Commission on Accreditation
of Healthcare Management Education

ACCREDITATION STANDARDS
AND
SELF-STUDY HANDBOOK

2021 Standards

For Graduate Programs
In Healthcare Quality and Safety

based on the
Criteria for Accreditation
Approved May 15, 2020
Revised October 2020
Effective Fall 2021

The completed Self-Study and accompanying documents are confidential, and the property of The Commission on Accreditation of Healthcare Management Education (CAHME) and the host University. CAHME requests the agreement of the University to grant access to the Self-Study and accompanying documents to bona fide scholars pursuing projects of potential value to graduate education when specific authority is granted from CAHME.

INTRODUCTION

CAHME's mission is to advance the quality of healthcare management education, and accreditation is at the core of that mission.

Students look for CAHME-accredited programs as assurance that they will offer a high-quality educational experience that will best prepare them for leadership. Hospitals and health systems look to hire graduates of CAHME-accredited programs knowing that these new executives are coming to them not just with academic credentials, but with proven competencies in meeting the challenges of providing healthcare in communities across the country and around the world.

This Self-Study Handbook outlines the steps programs must take to achieving accreditation, or re-accreditation. The Handbook includes direction to programs on creating their Eligibility Statement and their Self-Study document. These documents, along with the CAHME Site Visit, are critical pieces in the accreditation process for programs to demonstrate that they meet CAHME standards.

Through accreditation, programs support CAHME's mission to advance the quality of healthcare management education. We appreciate your interest and are ready to answer any questions you might have about the process and about the benefits of accreditation for programs and students. You may also find more information on the CAHME web site, www.cahme.org.

Table of Contents

GENERAL INSTRUCTIONS

Academic accreditation was developed by graduate programs in healthcare quality and safety (HQS) to provide a basis for self-evaluation and collaborative peer review. The process is designed to contribute directly to educational quality of these programs. The process is designed to promote and sustain the quality of these programs. CAHME offers Accreditation to individual academic programs offering a major course of study in healthcare quality and safety leading to a professional master's degree.

A program of Accreditation is reflective of the professional field it represents. Some fields are narrowly defined, with a specificity of content and knowledge that paces competency in such a way as to make it consistently measurable, replicable, documented and codified. Other fields are broad and diverse, requiring a myriad of skills, knowledge and competency in adjusting to the varying degrees of content application. Healthcare quality and safety is one such diverse field, compelling the use of terminology that reflects diversity, range of competency preparation and variety of practice settings.

The development and maturation of the field of healthcare quality and safety education has been characterized by diversity. That diversity has always been considered a strength allowing different educational institutions to organize their resources in support of excellence in healthcare quality and safety education from a variety of perspectives, with differing resources, and with the objective of meeting a variety of needs through varying curricular structures. The CAHME program of service seeks to include rather than exclude and has organized its program of service accordingly.

Therefore, CAHME does not employ the term "standard," to mean that accredited programs must only adhere to a prescribed list of qualifications, rather the term is used to 1) describe a set of characteristics that are associated with high quality graduate programs in healthcare quality and safety, as defined by representatives from the field itself, and 2) the expectation that accredited programs should be able to demonstrate how these characteristics are reflected (or exceeded) in their programs.

CAHME has chosen tools for measuring excellence in a variety of academic settings, driven by the diversity of practice settings that embrace healthcare quality and safety and require flexibility in the application of competency measurement and by extension student outcomes. The awarding of Accreditation demands a continuing commitment to assessing and delivering quality education in healthcare quality and safety.

About the Eligibility Statement

A Program initiates the accreditation process with an official request for accreditation. The official request must be submitted by the chief administrative officer of the University or his/her representative one-year prior to the anticipated site visit. Before a site visit can be scheduled, a set of eligibility requirements, as described in this document, must be satisfied. The Eligibility Statement must be completed online on the CAHME eAccreditation system at least six months prior to the site visit at the following site: https://accred.cahme.org/login. All Programs seeking accreditation will include the Eligibility Statement with the Self-Study document submission. The Eligibility Statement is automatically generated by the system based on the Eligibility Statement submitted six months prior to the visit and is automatically included in the Self-Study submission.

The Eligibility Statement is a declaration that the Program has met the 11 Eligibility Requirements. These requirements are fundamentals that must be satisfied before a Program can proceed with the accreditation process. All Programs applying for initial CAHME accreditation and all Programs seeking reaccreditation must first demonstrate that they completely meet these Requirements. The declarations made in the Eligibility Statement are subject to verification by CAHME Staff and the Site Visit Team.

NOTE: CAHME accreditation may be sought only for individual academic Programs of study. CAHME does not accredit degrees, departments, or any other academic unit. When completing the Eligibility Statement, Programs must clearly delineate which Program(s) of study, including delivery formats, are to be included under the accreditation action (e.g., the MHA Program only; dual track Program (e.g., MHA/MBA, MHA/MPH), Residential versus Executive Program, online Program, etc). In Programs offering multiple pathways to pursue degree completion, evidence provided by the Program will assist CAHME in determining whether a single or more than one accreditation process is required.

About the Self-Study Submission

The Self-Study Submission provides the details needed to conduct the review of a Program which is necessary for the accreditation decision by the Board of Directors. This Self-Study Submission is based upon the Self-Study year. The Program should refer to the Handbook of Policies and Procedures for additional information about the activities of CAHME.

Documentation for the Self-Study should be based on information from the most recently **completed academic year.** This information may be supplemented with more recent data to add to understanding of the Program and its future direction. Evidence should focus exclusively on information related to the specific Program for which accreditation is sought. For dual degree Programs (e.g., MHA/MBA), only the Healthcare Management Degree Program data should be presented if the Program curricula are distinct and separate. If the curricula are merged, then the Program data should be aggregated into a single response for each question. This aggregation should be indicated in the text whenever it occurs.

The **Self-Study Handbook** is arranged in the same order as the Criteria for Accreditation.

This handbook serves as a guide for preparing the completed Self-Study. The complete Self-Study document must be submitted eight (8) weeks prior to the site visit. **The Self-Study submission must be completed online on the CAHME eAccreditation system located at the following site:** https://accred.cahme.org/login**.**

Basic Survey Questionnaire

The Program's response to the survey questionnaire should be well organized, written, and checked for grammatical and spelling accuracy. The **required Self-Study figures** are available on the e-accreditation system.

In writing the narrative, avoid language which presents generalizations, implications of competitive merit of the Program or University with respect to other units, and other "marketing" which boasts about Programmatic or institutional accomplishments. **Programs should be succinct and use the best method of presenting information (including bulleted lists, tables and diagrams) over lengthy narrative where appropriate.**

In most cases, data will be requested for the most recently completed Self-Study year as previously defined. The definition is specified the first time it appears, and then should be used **consistently** throughout the questionnaire and other documents submitted. Similarly, where data vary over the course of the Self-Study year (e.g., number of students), specify the date on which the data were collected, and use this date for all comparable data (e.g., full-time, part-time, first-year, second-year, on-campus, off-campus students). In particular, course syllabi should be for the defined year, and should **not** be from past years (unless the course was not offered in the Self-Study year). If changes have been made or proposed since the course offering in the Self-Study year, the new syllabus may also be attached and described. Similarly, faculty accomplishments should reflect those faculty present and the Program content and organization during the Self-Study year; the document should not reflect faculty accomplishments while holding full-time appointments at another university or organization, except on faculty resumes.

Course-Related Materials and Other Program Documents

Syllabi for **all required courses** and for elective courses frequently taken by Program students should be included (even if offered in another administrative unit of the University). **The CAHME syllabus cover sheet is required for all syllabi submitted**. During the campus visit**,** the Program should be prepared to provide the site visit team with graded papers, examinations and evaluations corresponding to each course in a format that is easily accessible. A checklist of other documents to be made available to the Site Visit Team is available as a separate publication: Guidelines for the Site Visit.

Alumni association documents, advisory board documents, and Program evaluation instruments should also be included with the submission. Note that faculty curricula vitae are to be uploaded in the "Faculty" section of the Program's eAccreditation account.

The Program must maintain copies of all significant student course deliverables generated during the Self-Study year. Whether a particular course requirement is defined as 'significant' can be defined by the Program but work that comprises a majority of a course grade, the culminating exercise, or other major deliverable must be retained for review by the Site Visit Team.

Completed Self-Study Format

The complete Self-Study must be submitted online on the CAHME eAccreditation system available at: https://accred.cahme.org/login. The eAccreditation system is accessible from the CAHME home page. Programs interested in initial accreditation can register their Program here. Programs beginning the reaccreditation process already have an account on the eAccreditation system that has been used for annual report submissions. If you are a faculty member at an accredited Program and do not have a working username and password, please contact CAHME staff.

Consultation with CAHME

Programs are encouraged to consult with the Site Visit Team or CAHME Staff during the preparation of the Self-Study for guidance and advice. Program faculty may review other Programs' self-studies and identify models for completion of the documentation consistent with CAHME's Conflict of Interest policy.

Additional information on curriculum and courses is available from the Association of University Programs in Health Administration via the AUPHA Network at http://network.aupha.org and the associated, subject-specific Faculty Networks, as well as the *Journal of Health Administration Education*.

Submission Deadlines

For initial site visits, a letter of intent must be submitted by the chief administrative officer of the university or his/her representative at least one year prior to the anticipated site team visit. The Eligibility Statement must be submitted with the first full candidacy application and must be reviewed and updated as necessary with each subsequent accreditation review. A copy of this statement is automatically submitted with the initial accreditation Self-Study document. For more information, please see the "Candidacy Application Handbook." For all accreditation reviews, the completed Self-Study must be submitted online at: https://accred.cahme.org/login no later than eight (8) weeks prior to the scheduled visit.

ELIGIBILITY STATEMENT

A Program initiates the accreditation process with an official request for accreditation. The official request must be submitted by the chief administrative officer of the University or his/her representative one-year prior to the anticipated site visit. Before a site visit can be scheduled, a set of eligibility requirements, as described in this document, must be satisfied.

