

HPM COMPETENCY LOGIC MODEL

*University of North Carolina at
Chapel Hill*



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A competency model defines what graduates should be able to do to succeed in their professional careers

Overview

The goal of our master’s programs is to produce leaders in the healthcare and public health sectors. More specifically, we aim to produce the next generation of organizational and policy leaders. To accomplish this goal, graduates of our programs must show competencies, and eventually mastery, in skills and content areas that will contribute to their success and to improvement in healthcare and health systems.

HPM was a demonstration site for the National Center for Healthcare Leadership (NCHL) Graduate Health Management Education Demonstration Project. NCHL developed a competency model in consultation with a variety of stakeholders relevant to health management education. That model comprised three broad domains—transformation, execution, and people—and included a total of 26 competencies.

A core group of faculty made up the steering committee for the HPM competency project. Several presentations were conducted for faculty to provide a rationale for moving to a competency-based curriculum and to highlight differences between the traditional approach and the competency approach.

	Traditional Approach	Competency Approach
Focus	Single disciplines at a time	Multidisciplinary and integrative
Teaching Styles	Emphasis on conveying knowledge	Emphasis on decision-making
Student Role	Passive learner	Active participant
Derivation of educational content	Directed from academics	Directed from academics, practitioners and other stakeholders
Emphasis of educational material	Theory	Theory application; professional skills
Evaluation	What students know	What students can do

Using the NCHL competency model, faculty members mapped their courses to the NCHL competencies, identifying the competencies addressed in their courses.. We then reviewed this mapping to identify competency areas that were lacking in coverage. The process was iterative and faculty made changes to their courses in response to suggestions from the steering committee.

In the spring of 2008, we continued discussing the competency model with faculty members. There was widespread interest in developing a competency model that was based on the NCHL competencies but focused more clearly on the mission of the UNC master's programs. Through broad consultation with faculty and other stakeholders, the steering committee modified NCHL's set of competencies to a set that better matched HPM's mission and goals, and developed suggested and potential measures for these competencies. This was helpful to faculty as they began the process of clarifying course competencies, designing new and revised teaching methods, and developing and validating mechanisms to evaluate student achievement of competencies.

Beginning in fall 2008, all course syllabi included explicit identification of the competencies associated with the course. During spring 2009, the faculty continued to assess the relevance of the competencies, their definitions and scope, modes of evaluation.

This guide describes the HPM competency model in its present state as of Fall 2009. Faculty will continue to refine the model as it becomes integrated fully into the curriculum.

HPM Competency Model—Description

The HPM Competency Model comprises 4 areas covering 25 competencies relevant for graduates of the master's programs: Leadership, Policy, Management, and Professional. Each competency is also targeted for development at one of three levels: Level 1: Recognition (Knows); Level II: Proficiency (Demonstrates); and Level III: Mastery (Does.)

Competency Areas

The Leadership Area encompasses those skills that are required to help groups make decisions, that motivate others to advance organizational goals, that help transition through change . . . in short, all the skills and savvy necessary to be effective in advancing organizational agendas openly and ethically while satisfying personal agendas not in conflict with goals of the organization.

The Policy Area encompasses all those higher order skills such as analytical thinking, systems thinking, innovative thinking, strategic thinking, and information seeking necessary for both policy analysis and the development of other skills.

The Management Area encompasses those operational skills required to run health care and public health organizations effectively. The core of these skills includes financial management, project management, human resource management, information technology, operations and process management, and performance measurement.

The Professional (personal) Area encompasses key personal skills necessary for graduates to succeed as leaders. These include effective communication, professionalism, emotional IQ, achievement orientation, reputation management, and accountability.

Competency Overview

The Competency Development Committee reviewed each competency, defined it, and identified suggested measures and indicators for it. The committee realizes that the suggested indicators and measures are rarely, if ever, exhaustive of the breadth of possible indicators and measures, but they provide direction for the curriculum and for specific courses.

The committee also realizes that this is an initial list of competencies that will be refined over time. Feedback from employers, graduates, and those knowledgeable in the field will continue to be gathered and applied to this list so that we can more accurately target the skills and the knowledge set our graduates will need to succeed as leaders in management and policy in the healthcare field.



Levels of Competency Mastery

Faculty have discussed outcome measurement in a competency model, and realizing that competency itself can be characterized to varying degrees, have adapted a model proposed by Miller (1990) to the UNC competency model. This adaptation resulted in a simple but robust three-level scheme: (1) Recognition; (2) Proficiency; and (3) Mastery. Only competencies that a course can realistically cultivate either Proficiency or Mastery in, should be identified in the syllabus.

Using suggested indicators for each competency as a guide, faculty can evaluate the overall competency level of students for that competency; moreover, students also can self-assess their level of competency. Some of these indicators are very amenable to relatively precise measurement in the classroom setting; others require indirect measures. However, we will continue to identify and to validate as much as possible additional measures that may be used in the classroom setting for assessing competency achievement.

Level I – *Recognition* (Know): Student knows what is required in order to carry out the professional function. Moreover, student knows what he or she does not know about the function and knows what he or she needs to learn to be proficient.

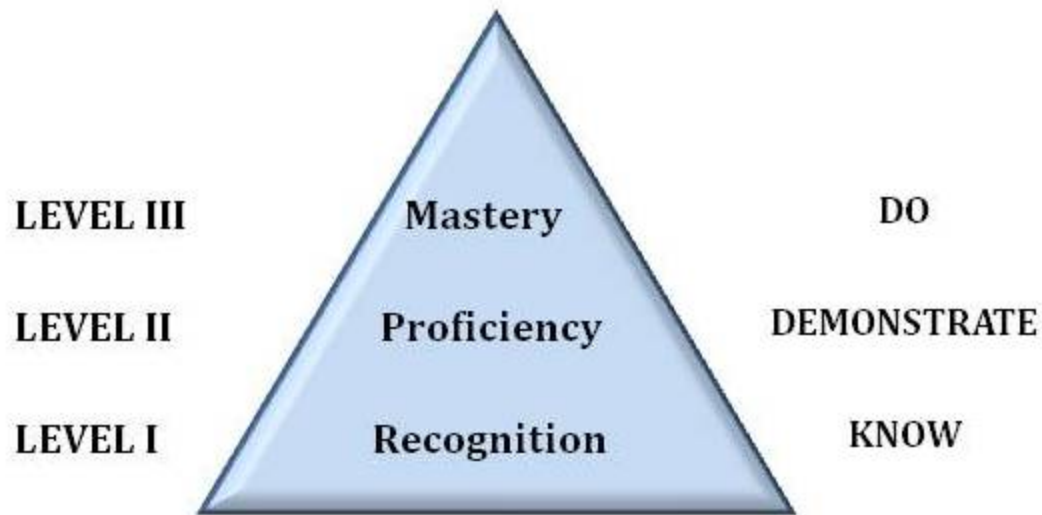
Level II – *Proficiency* (Demonstrate): Student can conceptually articulate the steps for implementing the function and knows how to seek information to deepen understanding of the function. Moreover student can apply his/her understanding in a limited number of situations.

