it is structured or experienced while typically leading to the same awarded degree. Program variants may differ by delivery approach (in-person, online, hybrid), pacing or schedule (accelerated, part-time, executive), cohort design, calendar (semester, quarter, block), location or site, or other elements that shape how students progress through the program.

–**Note:** If the credential awarded or core learning outcomes are different (e.g., MHA vs. MPH), that's usually a different program and not a variant.

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EXHIBIT 1.1.1 PROGRAM VARIANT TABLE

Instructions: Use the table below to identify each program variant. If any of the program variants have a difference in competency model, competency mapping, or curriculum, explain the difference. If your program has more than 3 variants, add additional columns as needed.

	Program Variant(s)		
Program Name			
Degree			
Mode of Delivery (Residential, Online, or Hybrid)			
Track (Non-Executive Full-Time, Non-Executive Part-Time, Executive Full-Time, or Executive Part-Time)			
Accelerated Track (Yes or No)			
Cohort Based (Yes or No)			
School Name (if different than university name)			
Department Name			
Program Location			
Program Director Name			
Mission			
Vision			
Values			
Target Students			
Alignment of mission, vision, values and target students to College and/or University			
Credit Hours			
Does a single competency model drive all program variants? If no, explain			

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EXHIBIT 1.1.1- EXAMPLE

	Variant 1	Variant 2	Variant 3
Program Name	Master of Health Administration (MHA)	Executive Online Master of Health Administration (Executive MHA)	Dual MBA/MHA
Degree	MHA	MHA	MBA/MHA
Mode of Delivery (Residential, Online, or Hybrid)	Residential	Online	Residential
Track (Non-Executive Full-Time, Non-Executive Part-Time, Executive Full-Time, or Executive Part-Time)	Non-Executive Full-Time	Executive Part-Time	Non-Executive Full-Time
Accelerated Track (Yes or No)	No	No	No
Cohort Based (Yes or No)	Yes	Yes	Yes
School Name (if different than university name)	School of Health Management	School of Health Management	School of Health Management and College of Business
Department Name	Department of Health Administration	Department of Health Administration	Department of Health Administration
Program Location	Main Campus	Fully Online	Main Campus
Program Director Name	Dr. Amelia Rodriguez	Dr. Cynthia Walker	Dr. Amelia Rodriguez
Mission	Prepare early-career healthcare leaders through competency-based graduate education emphasizing ethical leadership, operational excellence, analytical reasoning, and interdisciplinary collaboration.	Develop experienced healthcare professionals into executive leaders capable of leading complex healthcare organizations through strategic decision-making, systems thinking, innovation, and organizational transformation.	Prepare future healthcare executives with integrated expertise in healthcare management and business administration to lead across healthcare delivery and corporate environments.
Vision	To be recognized as a leading graduate healthcare management program producing innovative and ethically grounded healthcare leaders.	To become a nationally recognized executive online MHA program serving experienced healthcare professionals seeking leadership advancement.	To develop healthcare leaders with advanced healthcare and business competencies capable of transforming healthcare organizations and systems.
Values	Integrity, Collaboration, Innovation, Accountability, Equity	Strategic Leadership, Innovation, Professionalism, Flexibility, Lifelong Learning	Integrity, Leadership, Collaboration, Innovation, Accountability
Target Students	Early-career students and recent graduates seeking leadership roles in healthcare organizations	Mid-career healthcare professionals with at least five years of healthcare experience seeking executive advancement	Students seeking combined healthcare administration and business leadership preparation for executive healthcare careers

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Exhibit 1.1.1 EXAMPLE CONT'D

	Variant 1	Variant 2	Variant 3
Alignment of mission, vision, values and target students to College and/or University	Aligned with university mission focused on leadership development, community impact, interdisciplinary collaboration, and graduate professional education	Aligned with institutional commitment to workforce advancement, adult learners, flexible education delivery, and healthcare leadership development	Aligned with university strategic emphasis on interdisciplinary leadership, innovation, and business-healthcare partnerships
Credit Hours	48	42	66
Does a single competency model drive all program variants? If no, explain	Yes	No. Executive MHA includes additional executive leadership, organizational transformation, healthcare innovation, strategic finance, and systems leadership competencies aligned with experienced healthcare professionals.	Yes
Is competency mapping the same for all program variants? If no, explain	Yes	No. Executive MHA competency mapping emphasizes executive application, strategic leadership integration, and organizational transformation assessments rather than entry-level healthcare management preparation.	Yes
Are courses taken the same? If no, explain	Yes	No. Executive MHA includes executive seminars, strategic transformation coursework, healthcare innovation, executive finance, and organizational leadership intensives. Residential and Dual MBA/MHA variants share the same MHA core curriculum.	Yes

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1.1 MISSION, VISION, VALUES

The site visit team is evaluating whether the program’s mission, vision, and values are clearly defined, actively used to guide decisions, and aligned with program operations, strategy, and outcomes.

Question for Thought:

Where does the program state its mission, vision, and values, but fail to demonstrate how they drive decisions, curriculum, assessment, or strategy?

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CRITERION 1.2 – PROGRAM LEVEL SUSTAINMENT PLAN

CRITERION STATEMENT:

The program will have the resources necessary to meet its mission and vision. The program will develop, implement, monitor and maintain a sustainment plan that outlines how the program will preserve its operational capacity, infrastructure, and essential functions over at least a three-year period (self-study year and the following two academic years). The plan will be reviewed and updated on a timeline prescribed by the program.

**OPTIONS:
PEOPLE TO CONSIDER ENGAGING**

- Program director
- Dean or associate dean
- Department chair or school director
- Budget/finance officer
- Faculty responsible for core curriculum
- Program staff or coordinator
- HR or faculty affairs representative
- IT/educational technology staff
- Enrollment management staff
- Advisory board members
- University assessment or planning staff

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CRITERION 1.2 – PROGRAM-LEVEL SUSTAINMENT PLAN

**SAMPLE
PROCESSES TO HAVE IN PLACE**

- Three-year sustainment planning process
- Resource allocation and budgeting process
- Risk identification and mitigation process - who, what, when
- Strategic initiative prioritization process
- Annual sustainment plan review and update process

**OPTIONS:
DATA/EVIDENCE TO SUBMIT**

- Three-year sustainment plan
- Budget and resource allocation summaries
- Faculty workload reports
- Staffing plans and organizational charts
- Technology and infrastructure inventories
- Strategic initiative tracking reports
- Risk assessment and mitigation plans
- Enrollment trend data
- Resource gap analyses
- Evidence of annual sustainment plan review and updates



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EXHIBIT 1.2.1 PROGRAM RESOURCE PLANNING AND SUSTAINMENT TABLE

Instructions: Complete the table below to summarize the types of resources needed to support the program's long-term sustainability.