The Eligibility Statement must be completed online on the CAHME eAccreditation system at least six months prior to the site visit at the following site: https://accred.cahme.org/login. All Programs seeking accreditation will include the Eligibility Statement with the Self-Study document submission. The Eligibility Statement is automatically generated by the system based on the Eligibility Statement submitted six months prior to the visit and is automatically included in the Self-Study submission.

CAHME Accreditation may be sought only for individual academic programs of study. CAHME does not accredit degrees, departments, or any other academic unit. When completing the Eligibility Statement, programs must clearly delineate which programs of study, including delivery formats, are to be included under the accreditation action (e.g., an MS or other Master's degree program only; dual programs that combine coursework from two Masters, residential, blended, or online).

The Eligibility Statement is a signed declaration that the Program has met each of the 12 Eligibility Requirements listed below. These requirements are fundamentals that must be satisfied before a program can proceed with the accreditation process. **The declarations made in the Eligibility Statement are subject to verification by CAHME Staff and the Accreditation Council.**

REQUIREMENT A

The University/College will have established a master's degree in healthcare quality and safety as a major course of study. Establishment of the Program will have been approved by the appropriate University/College governing body.

1. State the name of the master's degree Program(s) for which certification is sought. Indicate the name of the degree(s) and the abbreviation(s) used (e.g., Master of Science, MS). Indicate the sites where the Program is taught that are covered by this certification.
2. Identify the year the degree Program(s) was (were) established and approved by the University governing body and identify the appropriate University governing body.

REQUIREMENT B

Programs will be a part of an institution of higher learning that has achieved regional accreditation or equivalent recognition.

COMMENT:
In the United States the institution will be an accredited member of one of the six regional accrediting associations recognized by the Commission on Recognition of Postsecondary Accreditation.

In Canada, the institution will hold provisional or ordinary membership in the Association of Universities and Colleges of Canada. In all other countries the program will hold the appropriate equivalent accreditation, if such accreditation exists.

1. Specify regional or equivalent **University** accreditation status, including date of most recent accreditation and length of accreditation.
2. List all comments or recommendations directed at or relevant to the Program made during this accreditation.

REQUIREMENT C

The Program in healthcare quality and safety will have admitted at least one class.

1. Identify the date when the first class of students was admitted and state the year and semester when the first student graduated (or is expected to graduate) from the Program.

REQUIREMENT D

The Program will provide:

1. Statement of Program's mission, vision and values
    a. Mission: A mission statement defines the purpose and direction and any unique aspects of the Program.
    b. Vision: A vision statement communicates where the Program aspires to be and serves to motivate the Program to move towards this ideal state.
    c. Values: The Program's values are an abstract generalized principle of behavior to which the Program feels a strong, emotionally toned commitment, and which provides a standard for judging specific acts and goals.
2. Evidence of alignment with goals and mission of University and College/School in which the Program is housed
    a. Include mission and goal statements of University/Colleges/Schools
    b. Provide the relevant URLs
3. A curricular plan demonstrating alignment between planned student outcomes and program courses/supervised field experiences;

4. Evidence that all courses are designed to provide the regular and substantive interaction, either online or face-to-face, or a hybrid thereof, between students and instructors;
5. Evidence of instructional methods that appropriately address the planned student outcomes and consideration of student learning styles; and
6. A continuous quality improvement program.

REQUIREMENT E

The Program will ensure that resources including but not limited to facilities, equipment, and supplies are sufficient to support Program quality and achieve the Program's mission, goals, and objectives. These will include:

1. Library and/or access to information resources;
    a. Provide the URLs that describe information resources available to students and faculty of the Program and assess their adequacy to support a graduate program in healthcare quality and safety and faculty research.
    b. If the Program uses online instruction, describe how students are provided access to library and other information resources.

2. Appropriate technology capable of providing a platform for active student learning, (i.e., a learning management system for online learning, and/or in-classroom computer hardware and software for face-to-face learning); and
    a. Assess the adequacy of computer technology available to the faculty and describe any barriers to access.
    b. Describe computer technology available to students, including available hardware (number of personal computer labs, computer terminals, printers, etc.) and software. Assess the adequacy of computer technology available to students and identify any barriers to utilization, such as scheduling, location, etc.
    c. If the Program uses online instruction, describe the availability of assistance in the online environment and state the required response times to help requests from students, faculty, and the learning management system help desk.

3. Classroom, and other learning space, and physical facilities for students, faculty, and staff, as appropriate to the method of course / program delivery.
    a. Describe the office and other workspace available to Program faculty and staff, including the adequacy of faculty offices for private study as well as for advising and counseling students.
    b. Describe classroom and learning space. Assess how adequately these facilities meet the educational needs of the Program and allow it to fulfill its mission, goals, and objectives.

REQUIREMENT F

There will be no discrimination on the basis of gender, age, creed, race, religion, ethnicity, disability or sexual orientation in any aspect of the Program's activities. The Program will be in full compliance with relevant laws and University/College policy regarding equal opportunity requirements. Nothing herein will be construed to prevent a University/College from having a religious affiliation and purpose and adopting policies of admission and employment that directly relate to such affiliation

and purpose so long as notice of such policies has been provided to applicants, students, faculty, and employees.

1. State the University/Program policies on nondiscrimination and equal opportunity.
2. Provide the URLs to the above policies on the University/Program website.

REQUIREMENT G

The Program will have a process for handling formal student complaints and use these complaints, where appropriate, for program evaluation and improvement.

1. Provide the URLs to the relevant policies on the University/Program website. Describe the procedures available to students for making formal complaints against the Program.
2. Describe how students are made aware of these policies and procedures.
3. Describe how these policies and procedures provide for a timely response and ensure that the resolution is fair and equitable to all parties.
4. Describe or demonstrate how information from student complaints and their resolution has been, or will be, used for Program evaluation and improvement.

REQUIREMENT H

The Program will be subject to a defined policy on academic freedom and academic standards for faculty. Faculty in the Program will be aware of Program/University faculty grievance procedures.

1. State the University/Program policies on academic freedom, academic standards, and the process to resolve faculty grievances.
2. Provide the URLs to the above policies and procedures on the University/Program website.

REQUIREMENT I

University and or program policies will provide time or support for faculty development, research and/or scholarship, and service, as appropriate to the type of faculty appointment and the conditions of employment. Faculty development and research should support the discipline of healthcare quality and or patient safety.

1. State the relevant University/Program policies.
2. Provide the URLs to the above policies on the University/Program website.

REQUIREMENT J

Faculty duties and responsibilities will be consistent with University policies. University and/or program should have a defined policy for evaluating faculty performance.

1. Provide the URLs on the University/Program website that pertain to policies regarding faculty responsibilities.
2. Provide the URLs on the University/Program website that pertain to policies and procedures for faculty evaluation.

OVERVIEW OF THE PROGRAM

In approximately 500 words, provide a general overview of the Program and its organizational setting. Relevant information includes the degree offered, the setting of the Program within the university, the types of students served, and other information that distinguishes the Program and would be of relevance for the accreditation team. While CAHME realizes that much of this information will also be included later in the Self-Study, a general introduction at the beginning of the document will serve to orient the site visit team and facilitate their work.

PROGRESS SINCE PREVIOUS SITE VISIT

(Note: Not applicable for initial accreditation)

List the criteria related recommendations from the last site visit report and provide a brief description of the actions taken to address these. (Discussion of the consultative recommendations is not required.)

CRITERION I: PROGRAM MISSION, VALUES, VISION, GOALS AND SUPPORT

I.A. Mission and Metrics

I.A.1 The Program will have statements of mission, vision, and values that guide the Program's competency model, evaluation and improvement initiatives, strategic intent and/or market focus, and scholarly activity.

INTERPRETATION

The mission, vision, and value statements will define the focus of the Health Quality and Safety (HQS) Program. The mission, vision and values will provide the basis for reviewing the Program and for assessing Program effectiveness.

MISSION

The mission statement defines the purpose, direction and any unique aspects of the Program. It guides the focus of the competencies and the curriculum. The mission statement should identify the Program's strategic purpose and provide clarity regarding the target student population.

The Program should describe and demonstrate how the Program mission relates to the mission of the University and of the parent College/School. The mission statement will be considered in relation to the mission of the University regarding education, research and service.

VISION

The Program's vision is a statement that communicates the Program's ideal or aspirational state. The vision motivates the Program towards an ideal state.

VALUES

The Program's values reflect commonly held beliefs and principles that define the culture of the Program and to which the Program's faculty, staff, and students feel a strong emotionally-toned commitment. The values statement provides a standard for behavior and decisions among the faculty, staff, and students

REQUIRED

1. Provide statements of the Program's mission, vision and values.
2. Describe how these statements define the focus of the Program
3. Describe how these statements provide direction for student selection, curriculum design, and scholarly activity of the faculty. Scholarly activity can incorporate a range of activities including discovery (search for new knowledge), integration (interpret or integrate knowledge from a variety of sources), application (discovery of ways that knowledge can be applied in real world settings), and teaching (search for innovative approaches and best practices to disseminate knowledge) (Boyer 1997).
4. Comment and demonstrate how the Program statements relate to the mission and vision of the University and of the parent College/School. Include statements of University and College/School missions and provide the relevant URLs.

I.A.2 The Program will establish goals, objectives and performance outcomes that are aligned with the Program's mission, vision and values and are action-based, observable, and measurable.

INTERPRETATION

CAHME will seek evidence that specified goals and objectives and expected performance outcomes provide direction and criteria for evaluating ongoing Program and curriculum enhancement. Goals must support the mission, vision and values statement by identifying specific areas of emphasis within the Program. Objectives serve to operationalize the goals and must include separate educational, scholarship, service, and other appropriate subcategories of the goals. Objectives serve as indicators of successful performance and must be actionable, observable, and measurable.