Level III – *Mastery* (Do): Student independently integrates knowledge and skills into a wide variety of situations, consistently and independently, demonstrating a command of the professional function in decision-making.

The goal for each of our students is to achieve a Level III command of each competency. However, upon graduation, most students will not achieve full mastery (Level III) for all competencies, depending on the competency and the individual's previous experience. The literature on expertise indicates that mastery can easily take ten years of practice and feedback; thus, some competencies will develop over time as graduates become integrated with their professional role. We expect each student upon graduation to have achieved at proficiency (Level II) or higher for each competency.

Our competency model is therefore one that describes levels of achievement towards mastery. Benchmarks are described by indicators for each competency and should be used in a holistic, and not a prescriptive, way to determine student achievement.

HPM COMPETENCY LEVELS



Domain Competencies

This list of 25 skill competencies, along with the following domain set, cover what we want our students to be able to do and to know.

- Population health and status assessment
- Health policy formulation, implementation, and evaluation
- Organizational development/organizational behavior theory and application
- Management and structural analysis of healthcare organizations, including evaluation and redesign
- Operations assessment and improvement
- Management of human resources and health professionals
- Information systems management and assessment
- Legal principles development, application, and assessment
- Written, verbal, and interpersonal communication skills
- Statistical analysis and application
- Economic analysis and application to decision making
- Market analysis, research, and assessment
- Financial analysis and management
- Strategy formulation and implementation
- Quality assessment for patient care improvement
- Professional skills development

Competency Descriptions

Each competency includes a definition and suggested indicators and measures, which are intended to provide additional information about the competency definition to help determine whether a course covers a competency. A course need not include these suggested indicators and measures to cover a competency.

As indicated in the Glossary, we have defined *covering a competency* as:

Covering a competency means that the instructor explicitly presents, or expects demonstration of, knowledge, skills, attitudes, or values. To cover a competency includes: (1) providing guidance on how students can perform successfully in competency areas, AND (2) providing feedback and assessment on the demonstration of competencies.

Leadership

Self-Confidence

DEFINITION: The belief in one's decisions, opinions and capability to effectively accomplish a task or solve a problem, including in increasingly challenging circumstances.

Suggested Indicators and Measures

- 1) Acts confident within a professional role. Works without the need for direct supervision and presents a self-confident image.
- 2) Acts confident at the limits of or slightly beyond the limits of a professional role. Makes decisions without asking others, even when others disagree and in uncertain circumstances.
- 3) Expresses confidence in own ability. Describes self as a leader and among the top performers in his or her peer group. Communicates self-assuredness to take on new roles, responsibilities and challenges.
- 4) Takes on challenges. Seeks challenging assignments and is excited by a challenge. Looks for and gets new responsibilities. Speaks up when he or she disagrees with peers and those in positions of authority, stating own view clearly, politely and confidently, even in a conflict.
- 5) Chooses extremely challenging situations or assignments. Confronts authority figures and others in power directly and is blunt and bold when necessary and appropriate.

Talent Development

DEFINITION Drives to build the breadth and depth of the group’s human capability and professionalism, including supporting top-performing individuals and taking a personal interest in coaching, mentoring and support emerging leaders.

Suggested Indicators and Measures

- 1) Expresses positive expectations of others. Includes positive comments about others’ developmental futures, even in those in whom others do not see or acknowledge high potential. Believes others want to and/or can learn to improve their performances.
- 2) Provides constructive feedback and support. Gives short-term, task-oriented instructions or demonstrations with reasons or rationale as a training strategy. Provides practical support or assistance to make an assignment easier for others. Volunteers additional resources, tools, information and expert advice. Supports learning and professional growth of others.
- 3) Supports ongoing development. Understands the talent strengths and needs of the group, and actively supports resource investments to close talent gaps. Facilitates opportunities for others to have more responsibility and “stretch assignments.”
- 4) Develops talent in others. Feels a sense of accountability to the group or organization to aid in the development of knowledge, skills and abilities of others. Coaches successors to key top positions in the group or organization.
- 5) Develops health industry talent. Contributes personal time and energy to mentoring and improving health care talent industry-wide. Develops a vision for top leadership requirements and works with professional colleagues to implement that vision. Serves as a coach or trainer for industry leadership development programs.

Team Dynamics

DEFINITION: The ability to work in a collaborative manner in a team setting, effectively assuming roles of participant and leader where appropriate, and consistently contributing in a manner that increases team performance, growth, and learning.

Suggested Indicators and Measures

- 1) Conducts efficient and effective meetings
- 2) Makes assignments based upon skills and knowledge of team members
- 3) Communicates team progress and output effectively to interested groups
- 4) Facilitates communication between team members
- 5) Obtains needed resources for team functioning
- 6) Coordinates support for team effort with outside groups
- 7) Establishes norms for group behavior
- 8) Resolves conflicts within team
- 9) Shares information
- 10) Conducts his or her share of the work
- 11) Actively seeks the input of others to improve quality of work
- 12) Promotes good working relationships with other team members
- 13) Gives proper attribution for work
- 14) Supports team decisions fully

Change Management

DEFINITION: Ability to recognize the need for change, to determine what and how to change, and to effect, manage, and lead change.

Suggested Indicators and Measures

- 1) Identifies Areas for Change. Defines problem; diagnoses problem—can distinguish cause/effect/symptoms.
- 2) Expresses Vision for Change. Defines alternative solutions; identifies viable solutions; defines critical success factors; analyzes (cost-benefit) viable solutions to select best change.
- 3) Ensures Change Message is Heard. Clearly articulates and communicates change strategy and process.
- 4) Understands Change Implementation Process. Conceptualizes (and can develop) change implementation strategy; addresses (potential and/or actual) resistance to change; understands how to mobilize others to change.
- 5) Knows How to Maintain Change Effort. Assesses effectiveness of change; knows what is needed to institutionalize change.

Organizational Awareness

DEFINITION: Ability to understand and learn the formal and informal decision-making structures and power relationships in an organization or industry (e.g., stakeholders, suppliers). This includes the ability to identify who the real decision-makers are and the individuals who can influence them, and to predict how new events will affect individuals and groups within the organization.

Suggested Indicators and Measures

- 1) Understands Formal Structure. Understands the concept of formal organization structure and hierarchy and how these affect getting things done; understands chain of command, positional power, rules and regulations, policies and procedures, etc.
- 2) Understands Informal Structure. Understands the concept of informal organization structure, and how to use it when the formal structure does not work as well as desired; recognizes key actors, decision influencers, etc., and can apply this knowledge when the formal structure does not work as well as desired.
- 3) Adapts Actions to Climate and Culture. Recognizes norms and values of an organization, including the unspoken guidelines about what people are and are not comfortable doing, and what is and is not possible at certain times or by people in certain positions; understands organization culture, can identify it, and can determine how to operate effectively within a specific culture.
- 4) Considers Priorities and Values of Multiple Constituencies. Determines the expectations, priorities, and values of different stakeholders, and understands how to use this information to build coalitions and consensus around the organization's vision, priorities, and agenda; recognizes ongoing power and political relationships, internal and external to the organization, and how to use these for organizational impact.