- Add any additional resources to provide a complete picture
- If a resource is in flux note situation and impact
- Physical Resources: What currently exists
- Faculty: This description should focus on needs of program and should be linked to the required elements in 5.1

Resource Type (* is required)	Baseline Resources currently in place	Anticipated need (if baseline is inadequate)	How is the resource secured?	How is the resource allocated?	How will the gap be addressed?	How are program-identified stakeholders engaged?
Human Resources						
Program Staff Support*						
Program Faculty*						
Program-related Professional Development*						
Physical and Technological Resources						
Physical Resources (offices, computers, etc)*						
Educational Technology*						
General Technology Resources*						
Other						
Additional resource types as determined by the program (ex. Marketing, onboarding, professional development activities)						

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EXHIBIT 1.2.1 PROGRAM RESOURCE PLANNING AND SUSTAINMENT TABLE- EXAMPLE

Resource Type (*is required)	Baseline Resources Currently in Place	Anticipated Need (if baseline is inadequate)	How is the resource secured?	How is the resource allocated?	How will the gap be addressed?	How are program-identified stakeholders engaged?
Program Staff Support*	1 full-time program coordinator; 0.5 FTE admissions support	Need additional 0.5 FTE student services coordinator due to projected enrollment growth	College general operating budget	Program director assigns support based on admissions, advising, and student progression needs	Request included in next budget cycle; temporary graduate assistant support planned if delayed	Workload reviews, student service feedback sessions, annual staffing discussions, and operational planning meetings
Program Faculty*	6 core faculty; 8 adjunct faculty; 2 senior faculty eligible for retirement within 2 years	Need 2 replacement faculty lines and 1 additional adjunct pool allocation to support 15% enrollment increase	University faculty lines and tuition revenue	Faculty assigned based on expertise, competency coverage, and course demand	National faculty search planned for retiring faculty; adjunct budget expansion requested but not yet approved	Faculty meetings, curriculum review discussions, competency assessment reviews, and annual workload planning sessions
Educational Technology*	Canvas LMS Mastery Adoption	Instructional Designer and enhanced license	University technology fee revenue	Technology allocated through instructional technology office	Additional licenses approved beginning next fiscal year	Technology effectiveness surveys, instructional design consultations, LMS usage reviews, and course delivery evaluations
Marketing and Student Outreach	Centralized graduate marketing support; digital recruitment campaigns; alumni ambassadors	Need dedicated healthcare management recruiter and expanded digital advertising budget	Graduate enrollment management budget	Resources distributed across graduate programs	Program tracking enrollment conversion data to justify dedicated recruiter request	Recruitment outcome reviews, admissions planning meetings, prospective student feedback collection, and enrollment trend discussions

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EXHIBIT 1.2.2 STRATEGIC INITIATIVES TRACKING TABLE

Instructions: Use the table below to list your program’s top current and upcoming strategic initiatives. For each initiative, identify the responsible owner (person or role) and the source of resources required to support implementation. Expectation is no more than three.

Strategic Initiative	Responsible Owner(s)	Source of Resources	Initiative Resources	
			Is the initiative properly resourced?	
			If No: how will this resource gap be addressed?	If Yes: describe the resources allocated.

EXHIBIT 1.2.2 STRATEGIC INITIATIVES TRACKING TABLE- EXAMPLE

Strategic Initiative	Responsible Owner(s)	Source of Resources	Initiative Resources	Initiatives Resources	
				Is the initiative properly resourced?	
				If No: How will this resource gap be addressed?	If Yes: describe the resources allocated.
Increase enrollment by 15% over the next 18 months	Program Director; Director of Graduate Admissions	Graduate enrollment management budget; university marketing budget; tuition revenue	Digital marketing expansion; virtual information sessions; employer outreach; alumni ambassadors; CRM support		Expanded digital advertising allocation approved; graduate admissions staff time allocated; CRM platform support available
Develop and launch a joint MHA/MPH degree	Program Director; Dean of Public Health; Curriculum Committee Chair	College strategic initiative funding; faculty reassignment; curriculum development support	Curriculum development meetings; market analysis; faculty release time; accreditation consultation	Additional faculty support for population health coursework under review; shared faculty model planned initially	Faculty release time allocated; curriculum support and market analysis funding approved
Replace retiring faculty and maintain competency coverage	Program Director; Dean; Faculty Search Committee Chair	University faculty lines; tuition revenue; adjunct faculty budget	National faculty searches; adjunct recruitment; onboarding and mentoring support	One replacement line approved; second replacement request tied to projected enrollment growth and retirement timing	

EXHIBIT 1.2.3 PROGRAM RISK ASSESSMENT AND MITIGATION TABLE

Instructions: Use the table below to identify potential risks to the program’s long-term sustainability. For each risk, describe the potential impact, likelihood, mitigation strategy, person(s) responsible, and the timeline for implementing or reviewing the mitigation plan. Identifying risks does not mean that the criterion will be considered unmet. It is intended to highlight potential areas for monitoring, improvement, or mitigation.

Expectation: The program will bring appropriate stakeholders together to discuss, analyze, and summarize.

Risk Level Assessment:

- Provide the program generated definitions for low, medium, and high risk.
- Color code risk level: Low (green), Medium (blue), high (orange)

Potential/Actual Risk	Potential/Actual Impact on Program	Risk Level Assessment Low Med High	Mitigation Strategy	Responsible Owner(s)	List any resources needed to address the risk

EXHIBIT 1.2.3 EXAMPLE

Potential/Actual Risk	Potential/Actual Impact on Program	Risk Level Assessment	Mitigation Strategy	Responsible Owner(s)	List any resources needed to address the risk
New CAHME-accredited MHA program entering the regional market during candidacy review period	Increased competition for prospective students, residency placements, adjunct faculty, and employer partnerships may reduce applicant pool and regional visibility	Medium	Differentiate the program through targeted recruitment messaging focused on executive mentorship, competency-based curriculum design, healthcare analytics specialization, and post-graduate employment outcomes. Expand employer partnerships and alumni ambassador involvement. Increase digital recruitment outreach and informational webinars.	Program Director, Admissions Director, Marketing Team, Advisory Board	Marketing budget increase, alumni recruitment ambassadors, updated recruitment materials, employer outreach support
Declining enrollment trends over the last two admissions cycles	Reduced tuition revenue may impact faculty workload distribution, course scheduling, student engagement opportunities, and long-term program sustainability	High	Conduct enrollment trend analysis and market assessment. Revise recruitment strategy to better align with target student populations. Expand pipeline agreements with healthcare organizations and undergraduate institutions. Develop flexible scheduling and certificate pathway options for working professionals.	Program Director, Enrollment Management, Dean, Recruitment Coordinator	Enrollment consultant support, CRM recruitment tools, expanded scholarship funding, additional recruitment travel budget
Two senior faculty members expected to retire within the next three academic years	Loss of institutional knowledge, leadership capacity, teaching expertise, advising support, and industry relationships may impact curriculum delivery and student support	High	Develop phased faculty succession plan including cross-training, mentorship of junior faculty, early recruitment planning, adjunct faculty pipeline development, and documentation of key program processes. Prioritize recruitment in healthcare finance and healthcare operations expertise areas.	Dean, Program Director, Human Resources, Faculty Affairs Committee	Faculty search funding, onboarding support, adjunct faculty pool development, professional development resources for junior faculty

EXHIBIT 1.2.4 EFFECTIVENESS TABLE

Exhibit 1.2.4: Effectiveness Table

Instructions: Complete the table below. Include the responsible owner(s), review timing/frequency, and how the plan's effectiveness is monitored and measured.

Accountability: Who owns the process?	Timing/Frequency: What is the timing and frequency for plan assessment and revision?	Monitoring: How is the plan monitored?	Effectiveness: How is effectiveness measured?

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EXHIBIT 1.2.4 EXAMPLE

Accountability: Who owns the process?	Timing/Frequency: What is the timing and frequency for plan assessment and revision?	Monitoring: How is the plan monitored?	Effectiveness: How is effectiveness measured?
Program Director, Department Chair, and Budget Officer	Reviewed each semester with annual comprehensive review every June	Enrollment trends, faculty workload reports, operating budget analysis, student retention tracking, and faculty sufficiency discussions are reviewed during leadership meetings	Stable enrollment targets achieved, faculty-to-student ratios maintained, retention above 90%, and budget allocations sufficient to support planned curriculum delivery
Faculty CQI Committee and Program Advisory Board	Quarterly review with strategic initiative updates provided twice annually	Review of strategic initiative progress, advisory board feedback, competency attainment data, and employer feedback related to graduate preparedness	Completion of strategic initiatives on schedule, improvement in competency attainment outcomes, increased employer satisfaction ratings, and achievement of post-graduate employment targets
Associate Dean, Technology Support Team, and Program Leadership	Technology and infrastructure review conducted before each academic term and annually during budgeting cycle	LMS performance reports, classroom technology audits, faculty and student technology surveys, and helpdesk ticket trends are analyzed	Reduction in technology-related student complaints, increased faculty satisfaction with instructional technology, successful implementation of simulation tools, and consistent student access to required educational resources

1.2 PROGRAM-LEVEL SUSTAINMENT PLAN

The site visit team is evaluating whether the program has sufficient resources, risk planning, and operational processes in place to sustain quality and effectiveness over time.