REQUIRED

1. Prepare a narrative describing how the Program has established goals, objectives, and performance outcomes based on its mission, vision and values. The narrative should demonstrate how the various constituencies of the Program, e.g., students, graduates, faculty, preceptors, and advisory groups, are involved in this process. **Briefly describe the results of the ongoing evaluations in the last two years and what improvements have resulted from the evaluation results.**
2. Prepare **Figure 1** (or similar document) to illustrate outcome assessments used routinely by the Program to evaluate the extent to which each Program objective is met. Indicate actual performance against set targets. List all goals, objectives, assessments, measures, and actions as illustrated by the Example (**Figure 1**) below.
3. Assess the Program's evaluation process highlighting strengths and/or problems. Suggest desired changes in the process and identify steps and a timeframe for making changes.

Figure 1: Goals Objectives & Performance Outcomes (Example)

Program Goal: Enroll diverse and highly qualified students from the state, nation and the world.				
Objective: Accept High Quality Applicants				
Benchmark to be met	Measurement Description	Recent Assessment	Measurement Results	Actions Based on Results
50% of accepted residential applicants who take the GMAT will score 530 or above.	Compute average GMAT score of all accepted applicants	2015 – 2016	86% had GMAT score of 530 or above	Continue to monitor and improve.

I.A.3. The Program will monitor changes in the health sector in general, healthcare quality and safety practice and theory specifically, and the University environment, and adjust its mission, goals, objectives and competency model as necessary.

INTERPRETATION
Strategic planning assessment tools, including health sector environmental scans and literature reviews of the evidence base and best practices in health care quality improvement and safety, will enable the Program to identify essential competencies that should be incorporated into its curriculum. Strategic planning should include evidence of external stakeholder input into the curriculum. Stakeholder (e.g., alumni, employers, advisory board) involvement in planning and ongoing monitoring of the environment is important.

REQUIRED

1. Describe the ongoing process for monitoring the health sector and University environments, such as the use of community and/or advisory boards, alumni engagement, student feedback, and the process for incorporating this information into Program review and improvement.
2. Describe how the Program uses strategic assessment tools, and/or stakeholder input to evaluate the relevance of the Program competencies and identify changing needs for essential competencies in the Program's graduates.
3. Provide examples of findings from the monitoring process, and how these findings have been utilized for planning Programmatic changes, including any changes to the competencies or curriculum.

I.B. Institutional Support

I.B.1 The Program will have sufficient financial support, stability, and administrative support to ensure that its mission, goals and objectives can be achieved.

INTERPRETATION
This criterion requires an assessment of the Program's ability to meet its stated objectives in light of its current financial resources, identification of the most significant current resources and the most critical resource constraints. Included should be the Program's ability to make recommendations for future resource development, identify steps planned to implement these recommendations, and describe the likely timeline for implementation.

REQUIRED

1. Identify resources such as people, facilities, and university support available to the Program and indicate the nature and extent of utilization, as well as any barriers to utilization.
2. Identify Unit or Department activities other than those being reviewed (e.g., undergraduate, other master's, doctoral, extension, management development, etc.), and indicate their relation to the Program with regard to allocation of resources (funds, faculty, space, etc.).
3. Upload the current Program or Department budget. Describe the administrative procedures involved in determining budgetary allocation to the Program, and indicate if these resources are sufficient to support the mission and goals and objectives of the Program.
4. Describe the extent and adequacy of administrative support services available to the Program, such as secretarial, clerical and graduate research assistants. Indicate whether these positions are supported by the Program budget, grants or other sources.
5. Provide a summary assessment of the Program's ability to meet its stated goals and objectives in light of its current resources and identify most critical resource constraints. Include

recommendations for future resource development, identify implementation steps for these recommendations, and describe the likely timeline for implementation.

I.B.2 Program leadership will have sufficient authority and autonomy to develop and guide the Program.

INTERPRETATION

This criterion evaluates the authority of the personnel responsible for the Program. As guided by the framework of the University's rules and regulations, Program faculty and administration should have sufficient prerogatives to assure the integrity of the Program and facilitate achievement of the Program's mission, goals and objectives. Program faculty should have formal opportunities for input in decisions affecting student admissions and progress, resource allocation, faculty recruitment and promotion, program competencies, curriculum design and evaluation, assessment methods, research and service activities, and degree requirements.

REQUIRED

1. Provide an assessment regarding the extent of authority the Program leadership has in leading the Program and determining its strategic direction. Include specific discussion of the Program leadership authority with respect to:
    a. Admissions, scheduling and student advisement to ensure academic progress
    b. Resource allocation
    c. Faculty recruitment and promotion
    d. Development and application of the program's competency statements that reflect the HQS content domains
    e. Curriculum design and evaluation,
    f. Assessment methods,
    g. Scholarship and service activities, and
    h. Degree requirements.
2. Upload the Program's organizational chart(s) locating the Program within the University and include as Figure 2.
3. Describe the organization of the Program and its relationships with the primary academic unit in which it is located. Address topics such as the part of the University to which the Program is most closely related, whether the Program is organized as a separate department or is part of another administrative entity; whether the faculty hold appointments in the Program or in other parts of the University; and other information relevant to understanding how the Program fits into the structure of the University.
4. Assess the suitability of the structural location of the Program in the university and in relation to the Program's current and projected development. Include projections of future support and/or problems. Identify any recommendations for desired change in the setting, steps planned to implement these recommendations and the timing of these steps.

I.B.3 Program and University leadership will ensure that supportive resources are available to all Program faculty and are appropriate for individual faculty workload to support positive student educational outcomes.

INTERPRETATION

CAHME recognizes that faculty research requirements, large class sections, blended or online instruction place additional demands on course faculty. In addition, CAHME seeks to ensure that adequate physical infrastructure is in place to support quality instruction. Further, CAHME will seek evidence that faculty are supported with additional resources where and when warranted, and that the majority of instruction is with the faculty of record who are qualified content experts.

REQUIRED

1. Describe how the Program balances faculty workload with available resources. Describe the methods the Program uses to ensure that qualified faculty have responsibility for the majority of instructional time.
2. Describe the accommodations made for, or resources available to, faculty to handle the additional workload associated with large classes, administrative obligations, service commitments, and research requirements.
3. For programs that are primarily delivered on campus in a classroom or are blended, describe the physical space used for classroom instruction.
4. For Programs with online or blended instruction, describe the resources available to faculty to support the online environment, including information about the online platform.
5. Describe (and include URLs if available) the policies governing the use of Graduate Teaching Assistants (TA's) and co-teaching in the Program.

I.B.4 The Program will support and enable all students to draw broadly on academic resources available throughout the University.

INTERPRETATION

CAHME recognizes that the educational goals of Programs can best be met if all students (including full-time, part-time, or distance learning) have access to and utilize, to the greatest extent possible, the resources of the entire University for courses, independent study, and research.

REQUIRED

1. Assess the availability of University-wide academic resources (e.g., courses, student activities) and describe how they are made available to all students in the Program. Specifically describe how these academic resources are made available to online or distance learning students.
2. Describe any barriers to access for students in the Program and options that have been considered for addressing those barriers. In addition, describe the extent to which the program utilizes the principles of universal design to ensure the accessibility of courses and other educational activities for students with disabilities.

CRITERION II: STUDENTS & GRADUATES

II.A.1. The Program will make publicly available complete and accurate information regarding its mission; application process; the competencies that form the basis for its curriculum; the content and sequence of its curriculum; teaching, learning and assessment methods; outcomes measures including degree retention rates; and differences among accredited degree offerings.

INTERPRETATION

The Program will provide sufficient information in its publicity materials (e.g., websites or brochures) to allow prospective students to make informed decisions prior to entering the Program, and to allow other interested parties to understand the Program and its purpose. This information typically includes admissions criteria and practices, tuition/degree costs, academic calendars, grading policies, degree requirements, and student outcomes including the **retention rate**. Other program specific outcomes could include **employment rate within 90 days**, professional achievements such as promotions upon graduation, publications, or employer satisfaction with recent graduates. Since competencies define the nature and content of a Program and establish student expectations, information about them should be widely available to students and prospective students. Accredited Programs with multiple tracks must clearly differentiate between CAHME accredited and non-accredited offerings in their formal and informal communications.

REQUIRED

1. Describe how **students** receive information about the Program (e.g., website, brochures, etc.) Provide relevant URLs, and brief descriptions of what these pages contain. Copies of print materials not available via the Internet should be available for the site visit team during the site visit. Include in this section a description of how information about competencies, teaching, learning and assessment methods are made available to students and prospective students.
2. Describe how **other stakeholders** (the public, employers, preceptors, and other interested parties as defined by your Program) receive information about the Program. Copies of print materials not available via the Internet should be made available to the site visit team during the site visit.
3. Provide the URL from the Program's website that shows the publication of measures of student achievement including, at a minimum, retention rate for the last graduating class or academic year. Programs may also choose to post job placement, employment advancement or other metrics as appropriate.

II.A.2. The Program will have recruiting practices and well-defined admission criteria designed to recruit and admit qualified students and to pursue a diverse student population as reflected in the Program's mission-defined market.

INTERPRETATION

The Program's admission criteria should be derived from its mission and provide metrics by which the Program monitors its performance. Recruitment practices and admission criteria should be designed to recruit qualified students.

