

**NATIONAL CENTER FOR HEALTHCARE LEADERSHIP**

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**COMPETENCY INTEGRATION  
IN HEALTH MANAGEMENT EDUCATION**  
A Resource Series for Program Directors and Faculty



**Guidebook 1:  
Curriculum Mapping, Analysis, and Planning**

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# COMPETENCY INTEGRATION IN HEALTH MANAGEMENT EDUCATION

A Resource Series for Program Directors and Faculty

## Guidebook 1: Curriculum Mapping, Analysis, and Planning



National Center for Healthcare Leadership  
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# COMPETENCY INTEGRATION IN HEALTH MANAGEMENT EDUCATION

## A Resource Series for Program Directors and Faculty



### Guidebook 1: Curriculum Mapping, Analysis, and Planning

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## Letter from the National Center for Healthcare Leadership

The National Center for Healthcare Leadership (NCHL) is pleased to make available the *Competency Integration in Health Management Education: A Resource Series for Program Directors and Faculty* to guide graduate health management programs in their efforts to improve the education of our nation's future leaders. The dissemination of this resource is in keeping with NCHL's mission to serve as an *industry-wide catalyst to assure that high quality, relevant, and accountable health management leadership is available to meet the needs of 21st century healthcare.*

Spearheading a national catalytic effort, NCHL is seeking to initiate and sustain major clinical and organizational improvements by:

- Transforming the industry's leadership using tested models for competency-based learning, benchmarking against best-in-class organizations both inside and outside healthcare, and establishing standards of best practices
- Executing quickly on research-based programs
- Accounting for results using evidence-based research and outcomes assessment by focusing resources on things that work
- Collaborating with leaders inside and outside healthcare to continuously seek innovation and improvements in healthcare to benefit all of our communities

We welcome your comments on the guidebook and insights you gain as you apply these tools and processes for continuous improvement.



Marie E. Sinioris  
President & CEO  
National Center for Healthcare Leadership



## Section 1: Overview of NCHL Leadership Competencies

### 1.1 Why Leadership Competencies in Graduate Health Education?

*If there is not common agreement on where you are going, any road will get you there.*

—Anonymous

There has been a growing interest in learning and competency-based systems in various areas of education, training, and professional development since the 1960s and 1970s, when Daniel McClellan and his colleagues at Harvard and MIT published their seminal research on achievement and motivation. As a result, a number of competency initiatives have been undertaken or completed in higher education, health care, and health care management during the past decade. More recently in the past five to seven years, there has been a resounding call for both curricular content and process review for potential reform in health administration education and training programs. The key areas of focus throughout the early debate regarding outcome- or competency-based education in health management included:

1. The need for higher levels of mastery throughout the field
2. The identification of the key knowledge, skills, and attributes that contribute to the success of healthcare organizations and managers
3. The measurement or assessment of learner mastery of these essentials for career performance

As traditionally addressed in the employment and human resource management literature, the use of defined skills and other delineated outcomes has been viewed as useful for developing needs assessments, specific job descriptions and requirements, training programs and curricula, new employee orientation and training activities, and criteria for successful job performance.

However, as competency-based education, training, and professional development have evolved and progressed over the past four decades, their use is gaining acceptance as also being critical for responding to the following:

- Ever-changing challenges of the 21st century
- Ongoing changes in practice environments and requirements
- Increased emphasis and calls for accountability in all levels of education
- Development of accreditation standards and criteria
- Credentialing examination development initiatives
- Long-term planning for human capital development and management as a key organizational asset

Specifically in relation to the development of programs, curricula, and courses in health management, competency-based approaches are viewed as being beneficial in relation to facilitating:

- Communication across institutions, departments, and program lines
- Career growth across health professions and career stages
- Development of standards for best practices
- Interdisciplinary communications and interactions



- Peer and self-assessments of performance
- Delivery of community programs and services
- Planning of educational and professional development programs across settings – classrooms, workplace, and distance-based formats

Perhaps the greatest potential benefit of using competencies, however, is the provision of a framework for facilitating faculty development of educational best practices. Few faculty in the professions or health management education have formal backgrounds in either the art or science of teaching, learning, and educational evaluation. By providing a common language and an environment that fosters faculty exploration, utilization, and evaluation of competency-based learning and assessment methods, faculty can gain facility with recognized educational processes for enhancing professional development in the field, as well as developing its future leaders.

Throughout the research for the development of the National Center for Healthcare Leadership Competency Model, many interviewees and opinion leaders questioned whether a health-specific leadership model was necessary. They cited the widespread availability of models used throughout the health and non-health sectors, and some suggested that the industry would be well served to think about leadership from a non-health perspective. However, when the research was concluded, the consensus among participants was that a health leadership model adds significant value.

As stated in the Competency Model description, while outstanding health leaders have a lot in common with and demonstrate the behaviors of the best leaders of the top-performing organizations worldwide, they do so in an industry and environment that call for additional competence given the specific context in which healthcare is provided, where the “end consumer” is ultimately all people. Health is a mission- and values-driven industry that is extraordinarily complex and, more than other sector, requires building consensus among independent constituencies, many of whom have broad social and political recognition. Leaders who have an impact must exercise influence and consensus- and coalition-building competencies at higher levels than their counterparts in other sectors. Finally, health leaders are especially challenged to create work climates that motivate high-quality, patient-centered care and retain high-demand talent in a very competitive marketplace.

The NCHL Health Leadership Competency Model reflects benchmarking against the best leadership models outside of health, while adapting them to the unique health environment. It provides a standard of leadership excellence, and translates it for improving health management education and professional development, organizational performance, and ultimately, as outlined in the Institute of Medicine’s three recent national reports addressing the quality of health care, the wellness of the U.S. population.

## 1.2 NCHL Learning Collaboration: Health Management Education Demonstration Project

In 2004, The Robert Wood Johnson Foundation, in conjunction with NCHL's corporate sponsors, funded a national demonstration project to launch educational improvement endeavors in the health management graduate pipeline. The NCHL Advisory Council on Research and Evaluation, chaired by Stephen Shortell, PhD, University of California-Berkeley, established the selection criteria for the request for proposal, which was disseminated to all accredited graduate health management programs in February 2004.

The committee, consisting of academics and experts in the field, selected four graduate programs to serve in this collaborative effort to integrate competency-based leadership development in graduate health management programs. These programs include: University of Michigan, Ann Arbor, MI; University of Minnesota, Minneapolis, MN; Simmons College, Boston, MA; and University of Washington, Seattle, WA.

This unique health management education transformation effort was launched in late spring 2004 with participating program demonstration sites collaborating to: develop and implement program-wide competency-based learning and assessment curricula using the NCHL Health Leadership Competency Model; foster the attainment of core leadership competencies among graduates of health management; advance competency-based learning and assessment outcomes using uniform measures and methods; enhance student lifelong learning and career planning; incorporate student recruitment and selection processes based on behavioral competencies for leadership; and share and disseminate (via Web, presentation, and publication) best practices in the development of teaching/learning methods and materials, evaluation approaches, and assessment instrumentation for integrating competency-based education.

An initial workshop was conducted in late summer 2004 to: introduce the pilot site coordinators and participating faculty for future networking and collaboration; provide an orientation to project mapping processes; share and gain input on the evaluation protocol and related activities; and initiate the first of a series of faculty development seminars focusing on best practices for optimizing teaching and learning.

The demonstration sites have used NCHL's nationally validated Health Leadership Competency Model to initiate comprehensive reviews of their individual curricula and teaching and assessment methods to: map their current curricular practices for baseline analyses; integrate competency-based learning methods and assessments in their curricula; and develop a Competency Learning and Assessment (CLA) Plan for revising their graduate health management programs and curricula. The project is also being used to identify, catalog, and disseminate best practices in curriculum design, teaching, and assessment that have been developed by the demonstration sites.

### **Evaluation**

The NCHL Evaluation Framework for Continuously Improving Performance is being used to monitor and evaluate all aspects of the collaborative demonstration project. Multiple levels of observation and outcome assessment, both qualitative and quantitative, are being deployed on an iterative basis to ensure continual program improvement across all sites. A comprehensive evaluation protocol has been developed to assess both individual student and program outcomes, processes utilized, changes and improvements, and stakeholder satisfaction – including students, faculty, demonstration site coordinators, preceptors, and alumni. To date, program teaching and learning mapping processes for identifying competency emphases and gaps, a Lifelong Learning Inventory for student self-assessment, and a team effectiveness assessment instrument have been developed for tracking project outcomes. In addition, a multi-rater 360-degree and learning style instruments will be utilized for further student and program iterative development.

### **Collaborative Extension**

The current sites will continue refining and implementing their CLA plans with NCHL curriculum development specialists for program enhancement based on faculty decision-making. In addition, the site coordinators continue to meet collectively and collaborate on additional transformational initiatives, as well as participate in ongoing faculty development and train-the-trainer activities. Regular outcome reports, presentations, and publications will continue to be developed and disseminated to the field both within health management educational improvement initiatives and for cross-professions utilization.

Initial response to the workshop, curriculum mapping processes and activities, and first-stage curriculum data analysis and planning by the site coordinators and participating faculty has been enthusiastic, with all agreeing that they would not be involved in as extensive and formalized curriculum development project without NCHL's direction for the field, educational methodologies for improvement, championship of the transformation, and support. As well, faculty leaders at other institutions who have participated in the collaborative presentations of the site coordinators have also expressed considerable interest in accessing NCHL's Competency Model and engaging in similar program-wide transformational efforts. Based upon these preliminary findings, NCHL is extending the demonstration project to an additional six program sites in 2006. To address the even broader interest of the field, NCHL will create a series of guidebooks on competency integration in health management education. This is the first in such a series: *Guidebook 1: Curriculum Mapping, Analysis, and Planning*.

## Section 2. The NCHL Health Leadership Competency Model

For your reference, the following is background on NCHL competency research and the entire NCHL Health Leadership Competency Model (version 2.1) (“the Model”), including the 26 competencies and all the levels. NCHL maintains exclusive ownership and control of the Competency Model, which is provided here as an education tool to enhance and improve the education of future healthcare leaders in undergraduate and graduate health management programs.

The Model refines and validates NCHL’s Model, version 1.1, through research by the Hay Group with practicing health leaders and managers across the administrative, nursing, and medical professions, in early, mid, and advanced career stages. In addition, the Model incorporates benchmark data from other health sectors and insurance companies, and composite leadership competencies from a group of global corporations. Although health delivery underscores the study, the benchmarks incorporated into the development of the Model give it validity for health in its widest sense.

### Purpose of the Health Leadership Competency Model

NCHL’s goal is to improve the health status of the entire country through effective health leadership by:

- Establishing core competencies for health leaders at all levels of the career cycle
- Strengthening the practice of health leaders with academic research
- Defining continuous learning opportunities for health leaders
- Increasing the diversity of health leaders

Consistent with this goal, leadership competencies are defined as the technical and behavioral characteristics that leaders must possess to be successful in positions of leadership across the health professions – administrative, medical, and nursing. The competency Model serves as the basis for focusing health leadership training and development initiatives for graduate education through the course of their careers. The Model also provides a template for selecting and developing leaders who can meet the challenges of 21st century health. Third, the Model provides a guide for reorienting human resource development to stimulate the capabilities that make the most difference to performance. Fourth, it supports health management programs in higher education sharpen their curriculum in ways that will prepare graduates to become industry leaders.

### How the Competency Model Supports 21st Century Health

The Committee on the Quality of Health in America in the Institute of Medicine (IOM) produced two reports. *To Err is Human: Building a Safer Health Care System (1999)* addressed the quality of patient-specific care provided in the U.S. and the gulf between ideal care and the reality experienced by many Americans. The second, *Crossing the Quality Chasm: A New Health Care System for the 21st Century (2001)*, was a “call for action to improve the American health delivery system as a whole, in all its quality dimensions.” The report set forth “six aims for improvement, healthcare that is safe, effective, patient-centered, timely, efficient, and equitable.” NCHL selected for interviews leaders who have demonstrated their commitment to those goals.

To ensure that the vision of health’s future was state of the art, seven of the industry’s top futurists and thinkers were also interviewed:

Clement Bezold, PhD, President – Institute for Alternative Futures  
L. Robert Burns, PhD, Professor and Director – Wharton Center for Health Management and Economics, The Wharton School at the University of Pennsylvania

Christine Cassell, MD, Chairman – American Board of Internal Medicine  
 Jeff Goldsmith, PhD, President – Health Futures, Inc.  
 Ian Morrison, PhD, Senior Fellow – Institute for the Future  
 Jonathan Peck, PhD, Vice President – Institute for Alternative Futures  
 Michael Sachs, PhD, Chairman and Founder – Sg2

The futurists identified several emerging trends about the state of health in the 21st century:

- The U.S. will become part of a global system focusing on wellness and preventive care worldwide. Patients will receive care from “virtual” centers of excellence around the world.
- Deeper understanding of the human genome will create exciting new forms of drugs that will prevent disease from developing. Treatment will evolve from disease management to prevention or minimalization.
- As the “baby boomers” become senior citizens around 2020, the issue of rising costs, resource allocation, and priorities will be exacerbated.
- Fueled by access to information through the World Wide Web, people will take more self-management of their personal health decisions and demand that the system treat them as customers rather than users.
- Most Americans will receive care from specialized centers for chronic diseases (cancer, women’s health, heart, etc.).
- Standard diagnostic health will largely be electronic, with people conducting their own “doctor visits” from home through miniature data collection and monitoring devices.

Collectively, these thoughts describe a health environment that today can only be imagined rather than defined. They reaffirm that the IOM goals are a necessary step toward the future, but they show that the competencies as they are defined in this Model require continuous reevaluation and sharpening as the future comes into clearer focus.

### **Why a Health-specific Leadership Model Is Needed**

Throughout the research for the Competency Model, many interviewees and other opinion leaders questioned whether a health-specific leadership model was necessary. They cited the widespread availability of models used throughout the health and non-health sectors, and some suggested that the industry would be well served to think about leadership from a non-health perspective. Hay, too, asked this question. At the end of the research, the conclusion was that a health leadership model adds significant value. While the outstanding health leaders have a lot in common with, and demonstrate the behaviors of, the best leaders of the top-performing organizations worldwide, they do so in an industry and environment that calls for additional competence:

- The “end consumer” for health is ultimately all people, everywhere. Although the trend may be toward specialty delivery organizations, the range of humanity is still the “customer.”
- Health is a mission- and values-driven industry. We found that the top-performing organizations – be they hospitals, pharmaceutical companies, biotech start-ups, or insurance companies – have at the core of their strategies sustaining health, wellness, and quality of life, and ensuring that effective treatment is available and provided when people need it.
- The health system is extraordinarily complex and, more than other sectors, requires building consensus among independent constituencies, many of whom have broad social and political recognition. Leaders who have an impact must exercise influence-, consensus-, and coalition-building competencies at higher levels than their counterparts in other sectors.
- Health leaders are especially challenged to create work climates that motivate high-quality, patient-centered care and retain high-demand talent in a very competitive marketplace.

The NCHL Health Leadership Competency Model reflects benchmarking against the best leadership models outside of health, as well as the unique health environment. It promotes the standards of leadership excellence, and necessary to achieve organizational performance excellence envisioned by the Institute of Medicine.

### **Continued Research and Validation**

Given the intrinsic iterative nature of competency modeling, the NCHL Competency Model will continue to be refined and validated as it is applied throughout the field, including its dissemination and deployment in graduate education, professional development, and organizational transformation initiatives. On going feedback regarding its validity and relevance will be solicited from the users, researchers, and expert panels. NCHL's national healthcare leadership database will be used to assess the relevance of the Model to evolving health care leadership needs, understand the interrelatedness of competencies, and measure relationships to both individual and organizational performance. The latest review and refinement of NCHL's Competency Model was completed in December 2005, resulting in version 2.1 of the Model.

## NCHL HEALTH LEADERSHIP COMPETENCY MODEL

The NCHL Model contains three domains with 26 competencies: The three domains – Transformation, Execution, and People – capture the complexity and dynamic quality of the health leader’s role and reflect the dynamic realities in health leadership today.

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## NCHL Health Leadership Competency Model

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*The NCHL model provides breakthrough research and a comprehensive database for defining the competencies required for outstanding healthcare leadership for the future.*



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**Transformation:** Visioning, energizing, and stimulating a change process that coalesces communities, patients, and professionals around new models of healthcare and wellness.

- Achievement Orientation
- Community Orientation
- Information Seeking
- Strategic Orientation
- Analytical Thinking
- Financial Skills
- Innovative Thinking

**Execution:** Translating vision and strategy into optimal organizational performance.

- Accountability
- Collaboration
- Impact and Influence
- Information Technology Management
- Performance Measurement
- Project Management
- Change Leadership
- Communication Skills
- Initiative
- Organizational Awareness
- Process Management/Organizational Design

**People:** Creating an organizational climate that values employees from all backgrounds and provides an energizing environment for them. Also includes the leader's responsibility to understand his or her impact on others and to improve his or her capabilities, as well as the capabilities of others.

- Human Resources Management
- Professionalism
- Self Confidence
- Talent Development
- Interpersonal Understanding
- Relationship Building
- Self Development
- Team Leadership

### Presentation of the Competencies

Description of each competency includes a general definition followed by an ascending number of levels that describe the difficulty, complexity, or sophistication of demonstration.

Keep in mind that some competencies are considered "cumulative" and reflect that the higher levels are composed of several linked instances of the lower levels. Put another way, the higher levels are "larger," more complex versions of the same characteristic as the lower levels.

In other cases, the competencies are considered "noncumulative," meaning that scales demonstrated at one level may be quite different than at another level. Nevertheless, the lower-level scales are still developmentally easier than the higher levels, and exhibiting them usually increases the likelihood of successful outcomes. In some instances, one can even see the steps of the scale as an approximation of the steps that a person would take in addressing a situation.

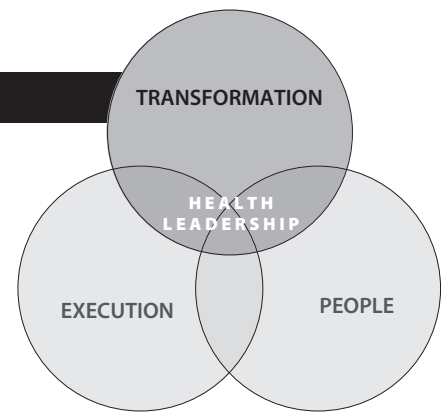
It is also helpful to note the relationship between the levels of a scale. When considering two levels, there may be a linear relationship between scale levels: the "distance" between Levels 1 and 2 is approximately equal to the "distance" between Level 3 and Level 4, for example. In some scales, however, there can be an exponential relationship where each level is approximately the square of the previous level.

Hay's work suggests that leaders with many competencies at levels four through six are essential to move large organizations to excellence.



## Transformation

*Visioning, energizing, and stimulating a change process that coalesces communities, patients, and professionals around new models of healthcare and wellness.*



## COMPETENCIES

**Achievement Orientation:** A concern for surpassing a standard 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).

**Analytical Thinking:** 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.

**Community Orientation:** The ability to align one's own and the organization's priorities with the needs and values of the community, including its cultural and ethnocentric values and to move health forward in line with population-based wellness needs and national health agenda.

**Financial Skills:** The ability to understand and explain financial and accounting information, prepare and manage budgets, and make sound long-term investment decisions.

**Information Seeking:** An underlying 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.

**Innovative Thinking:** The ability to apply complex concepts, develop creative solutions, or adapt previous solutions in new ways for breakthrough thinking in the field.

**Strategic Orientation:** The ability to draw implications and conclusions in light of the business, economic, demographic, ethno-cultural, political, and regulatory trends and developments, and to use these insights to develop an evolving vision for the organization and the health industry that results in long-term success and viability.

## ACHIEVEMENT ORIENTATION

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A concern for **surpassing a standard 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).

### 1. Wants to Do Job Well; Expresses Feeling about Performance

- Tries to do the job well or right
- Expresses a desire to do better
- Expresses frustration at waste or inefficiency
- Delivers expected results in line with job requirements

### 2. Creates Own Measure of Excellence

- Sets a standard of personal expectation for excellence in both the quality and quantity of work
- Tracks and measures outcomes against a standard of excellence – one that is higher and more precise – not imposed by others
- Focuses on new or more precise ways of meeting goals set by others

### 3. Improves Performance

- Makes specific changes in the system or in own work methods to improve performance
- Does something better, faster, at lower cost, more efficiently

### 4. Sets and Works to Meet Challenging Goals

- Establishes "stretch goals" for self and others that are realistic and possible to reach
- Strives to achieve a unique standard (e.g., "No one had ever done it before.")
- Compares specific measures of baseline performance compared with better performance at a later point in time (e.g., "When I took over, efficiency was 20%; now it is up to 85%.")

### 5. Makes Cost-Benefit Analyses

- Makes decisions, sets priorities, or chooses goals on the basis of calculated inputs and outputs (e.g., makes explicit considerations of potential profit and risks or return on investment)
- Analyzes entrepreneurial opportunities in relation to risks, return on investment, and the scope and magnitude of the investments

### 6. Takes Calculated Entrepreneurial Risks

- Commits significant resources and/or time in the face of uncertain results when significantly increased or dramatic benefits could be the outcome (e.g., improved performance, a challenging goal)

## ANALYTICAL THINKING

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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.

### 1. Breaks Down Problems

- Breaks problems into simple lists of tasks or activities without assigning values
- Lists items with no particular order or set of priorities

### 2. Identifies Basic Relationships

- Identifies the cause-and-effect relationship between two aspects of a situation
- Separates situations into two parts: pro and con
- Sorts out a list of tasks in order of importance

### 3. Recognizes Multiple Relationships

- Makes multiple casual links: several potential causes of events, several consequences of actions, or multiple-part chain of events (A leads to B leads to C leads to D)
- Analyzes relationships among several parts of a problem or situation (e.g., anticipates obstacles and thinks ahead about next steps, in detail, with multiple steps)

### 4. Develops Complex Plans or Analyses

- Identifies multiple elements of a problem and breaks down each of those elements in detail, showing causal relationships between them
- Peels back multiple layers of a problem
- Uses several analytical techniques to identify potential solutions and weigh the value of each

## COMMUNITY ORIENTATION

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The ability to **align one's own and the organization's priorities with the needs and values of the community**, including its cultural and ethnocentric values and to move health forward in line with population-based wellness needs and national health agenda.