NEW

Question for Thought:

Where are there resources, staffing, technology, or operational risks that the sustainment plan does not fully address or monitor?



BREAKOUT ROOMS

Question for Discussion:

What do you think the risks going into the future will be for programs in healthcare management education?

CRITERION 1.3 – PROGRAM LEADERSHIP AND FACULTY AUTHORITY

CRITERION STATEMENT:

Program leadership, faculty, and stakeholders will have the necessary input into all areas that fulfill the program’s mission, vision, and sustainment plan.

OPTIONS:

PEOPLE TO CONSIDER ENGAGING

- Program director
- Faculty
- Curriculum committee
- CQI committee
- Students
- Alumni
- Employers
- Advisory board
- Department leadership



CRITERION 1.3 – PROGRAM LEADERSHIP AND FACULTY AUTHORITY

SAMPLE PROCESSES TO HAVE IN PLACE

- Faculty participation in decision-making – define process
- Stakeholder feedback incorporation process
- Program planning and consultation process
- Communication process for program decisions

OPTIONS:

DATA/EVIDENCE TO SUBMIT

- Faculty meeting minutes
- Advisory board meeting minutes
- Committee bylaws and governance structures
- Examples of faculty-led decisions
- Stakeholder feedback summaries
- Strategic planning participation records





1.3 PROGRAM LEADERSHIP AND FACULTY AUTHORITY

The site visit team is evaluating whether program leadership, faculty, and stakeholders have meaningful involvement and influence in program planning, decision making, and continuous improvement.

Question for Thought:

What are some ways that programs can show documentation that stakeholder input is incorporated into program decisions or improvements?



CRITERION 1.4 – STUDENT RECRUITMENT, ADMISSIONS, RETENTION

CRITERION STATEMENT:

The program will develop, implement, monitor, and evaluate for recruitment, admissions processes, and retention of students.

OPTIONS:

PEOPLE TO CONSIDER ENGAGING

- Admissions staff
- Recruitment staff
- Faculty admissions committee
- Academic advisors
- Student success staff
- Institutional research staff
- Marketing staff
- Students
- Alumni ambassadors



CRITERION 1.4 – STUDENT RECRUITMENT, ADMISSIONS, RETENTION

SAMPLE PROCESSES TO HAVE IN PLACE

- Recruitment planning process
- Admissions review and selection process
- Admissions exception review process
- Retention monitoring process
- Student intervention and support escalation process
- Student complaint tracking and resolution process

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OPTIONS: DATA/EVIDENCE TO SUBMIT

- Recruitment plans and marketing materials
- Admissions rubrics and selection criteria
- Admissions committee meeting minutes
- Applicant and enrollment data tables
- Retention and attrition reports
- Student complaint summaries

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CRITERION 1.4 – STUDENT RECRUITMENT, ADMISSIONS, RETENTION

The site visit team is evaluating whether the program has intentional, data-informed processes to recruit, admit, support, and retain students aligned with the program mission and target audience.

Question for Thought:

Where are recruitment, admissions, or retention decisions inconsistent with the stated target student population or admissions criteria?

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CRITERION 1.5 – INFORMATION TRANSPARENCY

CRITERION STATEMENT:

The program will ensure students and stakeholders have website access to accurate information about the program's admission and selection criteria, competency model, curriculum and curriculum sequencing, target student population, student success outcomes, stakeholder engagement with program and students, student professional development activities, and post-graduate employment outcomes

**OPTIONS:
PEOPLE TO ENGAGE**

- Website manager
- Marketing staff
- Admissions staff
- Career services staff
- Institutional research staff
- Assessment staff
- Faculty curriculum leads
- Program leadership



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CRITERION 1.5 – INFORMATION TRANSPARENCY

**SAMPLE
PROCESSES TO HAVE IN PLACE**

- Website review and update process
- Public data verification process
- Annual review process for published outcomes
- Communication approval workflow
- Website accessibility review process
- Process for updating curriculum and admissions information online

**OPTIONS:
DATA/EVIDENCE TO SUBMIT**

- Website links and screenshots
- Published admissions criteria
- Published competency model
- Published curriculum sequencing
- Published employment outcomes
- Website review schedules



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CRITERION 1.5 – INFORMATION TRANSPARENCY

The site visit team is evaluating whether the program provides accurate, accessible, and current public information that allows stakeholders to understand program expectations, outcomes, and opportunities.

Question for Thought:

Are you connected with staff who can help you keep your website up to date and tells your story?

PAUSE FOR A POLL



Which of these criterion areas would you like more education on? Select all that apply.

Rank these formats of accreditation education delivery by most preferred to least preferred.

STANDARD 2

Evaluates whether the program clearly **defines the competencies** students must achieve to meet healthcare industry expectations and post-graduate career outcomes.



- Helps programs define and validate the competencies graduates need to succeed in today’s healthcare environment
- Strengthens employer confidence by ensuring student learning outcomes are measurable, industry relevant, and assessed at the program level

CRITERION 2.1 – COMPETENCY MODEL DEVELOPMENT

CRITERION STATEMENT:

The program will develop, adopt, or adapt and implement a competency model that is industry relevant and prepares students for post graduate employment outcomes.

OPTIONS: PEOPLE TO ENGAGE

- Program director
- Core faculty
- Curriculum committee
- Assessment committee
- Healthcare executives
- Employers
- Students
- Alumni
- Preceptors
- Advisory board

CRITERION 2.1 – COMPETENCY MODEL DEVELOPMENT

SAMPLE PROCESSES TO HAVE IN PLACE

- Competency development and revision process
- Industry feedback integration process
- Competency mapping process
- Competency approval process
- Proficiency scale development process
- Review process for post-graduate outcome alignment



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OPTIONS: DATA/EVIDENCE TO SUBMIT

- Competency definitions and descriptions
- Competency model tables
- Industry partner feedback summaries
- Competency mapping documents
- Proficiency scale definitions
- Workforce trend analyses

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EXHIBIT 2.1.1 COMPETENCIES AND PROGRAM-LEVEL COMPETENCY ATTAINMENT ASSESSMENT

Instructions: Complete the table below. List each program competency with its definition, identify the proficiency target for student achievement, and specify where the final competency level attainment is evaluated (example: course with assignment, capstone, etc.). Include course name and number where relevant. Include a key that explains the proficiency scale used.