REQUIRED

1. Describe the target applicant market, annual recruitment goals, and the activities involved with pursuing those goals.
2. Describe student recruitment activity outcomes in **Figure 3.**
3. Prepare **Figure 4** to reflect the characteristics of entering students for the current year, the Self-Study year, and the year prior to the Self-Study year; add row headings, as appropriate.
4. Provide an assessment of the recruitment and admissions process with respect to the Program's effectiveness in meeting its goals and objectives.
5. Prepare **Figure 5** describing the distribution of enrolled students. Provide definitions used for classifying students by year, and as part-time versus full-time status.
    a. Prepare **Figure 6** and **Figure 7** describing the distribution of graduating students by gender and by race/ethnicity. Use NCES (National Center for Education Statistics) Standards for race and ethnicity. https://nces.ed.gov/ipeds/report-your-data/race-ethnicity-definitions
6. List the criteria used in the student selection process for the HQS degree-granting program. Include any specific rules or guidelines concerning previously earned grade point averages, standardized test scores, previously earned degrees, prerequisite courses, prerequisite majors, work experience, career objectives, and/or assessments made by the admissions committee/ review team.
7. Explain policies and procedures allowing for exceptions in the Program's selection criteria, and describe the extent to these exceptions are made, including the percentage of students admitted based on exceptions to your criteria.
8. Describe efforts aimed at the recruitment of a diverse student population, and the commitment to giving full opportunity for admission regardless of gender/gender orientation, race/ethnicity national origin, or on any other basis not prohibited by applicable law.

Figure 3: Recruitment Activity Outcomes

Note: Repeat for each degree, or joint degree, Program, as applicable.

Students	**Degree Program: _____**	
	SELF-STUDY AY	**PRIOR AY**
	Students	**Students**
Complete applications received		
Applicants offered admission		
Total applicants enrolled (aka new students enrolled)		

Figure 4: Characteristics of Enrolled Students

	CURRENT AY (if different from Self-Study year)			**SELF-STUDY AY** (provide dates here)			**PRIOR AY** (provide dates here)		
Class Size	**N=**			**N=**			**N=**		
	1st Quartile	Median	3rd Quartile	1st Quartile	Median	3rd Quartile	1st Quartile	Median	3rd Quartile
DEGREE PROGRAM:									
[Specify degree Program]									
Entering GPA[2]									
[Specify aptitude test(s), or other admissions metric, as appropriate]									
[Repeat for all aptitude tests accepted, or additional admissions metrics]									

NOTE: Repeat for each degree, or joint degree, Program, as applicable

Figure 5: Distribution of Enrolled Students

Enrolled Students	Total	Full-time	Part-time
First-Year			
Second-Year			
Third-Year			
Nth year (specify):			
TOTAL			

Figure 6: Gender of Graduating Students

	Current AY Dates: _____	Self Study AY Dates: _____	Prior AY Dates: _____
Male			
Female			
Other Gender Identity			
Total Students			

Figure 7: Race and Ethnicity of Graduating Students *(Gender, race and ethnicity percentages not applicable to Programs outside of the United States and its Territories)*

		Current AY Dates: _____	Self Study AY Dates: _____	Prior AY Dates: _____
Hispanic Students (A)				
Non-Hispanic Students	American Indian or Alaska Native			
	Asian			
	Black or African American			
	Native Hawaiian or Other Pacific Islander:			
	White or Caucasian			
	Other (including more than one races/ethnicities)			
	Sub-total (B)			
Unknown Race and Ethnicity (C)				
Total Graduating Students (A + B + C)				

II.A.3 The Program will ensure that all students are provided access to academic advising and other support services and that these services are evaluated regularly as a part of the Program's continuous improvement.

INTERPRETATION
Program advising and support services will include mentoring and academic advising. Depending on student needs programs may also offer career advising, resume preparation, and assistance with job searches. University-wide resources such as counseling, dispute resolution, career advising, and financial aid advisement must be made available to Program students.

REQUIRED
1. Describe the system of academic advising
2. Describe the mechanisms for evaluating the effectiveness of the Program's approach to advising. Provide evidence that the effectiveness of these systems is evaluated and used for Program improvement.
3. Describe how financial aid information is systematically made available to students in the Program. Provide an assessment of the adequacy of financial resources available and describe steps being taken to address any inadequacies.
4. Describe any other programmatic or university-wide support services (e.g, counseling, tutoring, career advising) available to Program students.
5. For programs with significant online instruction, describe the extent to which resources are available to effectively support students including students who may be experiencing academic difficulty.

II.A.4 The Program will involve students, alumni, and practitioners in appropriate areas of Program decision-making and evaluation.

INTERPRETATION
Student, alumni, and practitioner involvement in such areas as course evaluations, instructors, curriculum, career and academic advising, decisions on student recruitment and admission, and selection of new faculty is critical to ensuring the ongoing relevance of the Program to the changing needs of the profession, and will be evaluated in the context of overall University policy. Programs should demonstrate how these stakeholder groups are engaged in program decision-making and evaluation. Examples of stakeholder involvement in program planning include membership on advisory groups, participation in annual program retreats and strategic planning sessions, alumni and stakeholder surveys, and engagement of expert HQS practitioner as a program adviser.

REQUIRED
1. Describe how students, alumni and practitioners are involved in appropriate areas of Program decision-making and evaluation, including the frequency of involvement.
2. Provide substantiating documentation, such as meeting minutes, survey results etc. that will be available for review by the site visit team.

II.A.5 The Program will ensure that graduates' career trajectory is monitored, documented and used for continuous improvement.

INTERPRETATION

In a Program's efforts to monitor graduate achievement, the career paths of graduates will be tracked for a period of time. The Program will provide information on program outcomes such as retention rates, the extent to which graduates are in jobs where they are using HQS competencies, student perception of their preparedness for work in HQS, and student satisfaction with their education.

Graduate career tracking can be accomplished in multiple ways, e.g., annual surveys, periodic surveys), active tracking via LinkedIn, robust alumni engagement in advisory board activity, etc. The primary intent of this criterion is to ensure the Program remains engaged with and actively monitors alumni career success in order to ensure that the program meets the expectations of students, graduates, and employers.

The *Retention Rate* reflects the percent of students who continued in the program past the *"initial period of study"*. Programs should define the *"initial period of study"* as either the first semester, first quarter, or period that reflects approximately 25% of the total course of study.

The *Time to Graduate* reflects the variability in the length of time it takes students to graduate in the program. CAHME examines the median (50^{th} percentile) time to graduate and compares it to the outlier (80^{th} percentile). This data enables students to understand how long and how much variation occurs in completing the program.

REQUIRED

1. Describe assessment techniques or other indicators used to measure graduates' career achievements. Provide a self-assessment and present results and data from assessments of the preparedness of graduates to pursue careers consistent with the Program goals.
2. Provide information on the Retention Rate and Time to Graduation over the past **three years** (one year for Programs undergoing initial accreditation). If retention rates are less than 80%, provide an explanation.

Figure 8: Retention Rate/Time to Graduate Worksheet

The *Retention Rate* reflects the percent of students who continued in the program past the *"initial period of study"*. Programs should define the *"initial period of study"* as either the first semester, first quarter, or period that reflects approximately 25% of the total course of study. This measure reflects how well the program keeps students engaged.	**Self-Study year**	**One year prior**	**Two years prior**
Enter the number of enrolled students in the first semester/quarter/ *"initial period of study"* in question. **(a)**			
Enter the number of enrolled students ***who were enrolled in (a) who subsequently re-enrolled*** in the immediately following semester/quarter/period of the time period in question. (b)			
Calculate: **b/a.** Enter as a percentage. This is the percent of students who continued in the second "period of study" after initially enrolling in the "first period of study". In no case should this percent be greater than 100%	%	%	%
If the percentage is less than 80 percent, in any year, comment on the percent of students returning. If improvement is needed, describe the initiatives in place to improve.			
The *Time to Graduate* reflects the variability in the length of time it takes students to graduate in the program. CAHME examines the median (50th percentile) time to graduate and compares it to the outlier (80th percentile). This data enables students to understand how long and how much variation occurs in completing the program.			
Enter the median (50th percentile) months to graduate for students in the graduating class of the time period in question. Note that this is **NOT** the mean or average. **(a)**			
Enter the months to graduate of the student at the 80th percentile in the graduating class of the time period in question. (b)			
Calculate **(b-a)/a.** Enter as a percentage. *This is the amount of time more (expressed as a percent) that it takes for the 80th percentile student to get through the program compared to the median.*	%	%	%
Comment on the variability in the time to graduate. If improvement is needed, describe the initiatives in place to improve.			

Figure 9: Employment Settings of Program Graduates

Position		#Graduates 1st Year Prior to SS Year		#Graduates 2nd Year Prior to SS Year		#Graduates 3RD Year Prior to SS Year	
		Count	Count	Count	Count	Count	Count
Not Eligible	Already Employed in Healthcare and stayed in same position post-graduation						
	International student returned home without seeking employment						
	Pursuing other Graduate Degree						
	TOTAL NOT ELIGIBLE/NOT SEEKING TO BE PLACED (A)						
Placed Students	Post-Graduate Fellowship						
	Hospital/Health System						
	Physician Practice						
	Military Health System or Veterans Health Administration						
	Governmental agencies (i.e., local, state & federal agencies)						
	Trade Association (e.g., AHA, HFMA, ACHE, Blue Cross/Blue Shield Association)						
	Foundation or Voluntary Agency (e.g., RWJ Foundation, Red Cross)						
	Long-Term Care Facility						
	Home Health Agency						
	Consulting						
	Insurance/HMO						
	Information Technology/Analytics						
	Pharmaceutical/Biotech/Medical Device Company						
	National health organizations (CVS/Aetna, Walgreens, Haven aka Amazon-JP Morgan-Berkshire)						
	Investment banking re: healthcare (merger & acquisition, etc.)						
	Venture Capital or Private Equity						
	Employed outside Healthcare						
	Employed overseas in healthcare (but site is unknown)						
	Other						
	TOTAL PLACED (B)						
Not Placed (C)							
Unknown (D)							
Students Eligible to be Placed (E = B + C + D)							
Placement Percentage (B / E)							

Figure 10: Positions Currently Held by Program Graduates

Positions by Type	**# of Graduates (last 3 years)**
Executive Office (e.g. CEO, President, Chief Medical Officer, Chief Information Officer, Partner, Owner etc.)	
Chief Operating Officer/Vice President of Operations (e.g. Assistant Administrator, Division Director, Facility/Regional Administrator, etc.)	
Management Staff (e.g. Manager, Unit Administrator, Practice Manager, etc.)	
Senior Staff (e.g. Senior Analyst, Senior Consultant, Financial Officer, Information Officer, etc.)	
Staff Specialist, Staff Support (e.g. Management Analyst, Medical Records Administrator, Consultant, etc.)	
Physician	
Educator / Faculty Member	
Registered Nurse	
Pharmacist	
Other (please list)	
Total	

CRITERION III. COMPETENCIES, CURRICULUM & TEACHING AND LEARNING METHODS

III.A. Competencies and Curriculum Design

III.A.1: Program competencies will be defined by 13 content domains and align with a Program's mission.