### **1. Responds Appropriately to Community Needs**

- Follows through, when asked, on inquiries, requests, complaints
- Keeps stakeholders up-to-date about progress of projects or other events that impact them

### **2. Maintains Clear Communication**

- Maintains clear communication with community leaders and constituents regarding mutual expectations
- Monitors community satisfaction and potential health needs
- Regularly distributes helpful information to key stakeholders
- Gives friendly, cheerful service

### **3. Takes Personal Responsibility for Initiating Collaborative Planning**

- Corrects problems promptly and non-defensively
- Takes personal responsibility for correcting service problems
- Initiates collaborative planning
- Mobilizes resources to meet community health needs and challenges

### **4. Participates with and Understands the Community**

- Sponsors activities, takes action, and conducts data gathering to understand the health needs of the local and regional communities
- Gets involved in the community for the purposes of increasing wellness and presenting a good image of the organization
- Is routinely involved in community health programs, interventions, and services

### **5. Provides Services to the Community**

- Takes deliberate action to support the local and regional community's health values and needs
- Initiates or develops a new service or array of services to address the specific needs of the population and how it wants to receive health, recognizing ethnic and cultural differences
- Works with other regional health organizations and constituencies to create a comprehensive and integrated health system to promote long-term wellness and serve community needs
- Advocates for community health needs and priorities

### **6. Advocates for the Broader Health Environment**

- Engages in meaningful actions at the national level to move recognized priorities forward
- Partners across health constituencies to create a coordinated and dynamic health system on a national basis that meets long-term health and wellness needs
- Understands needs of health stakeholders nationally and pushes their agenda forward

## FINANCIAL SKILLS

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The ability to **understand and explain financial and accounting information, prepare and manage budgets, and make sound long-term investment decisions.**

### **1. Explains the Organization's Financial Metrics and Reports**

- Uses financial metrics to drive and track the organization's success
- Explains income statement, balance sheet, cash flow
- Explains indicators of financial health, especially profitability, and accounting entries through general ledger to revenue

### **2. Manages Budgets and Assets**

- Develops budgets
- Demonstrates expense and revenue management (unit or department)
- Manages budget variances, including revisions and corrective actions
- Explains expense sources and management alternatives with implications
- Understands sources of revenue including sensitivity analyses
- 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, and risk-return trade-offs and cost-benefit analyses
- Analyzes population, disease, utilization data
- Understands basics of insurance rating and actuarial risk

### **5. Develops Long-term Financial Plans**

- 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

## INFORMATION SEEKING

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An underlying 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. It includes **pressing 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.

### 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, a problem, or a potential opportunity below the surface issues presented
- Calls on others who are not personally involved, to get their perspective, background information, experience, etc.
- 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 sources
- Commissions others to conduct formal 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

### 5. Is Recognized as a User of Best Practices

- Establishes ongoing systems or habits to get information; for example, walks around, holds regular informal meetings, or scans publications that feature best practices
- Enlists individuals to do regular, ongoing information gathering
- Adopts the best practices from other industries

## INNOVATIVE THINKING

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The ability to **apply complex concepts, develop creative solutions, or adapt previous solutions** in new ways for breakthrough thinking in the field.

### 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. Creates New Concepts or Breakthrough Thinking

- 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 – breakthrough thinking
- Shifts the paradigm; starts a new line of thought

## STRATEGIC ORIENTATION

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

### 1. Conducts Environmental Scanning

- Performs analyses that identify the competitive/market, governmental and regulatory, public opinion, scientific, and technological forces that currently and will shape the organization
- 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

- Positions the organization in light of the environmental forces over the next three to five years
- Develops strategic goals and plans for the organization that take advantage of its strengths, addresses its shortcomings, builds on opportunities, and attempts to minimize environmental threats
- Aligns organizational units and investment strategy (financial, people, technology, materials) to achieve strategy

### 3. Aligns Organization to Address Long-term Environment

- Understands the forces that are shaping health over the next 5 to 10 years (market, social, cultural, economic, and political)
- Aligns strategy, structure, or people with the long-term environment
- Develops a long-term organizational strategy (including competitive, financial, structural, and people elements) to position the organization for success over the next 10 years

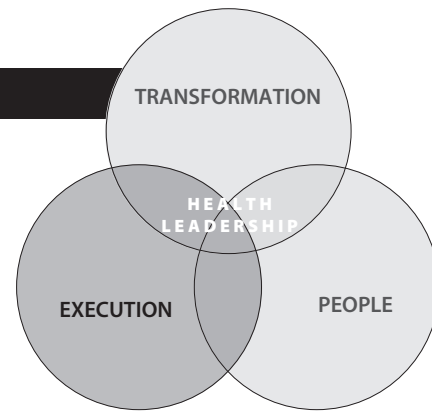
### 4. Shapes Industry Strategy

- Develops a perspective on long-term health and wellness trends and developments that is respected by colleagues and leading policymakers
- Helps to shape industry competitive positioning through policymaking forums and industry-specific strategic groups



## Execution

*Translating vision and strategy into optimal organizational performance.*



## COMPETENCIES

**Accountability:** 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.

**Change Leadership:** The ability to energize stakeholders and sustain their commitment to changes in approaches, processes, and strategies.

**Collaboration:** The ability to work cooperatively with others as part of a team or group, including demonstrating positive attitudes about the team, its members, and its ability to get its mission accomplished.

**Communication:** The ability to speak and write in a clear, logical, and grammatical manner in formal and informal situations, to prepare cogent business presentations, and to facilitate a group.

**Impact and Influence:** The ability to persuade and convince others (individuals or groups) to support a point of view, position, or recommendation.

**Information Technology Management:** The ability to see the potential in and understand the use of administrative and clinical information technology and decision-support tools in process and performance improvement. Actively sponsors their utilization and the continuous upgrading of information management capabilities.

**Initiative:** The ability to anticipate obstacles, developments, and problems by looking ahead several months to over a year.

**Organizational Awareness:** The 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.

**Performance Measurement:** 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.

**Process Management and Organizational Design:** The ability to analyze and design or improve an organizational process, including incorporating the principles of quality management as well as customer satisfaction.

**Project Management:** The ability to plan, execute, and oversee a multi-year, large-scale project involving significant resources, scope, and impact. Examples include the construction of a major building, implementation of an enterprise-wide system (patient tracking, SAP), or development of a new service line.

## ACCOUNTABILITY

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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.

### 1. Communicates Requirements and Expectations

- Gives basic directions
- Makes needs and requirements reasonably clear
- Ensures understanding of task requirements and performance expectations
- Explicitly delegates details of routine tasks in order to free self for more valuable or longer-range considerations

### 2. Sets Limits

- Establishes high but achievable performance, quality, and resource utilization standards
- Firmly says no to unreasonable requests
- Sets limits for others' behavior and actions
- Limits others' options to force them to make desired resources available

### 3. Demands High Performance

- Imposes new, different, or higher standards of performance with little input from others
- Insists on compliance with own orders or requests
- Monitors performance against clear standards
- Ensures promised results are achieved
- Demands high performance, quality, and resources
- Issues clear warnings about consequences for non-performance
- Shares results with stakeholders

### 4. Confronts Performance Problems

- Openly and directly confronts individual and team performance shortfalls and problems
- Holds people accountable for performance
- Ensures timely resolution to performance deficiencies
- Appropriately dismisses people for cause

### 5. Creates Culture of Accountability

- Creates a culture of strong accountability throughout the organization
- Holds others accountable for demanding high performance and enforcing consequences of non-performance and taking action
- Accepts responsibility for results of own work and that delegated to others

## CHANGE LEADERSHIP

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The ability to **energize stakeholders and sustain their commitment** to changes in approaches, processes, and strategies.

### 1. Identifies Areas for Change

- Publicly defines one or more specific areas where change is needed
- Identifies what needs to change, but may not completely describe the path to change

### 2. Expresses Vision for Change

- Defines an explicit vision for change (i.e., what should be different and how)
- Modifies or redefines a previous vision in specific terms
- Outlines strategies for change

### 3. Ensures Change Message is Heard

- Deliver the message or vision for change to everyone affected
- Repeats message wherever possible
- Posts change messages (e.g., banners, plaques, or other physical and public reminders)
- Provides opportunities for others to engage in change initiatives

### 4. Challenges Status Quo

- Publicly challenges the status quo by comparing it to an ideal or a vision of change
- Creates a realistic sense of crisis or a disequilibrium in order to prepare the ground for change
- Energizes others for change

### 5. Reinforces Change Vision Dramatically

- Takes a dramatic action (other than giving a speech) to reinforce or enforce the change effort
- Personally exemplifies or embodies the desired change through strong, symbolic actions that are consistent with the change

### 6. Provides Calm During the Storm of Change

- Maintains an eye on the strategic goals and values during the chaos of change
- Provides focused, unswerving leadership to advance change initiatives
- Exemplifies quiet confidence in the progress and benefits of change
- Provides direction for overcoming adversity and resistance to change
- Defines the vision for the next wave of change

## COLLABORATION

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The ability to **work cooperatively with others, to be part of a team**, to work together, as opposed to working separately or competitively. Collaboration applies when a person is a member of a group of people functioning as a team, but not the leader.

### 1. Conducts work in a cooperative manner

- Supports team decisions
- Does his or her share of the work
- Keeps other team members informed and up-to-date about what is happening in the group
- Shares all relevant or useful information

### 2. Expresses Positive Attitudes and Expectations of Team or Team Members

- Expresses positive attitudes and expectations of others in terms of their abilities, expected contributions, etc.
- Speaks of team members in positive terms, either to the team member directly or to a third party
- Develops effective working interactions with teammates

### 3. Solicits Input

- Genuinely values others' input and expertise
- Actively seeks the input of others to increase the quality of solutions developed
- Displays willingness to learn from others, including subordinates and peers
- Solicits ideas and opinions to help form specific decisions or plans
- Works to create common mindset

### 4. Encourages Others

- Publicly credits others who have performed well
- Encourages others
- Empowers others

### 5. Builds Team Commitment

- Acts to promote good working relationships regardless of personal likes or dislikes
- Breaks down barriers across groups
- Builds good morale or cooperation within the team, including creating symbols of group identity or other actions to build cohesiveness
- Encourages or facilitates a beneficial resolution to conflict
- Creates conditions for high-performance teams

## COMMUNICATION SKILLS

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The ability to **speak and write in a clear, logical, and grammatical manner** in formal and informal situations, to prepare cogent business presentations, and to facilitate a group.

### 1. Uses Generally Accepted English Grammar

- Uses subject-verb agreement and parallel structure
- Uses rules of punctuation and sentence and paragraph construction
- Uses concise thematic construction

### 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 (e.g., agenda development, time management)

## IMPACT AND INFLUENCE

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The ability to **persuade, convince, influence, or impress others (individuals or groups)** in order to get them to go along with or to support one's opinion or position. The "key" is understanding others, since Impact and Influence is based on the desire to have a specific impact or effect on others where the person has a specific type of impression to make, or a course of action that he or she wants the others to adopt.

### 1. Expresses Logical Intention but Takes No Action

- Intends to have a specific effect or impact
- Communicates intentions
- Expresses concern with reputation, status, appearance, etc., but does not take any specifications

### 2. Takes a Single Action to Persuade

- Uses direct persuasion in a discussion or presentation
- Appeals to reason, data, others' self-interest
- Uses concrete examples, visual aids, demonstrations, etc.
- Makes no apparent attempt to adapt presentation to the interest and level of the audience

### 3. Takes Multiple Actions to Persuade

- Takes two or more steps to persuade without trying to adapt specifically to level or interest of an audience
- Includes careful preparation of data for presentation
- Makes two or more different arguments or points in a presentation or a discussion
- Uses multiple points of view and delivery alternatives

### 4. Calculates Impact of Actions or Word

- Analyzes the needs, interests, and expectations of key stakeholders
- Anticipates the effect of an action or other detail on people's image of the speaker
- Prepares for others' reactions
- Tailors messages to interests and needs of audience
- Aligns persuasion actions for targeted effects or impact
- Takes a well-thought-out dramatic or unusual action in order to have a specific impact

### 5. Uses Indirect Influence

- Uses chains of indirect influence: "Get A to show B so B will tell C such-and-such"
- Takes two or more steps to influence, with each step adapted to the specific audience
- Enlists endorsements of others (e.g., experts or other third parties) to influence

### 6. Uses Complex Influence Strategies

- Assembles coalitions
- Builds "behind-the-scenes" support for ideas
- Uses an in-depth understanding of the interactions within a group to move toward a specific position (e.g., may give or withhold information among individuals to have specific effects)

## INFORMATION TECHNOLOGY MANAGEMENT

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The ability to **see the potential in and understand the use of administrative and clinical information technology and decision support tools** in process and performance improvement. Actively sponsors their utilization and the continuous upgrading of information management capabilities.

### **1. Recognizes the Potential of Information Technology in Process and Performance Improvement**

- Acknowledges the importance of information systems in relation to quality of care, service outcomes, and process improvement
- Understands how information technology tools simplify, streamline, and improve care
- Is familiar with current technology for patient tracking (especially registration, billing, and records management), financial automation and reporting, and reimbursement management
- Is receptive to automation of paper-based processes

### **2. Actively Promotes Information Technology Implementation**

- Uses knowledge of PC and network technologies to advocate for integrated systems that collect, track, and share information across local- and wide-area networks
- Presents a cogent case for using these tools to clinical and administrative audiences
- Personally uses information technology or tools to improve processes and performance outcomes
- Supports investment in databases, web-based capabilities and tools, and information systems

### **3. Champions Decision Support Systems Implementation**

- Provides clinicians/staff with state-of-the-art information systems, tools (e.g., handheld devices, notepad computers), and Web-based capabilities to access real-time information, record data, and make decisions to optimize clinical/management decision making
- Supports use of interactive, Web-based capabilities for decision making (e.g., provider selection, self-care decision trees, health plan selection, appointment scheduling, transaction tracking and scheduling)
- Provides customers/patients with online access to their information (e.g., health information, account information)
- Supports the development and investment in long-term (i.e., five years) information systems planning, including intranet and Internet capabilities

### **4. Challenges the Organization to Use Leading-Edge and Developing Information Technology**

- Stays up to date on the latest developments in information technology
- Identifies new opportunities to use latest information technology and decision-support tools to fundamentally alter the way the organization operates or promotes wellness
- Partners with the latest thinkers and developers to identify and implement breakthrough systems

## INITIATIVE

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**Identifying a problem, obstacle, or opportunity and taking action in light of this identification to address current or future problems or opportunities.** Initiative should be seen in the context of proactively doing things and not simply thinking about future actions. The time frame of this scale moves from addressing current situations to acting on future opportunities or problems.

**1. Responds to Short-Term Opportunities or Problems**

- Recognizes and reacts to present opportunities
- Reacts to present problems, including overcoming obstacles

**2. Is Decisive in Time-Sensitive Situations**

- Acts quickly and decisively in a crisis or other time-sensitive situation
- Acts with a sense of urgency when the norm is to wait, study the situation, and hope the problem will resolve itself

**3. Looks Ahead to Take Action Short-term**

- Anticipates short-term opportunities, obstacles, and problems
- Takes action to create an opportunity, prevent problems, or avoid future crisis, looking ahead within a three-month time frame

**4. Takes Action on Longer-term Opportunities**

- Anticipates longer-term opportunities, problems, and obstacles
- Proactively takes action to create an opportunity or avoid future crisis, looking ahead 4-12 months

**5. Acts Over a Year Ahead**

- Scans for environmental inflection points to anticipate changes, future opportunities, and potential crises that others may not see
- Anticipates and takes action to create an opportunity or avoid future crisis looking over a year ahead



## ORGANIZATIONAL AWARENESS

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The 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.

### 1. Uses Formal Structure

- Uses the formal structure or hierarchy of an organization to get things done
- Understands chain of command, positional power, rules and regulations, policies and procedures, etc.

### 2. Applies Understanding of Informal Structure

- Uses the informal structure of an organization when the formal structure does not work as well as desired
- Recognizes key actors, decision influencers, etc.
- Applies this knowledge when 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
- Adopts the “language and feel” of the organization
- Uses formats and terminology that reflect the environment

### 4. Considers Priorities and Values of Multiple Constituencies

- Takes time to become familiar with the expectations, priorities, and values of health’s many stakeholders (e.g., physicians, nurses, patients, staff, professionals, families, community leaders)
- Uses this understanding to build coalitions and consensus around the organization’s vision, priorities, and national health and wellness agendas
- Recognizes and/or uses ongoing power and political relationships within the constituencies (alliances, rivalries) with a clear sense of organizational impact

### 5. Uses Insights of Stakeholders’ Underlying Actions and Issues

- Addresses the deeper reasons for organization, industry, and stakeholder actions, such as the underlying cultural, ethnic, economic, and demographic history and traditions
- Uses these insights to gain long-term support for the creation of local, regional, and national integrated health systems that achieve national agenda for health and wellness

## PERFORMANCE MEASUREMENT

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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.

### 1. Monitors Indicators of Performance

- Uses knowledge of customers, markets, and financial and management accounting to track organization performance and financial results
- Implements basic patient tracking (e.g., registration, invoicing, third-party payer) and operational (e.g., numbers of procedures, equipment usage) measurement systems
- Reports results in an accurate, timely manner that clearly shows organization performance

### 2. Monitors a “Scorecard” of Quantitative and Qualitative Measures

- Tracks financial, customer, quality, and employee performance measures
- Uses patient and constituent satisfaction scores, as well as demographic and epidemiological statistics to set organizational priorities, plans, and investments
- Gathers both quantitative and qualitative information on customer perceptions, market position, and financial viability
- Tracks high-incidence procedures and conditions
- Establishes procedures based on evidence
- Ensures medical professionals undergo quality reviews
- Uses measurement systems to determine “early warning” as well as “rear window” indicators

### 3. Uses Evidence-based Approaches to Support Community Wellness

- Monitors community wellness
- Measures organization success by tracking community wellness and performance against national criteria and priorities
- Uses advanced warning measures to enable the movement of people, equipment, and resources
- Anticipates community needs
- Ensures timeliness, effectiveness, and efficiency of services
- Advocates for treatment and other care decisions that are evidenced based and patient/customer centered

## PROCESS MANAGEMENT AND ORGANIZATIONAL DESIGN

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The ability to **analyze and design or improve an organizational process**, including incorporating the principles of quality management as well as customer satisfaction.

### 1. Conducts Process Flow Analyses

- 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 implications, and service implications

### 2. Benchmarks Good Processes and Practices

- Conducts benchmarking and best practices research and interpretation to improve both clinical and non-clinical organizational 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 costs and revenue implications

### 3. Evaluates Organization Structure and Design

- Assesses organizing structures (functional, departmental, service line, etc.) and their advantages and disadvantages
- Understands basic differences in provider structures (i.e., practice site, teaching hospital, community hospital, clinic, sub-acute provider)
- Uses organization structure to design and improve performance

### 4. Uses Organization Governance Best Practices

- Understands governance practices, including board relations, committee structure, and fiduciary, ethics, and clinical review responsibilities
- Defines role and responsibilities of foundations and other auxiliary organizations
- Uses key governing and regulatory organizations such as state, county, and city governments
- Uses organization governance to enhance quality, customer satisfaction, and performance

## PROJECT MANAGEMENT

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The ability to **plan, execute, and oversee a multi-year, large-scale project involving significant resources, scope, and impact.** Examples include the construction of a major building, implementation of an enterprise-wide system (patient tracking, SAP), or development of a new service line.

### 1. Prepares a Detailed Project Plan

- Uses project management software
- Establishes phases and steps with realistic timelines
- Identifies required knowledge, skills, and abilities of team and vendors
- Selects team
- Identifies selection and contracting processes and criteria and selects vendor
- Identifies performance requirements, measurement systems, and tracking and reporting processes
- Establishes budget

### 2. Manages Projects Effectively

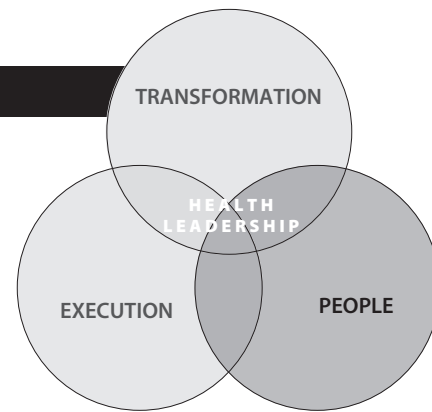
- Tracks performance against plan and budget
- Holds vendors accountable
- Holds team members accountable
- Reports project outcomes
- Adjusts plan and re-projects
- Ensures delivery within prescribed timeframes and budget

### 3. Provides Project Oversight and Sponsorship

- 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

## People

*Creating an organizational climate that values employees from all backgrounds and provides an energizing environment for them. Also includes the leader's responsibility to understand his or her impact on others and to improve his or her capabilities, as well as the capabilities of others.*



## COMPETENCIES

**Human Resources Management:** 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.

**Interpersonal Understanding:** The ability to accurately hear and understand the unspoken or partly expressed thoughts, feelings, and concerns of others.

**Professionalism:** The demonstration of ethics and professional practices, as well as stimulating social accountability and community stewardship. The desire to act in a way that is consistent with one's values and what one says is important.

**Relationship Building:** The ability to establish, build, and sustain professional contacts for the purpose of building networks of people with similar goals and that support similar interests.

**Self-Confidence:** A belief and conviction in one's own ability, success, and decisions or opinions when executing plans and addressing challenges.

**Self-Development:** The ability to see an accurate view of one's own strengths and development needs, including one's impact on others. A willingness to address needs through reflective, self-directed learning and trying new leadership approaches.

**Talent Development:** The drive to build the breadth and depth of the organization's human capability, including supporting top-performing people and taking a personal interest in coaching and mentoring high-potential leaders.

**Team Leadership:** The ability to see oneself as a leader of others, from forming a top team that possesses balanced capabilities to setting the mission, values, and norms, as well as holding the team members accountable individually and as a group for results.

## HUMAN RESOURCES MANAGEMENT

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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.