Competency	Competency Definition	Program Level Proficiency Targets (as defined in Exhibit 2.1.2)	Final Program Level Competency Attainment Assessment Deliverable	Where can the deliverable be found for each student (ex. LMS, CAMP)

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EXHIBIT 2.1.1 COMPETENCIES AND PROGRAM-LEVEL COMPETENCY ATTAINMENT ASSESSMENT- EXAMPLE

Competency	Competency Definition	Program Level Proficiency Targets (as defined in Exhibit 2.1.2)	Final Program Level Competency Attainment Assessment Deliverable	Where can the deliverable be found for each student (ex. LMS, CAMP)
Financial Skills	Apply financial management principles, budgeting, reimbursement analysis, and operational financial decision-making within healthcare organizations.	85% of students will achieve proficiency level 4 or higher.	HADM 645 Financial Management Capstone Case Analysis and Executive Budget Presentation	https://camp.riverviewmha.edu/competencies/financialskills https://lms.riverviewmha.edu/HADM645/finalcase
Communication	Demonstrate effective written, verbal, and professional communication with diverse healthcare stakeholders.	90% of students will achieve proficiency level 4 or higher.	HADM 610 Executive Leadership Presentation and Board Communication Brief	https://camp.riverviewmha.edu/competencies/communication https://lms.riverviewmha.edu/HADM610/boardbrief
Analytical Reasoning	Analyze healthcare data, interpret findings, and apply evidence-based decision-making to organizational challenges.	85% of students will achieve proficiency level 4 or higher.	HADM 630 Data Analytics Project and Quality Improvement Dashboard	https://camp.riverviewmha.edu/competencies/analyticalreasoning https://lms.riverviewmha.edu/HADM630/dashboardproject
Teamwork	Collaborate effectively within interdisciplinary healthcare teams to achieve organizational and patient-centered goals.	90% of students will achieve proficiency level 4 or higher.	HADM 620 Interprofessional Team Simulation and Group Strategic Operations Plan	https://camp.riverviewmha.edu/competencies/teamwork https://lms.riverviewmha.edu/HADM620/teamsimulation

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EXHIBIT 2.1.2 PROFICIENCY SCALE

Instructions: Provide the proficiency scale used to assess student competency attainment. Include labels, definitions and evaluation criteria.

Label	Definition/Evaluation Criteria



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EXHIBIT 2.1.2 PROFICIENCY SCALE – EXAMPLE 1

Instructions: Complete the table below. List each program competency with its definition, identify the proficiency target for student achievement, and specify where the final competency level attainment is evaluated (example: course with assignment, capstone, etc). Include course name and number where relevant. Include a key that explains the proficiency scale used.

Label	Definition/Evaluation Criteria
Beginning Development	Demonstrates initial awareness and limited application of the competency. Performance requires substantial guidance, structure, or correction. Completes tasks inconsistently; relies on step by step directions' demonstrates foundational understanding only; work frequently contains errors, omissions, or misapplication of concepts; unable to independently adapt skills to new situations.
Advancing	Demonstrates developing application of the competency in familiar or structured situations with moderate guidance. Performance is partially consistent but gaps remain. Completes routine tasks with occasional assistance; applies concepts correctly in familiar contexts; demonstrates partial integration of skills; errors or inconsistencies are present but generally correctable; limited ability to transfer learning across settings
Competent	Demonstrates consistent and independent application of the competency across expected graduate-level situations. Performance meets established standards. Independently completes tasks accurately and consistently; integrates appropriate knowledge, skills, and judgment; applies competency across multiple contexts; produces work that meets program or professional expectations; requires minimal correction or oversight.
Proficient	Demonstrates advanced, strategic, and adaptable application of the competency across complex or ambiguous situations. Performance exceeds expected graduate-level standards. Independently analyzes and adapts to complex situations; synthesizes multiple concepts or perspectives; produces consistently high-quality work with minimal to no errors; demonstrates initiative, strategic judgment, and leadership; transfers competency effectively to novel or challenging contexts.

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EXHIBIT 2.1.2 PROFICIENCY SCALE – EXAMPLE 2

Instructions: Complete the table below. List each program competency with its definition, identify the proficiency target for student achievement, and specify where the final competency level attainment is evaluated (example: course with assignment, capstone, etc). Include course name and number where relevant. Include a key that explains the proficiency scale used.

Label	Definition/Evaluation Criteria
1	Requires continuous instruction to complete tasks; demonstrates fragmented or inaccurate understanding; performance is incomplete or ineffective; unable to explain rationale for decisions or actions.
2	Completes foundational tasks with prompting; demonstrates uneven accuracy or consistency; applies skills only in predictable situations; requires frequent feedback to maintain performance expectations.
3	Independently performs expected tasks; applies appropriate methods and judgment; maintains acceptable quality and accuracy; demonstrates consistent achievement of established performance standards.
4	Connects concepts across disciplines or tasks; adapts approaches based on context; evaluates alternatives and consequences effectively; performance is consistently above expectations with limited need for guidance.
5	Anticipates challenges and develops effective solutions; influences or guides others; applies competency innovatively in ambiguous situations; consistently produces exceptional outcomes supported by evidence, insight, and strategic judgment.

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CRITERION 2.1 – COMPETENCY MODEL DEVELOPMENT

The site visit team is evaluating whether the program has fully implemented the competencies with proficiency targets.

Question for Thought:

Did you fully explain why these competencies are the right ones and being assessed at the right level?

CRITERION 2.2 – COMPETENCY MODEL EFFECTIVENESS

CRITERION STATEMENT:

The program measures student competency attainment at the program level.

OPTIONS: PEOPLE TO ENGAGE

- Faculty assessors
- Assessment staff
- Students
- Employers
- Preceptors
- Institutional research staff
- LMS administrators
- Calibration teams

CRITERION 2.2 – COMPETENCY MODEL EFFECTIVENESS

SAMPLE PROCESSES TO HAVE IN PLACE

- Direct competency assessment process
- Indirect competency assessment process
- Faculty calibration process – do they have standardized language – rubrics so students see progress?
- Competency data collection and aggregation process
- Student competency feedback process
- Competency attainment analysis process



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OPTIONS:

DATA/EVIDENCE TO SUBMIT

- Program-level competency attainment data
- Direct assessment rubrics
- Aggregate competency reports
- Student competency dashboards
- Calibration meeting documentation
- Student competency feedback examples attainment analysis process

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Exhibit 2.2.1 EXAMPLE ONLY: Program-level Competency Attainment Table/Tool

This table is provided as an example to help illustrate and clarify expectations. It is not intended to serve as a template but rather as a framework for reference.

	Proficiency Scale					Program Level Target	Program Level Outcome
	1	2	3	4	5		
Competency 1 at Program Level	# students that attained 1	# students that attained 2	# students that attained 3	# students that attained 4	# students that attained 5	XX% of students reach proficiency scale Y or more	Target Met/Not Met
Competency 2 at Program Level							

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EXHIBIT 2.2.1 PROGRAM-LEVEL COMPETENCY ATTAINMENT TABLE/TOOL- EXAMPLE

	Proficiency Scale					Program Level Target	Program Level Outcome
	1	2	3	4	5		
Financial Skills	1	3	8	24	39	85% of students reach proficiency scale 4 or higher	Met (87%)
Communication	4	8	17	24	22	90% of students reach proficiency scale 4 or higher	Not Met (61%)
Analytical Reasoning	9	14	20	18	14	85% of students reach proficiency scale 4 or higher	Not Met (43%)
Teamwork	0	1	4	26	44	90% of students reach proficiency scale 4 or higher	Met (93%)
Strategic Thinking	1	3	9	25	37	85% of students reach proficiency scale 4 or higher	Met (83%)

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CRITERION 2.2 – COMPETENCY MODEL EFFECTIVENESS

The site visit team is evaluating whether the program directly measures and documents student competency attainment at the program level using structured and meaningful assessment processes.

Question for Thought:

Has the program met the standard if they have 2 student self-reflections, named the competencies in each course, set a proficiency targets, and give assignment grades?

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CRITERION 2.3 – COMPETENCY MODEL CQI

CRITERION STATEMENT:

The program will develop and implement a plan to improve competency model effectiveness.