OVERVIEW

Competence is the ability to effectively engage in an activity. A competency is "an observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition" (Frank et al., 2010). A competency statement reflects the related knowledge, skills, and attitudes someone must demonstrate for competence, measured at a point in time. Competencies acquired contribute to competence (Howat, Lower, James, & Shilton, 2001; Kianna, 2018; Winterton, 2009). A set of competencies define a program's curriculum and course of study.

Programs will adopt a set of competencies that align with the following content domains:

1. Safety and Error Science
2. Improvement Science and Quality Principles
3. Evidence-Based Practice
4. Measurement and Process Evaluation
5. Communication
6. Health Informatics
7. Human Factors
8. Professionalism
9. Leadership
10. Systems Thinking
11. Legal and Regulatory Issues
12. Interprofessional Collaborative Work
13. Patient and Family-Centered Engagement

INTERPRETATION

Student learning is a central focus of graduate education and is driven by each program's unique mission and the employment settings of its graduates. Programs will adopt a set of competencies that align with the set of HQS content domains, as well as the Program's mission and types of jobs graduates seek. Programs will use these competencies as the basis of its curriculum, course content, learning objectives, and teaching and assessment methods. There is no overall maximum number of competencies;

however, a minimum of one competency per content domain is required. In addition, the Program will decide the expected level of competency attainment expected upon graduation.[1]

REQUIRED

1. Provide a list of the Program competencies and associated competencies statements.
2. Describe how these competencies align with the HQS content domains and the Program's mission, vision, and values.
3. Describe the process by which the Program's competencies and the associated curriculum are developed and periodically reviewed with faculty for relevance. Include information on any faculty or committee approval needed for changes to Program competencies.
4. Each content domain and its corresponding knowledge, skills, and attitude (KSAs) components are described in the **HQS Domain Example Document**.

Safety and Error Science

Safety and Error Science is the study of complex interactions across space and time. Safety science includes elements that constrain human action and principles that guide design of the human-technology interface and that facilitate understanding of the state of the system. Errors include actual events, near misses, and lapses. 'Safety' is a dynamic property that optimizes operational and organizational environments across varying conditions and recognizes intrinsic hazards and risks.

Improvement Science and Quality Principles

Improvement Science and Quality Principles refer to the concept, based on the work of Deming (2000), Donabedian (1998, 2005), and others, of exploring how to undertake quality improvement by applying research methods to examine the impact of quality improvement efforts on outcomes. Improvement Science and Quality Principles provides the conceptual and methodological framework to improve the quality, patient safety, and value of healthcare.

Evidenced-Based Practice

Evidence-Based Practice refers to the process of decision-making using critical thinking and the best evidence available, at the time, to inform practice. Obtaining best available evidence requires information-seeking skills of published literature, "pre-appraised" resources that have undergone a filtering process, internal business information, and professional experience. Evidence-based practice is conscientious, explicit and judicious in its use of the best available evidence from multiple sources. Evidence-based practice requires consideration of the context in which it is being applied. Evidence-based practice evolves and is informed, over time, by outcomes.

Measurement and Process Evaluation

[1] Programs may determine the appropriate scale for describing student competency attainment (e.g., novice, beginner, competent, expert; numerical scale; not competent, competent, competent to train others; etc.) See Anderson and Krathwohl (2001), Benner (1984), and Miller (1990) for examples.

Measurement and Process Evaluation refers to the use of valid and reliable tools and methods to accurately collect and analyze data to assess the need for change, to achieve desired outcomes, and to assess the effectiveness or impact of the change. Tools can include, but are not limited to, scorecards, dashboards, and statistical process controls.

Communication

Communication refers to the process of messaging from a sender to a receiver through verbal, nonverbal, written or some other medium. The message contains content and has context. The message must be synthesized and understood by the receiver. The meaning of content is shaped by the meanings associated with the message itself, as well as the emotions triggered by the message. Perspectives, culture, biases, and language barriers are important elements in the communication process. Meaning is influenced by the relationship between the parties. Communication is affected by factors such as location, environmental conditions, and time of day.

Health Informatics

Health informatics refers to the interdisciplinary field that draws upon the fields of information science, information technology, and social and behavioral science, as applied to health. Health Informatics is the application of health information technology in the interdisciplinary field that studies and pursues the effective uses of biomedical data, information, and knowledge for scientific inquiry, problem solving and decision making, motivated by efforts to improve human health. The content domain encompasses concepts of stakeholder analysis, adoption of technology, and sociotechnical systems.

Human Factors

Human Factors refers to the interdisciplinary field that focuses on the interaction between humans and products, processes, and systems in order to reduce human error, enhance human safety and comfort, and improve processes. Human factors decision-making integrates user-centered inquiry and design from a systems perspective to ensure effective representation and use of biomedical and other data. The content domain reflects theories of human perception and cognition, and applies methods of systems analysis, knowledge elicitation, user-centered design, usability, and technology evaluation.

Professionalism

Professionalism refers to the status, methods, character or standards expected of a professional in quality and patient safety and is demonstrated by the shared attitudes, beliefs and values held by members of the profession. Among these shared attitudes, beliefs and values is a commitment to lifelong learning, leadership development, reflective practice, interdisciplinary collaboration, advocacy and policy-making at the local and national levels, and relies on critical thinking, communication, decision making and judgment. Professionals demonstrate trustworthiness, accountability, reliability and ethical behavior.

Leadership

Leadership in quality and patient safety sustains and promotes the commitment to quality in all aspects of care provision as well as ensuring a safe and just environment within which all stakeholders can speak

up to protect the integrity of safe care processes within a culture of transparency. Applying models of leadership, leaders strategically plan, manage and sustain initiatives to achieve organizational goals, create and manage teams, monitor and respond to environmental dynamics, eliminate barriers, optimize resource utilization, manage change, and coach and motivate others. Leaders demonstrate self-awareness and seek self-improvement.

Systems Thinking

Systems Thinking is the ability to recognize, understand, and synthesize the linkages, relationships, interactions, behaviors and interdependencies among a set of components designed for a specific purpose. The components, including human agents/actors who drive a system and function, must be understood together, in a dynamic architecture of interactions and synergies that characterize the entire system.

Legal and Regulatory Issues

Legal and Regulatory Issues refers to applicable requirements and accreditation standards that are foundational to healthcare quality and patient safety practice. The impact of laws, regulations and standards on health care delivery, institutional policy, financing and resource allocation are part of this content domain. Included are concepts associated with planning for, implementing, and monitoring requirements and standards to achieve compliance, to predict costs, to deliver effective and efficient care, and to promote value. Risk management efforts enhance awareness of legal and regulatory requirements and support measures to prevent untoward outcomes, financial loss and to maintain community trust.

Interprofessional Collaborative Work

Interprofessional Collaborative Work refers to the practice of multiple disciplines working together in the spirit of mutual trust and respect, cooperation, and open communication to support attainment of the shared goal of improving patient safety and quality. Collaborative work is characterized by shared responsibility and accountability, teamwork, and coordination while developing and maintaining effective working relationships with all members of the interdisciplinary team.

Patient and Family-Centered Engagement

Patient and Family-Centered Engagement refers to the integration of patients and families as critical stakeholders in the structure, process and outcomes of the health care delivery continuum. Methods of engagement can include strategies incorporating the patient and family voice in quality and patient safety initiatives and the use of tools and measures to elicit input and feedback from this group. This content domain encompasses social determinants of health, cultural competence, and health literacy.

Figure 11: Competency Coverage across the Curriculum

Competency (abridged)	Required Courses (abridged)				Other Requirements	
	HSMP 800 Health Care Organization I	HSMP 815 Health Services Organizational Management.	BIO 701 Design & Analysis of Studies in the Health Sciences Organization I	EPI 710 Principles of Epidemiology	Summer Admin Residency	Professional Development
Domain: Communications & interpersonal effectiveness.						
Organizational Behavior Theory		3		1	2	
Organizational Management		3			2	
Management of Human Resources & Health Professionals	1	2			1	1
Domain: Critical thinking, analysis & problem solving						
Financial Skills					1	
Project Management					1	
Domain: Management & leadership						
Performance Measurement	1		1		2	
Structural Design of Health Care Organizations	1	3		1	2	1
Operations Assessment & Improvement	1			1	2	
Information Technology Management & Assessment	1				1	
Domain: Professionalism & ethics						
Health Care Ethics		1			2	1

Key: e.g. 1 = Beginning Competency; 2=Basic Competency; 3=Professional Competency (as defined by the program).

Note: This is an EXAMPLE only. The domains and competencies of the figure should align with the Program's mission and competency model. The orientation of this figure can be changed to list competencies across the top and courses in the leftmost column. Note: Develop a key to indicate the skill level students are expected to develop within each of the competencies in each course.

III.A.2 The Program's curriculum will facilitate learning across the HQS content domains and associated competencies.

INTERPRETATION

Programs must ensure that graduates are receiving an appropriate amount of education in healthcare quality and safety. Areas of focus will differ by Program dependent on each Program's mission. Competency attainment can be acquired through student participation in a single course, fieldwork, or in an integrated manner across a series of courses or activities. Programs should demonstrate how the curriculum and other activities facilitates student learning towards a desired level of competency within the HQS content domains.