Initiative

DEFINITION: The ability to identify a problem, obstacle or opportunity and take action to address it proactively.

Suggested Indicators and Measures

- 1) Recognizes and appropriately responds to current problems, obstacles and opportunities
- 2) Is decisive in time-sensitive situations. Acts promptly and with a sense of urgency to remedy problems, respond to obstacles or act on opportunities.
- 3) Anticipates short-term opportunities, obstacles and problems and takes appropriate action.
- 4) Appraises the environment to anticipate changes that will lead longer-term to potential problems, obstacles or opportunities and takes appropriate action to forestall or remedy problems or obstacles and take advantage of opportunities.

Political Savvy

DEFINITION: The skill to build ethically the critical mass of support necessary for an idea you care about.

Suggested Indicators and Measures

- 1) Identifies the “core” decision makers and determines a sense of core members’ personal and professional agendas.
- 2) Identifies the key decision makers and whether they are applying influence for or against the issue.
- 3) Develops the most likely credibility path to persuade those undecided about the issue.
- 4) Understands organizational persuasive tactics and techniques and know when to use them.
- 5) Understands the nine “laws” of personal persuasion and know when to use them to influence others.
- 6) Appreciates the ethical limits of persuasion techniques.
- 7) Develops effective techniques to counteract abusive and manipulative employees and managers.

Policy

Information Seeking

DEFINITION: Displays curiosity and desire to know more about things, people, or issues, including the desire for knowledge and staying current with health, organizational, industry, and professional trends and developments. Presses for exact information, resolving discrepancies by asking a series of questions, and scanning for potential opportunities or information that may be of future use, as well as staying current and seeking best practices for adoption.

Suggested Indicators and Measures

- 1) Consults available resources. Asks direct questions of the people who are knowledgeable about the situation, such as people who are directly involved; uses readily available information or consults other resources.
- 2) Investigates beyond routine questions. Conducts preliminary investigations regarding a problem or situation beyond routine questioning; finds those closest to the problem and investigates further, such as asking, “What happened?”
- 3) Delves deeper. Asks a series of probing questions to get at the root of a situation, problem, or potential opportunity below the surface issues presented; calls on others who are not personally involved to obtain their perspective, background information, experience, and expertise; does not stop with the first answer; finds out why something happened; seeks comprehensive information, including expecting complexity.
- 4) Conducts research to maintain knowledge. Makes a systematic effort over a limited period of time to obtain needed data or feedback; conducts in-depth investigation from unusual research (e.g., market, financial, competitive) through newspapers magazines, computer search systems, or other resources regarding practices in health and other industries for the purpose of keeping current; seeks expert perspective and knowledge; scans publications that feature best practices in health and other industries.

Innovative Thinking

DEFINITION: The ability to apply complex concepts, develop creative solutions, or adapt previous solutions in new ways.

Suggested Indicators and Measures

- 1) Applies basic rules. Applies simple rules, common sense, evidence, and past experiences to identify problems; recognizes when a current situation is exactly the same as a past situation.
- 2) Recognizes patterns based on life experience. When looking at information, sees patterns, trends, or missing pieces/linkages; notices when a current situation is similar or dissimilar to a past situation, and identifies the similarities and/or differences.
- 3) Applies “tried and true” concepts or trends. Uses knowledge of theory and different past trends or occurrences to look at current situations; applies and modifies concepts or methods appropriately.
- 4) Clarifies complex ideas or situations. Makes complex ideas or situations clear, simple, and/or understandable (e.g., re-framing the problem, use of analogy); assembles ideas, issues, and observations into a clear and useful explanation; restates existing observations or knowledge in a simpler fashion; takes intricate data and puts it into lay terms; “boils down” information.
- 5) Develops creative solutions. Creates new concepts that are not obvious to others and not learned from previous education to explain situations or resolve problems; Looks at things in new ways that yield new or innovative approaches; starts a new line of thought.

Strategic Orientation

DEFINITION: Ability to consider the business, demographic, ethno-cultural, political, and regulatory implications of decisions, and to develop strategies that continually improve the long-term success and viability of the organization.

Suggested Indicators and Measures

- 1) Conducts environmental Scanning. Performs analyses that identify the competitive/market, governmental and regulatory, public opinion, scientific, and technological forces that currently shape, and will have an impact on the organization's decisions; identifies the strengths and challenges of the organization vis-à-vis the forces today and into the future; identifies the required social and economic position of the organization in light of the environmental scan.
- 2) Develops Strategy to Address Environmental Forces. Determines how to position an organization in light of environmental forces over the next three to five years; develops strategic goals and plans for an organization that would take advantage of its strengths; addresses its shortcomings, builds on opportunities, and minimizes environmental threats; aligns organizational units and investment strategy (financial, people, technology, materials) to achieve overall strategy.
- 3) Understands How to Align Organization to Address Long-Term Environment. Understands the forces that will shape health over the next 5 to 10 years (market, social, cultural, economic, and political); can align strategy, structure, and/or people with the long-term environment; can specify a long-term organization strategy (including competitive, financial, structural, and people elements) to position the organization for success over the next ten years.

Analytical Thinking

DEFINITION: The ability to understand a situation, issue, or problem by breaking it into smaller pieces or tracing its implications in a step-by-step way. It includes organizing the parts of a situation, issue, or problem systematically; making systematic comparisons of different features or aspects; setting priorities on a rational basis; and identifying time sequences, causal relationships, or if-then relationships.

Suggested Indicators and Measures

- 1) Breaks down problems, identifies basic relationships, and recognizes multiple relationships.
- 2) Makes multiple causal links, analyzes relationships among several parts of a problem or situation.
- 3) Develops complex plans or analyses, using appropriate analytical techniques to identify and evaluate potential solutions.
- 4) Produces integrated plans from analytical findings, explaining relationships between recommendations and synthesizing recommendations into a single plan.