### 1. Is Familiar with Basic Employment Processes and Law

- Demonstrates basic knowledge of employment management principles, policies, and law in relation to hiring, promotion, or dismissal
- Applies human resources policies and procedures
- Applies equal opportunity and federal contract compliance (EEOC/OFCCP), the disabilities act (ADA), fair labor standards (FLSA), and employee income, security, and refinement regulations (ERISA)
- Demonstrates an understanding of union/labor principles and practices (e.g., contracting, negotiations, grievance process, mediation)

### 2. Uses Alternative Compensation and Benefit Programs

- Conducts job analysis, evaluation, and grading
- Uses compensation surveys
- Understands compensation structures, including: market pricing, pay delivery models and their implications, benefits and their role in total compensation, and union wage and hour contract provisions
- Uses compensation, benefit, and incentive programs to optimize performance of diverse employee stakeholders
- Conducts performance assessments

### 3. Aligns Human Resource Functions with Strategy

- Aligns human resource functions to achieve organizational strategic outcomes
- Understands the importance of aligning recruitment and selection, job design and work systems, learning and development, reward and recognition, and succession planning

## INTERPERSONAL UNDERSTANDING

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The ability to understand other people as well as to **accurately hear and understand the unspoken or partly expressed thoughts, feelings, and concerns of others**. It measures increasing complexity and depth of understanding of others and includes cross-cultural sensitivity.

### 1. Recognizes Emotions and Concerns of Others

- Recognizes emotion by reading body language, facial expression, and/or tone of voice
- Attends to thoughts and concerns (spoken and unspoken) displayed by others

### 2. Interprets Emotions and Verbal Content

- Understands both emotion (by reading body language, facial expression, and/or tone of voice) and the content of what the person is saying
- Accurately interprets emotion and content of what others say
- Recognizes when the emotion and content do not appear to be in sync

### 3. Commits to Understanding Others

- Takes time to get to know people beyond superficial or job-related information
- Genuinely seeks to understand people as individuals and their points of view
- Uses insights gained from the knowledge of others to know “where they are coming from” or why they act in certain ways

### 4. Displays Sensitivity to Cultural, Ethnic, and Social Issues

- Is sensitive to the cultural, ethnic, and social backgrounds of individuals and groups
- Understands their differences with an eye toward accommodating or appreciating them
- Displays an in-depth understanding of the ongoing reasons for a person’s behavior or responses

### 5. Actively Increases Diversity and Multicultural Approaches

- Uses own insights and perceptions to create greater diversity and multiculturalism
- Uses understanding to shape future care scenarios to respond more positively to different community and demographic groups

## PROFESSIONALISM

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The demonstration of **ethics, sound professional practices, social accountability, and community stewardship**. The desire to act in a way that is consistent with one's values and what one says is important.

### 1. Acts Openly and Honestly

- Acts consistently and according to organization's expressed core values
- Deals with staff, public, and government in an open and truthful manner
- Expresses what he or she believes even when the message may not be welcome
- Shares information, insights, or comments when it would be easier to refrain from doing so

### 2. Promotes Organizational Integrity

- Ensures that organization adheres to honesty and fair dealing with all constituencies, including employees and community stakeholders
- Promotes the development of professional roles/values that are compatible with the improvement of health and wellness
- Serves all equally and upholds trustworthiness

### 3. Maintains Social Accountability

- Develops and implements systems for tracking and sustaining commitments to the community and customers
- Acknowledges issues and contributing factors
- Publicly admits to mistakes
- Establishes approaches to handling issues and mistakes with openness, honesty, and fairness

### 4. Promotes Community Stewardship

- Develops professional roles/values compatible with improving population and individual health
- Commits to addressing the health and wellness needs of the total population, including adapting new approaches that address diverse cultural attitudes about health
- Ensures organizational stewardship and accountability for honesty and fair dealing with all constituents



## RELATIONSHIP BUILDING

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The ability to **establish, build, and sustain professional contacts** for the purpose of building networks of people with similar goals and that support similar interests.

### 1. Develops or Sustains Informal Contacts

- Makes or sustains informal contacts with others that extend beyond formal work relationships
- Is approachable and able to engage in “small talk” and informal conversations

### 2. Builds Friendly Rapport with Associates

- Maintains friendly relations and rapport with work contacts
- Attends events with associates and other business contacts that provide informal mingling and contact such as business meals, sporting events, and other outings
- Finds things that one has in common with associates and uses them to build friendly relations

### 3. Sustains Formal Contacts

- Organizes parties, outings, or special gatherings designed to improve or strengthen relationships with others
- Creates forums for conducting business
- Participates in a broad range of relationships with others who have the potential to become strong business allies

### 4. Establishes Important Relationships with Key Leaders

- Works to meet key people in the health industry, the community, and other constituencies
- Identifies the “movers and shakers” – today and the future – and establishes good working relationships with them

### 5. Sustains Strong Personal Networks

- Builds personal relationships with colleagues such that one can ask and readily receive favors and requests
- Maintains contacts with others in the field for mutual assistance
- Can call on others for support and, if needed, personal testimonials and references
- Is recognized as “one of the good people”

## SELF-CONFIDENCE

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A **belief in one's own capability to accomplish a task** and select an effective approach to a task or problem. This includes confidence in one's ability as expressed in increasingly challenging circumstances and confidence in one's decisions or opinions.

### 1. Acts Confidently within Job or Role

- Works without needing direct supervision
- Appears confident in person
- Presents self well

### 2. Acts Confidently at the Limits or Slightly Beyond the Limits of Job or Role

- Makes decisions without asking others
- Makes decisions even when others disagree
- Acts outside formal role or authority
- Acts in uncertain circumstances

### 3. States Confidence in Own Ability

- Describes self as an expert, someone who makes things happen, a prime mover, or a source of authority
- Sees self as among the top performers in an organization
- Explicitly states confidence in own judgment or abilities
- 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 management or others in power; but disagrees politely, stating own view clearly and confidently – even in a conflict

### 5. Chooses Extremely Challenging Situations

- Willingly takes on extremely challenging (i.e., those that are personally risky) assignments
- Confronts management or others with power directly
- Can be blunt and bold when necessary

## SELF-DEVELOPMENT

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The ability to have an accurate view of one's own strengths and development needs, including the impact that one has on others. A willingness to address needs through reflective, self-directed learning, and by trying new approaches.

### 1. Seeks Feedback

- Routinely seeks feedback from others, including those who are likely to be critical
- Appreciates the need to learn and grow

### 2. Improves Own Performance

- Regularly reflects on own performance including events that were successful and those that were less so
- Learns from less successful events, missteps, and challenges
- Sets annual improvement goals
- Is open to coaching

### 3. Considers the Impact One Has on Others

- Is aware of what behaviors and styles get the best results and matches styles to the situation
- Reflects on the impact one has on others prior to making decisions or taking actions
- Modifies behaviors in response to informal cues as well as formal feedback and integrates the results into personal development efforts and goals
- Tries out new leadership techniques and adopts those with positive impact

### 4. Pursues Long-term Personal Development

- Independently analyzes future developmental needs, factoring in accurate self-assessment, feedback from others, personal career goals, and organization direction
- Proactively pursues multi-year personal development, including willingness to tackle fundamental behavior change (e.g., from pacesetter to consensus builder)

## TALENT DEVELOPMENT

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The drive to build the breadth and depth of the organization's human capability and professionalism, including supporting top-performing people and taking a personal interest in coaching and mentoring high-potential leaders.

- 1. Expresses Positive Expectations of Others**
  - Makes positive comments regarding others' developmental future, particularly those whom others might see as not having high potential
  - Believes others want to, and/or can learn to, improve their performance
- 2. Gives Short-Term, Task-Oriented Instruction**
  - Gives detailed instructions and/or on-the-job demonstrations
  - Provides specific helpful suggestions
- 3. Provides Constructive Feedback and Support**
  - Gives directions or demonstrations with reasons or rationale as a training strategy
  - Provides practical support or assistance to make an assignment easier for the others
  - Volunteers additional resources, tools, information, and expert advice
  - Supports learning and professional growth of others
  - Asks questions, gives tests, or uses other methods to verify that others have understood explanation or directions
  - Gives feedback in balanced, behavioral, and constructive manner
  - Provides constructive development expectations
- 4. Supports Ongoing Development**
  - Uses surveys, assessment tools, and personal engagement to develop a comprehensive understanding of talent strengths and needs in the organization
  - Actively supports resource investments to close talent gaps
  - Is a vocal supporter of growing talent and capability
  - Demonstrates commitment to developing talent by investing resources
  - Provides opportunities for more responsibility and "stretch assignments"
- 5. Acts as a Developer of Talent**
  - Recognizes that developing people in the organization is a key priority and accountability
  - Knows who the organization's "rising stars" are and gives them mentoring
  - Participates in formal development and training, occasionally serving as a trainer
  - Ensures that succession plans are robust and current
  - Serves as a coach for successors to own and other key top positions
- 6. Develops Health Industry Talent**
  - Contributes personal time and energy to mentoring and improving healthcare talent industry-wide
  - Develops a vision of top leadership requirements and works with industry colleagues to implement a vision
  - Serves as a coach/trainer for industry leadership development programs

## TEAM LEADERSHIP

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**Sees oneself as a leader of others**, from forming a team that possesses balanced capabilities to setting its mission, values, and norms, as well as to holding the team members accountable individually and as a group for results.

### 1. Manages Team Meetings Well

- Conducts efficient and effective meetings
- States meeting agendas and objectives
- Controls time and pace
- Makes assignments

### 2. Keeps People Informed

- Provides essential information for decision making and fulfillment of responsibilities individually and collectively
- Lets people affected by the team know what is happening and the status of decisions
- Explains the reasons behind a decision promptly and candidly

### 3. Promotes Team Effectiveness

- Creates the conditions that enable the team to perform at its best (e.g., setting clear direction, providing appropriate structure, getting the right people)
- Determines team membership (including selection and dismissal), team assignments, performance management, and team development actions in a manner that promotes team morale and productivity
- Obtains input from others to promote the effectiveness of the group or process
- Builds team spirit for purposes of promoting the effectiveness of the group or process

### 4. Obtains Resources/Takes Care of the Team

- Obtains needed personnel, resources, and information to meet team goals
- Holds team members accountable for their contributions to team success, including bringing team resources to their assistance
- Protects the group and its reputation vis-à-vis the larger organization or the community at large
- Provides or secures needed support and development for both the individuals and the team as a group

### 5. Demonstrates Leadership

- Establishes norms for team behavior
- Personally models the norms
- Takes appropriate action when members violate the norms
- Works with team members to gain their personal commitment and energy to the team mission, goals, and norms
- Uses own positional power, trust, respect of others, and relationships to remove or smooth over obstacles that the team meets
- Coaches and develops team members to top performance

### 6. Is a Role Model for Leadership

- Is recognized throughout the health industry as an example of outstanding leadership
- Provides guidance and perspectives on leading others to peers and colleagues outside the organization
- Takes an active role in spreading leadership approaches across the industry
- Is recognized by the industry as a leader whose leadership approaches are considered best practice
- Is often sought out for perspective and guidance in the field

## **Section 3: Curriculum Analysis and Mapping**

The intent of the curriculum analysis and mapping process is to provide you and your faculty with an overview of your program that will serve as a basis for future program planning. Using a course-by-course review and then aggregating it to the program level, this analysis and mapping will provide you with an improved understanding of your current program strengths and gaps in terms of competency-based learning and assessment. The intent is to better understand the “student’s learning experience” as a result of your program.

This section of the guidebook is divided into three parts:

Section 3.1: An overview of the NCHL curriculum mapping process

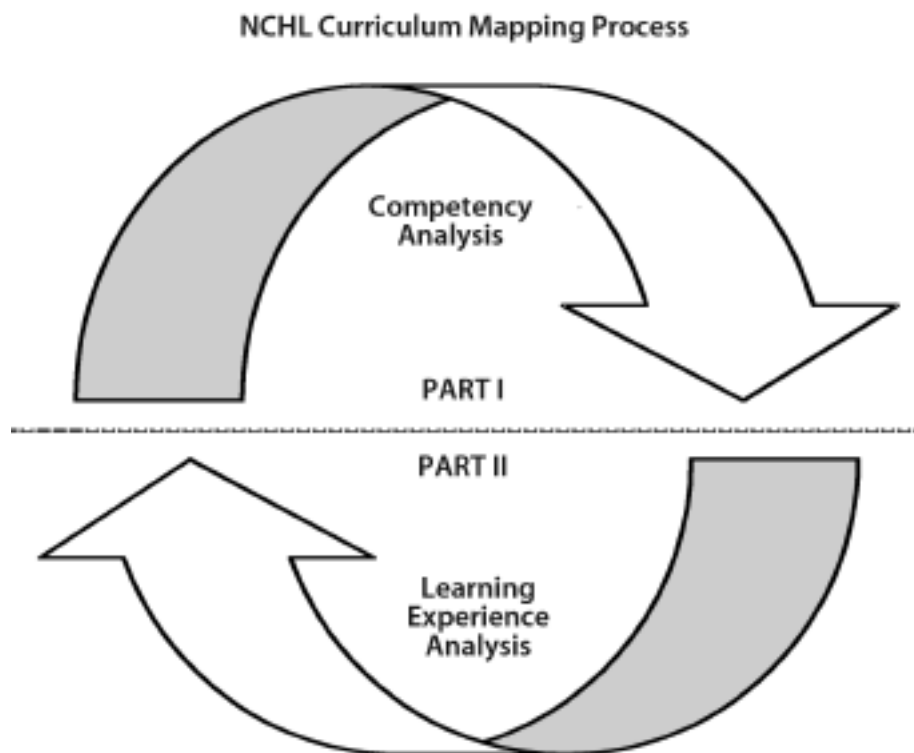
Section 3.2: Worksheets and reference materials for curriculum mapping

Section 3.3: Moving from course analysis to program analysis

## SECTION 3.1: Overview of the NCHL Curriculum Mapping Process

Curriculum Mapping Process is a two-step, iterative process. The first step is a comparison of course objectives to the competencies in the NCHL Leadership Competency Model. The second step is an analysis of the students' learning experience, including both the instructional and assessment methods that are used in the course.

Most programs use their current syllabi and objectives as the starting point, and then update/enhance the program strategies and materials as the process unfolds. The curriculum mapping process should be thought of as an integrated cycle. Adding a focus on student competency development changes the learning experience and, in turn, modifying the learning experience opens the door for improved competency development. Thus, competency development and learning experience are interrelated components of the process.



As you prepare for the curriculum mapping process, it is recommended that you begin with all required courses and required program activities. Mapping all program requirements will provide a clear indication of the competency development and learning experience that affects all students. Based on the needs and goals of your program, you may continue the mapping process to include those electives or experiences that impact a large portion of the student population.

Mapping the curriculum is most directly tied to the learning objectives in each course – because these objectives articulate the expected outcomes or results of successful course completion by the students.

## SUCCESS FACTORS FOR THE CURRICULUM MAPPING PROCESS

CRITICAL SUCCESS FACTORS	WHY?	HOW?
<b>Appoint a Project Director</b>	The process needs a single person who is available to attend NCHL trainings, answer faculty questions, and provide other support as needed.	The Program Director or a respected senior faculty member should be the project director. This individual should have the time to attend NCHL training sessions, facilitate the start-up, manage the process, and meet with faculty as needed. In addition, he/she will need significant time to review course map submissions for reasonableness, and aggregate all course maps into a common map of the program, especially if the NCHL online toolset is not used.
<b>Create Project Team</b>	The project needs a core group that can provide direction for the project and be a sounding board for the project director. The core team should also include an administrative person, perhaps a student research assistant.	The project team should be used to establish project timelines, monitor progress against the key dates, and advocate the project with other faculty members. The administrative person will be responsible for the dissemination of materials to faculty, scheduling meetings, and tracking progress.
<b>Involve the Skeptics</b>	Integrating competencies into a program curriculum is a significant change from traditional educational approaches.	Host conversations early on with your most skeptical faculty in an open manner to minimize informal distractions and hurdles. If appropriate, investigate their interest in participating on the Project Team.
<b>Kick-off Session: Provide an Overview to All Faculty</b>	Beginning with a shared understanding helps to motivate faculty and build a supportive environment.	Schedule an all-faculty meeting or retreat to review and discuss the NCHL Leadership Competency Model and the curriculum mapping process.
<b>Provide One-on-One Sessions for All Faculty</b>	Faculty members need to feel confident in the change process and to meet timelines established by the project team.	The project director should schedule informal meetings with each faculty member to allow for questions/concerns that may not come out in the group session.

Based on your on program's culture, what other factors are critical to the success of your curriculum mapping process:

- 
- 
-



**NCHL CURRICULUM MAPPING PROCESS OVERVIEW**

**Part I: Competency Analysis**

	KEY QUESTIONS DRIVING MAPPING	MAPPING TASK	INDIVIDUAL COURSE ANALYSIS	AGGREGATED PROGRAM LEVEL ANALYSIS	PROGRAM MAP
Step 1	Are competencies in our courses?	Competency to Objectives Analysis*	<b>Match NCHL competencies to current course objectives</b>	Aggregate all course competency maps to single chart to show current competency distribution across the curriculum	Map of competencies across all courses
Step 2	Does the level of learning objective match the goal of competency development and long-term learning?	Objectives to Taxonomy Level Analysis	<b>Align course objectives with Bloom's Taxonomy of Learning Objectives</b>	Aggregate information about level of objectives for the entire program	Addition of learning levels based on Bloom's Taxonomy
Step 3	Are competencies in other program experiences?	Competencies to Program Experiences Analysis	<b>Match NCHL competencies to non-course experiences that may support competency development</b>	Aggregate all non-course competency maps to single chart to show current competency distribution across the curriculum	Addition of competencies from any required program experiences
					<b>Your Program Map – Part I</b>

**Part II: Learning Experience Analysis**

	KEY QUESTIONS DRIVING MAPPING	MAPPING TASK	INDIVIDUAL COURSE ANALYSIS	AGGREGATED PROGRAM LEVEL ANALYSIS	PROGRAM MAP
Step 1	Do our learning methods support attainment of competencies?	Learning Methods Analysis	<b>Analyze type of learning methods that students experience in the course</b>	Aggregate all learning methods across courses to show the learner's experience in the program	Addition of information about learning methods and experiences
Step 2	Do our assessment methods check demonstrated performance?	Assessment Methods Analysis	<b>Analyze type of assessment methods that students experience in the course</b>	Aggregate all assessment methods across courses to illustrate the learner's experience in the program	Addition of information about assessment methods
					<b>Your Program Map— Part II</b>



## Part I - Step 1: Competency and Objective Matching Analysis

The learning objectives and syllabus provide the blueprint for the course, and, therefore, are the natural place to begin the competency mapping process.

**Input:** Current Course Syllabus

**Key Question:** *Are leadership competencies already in our courses?*

**Course Analysis:** Each faculty member should examine the most current course syllabus and determine which objectives, if any, map to the NCHL competencies by specific competency level. This competency map will help each faculty member internalize the NCHL competency model and identify strengths and potential gaps in their course.

### For Best Results:

- Work with each course objective separately.
- Begin by matching the objective to one or more of the NCHL competencies. If there is no obvious relationship, there is no need to proceed with that objective.
- If there seems to be a relationship, then match the objective to a specific performance level of the competency. There are typically four levels per competency. If there is no clear performance level match, then don't map the objective to the competency.
- One course objective should support only 1-2 competencies. Since objectives set the blueprint for measuring achievement and performance, they should be clearly identifiable units of assessment.
- All required courses and program experiences should be mapped to the competency model. Elective courses that are taken by a majority of students should also be mapped.

**Curriculum Analysis:** As the course maps are completed, a central person or group should aggregate the information into an overall curriculum competency map. This map will clearly depict the current strengths and potential gaps across the program. This aggregate map can foster informed discussion about adding leadership competencies that are needed in the program.



### Examples: Competency – Objective Matching Analysis

**Objective:** Explain important health informatics terms and concepts at the managerial/executive level.

**NCHL Competency Matches:** Analytic Thinking, Level 3 (L3.3)  
IT Management; Level 1 (L12.1)  
Organizational Awareness; Level 1 (L16.1)

**Objective:** Influence the characteristics of individuals that affect individual, team, and work unit performance including: perception, attribution, learning capacity, motivation, and reinforcement.

**NCHL Competency Matches:** Analytic Thinking, Level 2 (L3.2)  
Impact and Influence, Level 2 (L10.2)  
Interpersonal Understanding, Level 1 (L15.1)



## Part I - Step 2: Objectives to Taxonomy Level Analysis

Again, working from the syllabus, Step 2 is an analysis to compare the current objectives with Bloom’s Taxonomy of Learning to determine the level of expected learning outcome from the course, which typically relates to the long-term learning impact of the current course and program.

**Input:** Current Course Syllabus

**Key Question:** *Does the level of learning objective match the goal of competency development and long-term learning?*

**Course Analysis:** Each faculty member should examine the most current course syllabus and determine how the objectives align with each level of the cognitive and affective domains in Bloom’s Taxonomy. This objective level map will help each faculty member realize the extent to which the current course delivers and assesses long-term learning impact.

For Best Results:

- Work with each course objective separately.
- Map each objective to its related level in the cognitive or affective domain, based on matching the verb of the objective to the sample verbs in Bloom’s Taxonomy of Learning.
- Each objective should map to only one domain and one level in Bloom’s Taxonomy.
- NOTE: Research indicates that each objective should be written as a discrete learning goal in action-oriented terms that are clearly observable and measurable. If this is not the case, then improving the clarity and structure of objectives should be included in the improvement plan.

**Curriculum Analysis:** As the course maps are completed, a central person or group should aggregate the information into an overall curriculum learning level map. This map will clearly depict the current strengths and potential improvement areas across the program. This aggregate map can foster informed discussion about increasing the long-term learning impact of the program.



### Examples: Objective – Taxonomy Matching Analysis

**Objective:** Explain the important health informatics terms and concepts at the managerial/executive level.

**Bloom’s Taxonomy Matches:** C2 – Comprehension

**Objective:** Influence the characteristics of individuals that affect individual, team, and work unit performance including: perception, attribution, learning capacity, motivation, and reinforcement.