**OPTIONS:
PEOPLE TO ENGAGE**

- CQI committee
- Assessment committee
- Faculty
- Students
- Alumni
- Employers
- Industry partners
- Program staff

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CRITERION 2.3 – COMPETENCY MODEL CQI

**SAMPLE
PROCESSES TO HAVE IN PLACE**

- **Competency CQI Review Process:** Review competency attainment data, trends, and improvement priorities
- **Stakeholder Engagement Process:** Collect, document, and respond to stakeholder feedback and engagement activities
- **PIC Tool and Improvement Implementation Process:** Document, implement, and monitor CQI actions using the PIC Tool
- **Competency Validation and Monitoring Process:** Review competency relevance, proficiency targets, and effectiveness of changes
- **CQI Documentation and Communication Process:** Maintain CQI records and communicate findings, actions, and outcomes to stakeholders

**OPTIONS:
DATA/EVIDENCE TO SUBMIT**

- Competency assessment trend analyses
- CQI meeting minutes
- PIC tools for competency improvements
- Action plans for competency revisions
- Follow-up outcome data after changes

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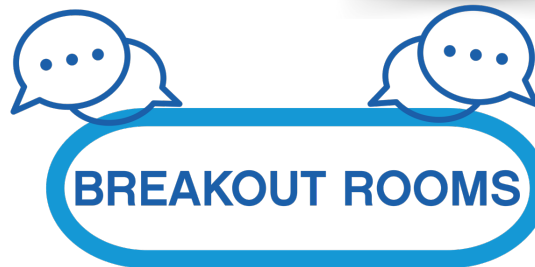
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CRITERION 2.3 – COMPETENCY MODEL CQI

The site visit team is evaluating whether the program systematically analyzes competency outcomes and stakeholder feedback to improve competency effectiveness over time.

Question for Thought:

How do you get faculty [excited] willing to review the competency assessment data AND THEN make changes?



Question for Discussion:

Your program has a competency model, and competencies are assigned in your courses – But ...

How do you get the rest of the loop closed?
How do you do it? (comp-based assessment, tools, and data collection)

CRITERION 3.1 – GRADUATE-LEVEL CURRICULUM DEVELOPMENT

CRITERION STATEMENT:

The program will develop and deliver an industry-relevant curriculum that reflects graduate-level rigor appropriate for the professional and academic preparation of the target audience and prepares students for program-level culminating integrative assessments (see 3.2) and post-graduate employment outcomes. The curriculum will also provide opportunities for students to engage in teams and collaborate with a variety of healthcare professionals, with faculty and appropriate stakeholders involved throughout the process.



Options: PEOPLE TO ENGAGE

- Curriculum committee
- Faculty
- Instructional designers
- Healthcare professionals
- Preceptors
- Students
- Alumni
- Employers
- Assessment staff



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CRITERION 3.1 – GRADUATE-LEVEL CURRICULUM DEVELOPMENT

Sample PROCESSES TO HAVE IN PLACE

Map every competency to specific courses (learning activities) and assessments across the curriculum

- Ensure graduate-level rigor, higher-order thinking, and applied learning expectations – does this match post-grad outcomes?
- Validate curriculum relevance using employer, alumni, and industry partner feedback
- Integrate teamwork, interprofessional engagement, and healthcare practice exposure throughout the curriculum
- Ensure all required program topics are intentionally covered and documented
- Review syllabi for competency alignment, assessment methods
- Monitor sequencing and scaffolding of courses to support progressive competency development
 - If courses are not sequenced, how do you do this?
- Review and update curriculum based on assessment data, industry trends, and healthcare workforce expectations

Options: DATA/EVIDENCE TO SUBMIT

- Curriculum maps
- Course syllabi
- Team-based learning assignments
- Research and scholarship assignments
- Interprofessional activity documentation
- Competency-to-curriculum mapping tables



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EXHIBIT 3.1.1 STUDENT EXPOSURE AND ENGAGEMENT

Instructions: list the courses where students work in teams and/or are exposed to research and scholarship as well as teams and teamwork.

Courses & Activities	Research & Scholarship	Teams & Teamwork



EXHIBIT 3.1.1 STUDENT EXPOSURE AND ENGAGEMENT

Courses & Activities	Research & Scholarship	Teams & Teamwork
HADM 610 Healthcare Research & Evidence-Based Management <ul style="list-style-type: none"> Literature review assignment Faculty-led journal critique discussion Healthcare outcomes research presentation 	Students evaluate peer-reviewed healthcare management research, interpret findings, compare methodologies, and apply evidence to healthcare operational decisions.	Students complete a team-based evidence review presentation and receive individual peer and faculty feedback using a standardized teamwork rubric.
HADM 645 Healthcare Financial Management <ul style="list-style-type: none"> Team budgeting simulation Financial variance analysis project Executive board presentation 	Students review healthcare finance benchmarking studies, reimbursement trend reports, and applied financial management research.	Students participate in interdisciplinary finance teams, complete assigned leadership roles, and receive individual feedback on collaboration and contribution.
HADM 670 Strategic Management & Population Health <ul style="list-style-type: none"> Community health strategy project Data analytics workshop Executive strategy simulation 	Students analyze population health studies, strategic planning frameworks, and healthcare innovation research to support organizational recommendations.	Students work in strategic planning teams, complete team charters, conduct peer evaluations, and receive individual teamwork performance feedback.

EXHIBIT 3.1.3 REQUIRED PROGRAM TOPICS



Instructions: Complete the table by indicating how each listed topic is covered at least once during the degree program.

*For Requirement h, include the list of healthcare professionals in 'How is it covered' column for appropriate topics.

Topics	How is it covered?	Where is it covered?
Analytical Reasoning		
Communication: Written & Oral		
Critical Thinking		
Cultural Competence in Healthcare: Develop student's skills to work with all populations and communities		
Data Literacy & Data Supported Decision Making		
Healthcare Ethics		
Health Industry Foundations		
Healthcare Finance		
Healthcare Human Resources		
Healthcare Information Technology (Including AI in healthcare)		

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EXHIBIT 3.1.3 REQUIRED PROGRAM TOPICS



Required Program Topic	How is it Covered?	Where is it Covered?
Analytical Reasoning	Students complete data interpretation exercises, dashboard development projects, and case-based analytical decision-making assignments.	HADM 630 Healthcare Analytics
Cultural Competence in Healthcare	Students participate in facilitated discussions on healthcare disparities, cultural responsiveness, and inclusive leadership practices.	ACHE Diversity and Inclusion Panel; HADM 620 Organizational Behavior
Health Industry Foundations	Students examine healthcare delivery structures, reimbursement systems, regulatory agencies, and healthcare stakeholders.	HADM 500 U.S. Healthcare Systems
Healthcare Human Resources	Students analyze workforce planning, retention strategies, labor relations, and staffing challenges within healthcare organizations.	SHRM Healthcare Workforce Webinar; HADM 625 Human Resources Management
Healthcare Information Technology (Including AI in healthcare)	Students evaluate electronic health record systems, cybersecurity risks, AI applications, and health information workflows.	HIMSS Conference Session; HADM 635 Healthcare Information Systems
Healthcare Innovation & Innovation Principles	Students develop innovation proposals focused on operational redesign, care delivery improvement, and emerging healthcare technologies.	HADM 675 Innovation in Healthcare Delivery
Healthcare Management Across the Continuum	Students examine management considerations across acute care, ambulatory care, long-term care, and community-based services.	Site Visit to Riverside Long-Term Care Network; HADM 500 U.S. Healthcare Systems
Healthcare Management & Operations	Students complete workflow redesign exercises, throughput analysis, and operational improvement simulations.	HADM 640 Operations Management
Leadership in Healthcare	Students participate in leadership self-assessments, executive panels, and applied leadership case discussions.	ACHE Regional Leadership Event; HADM 610 Leadership Communication
Patient Centered Care	Students evaluate patient experience data and develop recommendations to improve patient-centered organizational practices.	Patient Experience Guest Lecture Series hosted by CHS; HADM 620 Organizational Behavior
Performance Measurement & Improvement in Healthcare Settings	Students develop quality dashboards, analyze performance metrics, and design process improvement initiatives.	HADM 650 Quality Improvement & Performance Measurement
Sustainability in Healthcare	Students evaluate environmental sustainability initiatives, financial sustainability strategies, and long-term operational planning.	Healthcare Sustainability Guest Speaker Series
Teamwork in Healthcare Settings	Students participate in team-based simulations, interdisciplinary projects, and peer evaluation activities with individual feedback.	HADM 620 Organizational Behavior; Interprofessional Simulation Lab

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EXHIBIT 3.1.4 COMPETENCY MAPPING

Complete the table to show where each competency is covered in the courses adding additional rows and columns as necessary to represent all competencies and courses. Show the proficiency target level students should reach in each course, the assignment in which the competency is assessed, and the session or week the competency is assessed in the course.