Systems Thinking

DEFINITION: The ability to recognize system level properties that result from dynamic interactions among human and social systems and how they affect the relationships among individuals, groups, organizations, communities, and environments

Suggested Indicators and Measures

- 1) Identify characteristics of a system
- 2) Illustrate how the contexts of gender, race, poverty, history, migration, and culture are important in the design of interventions within public health systems.
- 3) Analyze the effects of political, social and economic policies on public health systems at the local, state, national and international levels.
- 4) Explain how systems (e.g. individuals, social networks, organizations, and communities) may be viewed as systems within systems in the analysis of public health problems.
- 5) Analyze inter-relationships among systems that influence the quality of life of people in their communities
- 6) Provide examples of feedback loops and “stocks and flows” within a public health system
- 7) Identify unintended consequences produced by changes made to a public health system
- 8) Explain how systems models can be tested and validated
- 9) Illustrate how changes in public health systems (including input, processes, and output) can be measured
- 10) Analyze the impact of global trends and interdependencies on public health related problems and systems
- 11) Explain how time delays in system develop and lead to policy resistance and policy cycling.
- 12) Assess strengths and weaknesses of applying the systems approach to public health problems

Management

Performance Measurement

DEFINITION: The ability to understand and use statistical and financial methods and metrics to set goals and measure clinical as well as organizational performance; commitment to and employment of evidence-based techniques.

Suggested Indicators and Measures

- 1) Produces indicators of performance. Uses knowledge of customers, markets, and financial and management accounting to measure organization performance and financial results; explains basic patient tracking (e.g., registration, invoicing, third-party payer) and operational (e.g., numbers of procedures, equipment usage) measurement systems; interprets results in that clearly shows organization performance.
- 2) Evaluates a “scorecard” of quantitative and qualitative measures. Evaluates financial, customer, quality, and employee performance measures; Explains how patient and constituent satisfaction scores, as well as demographic and epidemiological statistics are used to set organizational priorities, plans, and investments; Uses both quantitative and qualitative information on customer perceptions, market position, and financial viability; Develops procedures based on evidence; Uses measurement systems to determine “early warning” as well as “rear window” indicators.
- 3) Evaluates performance measurement system. Determines whether system is meeting its goals; identifies data gaps and needs for additional information.

Human Resource Management

DEFINITION: The ability to implement staff development and other management practices that represent contemporary best practices, comply with legal and regulatory requirements, and optimize the performance of the workforce, including performance assessments, alternative compensation and benefit methods, and the alignment of human resource practices and processes to meet the strategic goals of the organization.

Suggested Indicators and Measures

- 1) Demonstrates an understanding of the importance of job analysis and job descriptions; in collaboration with others, leads a job analysis process, including the use of appropriate job data collection methods, and development of essential job duties, job requirements, and a job description.
- 2) In collaboration with others, leads a recruitment effort; identifies appropriate labor markets for jobs; designs recruitment strategies suitable to the position; and identifies key data elements to include in recruitment tracking.
- 3) In collaboration with others, leads an employee selection process; identifies data sources to evaluate applicants; and develops valid and reliable applicant data collection methods.
- 4) Conducts job interviews within legal constraints; shows respect for all applicants; interacts spontaneously when appropriate to applicant comments and questions; demonstrates the ability to hear the emotional and cognitive elements of applicant responses.
- 5) Critiques effectively a compensation system, including identifying potential areas of vulnerability, and risk of undesirable consequences.
- 6) Leads a team in developing an employee performance management system; conducts effective performance appraisal interviews; demonstrates the ability to set realistic goals, communicate expectations, achieve employee agreement.
- 7) In collaboration with others, uses information from multiple sources to identify employee training needs and potential training methods; leads a team designing an employee orientation program.
- 8) Effectively employs principles of interest-based negotiation in interactions with individual employees and employee groups.
- 9) Assesses and modifies human resource management practices so they are better aligned with business strategy.

Financial Skills

DEFINITION: Understands and communicates financial and accounting information, evaluates budgets, and makes sound long-term investment decisions.

Suggested Indicators and Measures

- 1) Explains the organization's financial metrics and reports. Uses financial metrics to measure an organization's success; understands and explains income statement, balance sheet, cash flow; explains indicators of financial health, and how transactions affect the financial statements of an organization.
- 2) Manages budgets and assets. Analyzes budgets and budgeting processes; evaluates expense and revenue management strategies; evaluates working capital management; analyzes budget variances and recommends corrective actions; explains expense sources and management alternatives with implications; understands sources of revenue including sensitivity analysis; demonstrates capital budgeting and asset management.
- 3) Understands impact of reimbursement models. Assesses reimbursement and payment system alternatives; Explains connections between models and behavior of providers and payers; develops incentives; considers impact of reimbursement and payment systems when assessing management alternatives.
- 4) Evaluates financial analyses and investments. Analyzes rate of return, net present value, cash flow analyses; analyzes population, utilization data; understands basics of insurance rating and actuarial risk.
- 5) Develops long-term plans for funding growth and development (e.g., new services, clinical programs, community outreach); Develops long-term capital spending for building renovation and expansion; develops funding sources and their financial implications.
- 6) Evaluates cost information. Utilizes cost information and incremental cost information in analyzing management alternatives. Uses cost analysis to make recommendations for management action.
- 7) Applies responsibility accounting principles. Evaluates responsibility center design and performance, makes recommendations regarding intraorganizational resource utilization and pricing; evaluates responsibility accounting systems.

Information Technology

DEFINITION: Sees the potential in and understands the use of administrative and clinical technology and decision-support tools in process and performance improvement. Actively sponsors their utilization and the continuous upgrading of information management capabilities.

Suggested Indicators and Measures

- 1) Describes the framework of IT systems and identifies the components and functionality of the generic concept of systems.
- 2) Conceptualizes information systems as *Systems of Information*; i.e., applies basic concepts of *Systems Theory* and *Information* to real-world health care management information systems.
- 3) Identifies ways in which healthcare businesses use IT to develop a strategic competitive advantage.
- 4) Identifies and discusses major trends in healthcare information technology
- 5) Given an administrative function, prepares a request for proposal (RFP) for an Information Technology system.
- 6) Given multiple Information Technology proposals, evaluates the strengths and weaknesses of each against RFP requirements.
- 7) Designs flow charts to map processes and to specify the kinds of computer systems that could improve work.
- 8) Specifies the basic design for a database application.
- 9) Identifies and evaluates specialized information systems for management, and executive support for decision-making.
- 10) Specifies how information technology tools can be used in a clinical setting to streamline and improve health care.
- 11) Differentiate among intranets, extranets, and the Internet and illustrates how these technologies are used in business operations and management.
- 12) Identifies and discusses the ethical issues relating to the use of health care information technology, including HIPAA requirements for privacy and security.

Project Management

DEFINITION: The ability to plan, execute and oversee a multi-year, large-scale project involving significant resources, scope and impact.

Suggested Indicators and Measures

- 1) Applies appropriate tools and techniques in preparation of a detailed project plan. Illustrates requisite steps, realistic timelines, knowledge, skills and abilities needed by team members. Assembles a team of qualified individuals, identifies criteria and processes for selecting vendors and other service providers; identifies performance requirements, measurement systems, tracking and reporting processes and establishes a budget.
- 2) Manages projects effectively. Tracks performance against plan and budget; holds vendors and team members accountable; reports project outcomes, adjusts the plan as needed and ensures delivery within prescribed timeframes and budget.
- 3) Oversees project management. Identifies project performance requirements, including financing and ROI; defines project requirements; selects manager; provides project plan and major decision review and oversight; acquires resources; manages major obstacles; provides project performance reporting review and problem solving.