**Bloom’s Taxonomy Matches:** C3 – Application (because the “influence” verb implies an activity to practice the skills)

OR

C6 – Evaluation (depending on level of application, and level of assessment of application)



## Part I - Step 3: Competencies to Program Experiences Analysis

Many programs often incorporate educational experiences that are not considered courses. For instance, communication seminars, resume support and training, team-building events, fieldwork projects, leadership workshops, etc. If these experiences are a required part of the program, or if they are voluntary and typically attended by a majority of students, then you should consider including them in the overall program map.

**Input:** Current Program Overview or Experience Materials

**Key Question:** *Are competencies developed through other program experiences?*

**Course Analysis:** The leader or manager of the program experience should examine the most current experience description and determine how to map the experience to the NCHL competencies by specific competency level.

For Best Results:

- Work with each program experience separately. Outline the learning objectives that best describe the outcomes from the experience.
- As with each course objective, align each objective of the experience to the NCHL competency areas. If there is no obvious relationship, there is no need to proceed with that objective.
- If there seems to be a relationship, then try to refine the alignment to a specific performance level for the competency. There are typically four levels per competency area. If there is no clear performance level match, then don't map the objective to the competency.
- Each experience may align to several competencies, depending on the nature of the experience. However, it is important to consider the alignment from the student's perspective: what competencies have they realistically practiced and improved as a result of the experience?
- All required program experiences should be mapped to the competency model.

**Curriculum Analysis:** As the program experience maps are completed, they can be added to the curriculum map to provide a complete picture of the students' learning experience. This map will clearly depict the current strengths and potential gaps across the program. This aggregate map can foster informed discussion about adding leadership competencies as needed in the program.



### Example: Competencies to Program Experiences

#### Experience: Team-Building Workshop from Outside Vendor

Second-year students participate in a three-day program, working in teams as a consultant to a local organization, to develop and promote a new strategic plan, including a proposed balanced scorecard. Final strategies are presented to a board of local professionals for review and comment. A winner is selected and awarded.

**Learning Objectives:** (1) Collaborate with a local organization; (2) Develop a comprehensive strategic plan; (3) Present the strategic plan to a local board in a clear and professional manner.

#### NCHL Competency Matches:

Collaboration, Level 3 (L5.3)  
 Communication, Level 2 (L6.2)  
 Impact and Influence, Level 3 (L10.3)  
 Interpersonal Understanding, Level 2 (L15.2)  
 Performance Measurement, Level 2 (L17.2)  
 Strategic Orientation, Level 2 (L24.2)



## Part II - Step 1: Learning Methods Analysis

The NCHL curriculum review process combines competency analysis with a review of the learning and assessment methods for two reasons. First, any program making the effort to integrate leadership competencies can streamline the process of updating the learning and assessment methods if it is done at the same time. More importantly, since competencies are based on observable behaviors, it is important to check that the learning environment requires the practice and demonstration of such behaviors. Without the practice and demonstration component, the attainment of competencies is more of an idea than reality.

**Input:** Current Course Syllabus and Instructor Knowledge

**Key Question:** ***Do our learning methods support attainment of competencies?***

**Course Analysis:** Each faculty member should examine the course syllabus and think about the teaching and learning methods that span the course. Using the sample descriptors, estimate the percent of time the learner experiences each of the methods over the duration of the course. This analysis must be based on the expertise and recollection of the instructor most familiar with the course.

For Best Results:

- Work with each course separately.
- Report your results based on how the student experiences the class.
- Begin by estimating the total number of hours, both in class and outside of class, that a student spends on coursework in a given week. Use this number as the guide for the denominator, and then estimate the percent of course time for each of the methods.
- If you teach in a way that is not included in the methods described on the worksheet, specify your approach in the “other” entry option and include the percent of course time related to this method.

**Curriculum Analysis:** As the course maps are completed, a central person or group should aggregate the information into an overall curriculum learning level map. This map will clearly depict the current strengths and potential improvement areas across the program. This aggregate map can foster informed discussion about increasing the long-term learning impact of the program.



### Example: Learning Methods Analysis (for a single course)

LEARNING METHOD	% OF TIME THE METHOD IS USED IN THE COURSE
Lectures (no media support)	10%
Lectures with media/PowerPoint presentations	20%
Readings	20%
Cases	10%
Web-based modules	
Guest speakers/panels or other experts	10%
Strategic/consulting projects	
Team activities	10%
Reflective learning (journals, self/peer/expert feedback)	
Class discussions	20%



## Part II - Step 2: Assessment Methods Analysis

Competencies are based on observable behaviors, therefore it is important to check that the learning environment requires the practice, demonstration, and measurement of such behaviors. Assessment provides the opportunity to validate if competency-based performance is happening with students. Assessment provides the opportunity to bridge from the classroom environment to a career-like expectation and experience, which allows the faculty member to observe and respond to competency development and performance.

**Input:** Current Course Syllabus

**Key Question:** ***Do our assessment methods check demonstrated performance?***

**Course Analysis:** Each faculty member should examine the course syllabus and think about the assessment methods that span the course. Using the sample descriptors (included with the worksheet in the next section), estimate the number of times the learner experiences each of the assessment methods over the duration of the course, and the percent of the student's grade based on each method. This analysis should come from the course syllabus and recollection of the faculty member most familiar with the course.

**For Best Results:**

- Work with each course separately.
- Report your results based on how the student experiences the class.
- Any activity that impacts the student's grade should be considered in the assessments.
- If you assess in a way that is not included in the methods on the worksheet, specify your approach in the "other" entry option, and include the percent of time used in the course.

**Curriculum Analysis:** As the course maps are completed, a central person or group should aggregate the information into an overall curriculum learning level map. This map will clearly depict the current strengths and potential improvement areas across the program. This aggregate map can foster informed discussion about increasing the long-term learning impact of the program.



### Example: Assessment Methods Analysis (for a single course)

ASSESSMENT METHOD	% OF TIME THE METHOD IS USED IN THE COURSE
Pre/post knowledge/skill testing	
Examinations (multiple choice, open-ended, etc.)	60%
Papers/reports	20%
Observation checklists	
Case review and feedback	
Project review and feedback	
Team effectiveness assessment	
Journals	
Experiential reports/portfolios	
Reflective – self-assessment	
Peer assessment	
Faculty/preceptor assessment	
Other expert assessment	
Class participation	20%



## Section 3.2: Worksheets and Reference Materials for Curriculum Mapping

### NCHL CURRICULUM MAPPING PROCESS OVERVIEW

#### Part I: Competency Analysis<sup>1</sup>

	KEY QUESTIONS DRIVING MAPPING	MAPPING TASK	INDIVIDUAL COURSE ANALYSIS	AGGREGATED PROGRAM LEVEL ANALYSIS	PROGRAM MAP
Step 1	Are competencies in our courses?	Competency to Objectives Analysis*	<b>Match NCHL competencies to current course objectives</b>	Aggregate all course competency maps to single chart to show current competency distribution across the curriculum	Map of competencies across all courses
Step 2	Does the level of learning objective match the goal of competency development and long-term learning?	Objectives to Taxonomy Level Analysis	<b>Align course objectives with Bloom's Taxonomy of Learning Objectives</b>	Aggregate information about level of objectives for the entire program	Addition of learning levels based on Bloom's Taxonomy
Step 3	Are competencies in other program experiences?	Competencies to Program Experiences Analysis	<b>Match NCHL competencies to non-course experiences that may support competency development</b>	Aggregate all non-course competency maps to single chart to show current competency distribution across the curriculum	Addition of competencies from any required program experiences
					<b>Your Program Map – Part I</b>

#### Part II: Learning Experience Analysis

	KEY QUESTIONS DRIVING MAPPING	MAPPING TASK	INDIVIDUAL COURSE ANALYSIS	AGGREGATED PROGRAM LEVEL ANALYSIS	PROGRAM MAP
Step 1	Do our learning methods support attainment of competencies?	Learning Methods Analysis	<b>Analyze type of learning methods that students experience in the course</b>	Aggregate all learning methods across courses to show the learner's experience in the program	Addition of information about learning methods and experiences
Step 2	Do our assessment methods check demonstrated performance?	Assessment Methods Analysis	<b>Analyze type of assessment methods that students experience in the course</b>	Aggregate all assessment methods across courses to illustrate the learner's experience in the program	Addition of information about assessment methods
					<b>Your Program Map— Part II</b>

<sup>1</sup> **IMPORTANT NOTE:** Before starting the curriculum mapping process, it is critical for faculty to confirm/validate that the course objectives in the syllabus reflect what actually takes place in the course. If the objectives are out of date, the faculty should create new objectives that accurately reflect the current course.



## Introduction to the Curriculum Mapping Process

The NCHL Competency Mapping Process has been designed to:

1. Familiarize faculty with the NCHL Health Leadership Competency Model for health management education, professional development, and lifelong learning.
2. Provide a systematic way to analyze current courses and program experiences in relation to the NCHL competency model and learning and assessment methods.
3. Provide a data-based method for both course and total program curriculum review and planning.

**Time Estimate:** Depending on the number of learning objectives per course, a faculty member can anticipate spending approximately three hours mapping each course. This is an approximate breakdown of the time needed to complete the mapping process:

- Review the overview, directions, and worksheets (25 minutes).
- Think through mapping using paper forms (60-90 minutes).
- Input information to online tool (< 60 minutes), if used.



### Worksheet and Reference Material Index:

#### PART I: COMPETENCY ANALYSIS

- |                |  |
|----------------|--|
| Part I-Step 1: | <b>Competency to Objectives Analysis Worksheet</b><br>NCHL Competency Model – Quick Reference                  |
| Part I-Step 2: | <b>Objectives to Taxonomy Level Analysis Worksheet</b><br>Bloom’s Cognitive and Affective Objectives Reference |
| Part I-Step 3: | <b>Competencies to Program Experiences Analysis Worksheet</b>  |

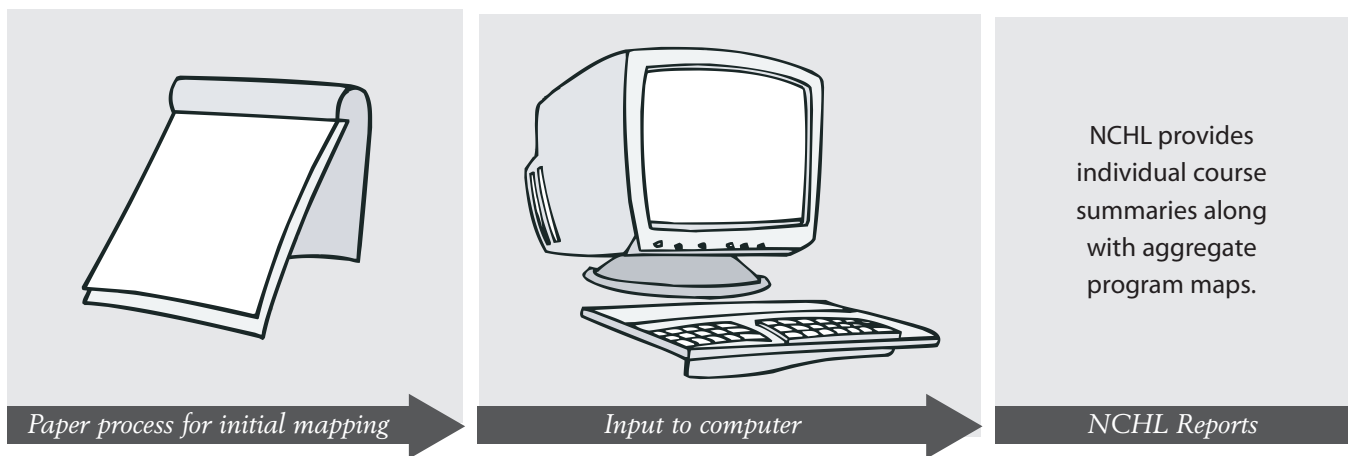
#### PART II: LEARNING EXPERIENCE ANALYSIS

- |                 |  |
|-----------------|--|
| Part II-Step 1: | <b>Learning Methods Analysis Worksheet</b><br>Learning Methods Definitions     |
| Part II-Step 2: | <b>Assessment Methods Analysis Worksheet</b><br>Assessment Methods Definitions |

These worksheets and reference materials are meant to help you accurately and consistently specify the current learning objectives, methods, and assessments utilized in your course. Please use these worksheets to record your course mapping information for submission to your project coordinator. If online entry is used, these worksheets will also serve as your record until a formal output document related to your specific entry information is developed.

We recommend that you review all the worksheets and reference materials before getting started. This review should take 20-25 minutes. Actual completion time depends on the number of course objectives, but usually takes no more than two hours.

## NCHL Online Tools and Database



NCHL has available an online survey tool that can be used to generate a program-wide curriculum map. Depending on the number of learning objectives for your course and the accuracy of the completed worksheets, the online tool should take no more than 45 minutes to complete. The worksheets have been designed to provide faculty a record of their mapping inputs and can be used for future reference.

Using the NCHL online tool, programs receive individual course maps and an aggregate program map. This NCHL online tool alleviates the need to have a central group compile the data for your program. More importantly, using the NCHL online system will give you access to important data for benchmarking your program.

For more details on the NCHL online tools and database services, please visit [www.nchl.org](http://www.nchl.org).



## Part I -Step 1: Competencies to Objectives Analysis Worksheet

### Instructions:

1. Using the NCHL Leadership Competency quick reference guide, identify the NCHL competency or competencies related to each learning objective, if any.
2. Record the level(s) of performance expected for each of the identified competencies by the end of the course.

**NOTE:** It is recommended that each learning objective only be matched with 1-3 competencies.



Example Mappings are provided below in 1-4 for your reference.

Please select the most appropriate NCHL competency and level for each objective in the course. However, do not feel obligated to match to NCHL competency/cies unless it reflects what you are currently teaching and the students are currently assessed on their ability to perform that competency at that level by the end of the course.

<b>LEARNING OBJECTIVES</b> <i>(sample objectives from current course syllabus)</i>	<b>NCHL COMPETENCY</b> <i>(sample competency code numbers and level of expected performance by end of course)</i>
1. Scan marketplace micro- and macro- environments to conduct a competitive analysis.	L24.1 Strategic Orientation – Conducts Environmental Scanning
2. Differentiate among the distinctive attributes of healthcare markets, organizations, and offerings.	L18.3 Process Management and Organizational Design – Evaluates Organizational Structure and Design
3. Determine the full costs of operating revenue centers of an organization – down to the service level.	L8.2 Financial Skills – Manages Budgets and Assets L17.1 Performance Measurement – Monitors Indicators of Performance
4. Foster the acceptance of social, cultural, and ethnic differences in team members.	L15.4 Interpersonal Understanding – Displays Sensitivity to Cultural, Ethnic, & Social Issues

Course # \_\_\_\_\_

Course Title \_\_\_\_\_

Faculty (Name) Completing Form \_\_\_\_\_

Completion Date \_\_\_\_\_

### Part I-Step1: Competencies to Objectives Analysis Worksheet

<b>LEARNING OBJECTIVES</b> <i>(insert objectives from most current course syllabus)</i>	<b>NCHL COMPETENCY</b> <i>(insert competency code number and the level of expected performance by end of course)</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

## NCHL Leadership Competency Model – Quick Reference Guide

The following pages have been designed to facilitate the process of matching objectives to competencies. This quick reference guide format outlines only three competencies per page in alphabetical order, helping faculty to scan the categories and levels for an efficient matching process.

### Healthcare Leadership Competency Model, Version 2.1

#### **L1. Accountability**

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.

##### **L1.1 Communicates Requirements and Expectations**

Gives basic directions; Makes needs and requirements reasonably clear; Ensures understanding of task requirements and performance expectations; Explicitly delegates details of routine tasks in order to free self for more valuable or longer-range considerations

##### **L1.2 Sets Limits**

Establishes high but achievable performance, quality, and resource utilization standards; Firmly says no to unreasonable requests; Sets limits for others' behavior and actions; Limits others' options to force them to make desired resources available

##### **L1.3 Demands High Performance**

Imposes new, different, or higher standards of performance with little input from others; Insists on compliance with own orders or requests; Monitors performance against clear standards; Ensures promised results are achieved; Demands high performance, quality, and resources; Issues clear warnings about consequences for non-performance; Shares results with stakeholders

##### **L1.4 Confronts Performance Problems**

Openly and directly confronts individual and team performance shortfalls and problems; Holds people accountable for performance; Ensures timely resolution to performance deficiencies; Appropriately dismisses people for cause

##### **L1.5 Creates Culture of Accountability**

Creates a culture of strong accountability throughout the organization; Holds others accountable for demanding high performance and enforcing consequences of non-performance and taking action; Accepts responsibility for results of own work and that delegated to others

#### **L2. Achievement Orientation**

A concern for **surpassing a standard 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).

##### **L2.1 Wants to Do Job Well**

Tries to do the job well or right; Expresses a desire to do better; Expresses frustration at waste or inefficiency; Delivers expected results in line with job requirements

##### **L2.2 Creates Own Measure of Excellence**

Sets standard of personal expectation for excellence in both the quality and quantity of work; Tracks and measures outcomes against a standard of excellence - one that is higher and more precise - not imposed by others; Focuses on new or more precise ways of meeting goals set by others

##### **L2.3 Improves Performance**

Makes specific changes in the system or in own work methods to improve performance; Does something better, faster, at lower cost, more efficiently

##### **L2.4 Sets and Works to Meet Challenging Goals**

Establishes - "stretch goals" for self and others that are realistic and possible to reach; Strives to achieve a unique standard (e.g., "No one had ever done it before."); Compares specific measures of baseline performance compared with better performance at a later point in time (e.g., "When I took over, efficiency was 20%; now it is up to 85%.")

##### **L2.5 Makes Cost-Benefit Analyses**

Makes decisions, sets priorities, or chooses goals on the basis of calculated inputs and outputs (e.g., makes explicit considerations of potential profit and risks or return on investment); Analyzes entrepreneurial opportunities in relation to risks, return on investment, and the scope and magnitude of the investments

##### **L2.6 Takes Calculated Entrepreneurial Risks**

Commits significant resources and/or time in the face of uncertain results when significantly increased or dramatic benefits could be the outcome (e.g., improved performance, a challenging goal)

#### **L3. Analytical Thinking**

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.

##### **L3.1 Breaks Down Problems**

Breaks problems into simple lists of tasks or activities without assigning values; Lists items with no particular order or set of priorities

##### **L3.2 Identifies Basic Relationships**

Identifies the cause-and-effect relationship between two aspects of a situation; Separates situations into two parts: pro and con; Sorts out a list of tasks in order of importance

##### **L3.3 Recognizes Multiple Relationships**

Makes multiple causal links: several potential causes of events, several consequences of actions, or multiple-part chain of events (A leads to B leads to C leads to D); Analyzes relationships among several parts of a problem or situation (e.g., anticipates obstacles and thinks ahead about next steps, in detail, with multiple steps)

##### **L3.4 Develops Complex Plans or Analyses**

Identifies multiple elements of a problem and breaks down each of those elements in detail, showing causal relationships between them; Peels back multiple layers of a problem; Uses several analytical techniques to identify potential solutions and weigh the value of each

**L4. Change Leadership**

The ability to **energize stakeholders and sustain their commitment** to changes in approaches, processes, and strategies.

**L4.1 Identifies Areas for Change**

Publicly defines one or more specific areas where change is needed; Identifies what needs to change, but may not completely describe the path to change

**L4.2 Expresses Vision for Change**

Defines an explicit vision for change (i.e., what should be different and how); Modifies or redefines a previous vision in specific terms; Outlines strategies for change

**L4.3 Ensures Change Message is Heard**

Deliver the message or vision for change to everyone affected; Repeats message wherever possible; Posts change messages (e.g., banners, plaques, or other physical and public reminders); Provides opportunities for others to engage in change initiatives

**L4.4 Challenges Status Quo**

Publicly challenges the status quo by comparing it to an ideal or a vision of change; Creates a realistic sense of crisis or a disequilibrium in order to prepare the ground for change; Energizes others for change

**L4.5 Reinforces Change Vision Dramatically**

Takes a dramatic action (other than giving a speech) to reinforce or enforce the change effort; Personally exemplifies or embodies the desired change through strong, symbolic actions that are consistent with the change

**L4.6 Provides Calm During the Storm of Change**

Maintains an eye on the strategic goals and values during the chaos of change; Provides focused, unswerving leadership to advance change initiatives; Exemplifies quiet confidence in the progress and benefits of change; Provides direction for overcoming adversity and resistance to change; Defines the vision for the next wave of change

**L5. Collaboration**

The ability to **work cooperatively with others, to be part of a team**, to work together, as opposed to working separately or competitively. Collaboration applies when a person is a member of a group of people functioning as a team, but not the leader.

**L5.1 Conducts work in a cooperative manner**

Supports team decisions; Does his or her share of the work; Keeps other team members informed and up-to-date about what is happening in the group; Shares all relevant or useful information

**L5.2 Expresses Positive Attitudes and Expectations of Team or Team Members**

Expresses positive attitudes and expectations of others in terms of their abilities, expected contributions, etc.; Speaks of team members in positive terms, either to the team member directly or to a third party; Develops effective working interactions with teammates

**L5.3 Solicits Input**

Genuinely values others' input and expertise; Actively seeks the input of others to increase the quality of solutions developed; Displays willingness to learn from others, including subordinates and peers; Solicits ideas and opinions to help form specific decisions or plans; Works to create common mindset

**L5.4 Encourages Others**

Publicly credits others who have performed well; Encourages others; Empowers others

**L5.5 Builds Team Commitment**

Acts to promote good working relationships regardless of personal likes or dislikes; Breaks down barriers across groups; Builds good morale or cooperation within the team, including creating symbols of group identity or other actions to build cohesiveness; Encourages or facilitates a beneficial resolution to conflict; Creates conditions for high-performance teams

**L6. Communication Skills**

The ability to **speak and write in a clear, logical, and grammatical manner** in formal and informal situations to prepare cogent business presentations, and to facilitate a group.

**L6.1 Uses Generally Accepted English Grammar**

Uses subject-verb agreement and parallel structure; Uses rules of punctuation and sentence and paragraph construction; Uses concise thematic construction

**L6.2 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

**L6.3 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

**L6.4 Facilitates Group Interactions**

Uses varied communication management techniques, brainstorming, consensus building, group problem solving, and conflict resolution; Demonstrates good meeting management techniques (e.g., agenda development, time management)

**L7. Community Orientation**

The ability to **align one’s own and the organization’s priorities with the needs and values of the community**, including its cultural and ethnocentric values and to move health forward in line with population-based wellness needs and national health agenda.