REQUIRED

1. For the Self-Study year, provide a complete list of required courses offered in the curriculum including course numbers, full course titles, credit hours, department (if course offered outside the department), instructor names. The list should be organized by the typical course of study, by academic period. Typical elective courses should be listed separately and clearly labeled as such. (**Figure 12**.)
2. Describe the design, including sequencing, of the Program courses including activities beyond the classroom, and their relationship to the competencies.
3. Complete the matrix that lists Program competencies and illustrates competency coverage and expected competency attainment levels students are expected to reach in required courses and other required components of the Program as in **Figure 12**. Programs can decide on competency attainment levels (e.g,. see Benner, 1984; Anderson et al 2001; Miller 1990)
4. Provide course syllabi for each course listed. On a cover sheet, map the learning objectives to the level of the Program's selected competencies being built in the course. If required elements are not included in all syllabi, explain how the program communicates these to the students.
5. If required courses are taught outside of the Program, describe the procedures for incorporating healthcare quality and safety content, as appropriate, into those courses and ensuring integration across the curriculum.
6. Describe the policy on core course waivers, and the frequency of students receiving waivers. Include in your description how this policy assures attainment of the competencies of the waived course(s).

Figure 12: Courses Offered in Self-Study Year

Describe the typical course of study for full-time and (if different) part-time students in each major degree Program offered.

Year in Program	Session	Course Number & Title	Credits	Instructor(s)	Dept	Student Enrollment Program students (non Program)	Offered: Online Only (O,) Traditional (T), Blended/Hybrid (B)
CORE/REQUIRED COURSES							
Year One	Fall	HM503 Healthcare Finance	3	L.Garroway	MGMT	15 (4)	O
ELECTIVES							

III.B. Teaching and Learning Methods

III.B.1 The Program will incorporate teaching and learning methods driven by adult learning principles. The teaching and learning methods will be based on higher education taxonomic levels appropriate to graduate education.

INTERPRETATION

Throughout the curriculum, the Program should incorporate teaching and learning methods as appropriate to the course objectives and competencies. The teaching and learning methods should be aligned with the curriculum design and should seek to emphasize methods that involve active student participation (i.e., higher-level methods), which tend to be more effective in developing competencies. *Examples of lower and higher-level methods are provided below and benchmark information will be made available by CAHME.*

REQUIRED

1. Using the CAHME syllabus cover sheet (see Appendix) as a guide, discuss the overall percentage of time a typical student spends on higher vs. lower level teaching and learning methods, according to the level definitions provided.
2. Evaluate the extent to which the balance between higher vs. lower level teaching and learning methods is appropriate given the mission and goals of your Program as well as any plans / methods you are pursing to implement higher level methods Reference **Figure 13**.

Figure 13: Teaching & Learning Methods - Competency Integration in Health Management Education

Level	Teaching and Learning Method	Definition
Lower	Readings	Students complete assigned readings in textbook , articles, websites, etc.
	Lecture no media	Professor does most of the talking, without any media support.
	Lectures with media	Professor does most of the talking, with some sort of media support (e.g. PowerPoint, overheads, video, whiteboards, etc.). Students participate via discussion that is primarily characterized by students asking clarifying questions, etc.
	Guest Speakers	Individual/panel of experts from the field present to student.
	Online discussions	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.
	Class Discussions	Students actively engage in open discussion with the professor and with each other. Students can stimulate or respond to discussion.
	Web-based modules	Interactive learning via CD/DVD/Internet that is more than searching for information or reading websites.
Higher	In-class Presentations	Students formally deliver information to the rest of the class in a well-prepared format that required analysis and preparation.
	Cases	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.
	Team activities	Three or more students collaborate as a group to complete one deliverable.
	Simulation exercises	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).
	External Field Experiences	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.
	Strategic/Consulting Projects	Students actively engage in completing an actual consulting project for a health organization. Alternatively, students complete an assignment that simulates a realistic project in a health organization.
	Reflective learning	Students complete 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 performance assessment with their peers and/or experts in the field.

Adapted from NCHL (2006): Competency Integration in Health Management Education: A Resource Series for Program Directors and Faculty. Used with permission.

III.B.2 The Program will provide, throughout the curriculum, opportunities for students to participate in team-based activities.

INTERPRETATION
CAHME recognizes that the opportunity for practical collaboration and teamwork serve to develop students' interpersonal skills and prepare them for the workplace. As part of the educational experience students should have opportunities to continuously improve their ability to work in teams, facilitate meetings and practice leadership skills.

REQUIRED
1. Describe major team based activities in the curriculum, distinguishing which activities take place in optional elective courses and which activities students are exposed to as a required element of the curriculum. Identify any Programmatic or curricular based approach to teaming your Program has adopted.
2. Discuss how the Program collects feedback from team members on each student's contribution, leadership, and collaboration.

III.B.3 The Program will provide experiences for students to gain an understanding of, and to interact with, a variety of healthcare professionals and organizations, as well as patients and their families.

INTERPRETATION
CAHME recognizes the importance of interdisciplinary exposure to health care professionals in graduate education. Students need the opportunity for exposure to other professions. It is this cross-discipline collaboration and professional understanding that will lead to the success of graduates as they enter the field. Opportunities should be provided for students to work with others inside or outside the Program and across other disciplines such as nursing, medicine, allied health professions, public health, information technology, policy, insurance, suppliers, and/or engineering. Programs are expected to offer students these opportunities in a number of ways as appropriate to the mission of the Program. The Program will develop relationships with a variety of healthcare quality and safety employers to integrate the field of practice into both teaching and career guidance. The Program will design formal and informal avenues for such exposure into the total student experience. These include, but are not limited to: site visits; quality case competitions; career panels; informational interviews; professional conference attendance; mentoring Programs; guest speakers; adjunct and clinical faculty.

In addition, healthcare quality improvement and safety initiatives often directly impact patient care and can have an effect on overall care experiences. Patients have different needs and expectations of their care, and these needs and expectations should be incorporated into quality improvement and patient safety programs. Programs need to ensure that students have the opportunity to develop an understanding of the needs of patients and families and/or their advocacy organizations.

REQUIRED

1. Describe the opportunities students have to participate in activities that expose the to- and support interactions with a range of health professionals. Describe how the experiences are appropriate to the mission of the Program and the career fields students are generally pursuing.
2. Describe the opportunities students have to participate in inter-professional activities.
3. Describe how inter-professional interactions and interactions with patients and their families are used in student development and learning.
4. Provide a listing of individuals from other health organizations engaged by the Program to support student learning and program development/refinement during the Self-Study year as shown in **Figure 14**. Engagements can include, but are not limited to preceptors, adjunct and clinical faculty, guest speakers, content experts, career advisors and/or mentors. The level and type of engagement of individuals from other organizations is defined by the program and based on student educational needs

Figure 14: Health Organizations Utilized by Program

Organization Name	POC Name and Title	Location	Utilization Purpose

III.B.4 The Program curriculum will include integrative learning experiences that require students to draw upon, apply and synthesize knowledge and skills covered throughout the Program of study.

INTERPRETATION

Students should participate in integrative experiences that foster learning through information access, synthesis, and use in critical thinking. Students should draw upon learning and content provided throughout the Program of study in an integrative manner. Examples of integrative experiences include a well-supervised field placement, a capstone project, an immersive simulation, an internship, a thesis or major paper, an oral or written comprehensive exam, a well-managed integrative planning or management simulation, a structured group activity, or other appropriate activities. Field-based settings may be appropriate and should be consistent with the Program's mission and educational goals and objectives and the needs of students.

REQUIRED

1. Describe how the Program's integrative experiences connect to the mission, goals, objectives and competency model and how they are sequenced and integrated into the curriculum. Explain how students are prepared for the integrative experience, and how they are evaluated.

2. For field-based applications, describe how students' needs for field-based applications are determined and decisions made for these applications. Also describe the processes whereby field based applications are monitored and evaluated. Include an example of completed forms used in completing these processes. Describe the method(s) for informing preceptors or faculty about their responsibilities and the objectives of the field experience, faculty and preceptor meetings, preceptor conferences, how faculty/preceptors are evaluated and the means by which preceptors are added to or removed from the Program's approved list of preceptors.
3. If a major paper, thesis or research project is required, describe the nature of the requirement and provide sample projects for review by the Site Visit Team for work completed in the past two years.

III.C. Assessment of Student Learning & Competency Assessment

III.C.1 The Program will incorporate a range of assessment methods driven by adult learning principles. The methods will be based on higher education taxonomic levels appropriate to graduate education and aligned with defined competencies.

INTERPRETATION

Throughout the curriculum, the Program should incorporate a range of assessment methods as appropriate to the Program's objectives and competencies. These methods should reflect the rigor expected of graduate education and should therefore emphasize methods beyond those associated with knowledge evaluation. Examples of lower and higher-level methods are provided below and benchmark information will be made available by CAHME.

REQUIRED

1. Using the syllabi cover sheet as a guide (included in the Appendix), estimate the overall percentage of student evaluations that are focused on higher vs. lower level assessment methods, according to the level definitions provided.