Process Management and Organization Design

DEFINITION: Ability to analyze and design or improve an organizational process, including incorporating the principles of quality management and customer satisfaction.

Suggested Indicators and Measures

- 1) Conducts process flow analysis. Uses process mapping and analysis software; maps process steps; identifies key decision points; determines staffing requirements (numbers, costs and essential knowledge, skills, and other attributes), cost and service implications.
- 2) Benchmarks good processes and practices. Conducts benchmarking and best practices research and interpretation to determine how to improve both clinical and nonclinical organization practices; understands customer service and satisfaction drivers; understands continuum of care across different delivery sites (e.g., outpatient, acute care, specialty clinic); defines roles and responsibilities of different caregivers and other providers; defines roles and responsibilities of administrators and departments; understands legal, accrediting, and regulatory requirements; understands clinical research requirements and practices; knows patient and information confidentiality requirements; determines cost and revenue implications.
- 3) Evaluates organization structure and design. Can identify different organization designs and organizing structures (functional, departmental, service line, etc.), and can assesses and their advantages and disadvantages and determine the effectiveness of each in a specific situation; understands basic differences in provider structures (i.e., practice site, teaching hospital, community hospital, clinic, subacute provider); understands how to use organization structure to design and improve performance.
- 4) Understands the basics of organization governance. Understands governance practices, including board relations, committee structure, and fiduciary, ethics, and clinical review responsibilities; defines roles and responsibilities of foundations and other auxiliary organizations; knows how to use key governing and regulatory organizations such as state, county, and city governments; knows how to use organization governance to enhance quality, customer satisfaction, and performance.

Professional

Accountability

DEFINITION: The ability to hold people accountable to standards of performance or ensure compliance using the power of one's position or force of personality appropriately and effectively, with the long-term good of the organization in mind.

Suggested Indicators and Measures

- 1) Accurately and consistently communicates expectations to others.
- 2) Involves others in developing performance expectations, timelines, and measures of performance.
- 3) Effectively delegates while maintaining accountability for results.
- 4) Demonstrates understanding of one's own accountabilities and seeks clarity on one's own performance expectations.
- 5) Openly, honestly, consistently, and fairly confronts performance problems and develops practical goal-oriented strategies for improvement in collaboration with others.
- 6) Demonstrates an ability to analyze and prioritize the major causes of performance problems; can distinguish between performance problems due to such factors as individual skill or knowledge deficits, dysfunctional systems and procedures, work volume, and lack of clarity and specificity in communicating expectations.
- 7) Effectively establishes and communicates consequences for different levels of performance.
- 8) Understands the purpose of progressive discipline and its application when necessary.

Achievement Orientation

DEFINITION: Articulates and works toward meeting and surpassing standards of excellence. The standard may be one's own past performance (striving for improvement); an objective measure (results orientation); outperforming others (competitiveness); challenging goals, or something that has not been done previously (innovation).

Suggested Indicators and Measures

- 1) Creates own measures of excellence.
- 2) Sets and works to meet challenging goals.
- 3) Actively expresses desire to excel and improve performance and develops specific goal achievement strategies.

Interpersonal Awareness and Emotional Intelligence

DEFINITION: Exhibits a high level of sensitivity to and awareness of the emotional needs of self and others.

Suggested Indicators and Measures

- 1) Demonstrates realistic insight into one's own management style, and associated strengths and weaknesses; demonstrates an understanding of the functional and dysfunctional aspects of one's leadership style and interaction patterns and continuously devises methods for self-improvement.
- 2) Anticipates, plans for, and responds to one's own and others' emotional responses to organizational problems and decisions.
- 3) Understands the emotional content and drivers of employee behaviors and attitudes.
- 4) Recognizes how one's own predisposition may bias one's ability to understand and empathize with others.
- 5) Through interactions with others, draws from a wide repertoire of responses to employee challenges.
- 6) Selects from a repertoire of possible responses, the appropriate response to employee challenges based on the cognitive and emotional content of the challenge, as well as the unique organizational or personal circumstances of the challenge.
- 7) Takes into consideration individual differences in devising appropriate intervention and communication strategies, be they emotional, social, cultural, cultural, generational, gender-based, racial, or religious.
- 8) Demonstrates insights into one's own prejudices and biases related to individual differences, be they emotional, social, cultural, cultural, generational, gender-based, racial, or religious.

Professionalism

DEFINITION: Demonstrates a high standard of ethics, sound professional practice skills, social accountability and community stewardship.

Suggested Indicators and Measures

- 1) Operates in an open and honest manner in keeping with professional standards of ethics and practice.
- 2) Demonstrates the courage to state unpopular views when necessary and shares information, insights and comments when it would be easier to refrain from doing so.
- 3) Promotes the integrity of group ethics, professional practice, social accountability and community stewardship including promotion of professional roles and values compatible with improving the public's health.
- 4) Values social accountability and is able to formulate a plan for monitoring and maintaining commitments to groups or communities. Possesses the courage and commitment to handle difficult issues or mistakes openly, honestly and fairly.
- 5) Demonstrates commitment to professional roles and values compatible with improving the health of individuals and populations and with respect for diverse cultural preferences, values and attitude about health.

Reputation Management

DEFINITION: The process of tracking public reports of one's behavior and opinions and verifying that they are accurately portrayed.

Suggested Indicators and Measures

- 1) Maintains a comprehensive and well designed vita.
- 2) Maintains a comprehensive and well designed professional networking presence on the Internet, refrains from posting personal information on the internet that may compromise professional goals, refrains from acting or saying anything that would compromise reputation if posted on the internet.
- 3) Develops a contact management system.
- 4) Monitors reports of one's self on the internet.(credit reports, blogs, minutes, so forth)
- 5) Appropriately takes corrective action if internet reports are inaccurate.
- 6) Belongs to at least two professional organizations in health care.
- 7) Volunteers and participates in a leadership role in at least one charitable organization.

Community and Public Health Orientation

DEFINITION: The ability to identify and align one's professional priorities with the needs and values of the community in promotion of the public's health.

Suggested Indicators and Measures

- 1) Recognizes the needs and unique values of the community, a process which begins in a participatory fashion with input from community representatives.
- 2) Respects the cultural values and preferences of the community.
- 3) Demonstrates appropriate uses of language and other modes of communication in exchanges with community members, including refraining from the use of phrases in the vernacular which may be perceived as derisive or insensitive by certain racial and ethnic groups.
- 4) Plans collaboratively with community members to promote the health of the community.
- 5) Manages efforts to build community wellness through a community based, participatory approach that respects and values the unique cultural preferences of the community.
- 6) Advocates for plans which support community wellness developed through a community based, participatory approach that respects and values the unique cultural preferences of the community.