**L7.1 Responds Appropriately to Community Needs**

Follows through, when asked, on inquiries, requests, complaints; Keeps stakeholders up-to-date about progress of projects or other events that impact them

**L7.2 Maintains Clear Communication**

Maintains clear communication with community leaders and constituents regarding mutual expectations; Monitors community satisfaction and potential health needs; Regularly distributes helpful information to key stakeholders; Gives friendly, cheerful service

**L7.3 Takes Personal Responsibility for Initiating Collaborative Planning**

Corrects problems promptly and non-defensively; Takes personal responsibility for correcting service problems; Initiates collaborative planning; Mobilizes resources to meet community health needs and challenges

**L7.4 Participates with and Understands the Community**

Sponsors activities, takes action, and conducts data gathering to understand the health needs of the local and regional communities; Gets involved in the community for the purposes of increasing wellness and presenting a good image of the organization; Is routinely involved in community health programs, interventions, and services

**L7.5 Provides Services to the Community**

Takes deliberate action to support the local and regional community’s health values and needs; Initiates or develops a new service or array of services to address the specific needs of the population and how it wants to receive health, recognizing ethnic and cultural differences; Works with other regional health organizations and constituencies to create a comprehensive and integrated health system to promote long-term wellness and serve community needs; Advocates for community health needs and priorities

**L7.6 Advocates for the Broader Health Environment**

Engages in meaningful actions at the national level to move recognized priorities forward; Partners across health constituencies to create a coordinated and dynamic health system on a national basis that meets long-term health and wellness needs; Understands needs of health stakeholders nationally and pushes their agenda forward

**L8. Financial Skills**

The ability to **understand and explain financial and accounting information, prepare and manage budgets, and make sound long-term investment decisions.**

**L8.1 Explains the Organization’s Financial Metrics and Reports**

Uses financial metrics to drive and track the organization’s success; Explains income statement, balance sheet, cash flow; Explains indicators of financial health, especially profitability, and accounting entries through general ledger to revenue

**L8.2 Manages Budgets and Assets**

Develops budgets; Demonstrates expense and revenue management (unit or department); Manages budget variances, including revisions and corrective actions; Explains expense sources and management alternatives with implications; Understands sources of revenue including sensitivity analyses; Demonstrates capital budgeting and asset management

**L8.3 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

**L8.4 Evaluates Financial Analyses and Investments**

Analyzes rate of return, net present value, cash flow analyses, and risk-return trade-offs and cost-benefit analyses; Analyzes population, disease, utilization data; Understands basics of insurance rating and actuarial risk

**L8.5 Develops Long-term Financial Plans**

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

**L9. Human Resources Management**

The ability to **implement staff development and other management practices that represent contemporary best practices, comply with legal and regulatory requirements, 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.

**L9.1 Is Familiar with Basic Employment Processes and Law**

Demonstrates basic knowledge of employment management principles, policies, and law in relation to hiring, promotion, or dismissal; Applies human resources policies and procedures; Applies equal opportunity and federal contract compliance (EEOC/OFCCP), the disabilities act (ADA), fair labor standards (FLSA) and employee income, security, and refinement regulations (ERISA); Demonstrates an understanding of union/labor principles and practices (e.g., contracting, negotiations, grievance process, mediation)

**L9.2 Uses Alternative Compensation and Benefit Programs**

Conducts job analysis, evaluation, and grading; Uses compensation surveys; Understands compensation structures, including: market pricing, pay delivery models and their implications, benefits and their role in total compensation, and union wage and hour contract provisions; Uses compensation, benefit, and incentive programs to optimize performance of diverse employee stakeholders; Conducts performance assessments

**L9.3 Aligns Human Resource Functions with Strategy**

Aligns human resource functions to achieve organizational strategic outcomes; Understands the importance of aligning recruitment and selection, job design and work systems, learning and development, reward and recognition, and succession planning

**L10. Impact and Influence**

The ability to **persuade, convince, influence, or impress others (individuals or groups)** in order to get them to go along with or to support one's opinion or position. The "key" is understanding others, since *Impact and Influence* is based on the desire to have a specific impact or effect on others where the person has a specific type of impression to make, or a course of action that he or she wants the others to adopt.

**L10.1 Expresses Logical Intention but Takes No Action**

Intends to have a specific effect or impact; Communicates intentions; Expresses concern with reputation, status, appearance, etc., but does not take any specific actions

**L10.2 Takes a Single Action to Persuade**

Uses direct persuasion in a discussion or presentation; Appeals to reason, data, others' self-interest; Uses concrete examples, visual aids, demonstrations, etc.; Makes no apparent attempt to adapt presentation to the interest and level of the audience

**L10.3 Takes Multiple Actions to Persuade**

Takes two or more steps to persuade without trying to adapt specifically to level or interest of an audience; Includes careful preparation of data for presentation; Makes two or more *different* arguments or points in a presentation or a discussion; Uses multiple points of view and delivery alternatives

**L10.4 Calculates Impact of Actions or Words**

Analyzes the needs, interests, and expectations of key stakeholders; Anticipates the effect of an action or other detail on people's image of the speaker; Prepares for others' reactions; Tailors messages to interests and needs of audience; Aligns persuasion actions for targeted effects or impact; Takes a well-thought-out dramatic or unusual action in order to have a specific impact

**L10.5 Uses Indirect Influence**

Uses chains of indirect influence: "Get A to show B so B will tell C such-and-such"; Takes two or more steps to influence, with each step adapted to the specific audience; Enlists endorsements of others (e.g., experts or other third parties) to influence

**L10.6 Use Complex Influence Strategies**

Assembles coalitions; Builds "behind-the-scenes" support for ideas; Uses an in-depth understanding of the interactions within a group to move toward a specific position (e.g., may give or withhold information among individuals to have specific effects)

**L11. Information Seeking**

An underlying 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. It includes **pressing 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.

**L11.1 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

**L11.2 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?"

**L11.3 Delves Deeper**

Asks a series of probing questions to get at the root of a situation, a problem, or a potential opportunity below the surface issues presented; Calls on others who are not personally involved, to get their perspective, background information, experience, etc.; Does not stop with the first answer; finds out why something happened; Seeks comprehensive information, including expecting complexity

**L11.4 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 sources; Commissions others to conduct formal 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

**L11.5 Is Recognized as a User of Best Practices**

Establishes ongoing systems or habits to get information; for example, walks around, holds regular informal meetings, or scans publications that feature best practices; Enlists individuals to do regular, ongoing information gathering; Adopts the best practices from other industries

**L12. Information Technology Management**

The ability to **see the potential in and understand 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.

**L12.1 Recognizes the Potential of Information Systems in Process and Patient Service Improvement**

Is familiar with current technology for patient tracking (especially registration, billing and records management), financial automation and reporting, and reimbursement management; Is open to automation of paper-based processes

**L12.2 Actively Promotes Information Systems Implementation**

Understands PC and network technologies and uses this knowledge to advocate integrated systems that collect, track and share information across local- and wide-area networks; Understands how information technology tools simplify, streamline and improve care, including the ability to make a cogent case for using these tools to clinical and administrative audiences; Personally uses and supports investment in databases, Web-based tools, and information systems

**L12.3 Champions Decision Support Systems Implementation**

Provides staff and clinicians with state-of-the-art tools (such as handheld devices, notepad computers, etc) to access information, record data (including patient data) and make decisions; Supports use of Web-based diagnostic capabilities; Provides patients with access to their health information on-line, including scheduling and seeing laboratory and test data; Develops and resources a long-term (i.e., five years) information systems plan that includes intranet and Internet capabilities

**L12.4 Seeks and Challenges the Organization to Use Leading-Edge and Developing Information Technology**

Stays up to date on the latest developments in information technology; Identifies new opportunities to use latest information technology in the organization. These uses fundamentally alter the way the organization operates or promotes wellness; Partners with the latest thinkers and developers to identify and implement breakthrough systems



**L13. Initiative**  
**Identifying a problem, obstacle, or opportunity and taking action in light of this identification to address current or future problems or opportunities.** Initiative should be seen in the context of proactively doing things and not simply thinking about future actions. The time frame of this scale moves from addressing current situations to acting on future opportunities or problems.

**L13.1 Reacts to Short-Term Opportunities or Problems;** Recognizes and reacts to present opportunities; Reacts to present problems, including overcoming obstacles

**L13.2 Is Decisive in Time-Sensitive Situations**  
 Acts quickly and decisively in a crisis or other time-sensitive situation; Acts with a sense of urgency when the norm is to wait, study the situation, and hope the problem will resolve itself

**L13.3 Looks Ahead to Take Action Short-term**  
 Anticipates short-term opportunities, obstacles, and problems; Takes action to create an opportunity, prevent problems, or avoid future crisis, looking ahead within a three-month time frame

**L13.4 Takes Action on Longer-term Opportunities**

Anticipates longer-term opportunities, problems, and obstacles; Proactively takes action to create an opportunity or avoid future crisis, looking ahead 4-12 months

**L13.5 Acts Over a Year Ahead**

Scans for environmental inflection points to anticipate changes, future opportunities, and potential crises that others may not see; Anticipates and takes action to create an opportunity or avoid future crisis looking over a year ahead

**L14. Innovative Thinking**  
 The ability to **apply complex concepts, develop creative solutions, or adapt previous solutions** in new ways for breakthrough thinking in the field.

**L14.1 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

**L14.2 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

**L14.3 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

**L14.4 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

**L14.5 Creates New Concepts or Breakthrough Thinking**

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 – breakthrough thinking; Shifts the paradigm; starts a new line of thought

**L15. Interpersonal Understanding**  
 The ability to understand other people as well as to **accurately hear and understand the unspoken or partly expressed thoughts, feelings, and concerns of others.** It measures increasing complexity and depth of understanding of others and includes cross-cultural sensitivity.

**L15.1 Recognizes Emotions and Concerns of Others**

Recognizes emotion by reading body language, facial expression, and/or tone of voice; Attends to thoughts and concerns (spoken and unspoken) displayed by others

**L15.2 Interprets Emotions and Verbal Content**

Understands *both* emotion (by reading body language, facial expression, and/or tone of voice) and the content of what the person is saying; Accurately interprets emotion and content of what others say; Recognizes when the emotion and content do not appear to be in sync

**L15.3 Commits to Understanding Others**

Takes time to get to know people beyond superficial or job-related information; Genuinely seeks to understand people as individuals and their points of view; Uses insights gained from the knowledge of others to know “where they are coming from” or why they act in certain ways

**L15.4 Displays Sensitivity to Cultural, Ethnic, and Social Issues**

Is sensitive to the cultural, ethnic, and social backgrounds of individuals and groups; Understands their differences with an eye toward accommodating or appreciating them; Displays an in-depth understanding of the ongoing reasons for a person’s behavior or responses

**L15.5 Actively Increases Diversity and Multicultural Approaches**

Uses own insights and perceptions to create greater diversity and multiculturalism; Uses understanding to shape future care scenarios to respond more positively to different community and demographic groups

**L16. Organizational Awareness**

The 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.

**L16.1 Uses Formal Structure**

Uses the formal structure or hierarchy of an organization to get things done; Understands chain of command, positional power, rules and regulations, policies and procedures, etc.

**L16.2 Applies Understanding of Informal Structure**

Uses the informal structure of an organization when the formal structure does not work as well as desired; Recognizes key actors, decision influencers, etc.; Applies this knowledge when formal structure does not work as well as desired

**L16.3 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; Adopts the “language and feel” of the organization; Uses formats and terminology that reflect the environment

**L16.4 Considers Priorities and Values of Multiple Constituencies**

Takes time to become familiar with the expectations, priorities, and values of health’s many stakeholders (e.g., physicians, nurses, patients, staff, professionals, families, community leaders); Uses this understanding to build coalitions and consensus around the organization’s vision, priorities, and national health and wellness agendas; Recognizes and/or uses ongoing power and political relationships within the constituencies (alliances, rivalries) with a clear sense of organizational impact

**L16.5 Uses Insights of Stakeholders’ Underlying Actions and Issues**

Addresses the deeper reasons for organization, industry, and stakeholder actions, such as the underlying cultural, ethnic, economic, and demographic history and traditions; Uses these insights to gain long-term support for the creation of local, regional, and national integrated health systems that achieve national agenda for health and wellness

**L17. Performance Measurement**

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.

**L17.1 Monitors Indicators of Performance**

Uses knowledge of customers, markets, and financial and management accounting to track organization performance and financial results; Implements basic patient tracking (e.g., registration, invoicing, third-party payer) and operational (e.g., numbers of procedures, equipment usage) measurement systems; Reports results in an accurate, timely manner that clearly shows organization performance

**L17.2 Monitors a “Scorecard” of Quantitative and Qualitative Measures**

Tracks financial, customer, quality, and employee performance measures; Uses patient and constituent satisfaction scores, as well as demographic and epidemiological statistics to set organizational priorities, plans, and investments; Gathers both quantitative and qualitative information on customer perceptions, market position, and financial viability; Tracks high-incidence procedures and conditions; Establishes procedures based on evidence; Ensures medical professionals undergo quality reviews; Uses measurement systems to determine “early warning” as well as “rear window” indicators

**L17.3 Uses Evidence-based Approaches to Support Community Wellness**

Monitors community wellness; Measures organization success by tracking community wellness and performance against national criteria and priorities; Uses advanced warning measures to enable the movement of people, equipment, and resources; Anticipates community needs; Ensures timeliness, effectiveness, and efficiency of services; Advocates for treatment and other care decisions that are evidenced based and patient/customer centered

**L18. Process Management and Organizational Design**

The ability to **analyze and design or improve an organizational process**, including incorporating the principles of quality management as well as customer satisfaction.

**L18.1 Conducts Process Flow Analyses**

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 implications, and service implications

**L18.2 Benchmarks Good Processes and Practices**

Conducts benchmarking and best practices research and interpretation to improve both clinical and non-clinical organizational 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 costs and revenue implications

**L18.3 Evaluates Organization Structure and Design**

Assesses organizing structures (functional, departmental, service line, etc.) and their advantages and disadvantages; Understands basic differences in provider structures (i.e., practice site, teaching hospital, community hospital, clinic, sub-acute provider); Uses organization structure to design and improve performance

**L18.4 Understand the Basics of Organization Governance**

Understands governance practices, including board relations, committee structure, and fiduciary, ethics, and clinical review responsibilities; Defines role and responsibilities of foundations and other auxiliary organizations; Uses key governing and regulatory organizations such as state, county, and city governments; Uses organization governance to enhance quality, customer satisfaction, and performance

**L19. Professionalism**

The demonstration of **ethics, sound professional practices, social accountability, and community stewardship**. The desire to act in a way that is consistent with one's values and what one says is important.

**L19.1 Acts Openly and Honestly**

Acts consistently and according to organization's expressed core values; Deals with staff, public, and government in an open and truthful manner; Expresses what he or she believes even when the message may not be welcome; Shares information, insights, or comments when it would be easier to refrain from doing so

**L19.2 Promotes Organizational Integrity**

Ensures that organization adheres to honesty and fair dealing with all constituencies, including employees and community stakeholders; Promotes the development of professional roles/values that are compatible with the improvement of health and wellness; Serves all equally and upholds trustworthiness

**L19.3 Maintains Social Accountability**

Develops and implements systems for tracking and sustaining commitments to the community and customers; Acknowledges issues and contributing factors; Publicly admits to mistakes; Establishes approaches to handling issues and mistakes with openness, honesty, and fairness

**L19.4 Promotes Community Stewardship**

Develops professional roles/values compatible with improving population and individual health; Commits to addressing the health and wellness needs of the total population, including adapting new approaches that address diverse cultural attitudes about health; Ensures organizational stewardship and accountability for honesty and fair dealing with all constituents

**L20. Project Management**

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

Examples include the construction of a major building, implementation of an enterprise-wide system (patient tracking, SAP), or development of a new service line

**L20.1 Prepares a Detailed Project Plan**

Uses project management software; Establishes phases and steps with realistic timelines; Identifies required knowledge, skills, and abilities of team and vendors; Selects team; Identifies selection and contracting processes and criteria and selects vendor; Identifies performance requirements, measurement systems, and tracking and reporting processes; Establishes budget

**L20.2 Manages Projects Effectively**

Tracks performance against plan and budget; Holds vendors accountable; Holds team members accountable; Reports project outcomes; Adjusts plan and re-projects; Ensures delivery within prescribed timeframes and budget

**L20.3 Provides Project Oversight and Sponsorship**

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

**L21. Relationship Building**

The ability to **establish, build, and sustain professional contacts** for the purpose of building networks of people with similar goals and that support similar interests.

**L21.1 Develops or Sustains Informal Contacts**

Makes or sustains informal contacts with others that extend beyond formal work relationships; Is approachable and able to engage in "small talk" and informal conversations

**L21.2 Builds Friendly Rapport with Associates**

Maintains friendly relations and rapport with work contacts; Attends events with associates and other business contacts that provide informal mingling and contact such as business meals, sporting events, and other outings; Finds things that one has in common with associates and uses them to build friendly relations

**L21.3 Sustains Formal Contacts**

Organizes parties, outings, or special gatherings designed to improve or strengthen relationships with others; Creates forums for conducting business; Participates in a broad range of relationships with others who have the potential to become strong business allies

**L21.4 Establishes Important Relationships with Key Leaders**

Works to meet key people in the health industry, the community, and other constituencies; Identifies the "movers and shakers" – today and the future – and establishes good working relationships with them

**L21.5 Sustains Strong Personal Networks**

Builds personal relationships with colleagues such that one can ask and readily receive favors and requests; Maintains contacts with others in the field for mutual assistance; Can call on others for support and, if needed, personal testimonials and references; Is recognized as "one of the"

**L22. Self-Confidence**

A belief in one's own capability to accomplish a task and select an effective approach to a task or problem. This includes confidence in one's ability as expressed in increasingly challenging circumstances and confidence in one's decisions or opinions.

**L22.1 Acts Confidently within Job or Role**

Works without needing direct supervision; Appears confident in person; Presents self well

**L22.2 Acts Confidently at the Limits or Slightly Beyond the Limits of Job or Role**

Makes decisions without asking others; Makes decisions even when others disagree; Acts outside formal role or authority; Acts in uncertain circumstances

**L22.3 States Confidence in Own Ability**

Describes self as an expert, someone who makes things happen, a prime mover, or a source of authority; Sees self as among the top performers in an organization; Explicitly states confidence in own judgment or abilities; Communicates self-assuredness to take on new roles, responsibilities, and challenges

**L22.4 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 management or others in power; but disagrees politely, stating own view clearly and confidently – even in a conflict

**L22.5 Chooses Extremely Challenging Situations**

Willingly takes on extremely challenging (i.e., those that are personally risky) assignments; Confronts management or others with power directly; Can be blunt and bold when necessary

**L23. Self-Development**

The ability to have an accurate view of one's own strengths and development needs, including the impact that one has on others.

A willingness to address needs through reflective, self-directed learning, and by trying new approaches.

**L23.1 Seeks Feedback**

Routinely seeks feedback from others, including those who are likely to be critical; Appreciates the need to learn and grow

**L23.2 Improves Own Performance**

Regularly reflects on own performance including events that were successful and those that were less so; Learns from less successful events, missteps, and challenges; Sets annual improvement goals; Is open to coaching

**L23.3 Considers the Impact One Has on Others**

Is aware of what behaviors and styles get the best results and matches styles to the situation; Reflects on the impact one has on others prior to making decisions or taking actions; Modifies behaviors in response to informal cues as well as formal feedback and integrates the results into personal development efforts and goals; Tries out new leadership techniques and adopts those with positive impact

**L23.4 Pursues Long-term Personal Development**

Independently analyzes future developmental needs, factoring in accurate self-assessment, feedback from others, personal career goals, and organization direction; Proactively pursues multi-year personal development, including willingness to tackle fundamental behavior change (e.g., from pacesetter to consensus builder)

**L24. Strategic Orientation**

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

**L24.1 Conducts Environmental Scanning**

Performs analyses that identify the competitive/market, governmental and regulatory, public opinion, scientific, and technological forces that currently and will shape the organization; 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

**L24.2 Develops Strategy to Address Environmental Forces**

Positions the organization in light of the environmental forces over the next three to five years; Develops strategic goals and plans for the organization that take advantage of its strengths, addresses its shortcomings, builds on opportunities, and attempts to minimize environmental threats; Aligns organizational units and investment strategy (financial, people, technology, materials) to achieve strategy

**L24.3 Aligns Organization to Address Long-term Environment**

Understands the forces that are shaping health over the next 5 to 10 years (market, social, cultural, economic, and political); Aligns strategy, structure, or people with the long-term environment; Develops a long-term organizational strategy (including competitive, financial, structural, and people elements) to position the organization for success over the next 10 years

**L24.4 Shapes Industry Strategy**

Develops a perspective on long-term health and wellness trends and developments that is respected by colleagues and leading policy-makers; Helps to shape industry competitive positioning through policymaking forums and industry-specific strategic groups

**L25. Talent Development**

The **drive to build the breadth and depth of the organization’s human capability and professionalism**, including supporting top-performing people and taking a personal interest in coaching and mentoring high-potential leaders.

**L25.1 Expresses Positive Expectations of Others**

Makes positive comments regarding others’ developmental future, particularly those whom others might see as not having high potential; Believes others want to, and/or can learn to, improve their performance

**L25.2 Gives Short-Term, Task-Oriented Instruction**

Gives detailed instructions and/or on-the-job demonstrations; Provides specific helpful suggestions

**L25.3 Provides Constructive Feedback and Support**

Gives directions or demonstrations with reasons or rationale as a training strategy; Provides practical support or assistance to make an assignment easier for the others; Volunteers additional resources, tools, information, and expert advice; Supports learning and professional growth of others; Asks questions, gives tests, or uses other methods to verify that others have understood explanation or directions; Gives feedback in balanced, behavioral, and constructive manner; Provides constructive development expectations

**L25.4 Supports Ongoing Development**

Uses surveys, assessment tools, and personal engagement to develop a comprehensive understanding of talent strengths and needs in the organization; Actively supports resource investments to close talent gaps; Is a vocal supporter of growing talent and capability; Demonstrates commitment to developing talent by investing resources; Provides opportunities for more responsibility and “stretch assignments”

**L25.5 Acts as a Developer of Talent**

Recognizes that developing people in the organization is a key priority and accountability; Knows who the organization’s “rising stars” are and gives them mentoring; Participates in formal development and training, occasionally serving as a trainer; Ensures that succession plans are robust and current; Serves as a coach for successors to own and other key top positions

**L25.6 Develops Health Industry Talent**

Contributes personal time and energy to mentoring and improving healthcare talent industry-wide; Develops a vision of top leadership requirements and works with industry colleagues to implement a vision; Serves as a coach/trainer for industry leadership development programs

**L26. Team Leadership**

**Sees oneself as a leader of others**, from forming a team that possesses balanced capabilities to setting its mission, values, and norms, as well as to holding the team members accountable individually and as a group for results.