Put Courses in Order of Delivery	Competency 1/ Assessment 1	Competency 2	Competency 3	Competency 4	Competency 5
Course 1	Prof Level: Assignment: Session/Week #				
Course 2					
Course 3					
Course 4					

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EXHIBIT 3.1.4 COMPETENCY MAPPING

Course	Communication	Analytical Reasoning	Financial Skills	Teamwork	Strategic Thinking
HADM 610 Leadership Communication	<ul style="list-style-type: none"> Level 4 Assessment: Executive Board Presentation Week 8 	<ul style="list-style-type: none"> Level 2 Assessment: Case Analysis Recommendations Week 6 	<ul style="list-style-type: none"> Level 1 Assessment: Budget discussion where they take different roles and pitch reduction strategies Week 10 	<ul style="list-style-type: none"> Level 3 Assessment: Team Leadership Simulation Week 12 	<ul style="list-style-type: none"> Level 2 Assessment: Strategic Position Paper Week 14
HADM 630 Healthcare Analytics	<ul style="list-style-type: none"> Level 3 Assessment: HR Variances Analysis Data Presentation Week 7 	<ul style="list-style-type: none"> Level 5 Assessment: Analytics Dashboard Project Week 13 	<ul style="list-style-type: none"> Level 3 Assessment: Financial Data Interpretation Exercise Week 9 	<ul style="list-style-type: none"> Level 2 Assessment: Group Press Ganey analysis and recommendation Week 11 	<ul style="list-style-type: none"> Level 3 Assessment: Operational Improvement Recommendation Week 14
HADM 670 Strategic Management & Population Health	<ul style="list-style-type: none"> Level 4 Assessment: Executive Strategy Presentation Week 15 	<ul style="list-style-type: none"> Level 4 Assessment: Population Health Analysis - CHNA Week 10 	<ul style="list-style-type: none"> Level 4 Assessment: Strategic Financial Planning Case Week 12 	<ul style="list-style-type: none"> Level 5 Assessment: Interprofessional Strategic Planning Simulation Week 14 	<ul style="list-style-type: none"> Level 5 Assessment: Strategic Management Capstone Project Week 15

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BREAKOUT ROOMS

3.1 Question for Discussion:
How do you *know* the course assignments are providing students with the skills they need (at the graduate level)?
What is your process for evaluating this?

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CRITERION 3.2

PROGRAM-LEVEL FINAL INTEGRATIVE ASSESSMENT DEVELOPMENT


CRITERION STATEMENT:

The program will provide program-level final integrative assessment(s) that demonstrate students achieved the program-level competency proficiency targets.



**OPTIONS:
PEOPLE TO ENGAGE**

- Capstone faculty
- Assessment faculty
- Calibration teams
- Students
- Practitioner reviewers
- Program leadership
- LMS/CAMP staff



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CRITERION 3.2

PROGRAM-LEVEL FINAL INTEGRATIVE ASSESSMENT DEVELOPMENT

SAMPLE PROCESSES TO HAVE IN PLACE

- Design integrative assessments that require students to apply and synthesize multiple competencies
- Align integrative assessments with post-graduate employment expectations and professional practice scenarios
- Develop standardized rubrics tied directly to program-level proficiency targets
- Provide students clear instructions, expectations, timelines, and evaluation criteria for integrative assessments
- Deliver structured feedback to students on competency attainment and performance gaps
- Store integrative assessment deliverables, scoring, and feedback within LMS/CAMP
- Review integrative assessment effectiveness and revise based on student outcomes and faculty evaluation data

OPTIONS:

DATA/EVIDENCE TO SUBMIT

- Capstone or integrative assessment instructions
- Student deliverable examples
- Assessment rubrics
- Competency scoring guides
- Faculty calibration records
- Student feedback reports



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CRITERION 3.3 – CURRICULUM EFFECTIVENESS

CRITERION STATEMENT:

The program will evaluate the effectiveness of the curriculum and the final integrative assessment(s).

Options: PEOPLE TO ENGAGE

- Curriculum committee
- Faculty
- Students
- Alumni
- Employers
- Preceptors
- Career services staff
- Institutional research staff



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CRITERION 3.3 – CURRICULUM EFFECTIVENESS

SAMPLE PROCESSES TO HAVE IN PLACE

- Collect and analyze curriculum effectiveness data tied to competency attainment and integrative assessment outcomes
- Review: course evaluations, employer feedback, alumni feedback, and graduate outcomes to assess curriculum quality
- Evaluate whether curriculum mapping supports achievement of program-level competency targets
- Review effectiveness of residencies, internships, fellowships, and experiential learning activities when applicable
- Identify courses, competencies, or assessment areas where students are underperforming
- Monitor trends in student achievement, progression, and post-graduate employment outcomes
- Document curriculum effectiveness findings and communicate results to faculty and stakeholders
- Escalate identified curriculum quality concerns into CQI review and action planning

OPTIONS:

DATA/EVIDENCE TO SUBMIT

- Curriculum effectiveness reports
- Student course evaluations
- Graduate employment data
- Employer/preceptor evaluations
- Assessment dashboards and trend reports



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CRITERION 3.4 – CURRICULUM CQI

CRITERION STATEMENT:

The program will develop and implement a plan to improve curriculum effectiveness.

OPTIONS: PEOPLE TO ENGAGE

- CQI committee
- Curriculum committee
- Faculty
- Students
- Alumni
- Industry partners
- Program staff



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CRITERION 3.4 – CURRICULUM CQI

SAMPLE PROCESSES TO HAVE IN PLACE

- Conduct regular CQI reviews focused on curriculum effectiveness and integrative assessment outcomes
- Prioritize curriculum improvement opportunities based on assessment data, stakeholder feedback, and outcome trends
- Develop PIC Tools tied to identified curriculum or assessment improvement needs
- Engage faculty, students, alumni, and employers in curriculum improvement discussions
- Implement curriculum revisions, assessment changes, or instructional improvements based on CQI findings
- Monitor effectiveness of implemented curriculum changes using follow-up assessment and outcomes data
- Maintain documentation of CQI decisions, actions, monitoring activities, and resulting improvements

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OPTIONS:

DATA/EVIDENCE TO SUBMIT

- Curriculum CQI plans
- PIC tools for curriculum improvements
- Curriculum revision records
- Assessment trend analyses
- Documentation of implemented curriculum changes

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CRITERION 3.3 – CURRICULUM EFFECTIVENESS

The site visit team is evaluating whether the program regularly evaluates curriculum effectiveness using assessment data, stakeholder input, and student outcomes.

Let's Share: PIC Tool Options

What curriculum improvement projects might you undertake after reviewing curriculum effectiveness data?




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PAUSE FOR A POLL



Which of these criterion areas would you like more education on? Select all that apply.


Which of these topics would you find a 'best practices/real program examples' webinar most beneficial.

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Let's Share: PIC Tool Options




What curriculum improvement projects might you undertake after reviewing curriculum effectiveness data?


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Required Elements
Additional documentation within the LMS will be used by the site visit team to support and validate the criteria completeness.