Communication Skills

DEFINITION: Communicates effectively orally and in writing with a wide range of people in varying settings.

Suggested Indicators and Measures

- 1) Speaks and writes in a clear, logical, and grammatically correct manner in formal and informal situations. Prepares cogent business presentations and effectively facilitates group meetings. Uses proper subject-verb agreement and parallel structure, rules of punctuation and sentence and paragraph construction, and concise thematic construction in oral and written communications.
- 2) Prepares effective written business cases or presentations. Uses accurate and complete presentation of facts; uses logical presentation of arguments pro and con; develops well-reasoned recommendations; prepares concise executive summary.
- 3) Makes persuasive oral presentations. Uses clear and understandable voice that is free of extraneous phrases (i.e. “uhm and “you know”); uses effective audiovisual media (presentation software, exhibits, etc.); stays on the topic; engages in non-defensive Q&A; stays within time allotment.
- 4) Facilitates group interactions. Uses varied communication management techniques, brainstorming, consensus building, group problem solving, and conflict resolution; demonstrates good meeting management techniques (agenda development, time management).

HPM Competency Model--Implementation

Overview

Having identified program competencies and different levels of mastery as well as specifying the domain areas appropriate for leadership and management in health care administration, the next set of tasks require us to plan and to implement the competency based curriculum.

Each faculty should undertake the following planning tasks:

- Identify program domain areas and program competencies that will be covered in the course.
- Identify and map course objectives to program competencies.
- Identify and map course topics to program domain areas.
- Organize delivery into discrete units (e.g., modules/sessions/topics).
- Select learning methods that are appropriate for the skills or content areas.
- Select evaluation methods that specifically measure knowledge, skills, attitudes, or values identified in the learning objectives.
- Map learning and evaluation methods to course objectives and program competencies.

This planning process is illustrated below.



After redesigning their courses, faculty should meet with, and share their plans with, other faculty who teach courses in the same domain areas especially where there is potential for either overlap or leveraging of content. The department has set up four faculty working groups to review and to coordinate content delivery:

1. Financial Management
2. Quantitative Analysis
3. Management and Leadership
4. Policy Analysis and Development

The objects of these group meetings is to eliminate needless overlap of course content and to ensure that material needed in other courses will be covered. After faculty have settled on the design of their courses, they will start the laborious, but most creative and stimulating task, of developing the learning and teaching methods necessary to realize their course objectives and to increase competency levels in their students. The following diagram captures this process. Note that the process is identical to the planning process but flows from bottom to top, rather than from top to bottom.

IMPLEMENTATION LEVELS



Pedagogic

The pedagogic level is the lowest level of implementation and represents the collection of learning and evaluation methods or objects that are typically included in a course. These may include any of the following:

Checklist of Learning Methods Modules

Additional Web-Based Resources	Web links as well as other resources
Case Analysis or Simulations	An assignment that uses one or more case studies to help explain core concepts for the module; may include questions and answers, discussion or other interactive assignment techniques. May also be a role playing simulation or other type of simulation.
Current Research Findings	A brief synopsis of relevant research findings on the topics covered in the module. These research findings should be from peer reviewed journals and other reputable sources.
Discussion Forum and Other Asynchronous Methods	Directed discussion activities with clear guidelines and expectations for student participation.
Drills/Problem Sets	Problem sets that give students the opportunity to apply skills learned in the module.

External Field Experiences	Students are placed in non-academic, real-world settings and allowed to learn from the work experience, including externship and internships.
Guest Speaker	Presentations by experts in the field.
In-Class Presentations	Students formally deliver information to the rest of the class in a well-prepared format that required analysis and preparation.
Lecture with or w/o Media Support	Professor does most of the talking with or without media support.
Live Discussion	Directed discussion within the class or within teams either on-line or in a physical classroom.
Readings	A list of required and optional reading; may include references for reading, links to readings, or actual attached handouts and other readings.
Reflective Learning	Students complete a structured process such as journaling, one-minute response, to review, understand, analyze, and evaluate their own learning and or performance.
Review Notes	One to several pages providing comments, notes, and materials to help summarize and supplement knowledge content of module.
Solved Problems	Bank of solved problems that demonstrate approaches students can take to solve problems.
Strategic or Consulting-Type Projects	Students actively engage in completing an actual consulting project for a health organization. Alternatively, students complete an assignment that simulates a realistic project in a health organization.
Team Activities	Three or more students collaborate as a group to complete one deliverable.
Video Tutorials or Voiced Over PowerPoint's	A Presentation portion using video, audio, or slides with audio; may also include self-assessments and other supplementary materials.

Checklist of Assessment Methods

Pre/post Knowledge/skill testing	Any formal, comparative assessment of the student’s knowledge and/or skills both before and after learning intervention.
Examination	Any formal process (including essay, short answer, multiple choice, true/false, etc.) to evaluate student learning (e.g. midterm, final exam)
Papers/Reports	Student generated written work that is part of the learning process or is the final documentation of learning, including research reports, mid-term papers, or final papers.
Case Review/ Feedback	Utilization of predetermined set of variables/criteria to evaluate case analysis work, and to provide effective suggestions/recommendations for improvement.
Project Review and Feedback	Utilization of predetermined set of variables/criteria to evaluate case analysis work, and to provide effective suggestions/recommendations for improvement.
Team Effectiveness Assessment	Criterion-based observational feedback of student behavior and possibly work products in team projects.
Self-Assessment	Any process by which students evaluate their own output and achievement in skills or domain areas.
Journals	Collection of reflective writings, either structured or free-form, about a topic.
Peer Assessment	Any process by which students evaluate their peers on contribution of effort, level of output, or quality of work in a team setting.
Faculty Assessment	Any process by which faculty evaluate students on contribution of effort, level of output, or quality of work not covered in any other assessment method.
Class/forum participation	Active monitoring, feedback, and assessment focused on the frequency, consistency and quality of student’s participation during face-to-face or online discussions.
Portfolios	Collection of evidence, prepared by students and evaluated by the faculty member, to demonstrate mastery, comprehension, application, and synthesis against a standardized assessment rubric.

Problem Sets/Exercises	Problems or questions that require a solution or thoughtful answer, usually required at the conclusion of a reading assignment.
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Given the limitations of human memory, experience has shown that learning methods consistent with LRP have a higher probability of being retained over time.

LAMINATION: Try to give students access to as many different explanations of a concept as possible. Explaining “from many directions approach” laminates the knowledge into a solid memory.

RELEARN: In the process of teaching, try to get students to develop a personalized method to relearn forgotten content and skills rapidly. The goal is not simply to learn, but to learn how to re-learn quickly, because all students will forget much of the material in the program.

PRACTICE: Give students the opportunity to practice their skills in as many situations and settings as possible. This is the only way students will be able to progress from proficiency to mastery.

As faculty select learning methods for their courses consistent with LRP, they also need to ensure that each method promotes one or more program objectives, which in turn supports one or more competency.