**L26.1 Manages Team Meetings Well**

Conducts efficient and effective meetings; States meeting agendas and objectives; Controls time and pace; Makes assignments

**L26.2 Keeps People Informed**

Provides essential information for decision making and fulfillment of responsibilities individually and collectively; Lets people affected by the team know what is happening and the status of decisions; Explains the reasons behind a decision promptly and candidly

**L26.3 Promotes Team Effectiveness**

Creates the conditions that enable the team to perform at its best (e.g., setting clear direction, providing appropriate structure, getting the right people); Determines team membership (including selection and dismissal), team assignments, performance management, and team development actions in a manner that promotes team morale and productivity; Obtains input from others to promote the effectiveness of the group or process; Builds team spirit for purposes of promoting the effectiveness of the group or process

**L26.4 Obtains Resources/Takes Care of the Team**

Obtains needed personnel, resources, and information to meet team goals; Holds team members accountable for their contributions to team success, including bringing team resources to their assistance; Protects the group and its reputation vis-à-vis the larger organization or the community at large; Provides or secures needed support and development for both the individuals and the team as a group

**L26.5 Demonstrates Leadership**

Establishes norms for team behavior; Personally models the norms; Takes appropriate action when members violate the norms; Works with team members to gain their personal commitment and energy to the team mission, goals, and norms; Uses own positional power, trust, respect of others, and relationships to remove or smooth over obstacles that the team meets; Coaches and develops team members to top performance

**L26.6 Is a Role Model for Leadership**

Is recognized throughout the health industry as an example of outstanding leadership; Provides guidance and perspectives on leading others to peers and colleagues outside the organization; Takes an active role in spreading leadership approaches across the industry; Is recognized by the industry as a leader whose leadership approaches are considered best practice; Is often sought out for perspective and guidance in the field



## Part I -Step 2: Objectives to Taxonomy Level Analysis

The next step in NCHL’s curriculum mapping process uses the Bloom’s Taxonomy of Educational Objectives to analyze course learning objectives. This theoretical framework is used to facilitate communication about curriculum development and assessment among educators and will serve as a common language for faculty members.

Using behavioral/action-oriented verbs (*to know, define, analyze, differentiate, evaluate/acknowledge, approve, commit to, embrace, advocate, etc.*), please:

1. Write out the specific learning objectives for your course (what the student is to do and will be assessed on by the end of the course/instruction) - Column 1.
2. Insert the code that indicates both the domain (Cognitive or Affective, not both) **and** the specific domain skill level for each of your learning objectives - Column 2 (refer to the reference materials regarding Bloom’s Taxonomy for more detail).



**Example Mappings are provided below in 1-4 for your reference.**

Please select the most appropriate Bloom domain and level for each objective. Be sure it reflects what you are **currently** teaching. Each learning objective can have **only one** skill level. Choose the one that the students will be assessed on their ability to perform at that level by the end of the course.

**COLUMN 1**

**COLUMN 2**

LEARNING OBJECTIVES	SKILL LEVEL <i>(insert Bloom Code, i.e., A1 Knowledge – refer to reference materials on Bloom’s Taxonomy.)</i>	SKILL LEVEL <i>(insert Bloom Code, i.e., C3 Responding – refer to reference materials on Bloom’s Taxonomy.)</i>
	COGNITIVE DOMAIN	AFFECTIVE DOMAIN
1. Scan marketplace micro- and macro-environments to conduct a competitive analysis.	C4 Analysis	Not applicable
2. Differentiate among the distinctive attributes of healthcare markets, organizations, and offerings.	C2 Comprehension	Not applicable
3. Determine the full costs of operating revenue center of an organization – down to the service level.	C4 Analysis	Not applicable
4. Foster the acceptance of social, cultural, and ethnic differences in team members.	Not applicable	A3 Valuing

Course # \_\_\_\_\_

Course Title \_\_\_\_\_

Faculty (Name) Completing Form \_\_\_\_\_

Completion Date \_\_\_\_\_

Part I -Step 2: Objectives to Taxonomy Level Analysis Worksheet

LEARNING OBJECTIVES	NCHL COMPETENCY <i>(insert Bloom Code, i.e., A1 Knowledge – refer to reference materials on Bloom’s Taxonomy.)</i>	NCHL COMPETENCY <i>(insert Bloom Code, i.e., C3 Responding – refer to reference materials on Bloom’s Taxonomy.)</i>
	COGNITIVE DOMAIN	AFFECTIVE DOMAIN
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		



## Bloom's Taxonomy – Quick Reference Guide

This quick reference guide format summarizes Bloom's cognitive and affective taxonomies to help faculty scan the categories and levels for an efficient matching process. Benjamin Bloom, et al.'s theoretical framework addressed educational outcomes in three major areas: cognitive, affective, and psychomotor. Of the three domains, the cognitive and affective domains are more relevant to the development of knowledge, skills, attitudes, and values (KSAVs) in healthcare management education and professional development.

**COGNITIVE DOMAIN** – those outcomes/objectives that deal with recall or recognition of knowledge and the development of intellectual *abilities* and *skills*.

DESCRIPTORS OF LEVELS OF LEARNING	COGNITIVE ILLUSTRATIVE VERBS
<p><b>C1 Knowledge</b> – remembering previously learned material. The skill may involve recall of a wide range of material, from specific facts to complete theories, but all that is required is the bringing to mind of the appropriate information. Knowledge represents the lowest level of learning outcomes in the cognitive domain.</p>	<p><b>Knowledge</b> – acquire an understanding, be conscious of, be familiar with, enumerate, define, describe, develop an awareness of, distinguish, identify, know, know how to, label, list, match, name, outline, recall, recite, recognize, recollect, relate, reproduce, select, specify, state, understand</p>
<p><b>C2 Comprehension</b> – the ability to grasp meaning of material. This skill may be shown by translating material from one form to another (words or numbers), by interpreting material (explaining or summarizing), and by estimating future trends (predicting consequences or effects).</p>	<p><b>Comprehension</b> – be sensitive to, change, comprehend, construct, convert, decode, defend, define, describe, determine consequences, differentiate, distinguish, discriminate, draw conclusions, estimate, explain, extend, generalize, give example, grasp, illustrate, infer, interpret, paraphrase, predict, relate, restate, rewrite, solve, summarize</p>
<p><b>C3 Application</b> – the ability to use learned material in new and concrete situations. This may include the application of such things as rules, methods, concepts, principles, laws, and theories.</p>	<p><b>Application</b> – apply principles/theorems/abstractions, categorize, change, classify, compute, demonstrate, develop, discover, dramatize, employ, illustrate, interpret, manipulate, modify, operate, organize, predict effects, prepare, produce, relate, select, solve, transfer, use</p>
<p><b>C4 Analysis</b> – the ability to break down material into its component parts so that its organizational structure may be understood. This skill may include the identification of the parts, analysis of the relationship between parts, and recognition of the organizational principles involved.</p>	<p><b>Analysis</b> – analyze, break down, check inconsistencies, classify, compare, comprehend interrelationships, contrast, determine, deduce, diagram, differentiate, distinguish between, identify, illustrate, infer, outline, point out, recognize, relate, select, separate, subdivide</p>
<p><b>C5 Synthesis</b> – the ability to put parts together to form a new whole. This may involve the production of a unique communication (theme or speech), a plan of operations (research proposal), or a set of abstract relations (scheme for classifying information).</p>	<p><b>Synthesis</b> – categorize, combine, compile, compose, conceive, construct, create, derive, design, develop, devise, discover, establish, explain, formulate, generalize, generate, illustrate, integrate, invent, make, manage, modify, organize, originate, perceive, plan, propose, rearrange, reconstruct, relate, reorganize, revise, rewrite, set up, summarize, tell, write</p>
<p><b>C6 Evaluation</b> – the ability to judge the value of material (statement, novel, poem, research report) for a given purpose. The judgments are to be based on definite criteria. These may be internal criteria (organization) or external criteria (relevance to the purpose) and the student may determine the criteria or be given them.</p>	<p><b>Evaluate</b> – apply standards, appraise, ascertain, assess, choose, compare, conclude, contrast, criticize, decide, defend, describe, discriminate, distinguish between, evaluate, explain, indicate, interpret, judge, justify, make, relate, resolve, summarize, support, validate, weigh, write (a review)</p>

**AFFECTIVE DOMAIN** – objectives that describe changes in *interest, attitudes, and values*, and the development of appreciation and adequate adjustment.

DESCRIPTORS OF LEVELS OF LEARNING	AFFECTIVE ILLUSTRATIVE VERBS
<p><b>A1 Receiving</b> – willingness to receive or to attend to particular phenomena or stimuli (classroom activities, textbook, assignment, etc.). Receiving has been divided into three subcategories: awareness, willingness to receive, and controlled or selected attention. From the teaching standpoint, receiving is concerned with getting, holding, and directing the student's attention.</p>	<p><b>Receiving</b> – acknowledge, acquire an understanding of, amenable toward, appreciate, ask, attend, be interested in, be willing to receive, be aware, be conscious of, be familiar with, be sensitive to, choose, describe, develop a tolerance for, develop an awareness of, develop some consciousness of, distinguish, follow, give, have a preference for, have an alertness toward, have an appreciation for, hold, identify, know, listen to with discrimination, locate, name, realize the importance of, receive, recognize the importance of, reply, select, be sensitive to, show alertness, specify, have a disposition toward, tolerate, understand, use, view, watch, be willing to take</p>
<p><b>A2 Responding</b> – refers to active participation on the part of the student. The student is sufficiently motivated not to just be willing to attend, but is actively attending. Responding indicates the desire that a student has become sufficiently involved in or committed to a subject, activity, etc., so as to seek it out and gain satisfaction from working with it or engaging in it.</p>	<p><b>Responding</b> – acquiesce in responding, agree (to), answer, ask, assist, assume responsibility for, be willing to comply, communicate, comply, consent, conform, contribute, cooperate, derive satisfaction from, develop an interest in, discuss, engage in a variety of, enjoy, follow up, greet, have an increased preference for, help, indicate, inquire, label, obey, participate, perform, practice the rules of, pursue, question, react, read, reply, report, request, respond emotionally, respond with, satisfied in/with, seek, select, be of service to, visit, voluntarily look for, volunteer, be willing to respond, write</p>
<p><b>A3 Valuing</b> – the student sees worth or value in the subject, activity, assignment, etc. An important element of behavior characterized by valuing is that it is motivated, not by the desire to comply or obey, but by the individual's commitment to the underlying value guiding the behavior. Learning outcomes in this area are concerned with behavior that is consistent and stable enough to make the value clearly identifiable</p>	<p><b>Valuing</b> – accept the value of, actively participate, adopt, approve, be devoted to, complete, choose, commit, deliberately examine, describe, desire, differentiate, display, endorse, exhibit, explain, express, form, grow in sense of, have absence of responsibility for, have faith in the power of, influence, initiate, invite, join, justify, prefer a value for, propose, read, report, sanction, select, share, study, assume responsibility for, be loyal to, work for</p>
<p><b>A4 Organization</b> – bringing together a complex of values, possibly disparate values, resolving conflicts between them, and beginning to build an internally consistent value system. The individual sees how the value relates to those already held or to new ones that are coming to be held. The integration of values is less than harmonious; it is a kind of dynamic equilibrium that is dependent upon salient events at a specific point in time.</p>	<p><b>Organization</b> – adapt, adhere, alter, arrange, attempt to determine, begin to form, categorize, classify, combine, compare, complete, conceptualize a value, defend, develop techniques, explain, establish, find out and crystallize, form judgments, formulate, generalize, group, identify, integrate, modify, order, organize a value system, prepare, rank, rate, relate, synthesize, systemize, attempt to identify, weigh alternatives</p>
<p><b>A5 Characterization by a Value or Value Complex</b> – internalization of values that have a place in the individual's value hierarchy. The values have controlled one's behavior for a sufficiently long period of time to develop a characteristic "life style." The behavior is pervasive, consistent, and predictable.</p>	<p><b>Characterization</b> – act, advocate, be willing to face facts, behave, characterize, conform, continue, defend, develop a conscience, devote, disclose, discriminate, display, encourage, endure, exemplify, function, have a readiness to, have a generalized set, have confidence in the ability to, incorporate, influence, judge problems in terms of, justify, listen, maintain, modify, pattern, practice, preserve, perform, question, rely increasingly on, revise, retain, support, change mind when, develop a consistent philosophy of, uphold, use, view problems objectively</p>

University of Mississippi, School of Education. Bloom's Taxonomy – Affective Domain. Retrieved August 2005 from [http://www.olemiss.edu/depts/educ\\_school2/docs/stai\\_manual/manual9.htm](http://www.olemiss.edu/depts/educ_school2/docs/stai_manual/manual9.htm). Used with permission.



## Part I -Step 3: Competencies to Program Experiences Analysis Worksheet

### Instructions:

1. Using the NCHL Leadership Competency quick reference guide, identify the NCHL competency or competencies related to each program experience that is required of all students, if any.
2. Record the level(s) of performance expected for each of the identified competencies by the end of the experience.

**NOTE:** A program event or experience may support multiple competencies. However, it is important that students demonstrate their ability to perform at the expected competency level as part of the experience.



Example Mappings are provided below in 1-3 for your reference.

<b>EXPERIENCE/EVENT GOALS</b> <i>(sample goals)</i>	<b>NCHL COMPETENCY</b> <i>(sample competency code numbers and level of expected performance by end of experience)</i>
1. Explore the concepts of diversity and teamwork	(not possible to map)
2. Practice various techniques for facilitating team communication	L6.4    Communication Skills – Facilitates Group Interaction
3. Demonstrate how culture and social upbringing influence current perspectives	L15.4    Interpersonal Understanding – Displays Sensitivity to Cultural, Ethnic, & Social Issues
4. Foster the acceptance of social, cultural, and ethnic differences in team members.	L15.4    Interpersonal Understanding – Displays Sensitivity to Cultural, Ethnic, & Social Issues

Course # \_\_\_\_\_

Course Title \_\_\_\_\_

Faculty (Name) Completing Form \_\_\_\_\_

Completion Date \_\_\_\_\_

### Part I -Step 3: Competencies to Experiences Analysis Worksheet

<b>GOALS OF PROGRAM EXPERIENCE</b> <i>(insert goals)</i>	<b>NCHL COMPETENCY</b> <i>(insert competency code numbers and the level of expected performance by end of course)</i>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Course # \_\_\_\_\_

Course Title \_\_\_\_\_

Faculty (Name) Completing Form \_\_\_\_\_

Completion Date \_\_\_\_\_

### Part II -Step 1: Learning Methods Inventory

**Instructions:** Approximately how many hours, *both* inside and outside of class, do you expect a student to spend on coursework in a given week?:

Using this number as a guide for the denominator, indicate the *percent* of course time that you use each of the following methods. A description of learning method definitions is on the following page for reference.

LEARNING METHODS	UTILIZED		% OF COURSE TIME (0-100%)
	YES	NO	
<b>Instructional Delivery</b>			
1. Lecture (no media support)			
2. Lecture with media/PowerPoint presentations			
3. Readings			
4. Cases			
5. Web-based modules			
6. Guest speakers			
7. External field experiences			
<b>Student Work</b> (action-based/experiential activities)			
8. Strategic/consulting projects			
9. Team activities			
10. Reflective learning			
11. Class discussions			
12. Online discussions			
13. In-class presentations			
14. Simulation exercises			
<b>Other Methods</b>			
15. Other (please specify _____)			
16. Other (please specify _____)			
<b>TOTALS</b>			<b>100%</b>

## Definitions of Learning Method

<b>Cases</b>	Students actively engage in analyzing a case study to determine causes, implications, strategies, etc. Case analysis is either shared with the class through open and interactive discussion or debate, or students prepare a written case analysis for review and feedback.
<b>Class discussions</b>	Students actively engage in open discussion with the professor and with each other. Students can stimulate or respond to discussion.
<b>External field experiences</b>	Students are placed in non-academic applied or real-world work settings and allowed to learn from the work experience, including externships and internships. Learning outcomes are shared in the academic environment and evaluated.
<b>Guest speaker</b>	Individual and/or panel of experts from the field present to student.
<b>In-class presentations</b>	Students formally deliver information to the rest of the class in a well-prepared format that required analysis and preparation.
<b>Lecture no media</b>	Professor does most of the talking, without any media support.
<b>Lectures with media</b>	Professor does most of the talking, with some sort of media support (e.g., PowerPoint, video, overheads, whiteboards, etc.). Students participate via discussion that is primarily characterized by students asking clarifying questions, etc.
<b>Online discussions</b>	Students actively engage in an online discussion, either synchronous or asynchronous, with the professor and with each other. Students can stimulate or respond to discussion.
<b>Readings</b>	Students complete assigned readings in textbook, articles, websites, etc.
<b>Reflective learning</b>	Students complete a structured process (e.g., journaling, one-minute response, assessment instruments, weekly reports) to review, understand, analyze, and evaluate their own learning and/or performance. The evaluation should be based on pre-selected criteria. In addition, the assessment could include a comparison of their own performance assessment with their peers and/or experts in the field.
<b>Simulation exercises</b>	Interactive learning in which students' actions significantly affect how the learning unfolds and the subsequent outcomes of the learning. Simulations may or may not be computer based (e.g. tabletop simulations).
<b>Strategic/consulting projects</b>	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.
<b>Team activities</b>	Three or more students collaborate as a group to complete one deliverable.
<b>Web-based modules</b>	Interactive learning via CD/DVD/Internet that is more than searching for information or reading websites.

Course # \_\_\_\_\_

Course Title \_\_\_\_\_

Faculty (Name) Completing Form \_\_\_\_\_

Completion Date \_\_\_\_\_

## Part II -Step 2: Assessment Methods Inventory

**Instructions:** Please indicate (1) the number of times that you use any of the following methods in conducting course assessments; (2) the percent of student’s grade based on each method.

ASSESSMENT METHODS			NUMBER OF TIMES	% OF GRADE
	YES	NO		
1. Pre/post knowledge/skill testing				
2. Examinations (multiple choice, open-ended, etc.)				
a. Midterm				
b. Final				
c. Other				
3. Paper/reports				
4. Observation checklists				
5. Case review and feedback				
6. Project review and feedback				
7. Team effectiveness assessment				
8. Journals				
9. Experiential reports/portfolios				
10. Reflective modeling				
a. Self assessment				
b. Peer assessment				
c. Faculty/preceptor assessment				
d. Other expert assessment				
11. Class participation				
12. Student feedback on teaching methods				
13. Other (please specify)				
<b>TOTALS</b>				<b>100%</b>

## Definitions of Assessment Methods

<b>Case review and feedback</b>	Utilization of a predetermined set of variables/criteria to evaluate case analysis work, and to provide effective suggestions/recommendations for improvement.
<b>Class participation</b>	Active monitoring, feedback, and assessment focused on the frequency, consistency, and quality of student's participation during face-to-face and online discussions.
<b>Examinations</b>	Any formal exam (including essay, short answer, multiple choice, true/false, etc) to evaluate student learning (e.g., midterm exam, final exam).
<b>Experiential reports/portfolios</b>	Collection of evidence, prepared by the student and evaluated by the faculty member, to demonstrate mastery, comprehension, application, and synthesis against a standardized assessment rubric.
<b>Journals</b>	Collection of reflective writings, either structured or free-form, about a topic
<b>Observation checklists</b>	Faculty or student-generated observational assessment of skills or behaviors; could be completed by self, peers, faculty, or other experts, etc.
<b>Papers/reports</b>	Student-generated written work that is part of the learning process or is the final documentation of learning, including research reports, mid-term papers, and final papers.
<b>Pre/post knowledge/skill testing</b>	Any formal, comparative assessment of the student's knowledge and/or skills both before and after a learning intervention.
<b>Project review and feedback</b>	Utilization of a predetermined set of variables/criteria to evaluate, and to provide effective suggestions and/or recommendations for improvement.
<b>Reflective modeling</b>	Standardized technique to facilitate awareness and evaluation of one's behavior and to generate plans for improvement, including self, peer, faculty/preceptor, or other expert assessments.
<b>Student feedback on teaching methods</b>	Any standardized, formal or informal, feedback from students about the learning effectiveness of the teaching methods used in the course.
<b>Strategic/consulting projects</b>	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.
<b>Team effectiveness assessment</b>	Criterion-based observational feedback of student behavior (and possibly work products) in team projects.



## Section 3.3 Moving from Course Analysis to Program Analysis

After each faculty member submits their course data, a single person or small group should lead the process of reviewing the input and creating the aggregate course map.



An example of an aggregated program map begins on the following pages.

The following points will help in the review and integration of data.

**Review each course map to check if it is a reasonable reflection of the course.**

- Does the course map indicate what you believe to be true about the course?
- If multiple instructors teach the same course, do they have similar data? If not, should the data be modified? If not, which set of data should be included for that course in the aggregate program map?