2. Evaluate the extent to which the balance between higher vs. lower level assessment methods is appropriate given the mission and goals of your Program, as well as any plans / methods you are pursuing to implement higher level methods. (**Figure 15**)

Figure 15: Teaching & Learning Methods - Competency Integration in Health Management Education

Level	Assessment Method	Definition
Lower	Pre/Post knowledge or skill testing	Any formal comparative assessment of the student's knowledge or skills both before and after a learning intervention.
	Knowledge Based Exams	Any formal exam that evaluates student knowledge attainment.
	Papers/reports	Student generated written work that is part of the learning process or is the final documentation of learning, including research reports, mid-term and or final papers.
Higher	Observation Checklists	Faculty or student-generated observational assessment of skills or behaviors; could be completed by self, peers, faculty, or other experts etc.
	Synthesis & Analysis Based Exams	Any formal exam that evaluates student synthesis, analysis and/or evaluation ability.
	Case review and feedback	Utilization of a predetermined set of variables/criteria to evaluate case analysis work, and to provide effective suggestions/recommendations for improvement.
	Project review and feedback	Utilization of a predetermined set of variables/criteria to evaluate case analysis work, and to provide effective suggestions/recommendations for improvement.
	Team effectiveness assessment	Criterion-based observational feedback of student behavior (and possibly work products) in team projects.
	Journals	Collection of reflective writings, either structured or free form, about a topic.
	Experiential Report/Portfolios	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.
	Reflective Modeling	Standardized techniques to facilitate awareness and evaluation of one's behavior and to generate plans for improvement, including self, peer, faculty, preceptor or other expert assessment.
	Class participation	Active monitoring, assessment, and feedback focused on the frequency, consistency, and quality of the student's participation during face to face and online discussions.
	Strategic or Consulting Projects	Students actively engage in completing an actual consulting project for a health organization. Alternatively, students complete an assignment that simulates a realistic project in a health organization.

Adapted from NCHL (2006): Competency Integration in Health Management Education: A Resource Series for Program Directors and Faculty. Used with permission.

III.C.2 The Program will regularly evaluate the extent to which each student attains the competencies at the level targeted by the Program, and will have a process in place for communicating that information to students.

INTERPRETATION

Programs will have a process that regularly evaluates the extent to which students attain the competencies defined in III.A.1. The program will measure each **individual** student's progress towards the targeted attainment of the competencies at the program level. Competencies should be the primary measure against which student achievement is measured and there should be efforts for both direct and indirect assessment.

> **Direct assessment** methods are based on actual student performance and outcomes in the learning environment – either classroom or Program-sponsored experiential learning opportunities.
>
> **Indirect assessment** methods are based on opinions and perceptions of student learning, such as those gained in exit interviews, focus groups, surveys, self-reflection assignments, etc.

Students will be given a clear understanding of the extent to which they attained the competencies specified by the Program at the target levels.

REQUIRED

1. Describe how the Program measures student progress towards mastery of Program competencies. Include a description of the types of evaluation tools (preceptor assessments, student evaluations, course deliverables, etc.) used in these processes. Clearly specify assessments at the course and at the Program level.
2. Describe how the results of these measurements are communicated to students.

III.D. Program Evaluation

III.D.1 The Program will evaluate its curriculum, teaching and learning methods, assessment methods, and Program Faculty effectiveness and use the results for continuous quality improvement of the teaching and learning environment.

INTERPRETATION

Evaluating a Program's curriculum, teaching, learning and assessment methods, and instructor effectiveness are essential to a process of continual improvement. Programs should demonstrate a plan that outlines specific methods of curricular review taken; evaluation of courses, student experiences and environments; and how this information is used for improvement.

REQUIRED

1. Describe the person(s) primarily responsible for ongoing evaluation of the curriculum and course instruction.
2. List the methods of evaluation for course instruction and the Program's curriculum and demonstrate how these results are used for quality improvement. (Programs may use bulleted lists or tables as appropriate).

III.D.2 The Program will collect, analyze, and use the assessments of student competency attainment for continuous improvement.

INTERPRETATION
Evaluating student attainment of competencies across the curriculum is essential to a process of continual improvement. Programs should demonstrate that they collect and analyze data related to competency attainment to ensure that the curriculum design, sequencing and activities are systematically developing the student's competencies at the target level. The Program must outline how the student competency attainment data are collected, analyzed, and used for Programmatic improvement. As required in criterion III.C.1, Programs are expected to demonstrate links between health-sector expectations and alumni feedback in the development and modification of student competencies.

REQUIRED

1. Describe how the Program collects and analyzes course and Program level measures of competency attainment. Include a discussion of the frequency of collection and a description of the types of reports or analytic tools that are used to assess how well the Program is facilitating development of competency in the student.
2. Describe how the results of the analysis are presented to stakeholders such as faculty, advisory or alumni boards or Institutional stakeholders and how these results are used for Programmatic improvement.

CRITERION IV. FACULTY TEACHING, SCHOLARSHIP AND SERVICE

IV. A Qualifications and Responsibilities

IV.A.1 Program and University leadership will ensure that the complement, involvement and qualifications of Program Faculty are sufficient to accomplish the mission of the Program.

INTERPRETATION
The Program must describe and illustrate how all Program Faculty, i.e., instructors of record, including those who are full time, have dual appointments, etc., have opportunities for involvement in the design and delivery of the Program, the development of the curriculum and assessment of competency attainment. The Program should describe and illustrate how adjunct and other faculty who are not fully engaged are kept informed of changes in the curriculum, and assessment processes. The Program will describe the qualifications of the faculty for teaching assigned courses

Academically Qualified are those faculty holding a relevant doctorate to teach the assigned courses.

Professionally Qualified are those faculty who have the expertise based on professional and career service to teach assigned courses.

REQUIRED

1. Write a brief assessment of the Program's ability to meet its identified goals and objectives in light of the current size and composition of its faculty. Describe the most significant faculty characteristics and any identified deficits. Identify steps being taken or planned to make changes to the complement of faculty. If a Program has less than **three** core Program faculty, demonstrate how this complement meets the stated objectives. Core faculty are those faculty who are engaged in the daily operations of the Program, and share major responsibility for the teaching, advising, and administrative functions of the program.

2. Prepare Figure 13 describing all current faculty in the academic unit who have responsibility for Program related teaching, advising, or Program administration. Provide information on the highest degree earned, date faculty member was appointed to the program, faculty rank, whether the faculty member is academically or professionally qualified to teach in the program, a breakdown of core Program and departmental responsibilities, the percent of the faculty member's salary that is paid for from departmental/Program funds, and the courses taught in the self-study year.

3. Ensure that complete and current curriculum vitae for each faculty member listed in Figure 16 are available on the University website or submitted electronically.

4. Discuss faculty teaching responsibilities, including: (a) normal and minimal teaching loads (class hours/week); (b) how teaching assignments are allocated to the various faculty members; (c) procedures whereby a faculty member might be released from teaching obligations for research, community service or administration; and (d) policy regarding consulting and other activities outside the University.

Figure 16: Summary of Current Program Faculty

Faculty Name [4] (last, first)	Highest degree earned & year	Date appointed to Program	Qualified [5] (a)/ (pr)	Faculty [6] (Core)/(Adj)	Program responsibility [7]	Percent of renumeration carried in budget	Courses Taught in Self-Study Year (# of credits)
Thomassen, Robert	PHD 1986	12/1994	A	C	T=40% Ad=50% R=10% S=0% NP=0%	100%	HM 502 Management of Healthcare Organizations (3) HM 509 Governance and Ethics in Healthcare (3)

IV.A.2 The Program will foster faculty diversity and a culture of inclusiveness in the learning environment.

INTERPRETATION

The expectation is that the Program will prepare students within an environment that enables them to understand the diversity of cultures, values, and behaviors in contemporary healthcare organizations and the need for inclusiveness. "Inclusiveness" refers to a cultural characteristic that values the roles and contributions of all in a diverse environment comprised of individuals with varying characteristics including but not limited to, race/ethnic background, gender/gender orientation, age, disability, religion, and socioeconomic circumstances. The Program may expose students to diversity through a variety of methods, e.g., guest speakers, mentors, etc. Consideration will be given to a program's location.

REQUIRED

1. Describe the Program's efforts towards achieving diversity and a culture of inclusiveness. This should include a discussion of faculty and student sociodemographic composition and the extent to which guest lecturers, preceptors, speakers and mentors help to achieve diversity in the learning environment.
2. Prepare a faculty profile in Figure 17, 18, 19 and 20.

Figure 17: Faculty by Status (not Full Time Equivalents)

Status	Current AY Dates: _____	Self Study AY Dates: _____	Prior AY Dates: _____
Professor			
Associate Professor			

Assistant Professor			
Adjunct Faculty			
Instructor			
Lecturer			
Clinical			
Total			

Figure 18: Faculty by Status (not Full Time Equivalents)

	Current AY Dates: _____	**Self Study AY Dates: _____**	**Prior AY Dates: _____**
Full Time Faculty			
All Other Faculty			
Total Faculty			

Figure 19: Gender of Faculty (not Full Time Equivalents)

	Current AY Dates: _____	**Self Study AY Dates: _____**	**Prior AY Dates: _____**
Male			
Female			
Other Gender Identity			
Total Faculty			

Figure 20: Race and Ethnicity of Faculty *(United States and US Territories only)*

		Current AY Dates: _____	Self Study AY Dates: _____	Prior AY Dates: _____
Hispanic Faculty (A)				
Non-Hispanic Faculty	American Indian or Alaska Native			
	Asian			
	Black or African American			
	Native Hawaiian or Other Pacific Islander:			
	White or Caucasian			
	Other (including more than one races/ethnicities)			
	Sub-total (B)			
Unknown Race and Ethnicity (C)				
Total Faculty (A + B + C)				

IV.A.3 The Core Program faculty will have responsibility for making recommendations regarding admission of students, specifying healthcare Quality and Safety competencies, evaluating student performance and awarding degrees.

INTERPRETATION

CAHME recognizes the responsibility of other organizational units within the University regarding decisions to admit students and award degrees. This criterion will assess the role of Core Program faculty in Program administration and improvement.

REQUIRED

1. Describe procedures for admission decisions including the role of Core Program faculty.
2. Describe procedures for conferring degrees, including the role of Core Program faculty.
3. Describe the role of Core Program faculty in designing the curriculum and specifying healthcare Quality and Safety content.
4. Describe the process by which course content and curriculum structure is assessed by the faculty as a unit.

IV.A.4 Core Program faculty will participate in defining faculty needs and in recruiting faculty to teach in the Program in accordance with University policy.

INTERPRETATION
CAHME will seek evidence of faculty membership on appropriate search committees.