HPM Competencies & CAHME Content Areas to Curriculum Check List

Please check the following competencies and content areas you currently cover in the course(s) you teach. If teaching more than one course, a separate sheet should be completed for each course. This material will be used on the May 15 HPM Faculty Planning Day.

Due date: Wednesday, May 7, 2008 by 5:00pm

Submit via email to Gina Coffin Smith (coffin@email.unc.edu)

Instructor:

Course Number / Name:

HPM Competencies – select all that apply:

- | | |
|---------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Accountability | <input type="checkbox"/> Organizational Awareness |
| <input type="checkbox"/> Achievement Orientation | <input type="checkbox"/> Performance Measurement |
| <input type="checkbox"/> Analytical Thinking | <input type="checkbox"/> Political Savvy |
| <input type="checkbox"/> Change Management | <input type="checkbox"/> Process Management & O D |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Professionalism |
| <input type="checkbox"/> Community and Public Health Orientation | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Financial Skills | <input type="checkbox"/> Reputation Management |
| <input type="checkbox"/> Human Resources Management | <input type="checkbox"/> Self-Confidence |
| <input type="checkbox"/> Information Seeking | <input type="checkbox"/> Strategic Orientation |
| <input type="checkbox"/> Information Technology | <input type="checkbox"/> System Thinking |
| <input type="checkbox"/> Initiative | <input type="checkbox"/> Talent Development |
| <input type="checkbox"/> Innovative Thinking | <input type="checkbox"/> Team Dynamics |
| <input type="checkbox"/> Interpersonal Awareness & Emotional Intelligence | |
-

CAHME Content Areas – select all that apply:

- III.B.1 – Population health & status assessment
 - III.B.2 – Health policy formulation, implementation and evaluation
 - III.B.3 – Organizational development/Organizational behavior theory and application
 - III.B.4 – Management and analysis of HC organizations, including evaluation & redesign
 - III.B.5 – Operations assessment and improvement
 - III.B.6 – Management of Human Resources and health professionals
 - III.B.7 – Information systems management and assessment
 - III.B.8 – legal principles development, application, and assessment
 - III.B.9 – Governance (structure, roles, responsibilities, and alignment to leadership)
 - III.B.10 – Leadership (visioning, change management, and team development)
 - III.B.11 – Written, verbal, and interpersonal communication skills
 - III.B.12 – Statistical analysis and application
 - III.B.13 – Economic analysis and application to decision-making
 - III.B.14 – Market analysis, research, and assessment
 - III.B.15 – Financial analysis and management
 - III.B.16 – Ethics in business and clinical decision-making
 - III.B.17 – Strategy formulation and implementation
 - III.B.18 – Quality assessment for patient care improvement
 - III.B.19 – Professional skills development
-

Competency Evaluation Process

Course Level

Faculty should write evaluation methods that specifically test one or more competencies identified in their syllabi.

	Instruction	Evaluation
Courses	All course syllabi include an explicit statement about the competencies addressed in the course	Multiple methods
Summer internship	Internship plans include identification of 4-5 competencies to be addressed	Preceptor Evaluation Student Self-Evaluation
Integrative features of the curriculum	Master's Paper "Capstone Course"	Multiple evaluators
Professional development activities	Active student engagement	Included as a component of activities
Student	Self-examination Discussions with employers 360-degree self-assessments	Formal self-assessment done at: <ol style="list-style-type: none"> 1. Beginning of program 2. Mid-point of program 3. End of program

Program Level

All students will be evaluated three times during the program using the Student Competencies Self-Assessment instrument described below.

Competency Survey Instrument

HPM Student Competencies Self-Assessment (SCSA)

SCSA Completion Instructions

The SCSA is a baseline assessment of what *you* perceive to be your current capability in each of the 25 competencies—outcome-based skill sets—around which our MHA and MSPH degree programs are built. Residential students will complete the SCSA again after completion of their internship next summer, and Executive students at halfway through their program; all students will complete the assessment a third time, prior to graduation. Multiple assessments allow you and the program to monitor your progress, target specific areas for your study, and ensure your reaching personal competency goals by the time you graduate.

Using a Likert Scale from 1 to 5, please indicate your **current** level of *capability* for each of the competencies. Although the HPM Competency Model identifies three levels of competence—**Know** • **Demonstrate** • **Do**—the 5-point continuum will allow you to select your competency level more precisely:

Don't Know

You are not familiar with competency, or have heard of it but would be unable to explain it as related to policy or management functions and tasks

1 ***Know*** = Recognition

You know what is required to carried out the competency, and you know what you don't know and what you need to learn to be proficient

2

3 ***Demonstrate*** = Proficiency

You can articulate the steps for implementing the competency and know how to get information for a better understanding of it; you can apply your understanding in a limited number of situations

4

5 ***Do*** = Mastery

You are able to integrate knowledge and skills of this competency into a wide variety of situations, and do so consistently and independently; (depending on the competency and your previous experience, mastery may not be achieved for several years)

Keep in mind that this assessment is to help you identify your strengths and areas in need of improvement. *There are no right or wrong answers or expected levels of achievement.* This assessment will be most useful to you if you share it when consulting with your faculty advisor, preceptor, and other mentors, using the results to develop a personal plan for improvement. Examining summary data for your entire cohort will provide the program the means to evaluate our success in helping HPM students to grow and develop professionally.

	Don't Know	1 Know/ Recognition	2	3 Demonstrate/P roficiency	4	5 Do/Mastery
LEADERSHIP						
1. Self-Confidence Belief in one's decisions, opinion, and capability to effectively accomplish a task or solve a problem, including in increasingly challenging circumstances						
2. Talent Development Drives to build breadth and depth of the group's human capability and professionalism, including supporting top-performing individuals and taking a personal interest in coaching , mentoring, and supporting emerging leaders						
3. Team Dynamics Ability to work in a collaborative manner in a team setting, effectively assuming roles of participant and leader where appropriate, and consistently contributing in a manner that increases team performance, growth, and learning						
4. Change Management Ability to recognize the need for change, to determine what and how to change, and to effect, manage, and lead change						
5. Organizational Awareness Ability to understand and learn the formal and informal decision-making structures and power relationships in an organization or industry (e.g., stakeholders, suppliers). Includes ability to identify who the real decision-makers are and the individuals who can influence them, and predict how new events will affect individuals and groups within the organization						
6. Initiative Ability to identify a problem, obstacle, or opportunity and take action to address it proactively						
7. Political Savvy Skill to build ethically the critical mass of support necessary for an idea you care about						
	Don't Know	1 Know/ Recognition	2	3 Demonstrate/P roficiency	4	5 Do/Mastery
POLICY						
8. Information Seeking Display curiosity and desire to know more about things, people, or issues, including the desire for knowledge and staying current with health, organizational, industry, and professional trends and developments. Press for exact information, resolving discrepancies by asking a series of questions, and scanning for potential opportunities or information that may be of future use, as well as staying current and seeking best practices for adoption						