**Aggregate the maps of all required courses into one program map.**

- Create a spreadsheet for data collection.
- Transfer data from all maps for required courses to a summary program map.
- While most of the data can be read as spreadsheets, it is helpful to view the learning and assessment methods in pie-chart format.
- Consider using the NCHL online instrument and database for this process: [www.nchl.org](http://www.nchl.org)

**Analyze the overall program map**

- **Accuracy:** Is all data accurate?
- **Competency Coverage:** What competencies seem to have significant coverage already? Is this enough? Is it at the right level? Should any adjustments be considered?
- **Competency Gaps:** What competencies seem to have little to no coverage in the current program? What, if anything, should be done to improve this?
- **Competencies to Target Levels:** The NCHL model provides research-based target levels for early, mid, and late career professionals. How do the target levels achieved in the program match the early-career target levels? Should any adjustments be considered?
- **Number of Competencies per Objective:** What is the average number of competencies per objective? Is this reasonable? NCHL recommends that ideally there should be a one- to-one match between learning objectives and competencies to facilitate program planning and assessment.
- **Competencies to Courses:** How many courses cover the same competencies? Is this appropriate? Are the courses sequenced to build the competencies effectively? Are the courses reinforcing or redundant for the students?

- **Level of Objectives:** What are the typical learning levels supported by the current objectives as related to Bloom's taxonomy? Is this effective? What percent of course objectives in the program target levels 4-6 on Bloom's Taxonomy?
- **Mix of Cognitive and Affective Objectives:** What is the mix of cognitive and affective objectives? Is this effective?
- **Learning Methods:** What is the mix of learning methods in the program? Does this reflect the required performance opportunities to be a competency-based learning environment? Are student learning activities targeted at knowledge transfer or action-based learning?
- **Assessment Methods:** What is the mix of assessment methods in the program? Does this reflect the required performance demonstration to be a competency-based learning environment? Do the assessment activities simulate career-like performance?



Sample Program Map: Number of Cognitive Objectives by Competency

Number of Cognitive Learning Objectives Addressing Each Competency

	# All Learning Objectives	# Cognitive Objectives	Competency																									
			Accountability	Achievement Orientation	Analytical Thinking	Change Leadership	Collaboration	Communication Skills	Community Orientation	Financial Skills	Human Resource Management	Impact and Influence	Information Seeking	Info Technology Management	Initiative	Innovative Thinking	Interpersonal Understanding	Organizational Awareness	Performance Measurement	Process Mgmt & Org Design	Professionalism	Project Management	Relationship Building	Self Confidence	Self Development	Strategic Orientation	Talent Development	Team Leadership
			# Levels	5	4	6	5	4	6	5	3	6	5	4	5	5	5	5	3	4	4	4	3	5	5	4	4	6
Course:																												
HCA 501	10	9	1	8	1	1	1	1	1	8	1	8	1	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1
HCA 502	5	5	5	5						2	1																	
HCA 503	8	8	5	5		2							1															
HCA 504	3	3	3	3	1								1															
HCA 505	8	7	2	2	3	4	2	2	2	5	1	4	3	3	3	3	3	3	3	1	1	1	1	1	5	3	1	1
HCA 508	5	5	5	5	4					1																		
HCA 509	7	7	6	6	1	1	1	1	1	1	3																	
HCA 510	3	2	1	1	1	1	1	1	1	1	1	1	2															
HCA 520	7	7	7	7	4					1	2	1	3	4	2	4	1	1	1	1	1	1	1	1	1	1	1	1
HCA 521	9	8	5	5						4	4	1	1															
HCA 522	4	4	4	4	1							4	1															
HCA 523	5	5	3	3						2			3															
HCA 524	5	5	1	2	3	3	3	2	2	2	2	2	2	2	3	1	1	1	1	1	1	2	2	2	2	3	1	2
HCA 525	3	3	1	2		1				3			1															
HCA 526	3	3	2	1	1	1				1			2	1	2	1	2	1	2	1	2	1	2	2	2			
HCA 527	6	6	5	5	1					1			2															
HCA 528	4	3	3	1	1	1	1			1	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
SHIM 450	7	6	5	5	2	2				4			2															
SHIM 451	2	1			1																							
SHIM 452	3	2			1																							
Across all:	107	99	4	9	74	11	9	26	6	7	4	12	38	6	8	37	6	17	12	10	5	4	7	7	13	6	4	5

This table provides the Target and Baseline levels for early-career individuals based on statistical validation methods used in the competency model research. The shaded columns indicate competencies with career-entry Target Levels based on competency model research. The definition for 'Target' and 'Baseline' competencies are explained below. For competencies without Target levels, a rule of thumb holds that the levels 1-3 are the range for early career individuals until more definitive data is collected.

**Legend:**

- (1) Target Level/Distinguishing Competency: A competency that the Outstanding group demonstrates and the Typical group does not demonstrate.
- (2) Baseline Competency: A competency that both the Outstanding and Typical groups demonstrate.
- (3) Indicates competency that is dependent on primary role.



Sample Report: Percentage of Student Time by Learning Method

Course	Median Bloom Level		Hours Spent by Students	Percentage of Student Time by Learning Method														
	Affective	Cognitive		Lectures	Lectures with Presentations	Readings	Cases	Web-based Modules	Guest Speakers	Field Experiences	Consulting projects	Team Activities	Reflective Learning	Classroom Discussions	Online Discussions	Presentations	Simulation Exercises	Other 1
HCA 501	3	2	9	10	15	5	.	15	.	.	.	20	.	.	.	20	.	.
HCA 502		2	8	.	20	10	.	5	.	.	.	.	10	.	25	.	.	5
HCA 503		2	6	.	5	.	.	.	.	.	.	5	.	.	.	15	.	.
HCA 504		3	8	.	25	.	.	5	.	.	.	.	25	.	.	.	.	.
HCA 505	3	3	6	.	10	10	.	.	.	.	20	10	20	.	.	.	.	.
HCA 508		4	6	.	5	20	.	5	.	.	20	.	20	.	.	.	.	.
HCA 509		4	12	.	.	.	.	.	.	.	30	.	8	9	33	.	.	.
HCA 510	3	4.5	4	.	.	50	.	.	.	.	.	.	.	.	50	.	.	.
HCA 520		4	9	10	10	20	.	.	.	.	15	.	20	.	10	.	.	.
HCA 521	3	3	8	30	.	30	.	.	.	.	10	.	30	.	.	.	.	.
HCA 522		2	8	.	20	.	.	10	.	.	.	.	25	.	15	.	.	.
HCA 523		3	6	30	.	.	.	5	.	.	.	.	60	5	.	.	.	.
HCA 524		5	8	5	10	20	.	.	.	5	5	.	15	15	5	.	.	.
HCA 525		4	6	.	10	.	.	5	.	.	10	.	10	.	15	.	.	5
HCA 526		5	10	.	.	.	.	.	90	.	.	.	.	.	10	.	.	.
HCA 527		3	6	15	.	.	.	.	.	.	20	.	55	.	10	.	.	.
HCA 528	3	5	12	.	15	10	.	.	.	10	15	.	5	5	5	5	.	.
SHM 450	3	1	6	.	10	10	10	.	.	.	20	.	20	10	.	.	.	.
SHM 451	2	3	8	.	10	20	.	.	.	.	40	.	10	.	10	.	.	.
SHM 452	3	2.5	12	.	10	20	.	.	.	.	40	.	10	.	10	.	.	.
<b>Mean (of those using) the method</b>			<b>7.9</b>	<b>16.7</b>	<b>23.3</b>	<b>19.2</b>	<b>10</b>	<b>7.1</b>	<b>90</b>	<b>11.7</b>	<b>19.3</b>	<b>10</b>	<b>21.4</b>	<b>8.8</b>	<b>15.2</b>	<b>10</b>	<b>5</b>	<b>5</b>
<b>Mean (overall)</b>			<b>7.9</b>	<b>5</b>	<b>9.3</b>	<b>11.5</b>	<b>0.5</b>	<b>2.5</b>	<b>4.5</b>	<b>1.8</b>	<b>13.5</b>	<b>0.5</b>	<b>17.2</b>	<b>1.8</b>	<b>12.9</b>	<b>1</b>	<b>0.5</b>	<b>0.5</b>

NOTE: All current examples need to be reformatted to fit within the guidebook. This is yet to be completed, pending more information about the online tools.



## Section 4: Planning for Improvement

### 4.1 Creating a Competency-based Learning and Assessment Plan

#### SUCCESS FACTORS FOR THE CLA PLANNING PROCESS

CRITICAL SUCCESS FACTORS	WHY?	HOW?
Involvement of Project Director	The process needs a single person who is available to serve as the coordinator and champion for the entire project; providing faculty support as needed. The project director also attends all NCHL faculty development training activities. In addition, the director reviews, synthesizes, and transmits the data gathered in the mapping process to facilitate overall curriculum planning and goal setting.	The program director or a respected senior faculty member should be the project director. In the planning process, the project director will need significant time to assess the current state of the program based on the aggregated program curriculum map and to communicate this assessment to faculty as the basis for shared planning. The project director will be the central contact for all input and dialogue involved in planning the curriculum enhancements and transformation. Finally, and of great importance, the project director is the sponsor responsible for the change management and motivation to implement the new Competency Based Learning and Assessment Plan. As part of change management, the project director identifies areas of need for faculty development and coordinates the provision of such with NCHL or on campus centers for learning, teaching, or educational development.
Project Team Oversight	The project needs a core group that can provide direction for the planning phase and be a sounding board for the project director.	The project team should be used to establish project timelines, monitor progress against the key dates, and advocate the project with other faculty members. In the planning phase, the project team will work to determine detailed implementation requirements and schedules for achieving the CLA plan. Members of the project team should also be actively enhancing their own courses to achieve the CLA plan goals. In addition, members should be of assistance in both diagnosing and arranging for faculty development in line with mapping outcomes.
Faculty Engagement	Integrating competencies into a program curriculum is a significant change from traditional educational approaches.	Host an all-faculty meeting or retreat to review the results from the curriculum mapping process and begin the planning effort. The faculty should jointly determine placement and sequencing of the NCHL Leadership Competencies in the required courses of the program. In addition, the faculty should jointly determine their goals for enhancing the learning and assessment methods for the entire curriculum as well as their individual courses.
Individual Faculty Consultation Sessions	Faculty members need to feel confident in the change process and to meet time-lines established by the project team.	The project director should schedule informal meetings with each faculty member to determine the specific competency-based enhancement strategies for their course(s). These sessions will allow for individual questions/concerns that may not come out in the group session.

## NCHL CLA Plan — Recommendations

As you begin the planning process, keep the following items as potential CLA planning targets. This list has been generated based on extensive literature review, expert input, and work with NCHL graduate health management demonstration projects to date.

- ☑ If you are using the NCHL early-career targets, each distinguishing competency (10) and each baseline competency (5) should be covered in at least two courses.
- ☑ Similarly, the NCHL Leadership Competencies that are the target for your program should be covered in at least two courses.
- ☑ All other competencies should be covered in at least one course to complete the leadership development experience.
- ☑ All learning objectives should be written as single action verbs that are observable and measurable.
- ☑ Cognitive objectives need to reflect the content/competency area and should increase in level based on course sequence, with lower cognitive levels in early courses and higher cognitive levels in later courses.
- ☑ At least one affective objective for each competency should be included in the curriculum.
- ☑ Learning Methods:
  - Greater proportion of higher-level retention methods (experiential/action-based).
  - Greater emphasis on team-based learning.
  - Increased exploration of simulation and technology-based learning.
- ☑ Assessment Methods:
  - Greater proportion of student-based assessment methods.
  - Greater emphasis on peer and self assessment and reflective learning.
- ☑ Career counseling activities should take a competency-based focus.
- ☑ Recruitment methods should consider students' potential leadership development aptitude per the NCHL Health Leadership Competency model.

## 4.2 Template of a CLA Plan

The following pages layout a template that can be used to analyze your curriculum map and determine your goals and approach for integrating the NCHL Health Competency Model and competency-based learning and assessment throughout your curriculum. This plan can be used for monitoring, tracking, and reporting on outcomes throughout the academic year and for ongoing curriculum review and planning.

**TEMPLATE**

# Competency-based Learning and Assessment Plan for

---

PROGRAM NAME

---

COMPLETED ON

---

REVIEWED ON

---

REVISED ON





## Table of Contents

### **Section 1**      **Program Strategy**

- Introduction
- Key Findings from Curriculum Analysis and Mapping
- Improvement Goals
- Implementation Approach and Target Dates
- Key Success Factors
- Potential Barriers/Issues for Implementation
- Target Program Map

### **Section 2**      **Course Improvement Plans**

NOTE: In this section, each faculty member should complete their own course improvement plans based on common program goals, and then the course strategies should be assembled into one section of the report. Therefore, each “Course Improvement Plan” should include the following:

- Description of Current Course
- Key Findings through Mapping Progress
- Improvement Plan
- Enhanced Objectives
- Planned Learning Methods
- Planned Assessment Methods

### **Section 3**      **Career Development Improvements**

- Description of Current Process
- Key Findings from Curriculum Analysis and Mapping
- Improvement Plan

### **Section 4**      **Recruitment and Selection Improvements**

- Description of Current Process
- Key Findings from Curriculum Analysis and Mapping
- Improvement Plan

## Section 1. Program Strategy

### Introduction

To be determined by each program

### Key Findings from Curriculum Analysis and Mapping

#### Program Strengths

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#### EXAMPLES:

- Several competency areas are already covered in our program, including analytical thinking, communication skills, and financial skills.
- Our program builds leadership competencies through outside experiences as well as classroom courses.
- Our program has a strong orientation toward knowledge development and technical skills.

#### Areas for Improvement

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#### EXAMPLES:

- Improve use of course objectives by stating all learning objectives as single, observable, measurable action items.
- Integrate all target competencies in appropriate courses.
- Create objectives and learning methods to achieve higher Bloom levels.
- Add one to two Affective Domain learning objectives.
- Incorporate higher-retention (experiential/ action-based) learning methods.
- Increase use of self-assessment and reflective learning methods.
- Explore use of technology-based and simulation learning activities.

### Improvement Goals

NOTE: Program goals should be as specific as possible, with measurable performance levels and implementation dates.

 **EXAMPLES:**

IMPROVEMENT GOAL	IMPLEMENTATION DATE	EVALUATION DATE
1. Implement at least two team-based activities with peer assessment for each year of the program.	Sept 06	By June 07
2. Reduce lecture to no more than 30% of the learning strategy in each course of the program.		
3.		

IMPROVEMENT GOAL	IMPLEMENTATION DATE	EVALUATION DATE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
Add more goals as needed		

## Implementation Approach and Target Dates

Describe how the faculty will work, together and individually, to make the program improvements a reality. Include discussion of the change management process.

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### EXAMPLES:

- NCHL Leadership Competency Model integration will be on the agenda of all faculty meetings and retreats.
- Program director sponsor will hold individual meetings with faculty by January 2007.
- Program director will meet with all new faculty to review: the NCHL Leadership Competency Model, educational enhancement goals, and expectations regarding the use of competency-based learning and assessment methods.
- All incoming students will be introduced to the NCHL Leadership Competency Model during orientation.
- All current students will learn about the NCHL Leadership Competency Model during a series of brown bag lunches.

## Key Success Factors

Describe the underlying factors that will make the implementation of program improvements successful in both the short term and long term.

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### EXAMPLES:

- Active faculty buy-in and participation.
- Faculty mapping of their course(s) and ongoing review of related outcome data.
- Proactive leadership with constant reminders from the project sponsor.
- Competency integration in all courses by set target date.
- Ongoing review of student competency achievements by course.
- Ongoing review of competency development across the curriculum.

## Potential Barriers/Issues for Implementation

Describe any issues that may hinder implementation and overall success.

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### EXAMPLES:

- Lack of faculty support for leadership competencies in the program.
- Lack of faculty understanding and internalization of the NCHL Health Leadership Competency Model.
- Lack of faculty knowledge/experience with competency-based learning and assessment methods.
- Resistance to the effort required to redesign courses for competency-based learning and assessment.

## Target Program Map

This map indicates the program goals of where, when, and to what level the NCHL Leadership Competencies will be integrated into the program. This map serves as the basis for faculty discussion and adoption of the NCHL Competency Model, and when completed, it is the guidepost for monitoring progress as you move forward.

NCHL PROGRAM MAP TEMPLATE	Health Management Program Courses											
	List your course numbers or titles in each column of the matrix. Indicate by ✓ or by NCHL competency level which competencies will be covered in each course.											
<b>NCHL Leadership Competencies</b>												
1. Accountability												
2. Achievement Orientation												
3. Analytical Thinking												
4. Change Leadership												
5. Collaboration												
6. Communication Skills												
7. Community Orientation												
8. Financial Skills												
9. Human Resource Mgmt.												
10. Impact and Influence												
11. Information Seeking												
12. Info. Technology Mgmt.												
13. Initiative												
14. Innovative Thinking												
15. Interpersonal Understanding												
16. Organizational Awareness												
17. Performance Measurement												
18. Process Mgmt./Org. Design												
19. Professionalism												
20. Project Management												
21. Relationship Building												
22. Self-Confidence												
23. Self-Development												
24. Strategic Orientation												
25. Talent Development												
26. Team Leadership												
Target Date for Competency Integration in this course												

## Section 2. Course Improvement Plans

To facilitate the CLA planning process, it is best to have each faculty member create the Course Improvement Plan for their course(s) in accordance with the overall goals and strategies set by the faculty as a group. Using this approach, the project team and project director will need to review all course strategies and aggregate the planned enhancements into a set of comprehensive goals and an integrated timeline.

All Course Improvement Plans would be compiled in this section of the CLA Plan



## Course Improvement Plan

An improvement plan should be completed by the faculty member for each course that will be improved as a result of the NCHL process, and for any learning experiences that will be added. We anticipate 1-2 pages per course. All Course Improvement Plans are compiled in this section.

**Course:** \_\_\_\_\_

**Faculty Member:** \_\_\_\_\_

**Description of Current Course:** 2-4 sentences describing current course

**Key Findings from Curriculum Mapping Process:**

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**EXAMPLES:**

- Course had too many objectives, and most objectives were at low level on Bloom's Taxonomy.
- Course uses over 50% lecture.
- Assessment activities focus on knowledge acquisition, not demonstration of competencies.

**Improvement Plan:** Cover each of the following areas: enhanced objectives, planned learning methods, and planned assessment methods. Include specific measurable goals about planned improvements and target dates for implementation.

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**EXAMPLES:**

- Add focus on two leadership competencies: impact and influence and team leadership.
- Write single-action, observable, measurable objectives that support higher skills on Bloom's Taxonomy.
- Include an affective objective to achieve buy-in and participation.
- Add more team-based and simulation-based learning and assessment.

NOTE: All improvements should be reflected in an updated, competency-based syllabus.

## Section 3: Career Development Improvements

**Description of Current Process:** 2-4 sentences describing current career development process

### Key Findings:

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#### EXAMPLES:

- Lack of career development support other than resume writing.

**Improvement Plan:** Include specific measurable goals about planned improvements and target dates for implementation.

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#### EXAMPLES:

- Add a career development seminar.
- Train career counselors to provide feedback and advice based on NCHL model.
- Teach students to use the NCHL Lifelong Leadership Inventory as part of career development process.

## Section 4: Recruitment and Selection Improvements

**Description of Current Process:** 2-4 sentences describing current recruitment and selection process

**Key Findings:**

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**EXAMPLES:**

- No investigation of leadership aptitude as part of recruitment and selection.
- No detailed investigation of career aspirations in recruitment and selection.

**Improvement Plan:** Include specific measurable goals about planned improvements and target dates for implementation.

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**EXAMPLES:**

- Add system to explore leadership aptitude and career planning in recruiting and selection process.
- Ask students to comment on importance of leadership, or more specifically the NCHL leadership model, as part of interview process.
- Add commitment to NCHL Leadership Competency Model into program marketing and recruitment materials.