Element	Required Documentation
<p>a. Measurement Criteria: Describe the methods used, frequency, and data inputs to assess curriculum effectiveness in:</p> <ul style="list-style-type: none"> Competency to curriculum mapping Program-level final integrative assessments Post-graduate employment outcomes 	<ul style="list-style-type: none"> Narrative Data collection tools Integrative Assessments for all students. (Site visit team will pull sample per sample chart.)
<p>b. Stakeholder Feedback: Describe how the program incorporates feedback from students, alumni, and industry partners into the curriculum and final integrative assessment effectiveness evaluation process.</p> <p>*For programs where residencies/internships/fellowships are required for graduation, include:</p> <ul style="list-style-type: none"> Student evaluation of preceptors/supervisors and site Preceptor/supervisor evaluation of students and process 	<ul style="list-style-type: none"> Narrative Documentation that validates the narrative <p>*Include blank evaluations *Include summary data</p>
<p>c. Faculty Role: Describe the role of faculty in assessing curriculum effectiveness. Provide students' evaluations of course effectiveness.</p>	<ul style="list-style-type: none"> Narrative Documentation that validates the narrative Students' evaluations of course effectiveness Other assessment materials

3.3

Documentation

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BREAKOUT ROOMS

Question for Discussion:

- How do you determine the design of your integrative competency-based assessments?
- Linking it to the skills they need

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CRITERION 4.1 – ACADEMIC RESOURCES



CRITERION STATEMENT:

The College, University, school, and program will offer comprehensive, well-communicated student academic resources including technology resources.

OPTIONS: PEOPLE TO ENGAGE

- Library staff
- IT support
- Accessibility services
- Student affairs staff
- Academic support staff
- Faculty advisors
- Students



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STANDARD 4

Evaluates whether students receive the **academic support, advising, resources, and career preparation** needed to progress through the program and succeed after graduation.



- Encourages programs to create stronger systems of student support, advising, and career preparation
- Helps programs use student and graduate outcomes data to improve the learner experience and post-graduate success

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CRITERION 4.1 – ACADEMIC RESOURCES

SAMPLE

PROCESSES TO HAVE IN PLACE

- Identify and maintain academic and technology resources needed to support **ALL** students.
- Communicate available resources to students at orientation and throughout the program.
- Monitor whether students can access and effectively use available resources.
- Collect and review student feedback regarding resource availability, usefulness, and support.
- Implement and monitor improvements to academic and technology resources based on data and feedback.

OPTIONS:

DATA/EVIDENCE TO SUBMIT

- Lists of academic and technology resources
- Student utilization data
- Student satisfaction survey results
- Accessibility documentation
- Resource communication materials: show us how you tell students about the resources (orientation materials, emails etc.)



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4.1 ACADEMIC RESOURCES

The site visit team is evaluating whether students have access to sufficient academic and technology resources that support learning, engagement, and success.

Question for Thought:

Is the process for sharing academic or technology resources with students effective?

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CRITERION 4.2 – ACADEMIC ADVISING

CRITERION STATEMENT:

The program will offer or provide access to academic advising resources for all students.

OPTIONS: PEOPLE TO ENGAGE

- Academic advisors
- Faculty advisors
- Registrar staff
- Retention staff
- Student success personnel
- Students



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CRITERION 4.2 – ACADEMIC ADVISING

SAMPLE PROCESSES TO HAVE IN PLACE

- Determine who does academic advising responsibilities
- Monitoring of student progression, retention, and academic performance indicators.
- Communicate advising expectations, availability, and support pathways to students.
- Collect and review student feedback regarding advising quality, responsiveness, and accessibility.
- Implement and monitor improvements to advising processes based on student outcomes and feedback.

OPTIONS:

DATA/EVIDENCE TO SUBMIT

- Advising process documents
- Student advising satisfaction surveys
- Student progression and retention data
- Advising meeting logs
- Aggregate advising feedback reports



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CRITERION 4.3 – PROFESSIONAL CAREER ADVISING

CRITERION STATEMENT:

The program will offer or provide access to professional career advising services for all students.

**OPTIONS:
PEOPLE TO ENGAGE**

- Career services staff
- Faculty mentors
- Alumni mentors
- Employers
- Internship/residency coordinators
- Students

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CRITERION 4.3 – PROFESSIONAL CAREER ADVISING

**SAMPLE
PROCESSES TO HAVE IN PLACE**

- Provide career advising aligned with student goals
- Connect students with employers and professional opportunities
- Communicate career resources and development activities
- Monitor student participation and engagement
- Review employment outcomes and stakeholder feedback
- Implement improvements based on outcomes data

**OPTIONS:
DATA/EVIDENCE TO SUBMIT**

- Career advising process documents
- Career event attendance data
- Employer engagement records
- Internship/fellowship placement data
- Career advising satisfaction surveys

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4.3 PROFESSIONAL CAREER ADVISING

The site visit team is working to determine if the program's efforts for professional advising is effective?

Question for Thought:

Evaluate if professional career advising services exist in name, but lack structure, accessibility, engagement, or measurable outcomes?

CRITERION 4.4 – POST-GRADUATE CAREER PREPAREDNESS

CRITERION STATEMENT:

The program will develop and implement a plan to monitor post-graduate career preparedness.

OPTIONS:

PEOPLE TO ENGAGE

- Career services staff
- Faculty
- Employers
- Alumni
- Preceptors
- Assessment staff
- Graduating students

CRITERION 4.4 – POST-GRADUATE CAREER PREPAREDNESS

SAMPLE

PROCESSES TO HAVE IN PLACE

- Collect data on how prepared graduates were after completing your program
- Collect feedback from others: employers, industry partners
- Evaluate competency, curriculum, and professional activity relevance
 - Identify gaps impacting post-graduate success and readiness
- Use outcomes data to improve student preparation and support
- Monitor effectiveness of implemented improvements

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OPTIONS:

DATA/EVIDENCE TO SUBMIT

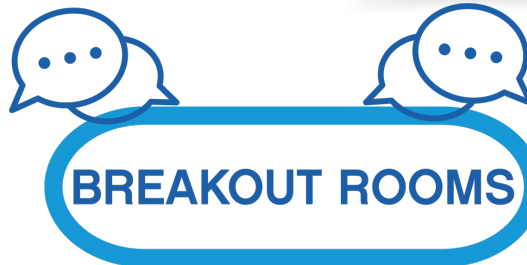
- Graduate survey tools
- Employment outcome dashboards
- Employer feedback summaries
- Graduate preparedness survey results
- Competency relevance survey results
- Satisfaction surveys

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What are all the ways you collect data that demonstrates your students are prepared for post-graduation plans?

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CRITERION 5.1 – QUALIFIED PROGRAM LEADERSHIP AND FACULTY

CRITERION STATEMENT:

All program leadership and faculty will have relevant academic and/or professional preparation in the areas they teach and/or engage with students. The program will maintain a sufficient number of qualified program leadership and faculty to support its mission, student learning needs, and program outcomes.

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**OPTIONS:
PEOPLE TO ENGAGE**

- Program director
- Dean
- Faculty
- HR/faculty affairs
- Search committee members
- Students
- Curriculum committee
- Assessment committee

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CRITERION 5.1 – QUALIFIED PROGRAM LEADERSHIP AND FACULTY

**SAMPLE
PROCESSES TO HAVE IN PLACE**

- Align faculty expertise with courses
- Monitor (how) faculty workload, staffing levels, and student-to-faculty support needs
- Review faculty sufficiency to support program operations and student learning
- Maintain current faculty CVs, licenses, certifications, and professional activities
- Plan for faculty recruitment, onboarding, and succession needs

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**OPTIONS:
DATA/EVIDENCE TO SUBMIT**

- Faculty CVs/resumes
- Faculty qualification tables
- Faculty workload reports
- Teaching assignment records
- Faculty evaluation summaries
- Professional practice documentation

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EXHIBIT 5.1.1 CURRENT PROGRAM FACULTY QUALIFICATIONS

Instructions: Complete the table by listing each faculty member's credentials, experiences, and responsibilities to demonstrate their qualification for the courses they teach. List the faculty in order of number of courses taught in descending order.