9. Innovative Thinking Ability to apply complex concepts, develop creative solutions, or adapt previous solutions in new ways						
10. Strategic Orientation Ability to consider the business, demographic, ethno-cultural, political, and regulatory implications of decisions, and to develop strategies that continually improve the long-term success and viability of the organization						
11. Analytical Thinking Ability to understand a situation, issue, or problem by breaking it into smaller pieces or tracing its implications in a step-by-step way. Includes organizing the parts of a situation, issue, or problem systematically; making systematic comparisons of different features or aspects; setting priorities on a rational basis; and identifying time sequences, causal relationships, and if-then relationships						
12. Systems Thinking Ability to recognize system-level properties that result from dynamic interactions among human and social systems and how they affect the relationships among individuals, groups, organizations, communities, and environments						
	Don't Know	1 Know/ Recognition	2	3 Demonstrate/P roficiency	4	5 Do/Mastery
MANAGEMENT						
13. Performance Measurement Ability to understand and use statistical and financial methods and metrics to set goals and measure clinical as well as organizational performance; commitment to and employment of evidence-based techniques						
14. Human Resource Management Ability to implement staff development and other management practices that represent contemporary best practices, comply with legal and regulatory requirements, and optimize the performance of the workforce, including performance assessments, alternative compensation and benefit methods, and the alignment of human resource practices and processes to meet the strategic goals of the organization						
15. Financial Skills Understand and communicate financial and accounting information, evaluate budgets, and make sound long-term investment decisions						
16. Information Technology See the potential in and understand the use of administrative and clinical technology and decision-support tools in process and performance improvement. Actively sponsor their utilization and continuous upgrading of information management capabilities						
17. Project Management Ability to plan, execute, and oversee a multi-year, large-scale project involving significant resources, scope, and impact						
18. Process Management and Organization Design Ability to analyze and design or improve an organizational process, including incorporating the principles of quality						

management and customer satisfaction						
	Don't Know	1 Know/ Recognition	2	3 Demonstrate/P roficiency	4	5 Do/Mastery
PROFESSIONAL						
19. Accountability Ability to hold people accountable to standards of performance or ensure compliance using the power of your position or force of personality appropriately and effectively, with the long-term good of the organization in mind						
20. Achievement Orientation Articulate and work toward meeting and surpassing standards of excellence. The standard may be my own past performance (striving for improvement); an objective measure (results orientation); outperforming others (competitiveness); challenging goals, or something that has not been done previously (innovation)						
21. Interpersonal Awareness and Emotional Intelligence Exhibit a high level of sensitivity to and awareness of the emotional needs of self and others						
22. Professionalism Demonstrate a high standard of ethics, sound professional practice skills, social accountability, and community stewardship						
23. Reputation Management Tracking public reports of my own behavior and opinions and verifying that they are accurately portrayed—e.g., comprehensive and well-designed vita; professional networking presence on Internet; contact management system; monitor Internet reports on me and correct if inaccurate; health care professional organization membership; leadership role in charitable organization(s)						
24. Community and Public Health Orientation Ability to identify and align one's professional priorities with needs and values of community in promotion of the public's health						
25. Communication Skills Communicate effectively orally and in writing with a wide range of people in varying settings						

Course Construction Glossary

<u>Content Area</u>	One of 19 areas identified by CAHME as “healthcare management content areas”—not necessarily course-specific, but rather content that should be taught somewhere in the program.
<u>Covering a Content Area</u>	Covering a content area means that the instructor explicitly presents, or expects demonstration of, knowledge, skills, attitudes, or values within the 19 content areas identified by CAHME. To cover a content area includes: (1) providing guidance on how students can perform successfully to master content areas, AND (2) providing feedback and assessment on the demonstration of knowledge, skills, attitudes or values within the content area.
<u>Competency</u>	An effective application of knowledge, skills, attitudes, and values essential for performing specific tasks or jobs in complex situations. The department has identified 25 competencies that students graduating from the program should have attained. Competencies are complex patterns that are not easily measured, so measures of competency achievement that are used should be considered only as proxies.
<u>Covering a Competency</u>	Covering a competency means that the instructor explicitly presents, or expects demonstration of, knowledge, skills, attitudes, or values. To cover a competency includes: (1) providing guidance on how students can perform successfully in competency areas, AND (2) providing feedback and assessment on the demonstration of competencies.
<u>Key Concepts</u>	The ideas fundamental to the understanding of subject matter covered in courses or blocks of instruction. Students are, at a minimum, expected to retain and be able to explain key concepts. Where possible, key concepts should relate to the 19 CAHME content areas.
<u>Course Learning Objectives</u>	Knowledge, skills, attitudes, or values students are expected to master by the end of the course. Each course objective should address only one knowledge, skills, attitude, or value that is assessed sometime during the course. Course objectives are not restricted to program competencies but should relate to them where possible.
<u>Session Learning Objectives</u>	Brief, clear, specific statements of what students will be able to perform at the conclusion of instructional activities. Learning objectives are specified at the module or session level of instructional delivery.

<u>Modules</u>	<p>Logical blocks of content and skill instruction that stand as wholes and can be presented independently from other content in the course. It is at the instructor’s discretion whether all, some, or none of a course can be “modularized.”</p>
<u>Teaching/Learning Methods</u>	<p>Specific instructional acts that constitute delivery of content or development of skills. Teaching methods include: lectures (with or without media support), readings, cases, web-based modules, guest speakers/panels or other experts, strategic/consulting projects, team activities, reflective learning (journals, self/peer/expert feedback), class discussions.</p>
<u>Process for Competency Based Course Construction</u>	<ul style="list-style-type: none"> • Identify CAHME content areas, sessions/topics, key concepts, and course objectives. • Identify learning objectives and cross reference to departmental competencies list. • Organize delivery into discrete units (e.g., modules/sessions/topics). • Select teaching/learning methods that are appropriate for the skills or content areas. • Select evaluation methods that specifically measure knowledge, skills, attitudes, or values identified in the learning objectives.
<u>Student Effort</u>	<p>The measure of time that a student should devote to a course. For a one credit hour course, student effort should total 40 hours of work; for a two credit course, 80 hours of work; and for a three credit hour course, 120 hours of work. These calculations are based upon the historic definition of instructional delivery for “contact hours” and the assumption that for every hour in the classroom, students will be spending two hours outside the class room completing assignments. All courses should be designed to expect the appropriate levels of student effort.</p>
<u>Evaluation Methods</u>	<p>Methods that assess student retention of content and acquisition of targeted skills, attitudes, or values. A single evaluation method may measure more than one targeted competency. Assessment methods include, but are not limited to, pre/post knowledge/skill testing, exams, papers, observation checklists, project review and feedback, team effectiveness assessment, journals, portfolios, reflective self-assessment, peer assessment, class participation.</p>