## Appendix A. Glossary

TERM	SYNONYMS	CONSENSUS DEFINITION	SOURCE
Ability	capabilities, competence, performance, skills, traits	Physical, mental, or legal power.	Hudak 2000
Affective domain	appreciations, attitudes, interests, emotions, values	Encompasses an individual's feelings, attitudes, beliefs, self-concept, aspirations, and interpersonal relationships.	Evers 1998
Applied knowledge*		To put into practice or adapt learned information, perceptions, or discoveries that have been gained through experience or study.	The American Heritage Dictionary, Third Edition 1994
Attitude	ethics, motivations, predispositions, values	State of mind, feelings, or beliefs regarding a particular matter.	Basteller 2000, Pascarella 1991
Career progression*	career stages, professional development	A continuous or sequential path or course of development through a chosen pursuit, profession, or occupation.	The American Heritage Dictionary, Third Edition 1994
Cognitive/Cognition (intellectual skills and abilities)	mental knowledge	Knowledge and the use of higher order mental processes such as thinking, remembering, reasoning, analyzing, problem solving, and evaluating.	Astin 1993, Bloom 1956
Competency analysis	task analysis	Identification of performers and examination of what their differentiating characteristics are.	McNerney & Briggins 1995
Competence/ Competency*	ability, accomplishment, capability, expertise, performance, proficiency, skill	<p>Effective application of available knowledge, skills, attitudes, and values in complex situations.</p> <p>The essential knowledge, skills, and other attributes that are essential for performing a specific task or job.</p> <p>The specific skills or other behavioral characteristics that distinguish outstanding from typical performance.</p>	<p>Tanner 2001</p> <p>Harvey 1991, Lucia &amp; Lepsing 1999</p> <p>Hay Group, Inc. 2003</p>
Competency-based education/ Competency-based education and training	competency modeling, evidence-based education, outcomes-based education, results-oriented accountability, standards-based instruction	<p>A teaching-learning process that:</p> <ul style="list-style-type: none"> <li>• Is individualized</li> <li>• Emphasizes actionable and measurable outcomes in terms of what the learner must know and be able to do</li> <li>• Allows for flexible pathways for achieving outcomes</li> </ul>	Tanner 2001

TERM	SYNONYMS	CONSENSUS DEFINITION	SOURCE
Core Competency*		<p>Unique bundle or clustering of knowledge, skills, and other characteristics (attitudes, values, motivations, behaviors, aspirations, etc.) that is:</p> <ul style="list-style-type: none"> <li>• Central to performing a specific task or role (each of which is observable and measurable)</li> <li>• Differentiating in certain circumstances.</li> </ul>	Calhoun 2005
Experiential learning*		Hands-on healthcare work experience, institutional exposure, team projects, shadowing a professional, etc.	
Interdisciplinary*	cross-disciplinary	<p>The collaborative/cooperative integration of knowledge and perspective of multiple areas of expertise to holistically solve problems through research and education.</p> <p>“All health workers should be educated to deliver patient-centered care as a member of an interdisciplinary team ...” with team members from medicine, nursing, allied health, management, and other appropriate professions.</p>	<p>Cooperative Extension, University of New Hampshire 2005</p> <p>Joint Commission on Accreditation of Healthcare Organizations 2005</p>
Interprofessional*	multi-professional	The application of interactive, group-based [learning], which relates collaborative [learning] to collaborative practice within a coherent rationale that is informed by understanding of interpersonal group, inter-group, organizational, and inter-organizational relations and processes of professionalization.	Barr 2005
Knowledge		Complex process of remembering, relating, or judging an idea or abstract phenomenon in a form very close to that in which it was originally encountered.	Bloom 1956
Outcomes (educational)	results, indicators	Observable results and indicators indicating that goals and objectives have been accomplished.	Accreditation Council for Graduate Medical Education 2002
Performance	accomplishment, competing, doing	Act or process of executing an action, which is facilitated by repetition.	Webster’s Unabridged Dictionary 2001

TERM	SYNONYMS	CONSENSUS DEFINITION	SOURCE
Program readiness*	program capability/ capabilities, program preparedness	The relative level of ability/abilities [of an academic program] to accomplish program mission, goals, and objectives, based upon a predetermined set of criteria and related standards.	Pew Learning & Technology Program
Process*	development (n) prepare (v)	Method (n). A series of actions, changes, or functions bringing about a result.  Make ready (v). To subject to a treatment with the aim of readying for some purpose, improving, or remedying a condition; to deal with in a routine way.	Roget's New Millennium Thesaurus, Dictionary 2005
Psychomotor	doing, motor skills	Physical manipulative or motor skills.	Bloom 1956
Skill	abilities, competency, technical expertise	Automated routines that allow for the execution of well-specified tasks.	Kirby 1988
Student driven or student focused*		Designed (driven) to meet the needs of students.	
Task analysis	competency analysis	Examination of "what is done."	McNerney & Briggins 1995
Team-based learning*		An approach to learning that emphasizes the process of transforming heterogeneous students into cohesive teams dedicated to a common set of goals. This can be accomplished via team building:  <ol style="list-style-type: none"> <li>1. Effective team formation</li> <li>2. Accountability based on team/group work</li> <li>3. Group-related assignments</li> <li>4. Timely feedback on work-related goal achievement</li> </ol> Learning approaches in which participants have shared goals, requiring interdependent efforts, and in which the process of the team's work receives focal attention in addition to the outcomes.	Michaelsen 2004

TERM	SYNONYMS	CONSENSUS DEFINITION	SOURCE
Team building*		<p>The activities/processes involved in forming and organizing a group to work together collaboratively and productively toward a specific goal or outcome.</p> <p>Team building is an effort in which a team studies its own process of working together and acts to create a climate that encourages and values the contributions of team members:</p> <ol style="list-style-type: none"> <li>1. Their energies are directed toward problem solving task effectiveness, and maximizing the use of all members' resources to achieve the team's purpose.</li> <li>2. Sound team building recognizes that it is not possible to fully separate one's performance from those of others.</li> </ol>	<p>The American Heritage Dictionary, Third Edition 1994</p> <p>Bateman 1990</p>
Values	<p>appreciations, attitudes, beliefs, emotions, ethics, motivations</p>	<p>An abstract generalized principle of behavior to which members of a group feel a strong emotionally toned commitment and which provides a standard for judging specific acts and goals.</p>	<p>Evers 1998</p>

\*Definitions accepted from the Commission on Accreditation of Healthcare Management Education, Glossary of Terminology, October 2005

## Appendix B. References

- Accreditation Council for Graduate Medical Education (ACGME) Outcome Project General Competencies. (September 28, 1999). *ACGME General Competencies Vers. 1.3*. Retrieved May 22, 2002, from <http://www.acgme.org/outcome/comp/compFull.asp>.
- Accrediting Commission on Education for Health Services Administration (ACEHSA). (1998). Criteria for Accreditation. ACEHSA, 1110 Vermont Avenue, N.W., Suite 220, Washington, DC.
- American College of Medical Practice Executives (ACMPE). (2001). *Defining the Profession: A Guide to the Body of Knowledge for Medical Practice Management*. (Available from ACMPE, 104 Inverness Terrace East, Englewood, CO 80122-5306).
- American Educational Research Association, American Psychological Association, and National Council on Measurement in Education. (1999). *Standards for Educational and Psychological Testing*. Washington, DC: American Educational Research Association.
- American Nurses Credentialing Center. (2001). *Generalist Catalog for ANCC Certification*.
- Andersen, R.M., P.L. Davidson, D.W. Hilberman, and T.T. Nakazono. (Spring 2000). Program Directors' Recommendations for Transforming Health Services Management Education. *The Journal of Health Administration Education*, 18(2), 153-173.
- Anderson, L.W., and D.R. Krathwohl. (2001). *A Taxonomy for Learning, Teaching, and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives*. New York: Addison Wesley Longman, Inc.
- Astin, A.W. (1991). *Assessment for Excellence: The Philosophy & Practice of Assessment and Evaluation in Higher Education*. New York: American Council on Education, Macmillan.
- Baker, G.R., and D. Wakefield. (Fall 2001). Domains and Core Competencies for Effective Evidence-based Practice. *The Journal of Health Administration Education*, Supplement, 175-183.
- Barnett, R. (1994). *The Limits of Competence: Knowledge, Higher Education, and Society*. Buckingham, UK: Open University Press.
- Barr, H. (2005). *Effective Interprofessional Education Argument, Assumption, and Evidence*. Malden, MA: Blackwell Publishing.
- Bassellier G., and B. Horner. (Spring 2000). Information Technology Competition of Business Managers: A Definition and Research Model. *Journal of Management Information Systems*, 1-19.
- Batalden, P., and Splaine, M. (Fall 2002). What Will It Take to Lead the Continual Improvement and Innovation of Healthcare in the Twenty-first Century? *Quality Management in Health Care*, 11 (1), 45-54.
- Bateman, W.L. (1990). *Open to Question: The Art of Teaching and Learning by Inquiry*. Jossey-Bass.
- Bennett, N.L., D.A. Davis, W.E. Easterling, Jr., P. Friedmann, J.S. Green, B.M. Koeppen, P.E. Mazmanian, and H.S. Waxman. (December 2000). Continuing Medical Education: A New Vision of the Professional Development of Physicians. *Academic Medicine*, 75(12), 1167-1172.
- Bishop, J.H., M. Ferran, and M. Bishop. (September 2001). How External Exit Exams Spur Achievement. *Educational Leadership*, 58-63.
- Bloom, B.S., M.D. Englehart, E.J. Furst, W.H. Hill, and D.R. Krathwohl. (1956). *Taxonomy of Educational Objectives: Handbook I: Cognitive Domain*. New York: David McKay. Boufford, J.I. (Fall 1999). Health Future: The Managerial Agenda. *The Journal of Health Administration Education*, 17(4), 271-295.
- Boyatzis, R.E., D. Leonard, K. Rhee, and J.V. Wheeler. (1996). Competencies Can Be Developed: But Not in the Way We Thought. *Capability*, 2(2), 25-41.



- Brown, J. and S. Barboek. (August 1991). Skillful Inventory. *Bank Marketing*, 16-24.
- Calhoun, J.G., P.L. Davidson, M.E. Sinioris, E.T. Vincent, and J.R. Griffith. (Fall 2002). Toward an Understanding of Competency Identification and Assessment in Health Care Management. *Quality Management in Health Care*, 11(1), 14-38.
- Calhoun, J.G., E.T. Vincent, G.R. Baker, P.W. Butler, and M.E. Sinioris. (Fall 2004). Competency Identification and Modeling in Healthcare Leadership. *The Journal of Health Administration Education*, 419-440.
- Calhoun, J.G., and E.T. Vincent. (April 2003). Plan for Competency-Based Learning and Assessment in References. Healthcare Leadership. National Center for Healthcare Leadership, Technical Document 41703, Chicago.
- Calhoun, J.G., L. Dollett, M.E. Sinioris, J.A. Wainio, P.W. Butler, J.R. Griffith, and G.L. Warden. (Manuscript in Review). Core Competencies for Health Care Leadership in the 21st Century, The National Center for Healthcare Leadership Competency Model (2.0). National Center for Healthcare Leadership, Chicago.
- Chaiken, M., R.D. Porter, and I.C. Schick. (Fall 2001). Core Competencies in Ethics. *The Journal of Health Administration Education, Supplement*, 147-185.
- Chomsky, N. (1965). *Aspects of the Theory of Syntax*. Cambridge, MA: MIT Press.
- Clarke, R.L. (March 2001). Senior Financial Executives Competency Model. Presentation at the Leadership Conference of the Association for University Programs in Health Administration, Chicago.
- Counte, M.A., and J.F. Newman. (Fall 2001) Essential Competencies in Human Resource Management. *The Journal of Health Administration Education, Supplement*, 166-169.
- Dalston, J., and P. Bishop. (1995). Health Care Executive Education and Training. *The Journal of Health Administration Education*, 13(3), 437-452.
- Davidson, P.L., J.G. Calhoun, M.E. Sinioris, and J.R. Griffith. (2002). A Framework for Evaluating and Continuously Improving the NCHL Transformational Leadership Institute. *Quality Management in Health Care*, 11(1), 45-54.
- Davidson, P.L., Guest Editor. (2002). Transforming Health Services Management Education and Development: A Challenge for the New Millennium. *Journal of Health Administration Education*, 18, 1-2.
- Davidson, P.L., R.M. Andersen, D.W. Hilberman, and N.T. Nakazono. (Winter 2000). A Framework for Evaluating the Impact of Health Services Management Education. *The Journal of Health Administration*, 18(1), 1-48.
- Davis, B.L., C.J. Skube, L.W. Hellervic, S.H. Gebelein, and J.L. Sheard. (1996). *Successful Manager's Handbook: Development Suggestions for Today's Managers*. Minneapolis, MN: Personnel Decisions International.
- Dollett, L. (July 14, 2003). Competency Study Project Planning. Report to the National Center for Healthcare Leadership Research and Continuous Improvement.
- Dreachsln, J.L., and A. Agho. (Fall 2001). Domains and Core Competencies for Effective Evidence-Based Practice in Diversity Leadership. *The Journal of Health Administration Education, Supplement*, 130-145.
- Dreyfus, H.L. (2001). *On the Internet: Thinking in Action*. London: Routledge.
- Dreyfus, H.L., and S.E. Dreyfus. (1986). *Mind Over Machine: The Power of Human Intuition and Experience in the Era of the Computer*. Oxford: Basil Blackwell.
- Editorial. (January 1994). Outcomes-based Outrage Runs Both Ways. *The Education Digest*, 1-4.
- Evers, F.T., J.C. Rush, and I. Berdrow. (1998). *The Bases of Competence*. San Francisco: Jossey-Bass Publishers.
- Flanagan, J.C. (1954). The Critical Incident Technique. *Psychological Bulletin*, 41, 237-358.

- Friedman, L.H., and W.C. McCaughrin. (Fall 2001). Outcome Competencies for Organizational Behavior and Theory. *The Journal of Health Administration Education*, Supplement, 171-174.
- Gagne, R.M. (1977). *The Conditions of Learning*. New York: Holt, Rinehart & Winston.
- Goldstein, E.R. (May 1995). Competency Models Help Identify Promising Candidates. *Healthcare Financial Management*, 76-78.
- Goleman, D. (March-April 2000). Leadership That Gets Results. *Harvard Business Review*, 78-90.
- Goleman, D. (November-December 1999). What Makes a Leader? *Harvard Business Review*, 76(6), 93-102.
- Green, P.C. (1999). *Building Robust Competencies: Linking Human Resource Systems to Organizational Strategies*. San Francisco: Jossey-Bass.
- Griffith, J.R. (2001). Preface. In G. L. Warden, S. F. Loebs, J. R. Griffith, D. J. Fine, J. W. Dalston, and M. Boone (eds.). The Future of Education and Practice in Health Management and Policy: Proceedings from the National Summit [special issue]. *The Journal of Health Administration Education*, 3-4.
- Griffith, J.R. (Summer 1999). Can You Teach the Management Technology of Health Administration? A View of the 21st Century. *The Journal of Health Administration Education*, 16, 323-338.
- Griffith, J.R. (Spring 2000). Towards Evidence-Based Health Administration Education: The Tasks Ahead. *The Journal of Health Administration Education*, 18(2), 1-12.
- Griffith, J.R., G.L. Warden, K. Neighbors, and B. Shim. (2002). A New Approach to Assessing Skill Needs of Senior Managers. *Journal of Health Administration Education*, 20(1), 75-98.
- Hay Group, Inc. (2003). Working Paper: *Using Competencies to Identify High Performers: An Overview of the Basics*.
- Harvey, R.O. (1991). Job Analysis. In: M.D. Dunnelle and L.M. Haugh (eds.), *The Handbook of Industrial and Organizational Psychology* Vol. 2 (2nd ed.) Palo Alto, CA: Consulting Psychologists Press.
- Healthcare Information and Management Systems Society (HIMSS). (December 2001). Candidate Handbook and Application. Retrieved May 22, 2002, from [http://www.himss.org/content/files/CPHIMS\\_handbook.pdf](http://www.himss.org/content/files/CPHIMS_handbook.pdf)  
<http://www.aha.org/certification>.
- Hudak, R.P., P.P. Brooke, and K. Finstuen. (Spring 2000). Identifying Management Competencies for Healthcare Executives: Review of a Series of Delphi Studies. *The Journal of Health Administration Education*, 18(2), 213-243.
- Hyland, T. (1997). Reconsidering Competence. *Journal of Philosophy of Education*, 31(3), 491-503.
- Institute of Medicine. (2001). *Crossing the Quality Chasm – A New Health System for the 21st Century*. Washington, DC: Institute of Medicine, National Academy Press.
- Institute of Medicine. (2003). *Health Professions Education: A Bridge to Quality*. Washington, DC: Committee on the Health Professions Summit, Board of Health Care Services, National Academy Press.
- Institute of Medicine. (1999). *To Err is Human: Building a Safer Health System*. L.T. Kahn, J.M. Corrigan, and M.S. Donaldson, Eds. Washington DC: Committee on Quality Health Care in America, National Academic Press.
- Intagliata, J., D. Ulrich, and N. Smallwood. (Winter 2000). Leveraging Leadership Competencies to Produce Leadership Brand: Creating Distinctiveness by Focusing on Strategy and Results, *Human Resources Planning*, 23(4), 12-23.
- Joint Commission on Accreditation of Healthcare Organizations. (Fall 2005). *Health Care at the Crossroads: Strategies for Improving Health Care Professions Education* (White Paper).
- Kirby, J.R. (1988). Style, Strategy, and Skill in Reading. In: R. R. Schmeck (ed). *Learning Strategies and Learning Styles: Perspectives on Individual Differences*. New York: Plenum Press, 229-274.

- Klein, A.L. (July/August 1996). Validity and Reliability for Competency-based Systems: Reducing Litigation Risks. *Compensation and Benefits Review*, 31-39.
- Kovner, A.R., J. Elton, and J. Billings. (2000). Evidence-Based Management. *Frontiers of Health Services Management*, 16(4), 324.
- Krathwohl, D.R., B.S. Bloom, and B.B. Masia. (1964). *The Taxonomy of Education Objectives: The Classification of Educational Goals, Handbook II: Affective Domain*. New York: Longman.
- Laranger, L., B. Fox, E. Kelly, and M. Mahon. (May 15, 2002). Task Force Finds Training at the Nation's Medical Schools Is Uneven: Calls for Improvement in Cost and Quality of Physician Education. The Commonwealth Fund. News Release.
- Leach, D., and P. Bataldan. (April 18, 2001). Some Observations on the ACGME Process of Change. Unpublished Paper, Accreditation Council for Graduate Medical Education, 1-27.
- Leach, D.C. (2002). Building and Assessing Competence: The Potential for Evidence-based Graduate Medical Education. *Quality Management in Health Care*, 11(1), 39-44.
- Loebs, S.L., and J.W. Dalston. (1993). Issues in Management: Development for Health Services Executives. *The Journal of Health Administration Education*, 11(2), 235-53.
- Lucia, A.D., and R. Lepsinger. (1999). *The Art and Science of Competency Models: Pinpointing Critical Success Factors in Organizations*. San Francisco: Jossey-Bass/Pfeiffer.
- Manno, B.V. (Spring 1995). Educational Outcomes Do Matter. *Public Interest*, 19-24.
- Marcolin, B., D.R. Campeau, M.C. Munro, and S.L. Huff. (March 2000). Assessing User Competence: Conceptualization and Measurement. *Information Systems Research*, 11(1), 37-60.
- Maurer, R.T., and K. Grazier. (Fall 2001). Development of Core Competencies in Health Care Finance. *The Journal of Health Administration Education Supplement*, 157-174.
- McCaughrin, B. (September 2000). Organizational Theory Forum. Unpublished AUPHA Faculty Forum Report, 1-2.
- McClelland, D.C. (1976). *The Achievement Motive*. New York: Irvington Publishers.
- McClelland, D.C. (1961). *Achieving Society*. New York: D. Van Nostrand Co, Inc.
- McClelland, D.C. (1988). *Human Motivation*. Cambridge, UK: Cambridge University Press, 2nd Edition.
- McClelland, D.C. (May 1973). Testing for Competence Rather than for 'Intelligence.' *American Psychologist*, 28(1), 1-14.
- McNerney, D.J., and A. Briggins. (1995). Competency Assessment Gains Favor Among Trainers. *Human Resource Focus*, 72(6), 18-22.
- Mecklenburg, G. (2001). Career Performance: How Are We Doing? *Journal of Healthcare Management*, 46(1), 8-13.
- Michaelsen, L., A.B. Knight, and L.D. Fink. (2004) *Team-Based Learning: A Transformative Use of Small Groups in College Teaching*. Sterling, VA: Stylus Publishing.
- Millman, J., and J. Greene. (1989). The Specification and Development of Tests of Achievement and Ability. In: R.L. Linn's (ed.) *Educational Measurement*, Vol. 3. New York: Macmillan Publishing Company.
- National Center for Healthcare Leadership. (December 2005). White Paper on Best Practices in Health Leadership Succession Planning. *Bulletin of the National Center for Healthcare Leadership*. Special supplement to Modern Healthcare.
- Proceedings from the National Summit on the Future of Education and Practice in Health Management and Policy. (2001). *The Journal of Health Administration of Health Administration Education*, Special Issue Association of University Programs in Health Administration, Health Research and Development Institute.

- Pascarella, E.T., and T.P. Terenzini. (1991). *How College Affects Students: Findings and Insights from Twenty Years of Research*. San Francisco: Jossey-Bass.
- Pew Health Professions Commission. (1993). *Health Professions Education for the Future: Schools in Service to the Nation*. San Francisco: Pew Health Professions Commission.
- Pointer, D.D. (October 1999). Value-Added Governance. Paper presented to the Healthcare Executives of Southern California, Irvine, California.
- Porter, M.E. (1985). *Competitive Advantage: Creating and Sustaining Superior Performance*. New York: Free Press.
- Pralahad, C.K., and G. Hamel. (May-June 1990). The Core Competence of the Corporation. *Harvard Business Review*, 68(3), 79-91.
- Robbins, C.J., E.H. Bradley, M. Spicer, and G.A. Mecklenburg. (May/June 2001). Developing Leadership in Healthcare Administration: A Competency Assessment Practitioner Application. *Journal of Healthcare Management*, 188-202.
- Sandler, L. (March 2002). Hand in Hand: Competency and Recruitment. *Techniques*, 18-20.
- Schweikart, S. (1996). Reengineering the Work of Caregivers; Role Redefinition, Team Structures, and Organizational Redesign. *Hospital and Health Services Administration*, 41(1), 19-36.
- Sherman, S. (December 13, 1993). A Master Class in Radical Change. *Fortune*, 128(15), 82-87.
- Society for Industrial and Organizational Psychology, Inc. (1987). *Principles for the Validation and Use of Personnel Selection Procedures* (3rd edition). College Park, MD: SIOP.
- Stephenson, J. and S. Weil. (1992). *Quality in Learning: A Capability Approach in Higher Education*. London: Kogan Page.
- Tanner, C.A. (December 2001). Competency-based Education: The New Panacea? *Journal of Nursing Education*, 40(9), 387-8.
- Tichy, N.M. (1989). GE's Crotonville: A Staging Ground for Corporate Revolution. *The Academy of Management Executive*, 3(2), 99-106.
- Tichy, N.M. (December 13, 1993). Revolutionize Your Company. *Fortune*, 128(15), 114-117.
- Ulrich, D., J. Zenger, and N. Smallwood. (Winter 2000). Building Your Leadership Brand. *Leader to Leader*, 40-46.
- Vincent, E.T. (January 2003). NCHL Core Competency Framework Survey Results. Paper presented at the NCHL Competency Advisory Council Meeting, Princeton, NJ.
- Vincent, E.T. (October 2002). Results of the First NCHL Competency Survey. Paper presented at the NCHL Competency Advisory Council Meeting, Chicago.
- Vincent, E.T. (June 2002). Summary of the Review of Competencies and Best Practices in Healthcare Management. Paper presented at the annual meeting of the Association of University Programs in Health Administration, Washington, DC.
- Wan, T.T.H. (Winter 2000). Evolving Health Services Administration Education: Keeping Pace with Change. *Journal of Health Administration Education*, 18(1), 11-29.
- Webster's New International Dictionary, Unabridged*. (2000). Springfield, MA: Merriam-Webster, Inc.
- Wenzel, F., R. Grady, and T. Freeman. (1995). The Health Services Delivery Environment. *Journal of Health Administration Education*, 13(4), 611-30.
- Westera, W. (2001). Competencies in Education: A Confusion of Tongues. *Journal of Curriculum Studies*, 33(1), 75-88.
- Whetzel, D.L., and G. R. Wheaton. (1997). *Applied Measurement Methods in Industrial Psychology*. Palo Alto, CA: Davies-Black.
- Yost, A. B. (April 2002). Maximizing Organizational Fit: Capital One's Approach. In: J. Canger, F. Drasgow, and A. Yost, *Tailor-Made: Selecting Employees for Organization Fit*. Workshop conducted at the meeting of the Society for Industrial and Organizational Psychology, Toronto, Canada.