	Faculty Name (First, Last)	Academic Qualification: Highest degree earned & year All degrees relevant to the courses taught	Year appointed to Program	Experience: Academic Practitioner Both	University-defined Academic Appointment (Using labels defined by program in 5.1.1 Key identify their role in the program)	Program Responsibility A = Advising T = Teaching L = Leadership R = Research NP = Non-Program Activity	Courses Taught in Self-Study Year (Sort descending on this column)	Specific Experiences Qualifying the Faculty for each Course Taught
1.								
2.								
3.								
4.								



5.1.1 Key:

University-defined Academic Appointment	Definition

EXHIBIT 5.1.1 CURRENT PROGRAM FACULTY QUALIFICATIONS- EXAMPLE

Faculty Name (First, Last)	Academic Qualification: Highest Degree Earned & Year; All Degrees Relevant to Courses Taught	Year Appointed to Program	Experience: Academic / Practitioner / Both	University-defined Academic Appointment	Program Responsibility (A, T, L, R, NP)	Courses Taught in Self-Study Year	Specific Experiences Qualifying the Faculty for Each Course Taught
Melissa Carter	PhD Health Administration (2014); MHA (2008)	2018	Both	Professor and Program Director	A, T, L, R	HADM 610 Leadership Communication; HADM 620 Organizational Behavior; HADM 699 Capstone; HADM 500 U.S. Healthcare Systems	Former COO of a regional health system; 15 years executive leadership experience; published research in healthcare leadership and workforce development.
James Patel	PhD Analytics (2016); MS Health Informatics (2010)	2020	Both	Associate Professor	A, T, R	HADM 630 Healthcare Analytics; HADM 635 Healthcare Information Systems; HADM 650 Quality Improvement	Healthcare analytics consultant; led enterprise quality dashboard initiatives; published research in healthcare analytics and performance measurement.
Michael Benson	PhD Public Health (2011); MPH (2005)	2021	Both	Associate Professor	T, R	HADM 670 Strategic Management; HADM 680 Population Health	Former Vice President for Population Health; 18 years of strategic planning and population health leadership experience.
Sarah Nguyen	PhD Organizational Leadership (2017); MHA (2010)	2022	Both	Assistant Professor	A, T	HADM 620 Organizational Behavior; HADM 640 Human Resources Management	Former healthcare workforce development executive with expertise in leadership development and organizational effectiveness.
Angela Ruiz	DBA (2012); MBA Finance (2004); CPA	2024	Practitioner	Adjunct Faculty	T	HADM 645 Healthcare Financial Management	Former health system CFO with 20 years of healthcare finance leadership experience.
Robert Ellis	JD (2001); MHA (1998)	2023	Practitioner	Adjunct Faculty	T	HADM 615 Healthcare Law and Ethics	Healthcare attorney with 22 years of healthcare compliance, privacy, governance, and regulatory experience.
Karen Foster	MS Health Informatics (2009); CHCIO	2025	Practitioner	Adjunct Faculty	T	HADM 635 Healthcare Information Systems	Chief Information Officer for an integrated delivery network with expertise in health IT, AI implementation, and cybersecurity.

EXHIBIT 5.1.1 KEY- EXAMPLE

University-defined Academic Appointment	Definition
Professor and Program Director	Full-time senior faculty member responsible for program leadership, accreditation oversight, teaching, advising, and scholarship.
Associate Professor	Full-time faculty member responsible for teaching, advising, scholarship, and service.
Assistant Professor	Full-time faculty member responsible for teaching, advising, scholarship, and service activities.
Adjunct Faculty	Part-time faculty member with specialized academic or professional expertise supporting specific program courses.



CRITERION 5.1 – QUALIFIED PROGRAM LEADERSHIP AND FACULTY

The site visit team is evaluating whether the program has sufficient qualified leadership and faculty to support graduate-level learning, competency attainment, and program operations.



Let's Share:

How do you handle university constraints on faculty course assignments and ensuring faculty have the resources and qualifications to teach healthcare related courses?

CRITERION 5.2 – FACULTY ANDRAGOGICAL DEVELOPMENT

CRITERION STATEMENT:

The program will develop and implement a faculty andragogical plan for all faculty who teach in the program.

OPTIONS:

PEOPLE TO ENGAGE

- Faculty development staff
- Instructional designers
- Faculty
- Assessment staff
- Educational technology staff
- Peer reviewers
- Students



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CRITERION 5.2 – FACULTY ANDRAGOGICAL DEVELOPMENT

SAMPLE PROCESSES TO HAVE IN PLACE

- Provide faculty development activities focused on graduate-level andragogy and teaching effectiveness
 - Ex: Train faculty on competency-based assessment, use of standardized rubrics, and student feedback practices
- Collect and review student feedback related to teaching and learning effectiveness
- Monitor faculty participation in development and training activities
- Identify faculty teaching development gaps and improvement opportunities
- Monitor effectiveness of faculty development activities on teaching and student learning

OPTIONS:

DATA/EVIDENCE TO SUBMIT

- Faculty development plans
- Workshop attendance records
- Peer review of teaching summaries
- Student feedback related to teaching effectiveness
- Evidence of updated teaching practices



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EXHIBIT 5.2.1 - FACULTY ANDRAGOGICAL DEVELOPMENT TABLE

Instructions: Complete the table by listing each faculty member and the andragogical event(s) they participated in.

Faculty Member	Andragogical Participation Event

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EXHIBIT 5.2.1 FACULTY ANDRAGOGICAL DEVELOPMENT TABLE- EXAMPLE

Instructions: Complete the table by listing each faculty member and the andragogical event(s) they participated in.

Faculty Member	Andragogical Participation Event
Dr. Melissa Carter	Quality Matters Workshop: Applying the Quality Matters Rubric to Online and Hybrid Course Design
Dr. James Patel	AACSB Seminar: Teaching Data Analytics Through Applied Learning and Real-World Cases
Dr. Angela Ruiz	AUPHA Webinar: Active Learning Strategies for Graduate Healthcare Management Students
Dr. Michael Benson	HIMSS Faculty Institute: Integrating Artificial Intelligence into Graduate Healthcare Management Education
Dr. Sarah Nguyen	University Teaching Excellence Workshop: Inclusive Teaching Practices for Adult Learners
Dr. Robert Ellis	Faculty Learning Community: Designing Effective Rubrics for Competency-Based Assessment

EXHIBIT 5.2.1 FACULTY ANDRAGOGICAL DEVELOPMENT TABLE- EXAMPLE 2

Faculty Member	Andragogical Participation Event
All Program Faculty	Faculty Development Workshop: Teaching Adult Learners in Competency-Based Healthcare Management Education (Live Session)
All Program Faculty	Faculty Development Workshop: Designing Effective Feedback for Graduate-Level Team and Integrative Assessments (Recorded Session)



CRITERION 5.2 – FACULTY ANDRAGOGICAL DEVELOPMENT

The site visit team is evaluating whether faculty are engaged in ongoing development that supports effective graduate-level, learner-centered teaching and assessment practices.




Let's Share:

Considering many programs have full-time, part-time and adjunct faculty, how might programs implement andragogical development?

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PAUSE FOR A POLL



What resources/opportunities do you find helpful for the andragogical development of the program faculty? (select all that apply)

Thanks for spending your time with us today!

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Thank you

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