REQUIRED
Describe the mechanism by which faculty appointments are made in the Program. Include the origin of recommendations to add faculty, recruitment processes, search procedures, membership on search committees and the system of processing and approving appointments. Indicate any differences in procedures for different types of appointment (e.g., tenure-track vs. non-tenure track).

IV.B. Research and Scholarship

IV.B.1 Core faculty will demonstrate a record of scholarship and /or professional achievement appropriate to their career stage, role and responsibilities associated with the Program, and the Program's mission and goals.

INTERPRETATION
CAHME encourages individual, collaborative and multi-disciplinary research and scholarship and/or other relevant professional achievements, including involvement of practitioners and students where appropriate. This should be consistent with university policy on faculty research and scholarship. Scholarly activity can incorporate a range of activities including discovery (search for new knowledge), integration (interpret or integrate knowledge from a variety of sources), application (discovery of ways that knowledge can be applied in real world settings), and teaching (search for innovative approaches and best practices to disseminate knowledge) (Boyer, 1997). Research and scholarship may be demonstrated through publications in refereed journals, books, and book chapters, case studies, creative works funded and sponsored projects, presentations at professional meetings and other forms of dissemination.

Professional achievements may be demonstrated through accomplishments in the professional practice realm, such as substantial experience and leadership in a clinical practice or administrative role within a healthcare organization. The nature and volume of such achievements should be individually consistent with the stage of the faculty member's career and collectively adequate to support a Program of graduate healthcare quality and safety education, consistent with the Program's mission and goals.

REQUIRED

1. Complete **Figure 21** to describe Program research and scholarship activity.
2. Discuss the content and quantity of current scholarship and/or professional achievement activities of each faculty member, and its relationship to their current stage of career, and their role and responsibilities in the Program, and their appointment type.
3. Assess the relationship between scholarly and professional achievement activities and the stated Program mission, goals and objectives. Based on this assessment, describe any

recommendations for change in the foci and/or composition of faculty, and any steps being taken or planned to implement them, if appropriate.

Figure 21: Listing and Description of Program Research and Scholarship Activity
(Aggregate Summary for Self-Study Year and Prior Two Years)

	Competitive Grants & Consulting					**Publications**				**Presentations**	
	Grants Awarded As PI		Grants Awarded with other PI		Contracts awarded	Books/chapters Published	Monographs published	Journal articles published	Reviews performed	Paper Presentations	Invited lectures/ presentations
Core Program Faculty	#	$	#	$	#	#	#	#	#	#	#
John Smith											
TOTALS											

IV.B.2 The Program will ensure that there is a systematic plan for, and investment in, individual faculty research and scholarship.

INTERPRETATION
The purpose of this criterion is to determine how goals to improve research and scholarly activities are identified, and a plan for meeting those goals, including resource requirements, is developed and implemented. CAHME will seek evidence of continuous development of faculty research and scholarship to support the Program's mission and research goals. It is expected that Programs will develop individual plans that includes all core Program faculty.

REQUIRED
1. Describe the ongoing faculty development activities within your Program. Include a description of Program-level resources available for faculty development.
2. Describe your Program's approach to providing and monitoring individual faculty development in research and scholarship. Include a description of resources available to individuals for their development.

IV.C. Teaching

IV.C.1 The Program will ensure that there is a systematic plan for, and investment in, individual faculty pedagogical improvement.

INTERPRETATION
The purpose of this criterion is to determine how goals to improve teaching are identified, and a plan for meeting those goals, including resource requirements, is developed and implemented. CAHME will seek evidence of continuous development of faculty teaching and assessment methods to support Program competency development as well as discipline-based and applied knowledge of healthcare quality and safety. It is expected that Programs will develop a systematic plan that includes all Program faculty (core and adjunct)

REQUIRED
1. Describe your Program's process for faculty pedagogical improvement. In your description, demonstrate how the process is aligned with the Program competency development and assessment plan.
2. Describe how teaching improvement goals are developed and monitored for individual faculty including the frequency of progress evaluation.
3. Describe the regular faculty development activities within your Program. Examples include seminars, workshops, peer review and/or other means of updating and feedback to improve teaching skills.

IV.C. 2 The Program Faculty will demonstrate that they draw on current and relevant research and scholarship in their teaching activities.

INTERPRETATION
The purpose of this criterion is to enhance faculty teaching by using research and scholarship to influence the field to provide current and relevant material for the classroom.

REQUIRED
Describe how faculty stay current and use current HQS theory and practice literature in their courses.

IV.D Professional Service

IV.D.1 Core Faculty will participate in program defined professional service activities at the department, college/university, community or professional levels and will draw upon their experience, as appropriate, in their teaching.

INTERPRETATION
The Program should articulate its role and involvement in service. Examples include service to the department, college or school, university, community, or the profession. The purpose of this criterion is to enhance faculty teaching and research activities; serve as a model to students of the role of service in professionalism; and provide faculty with the opportunity to influence the field.

REQUIRED
1. Describe the policies and procedures of the Program and the University regarding faculty participation in service activities. Describe the relationship between faculty service activities and Program goals.
2. Using **Figure 22**, describe current service projects or activities (funded/unfunded, sponsored) currently being carried out or completed in the Self-Study year by faculty members, or in which the Program is substantially involved.

Figure 22: Description of Faculty Health Related Community Service and Continuing Education Activities *(For Self-Study year only)*

Faculty	Health Related Community Service Activities	Professional Affiliations / Continuing Education

GLOSSARY

Academic Rigor Stringent preciseness, accuracy, or adherence to the methods, discipline, standards, or attainments associated with scholarly work.

Academic Unit, Primary The immediate organizational and administrative unit in which the Program is located.

Accreditation In the United States, accreditation is voluntarily sought by institutions and Programs, and is conferred by non-governmental bodies. The two fundamental purposes of accreditation are to ensure the quality of the institution or Program, and to assist in the continuous improvement of the institution or Program. It is both a status and a process: a status granted to an educational institution or Program that has been found to meet stated criteria of educational quality; as a process, accreditation illustrates a commitment to Self-Study and peer review. Programs choosing to participate in accreditation not only seek to meet established criteria but also to continuously seek ways in which to enhance the quality of healthcare management education.

Accredited Institutions of Higher Education In the United States, accredited institutions of higher education will be an accredited member of one of the six regional accrediting associations recognized by the Commission on Recognition of Postsecondary Accreditation. In Canada, accredited institutions of higher education will hold provisional or ordinary membership in the Association of Universities and Colleges of Canada. In all other countries, accredited institutions of higher education will hold the appropriate equivalent accreditation, if such accreditation exists. See Requirement B.

Annual Status Report A report submitted to CAHME disclosing any changes to the program.

Applied Knowledge To put into practice or adapt learned information, perceptions, or discoveries that have been gained through experience or study.

Blended Instruction Where part of a Program is delivered on campus - face-to-face, and the balance is delivered online.

CAHME The Commission on Accreditation of Healthcare Management Education, the specialized accrediting body recognized by the U.S. Department of Education and the Council for Higher Education Accreditation as the only accrediting body for healthcare management Programs at the master's level.

CAHME Action The decisions of the CAHME Board of Directors regarding accreditation of a Program. Site visits conducted during the Fall are acted on at the Spring meeting, and Spring site-visits are acted on at the Fall meeting. The process leading to an Action consists of: site visit and development of the draft site visit report; Program response to the draft report; presentation to the Accreditation Council by the assigned reader; clarification of fact; presentation of the site visit team recommendation for action to the Accreditation Council; a vote by the Accreditation Council; recommendation by the full Accreditation Council to the CAHME Board of Directors, and the decision of the Board of Directors.

CAHME Criteria for Accreditation The standards by which a Program is evaluated.

A **competency** is “an observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition” (Frank et al., 2010).

Competence is the ability to effectively engage in an activity. A competency statement reflects the related knowledge, skills, and attitudes someone must demonstrate for competence, measured at a point in time. Competencies acquired lead to competence (Howat, Lower, James, & Shilton, 2001; Kianna, 2018; Winterton, 2009).

Competency assessment. Measure of student attainment of the Knowledge, Skills, Attitudes (KSAs) that is undertaken by a Program at the course and Program level. Programs can use a variety of measurement approaches.

Competency levels are the target levels of competency that align with the anticipated positions graduates will attain upon completion of the Program. Programs are expected to define the scale used to assess competency attainment, establish target levels of attainment for each competency, and measure students against the scale. CAHME does not require Programs to target expert levels of competency attainment unless this aligns with their mission.

Competency Model A competency model is a framework for defining the skill and knowledge requirements of a job. It is a collection of competencies that jointly define successful job performance. Competency models are widely used in business for defining and assessing competencies within organizations in both hard and soft skills.

Content domains define the boundaries of the discipline and reflect the body of knowledge, skills or abilities to be mastered

Credit hours are the number of hours credited toward the terminal degree upon completion of a course.

Direct Assessment of student learning involves assessment of student work including exams/tests, papers, projects, presentations, etc. Direct assessment measures what students actually do in the program.

Distance Education or Distance Learning A formal educational process in which the majority, or all of the instruction occurs when the learner and the instructor are not in the same place at the same time. In this process, information or distributed learning technology is the likely connector between the learner and the instructor or the site of Program origin.

Diverse Composed of distinct or unlike elements or qualities.

Domain A group of competencies that are related. A broad, distinguishable area of competence that provides a general descriptive framework. A specified sphere of activity or knowledge.

Diversity Valuing and benefiting from personal differences. These differences address many variables including, race, religion, color, gender, national origin, disability, sexual orientation, age, education, geographic origin, and skill characteristics as well as differences in ideas, thinking, academic disciplines, and perspectives and must be in accordance with the applicable state/provincial and federal laws.

eAccreditation The online system now used for submission of a Program's Self-Study, Eligibility Statement, annual report and progress reports. The system is available from the CAHME home page and can be found directly using the following link: https://accred.cahme.org/login.

Eligibility Statement The Program document which addresses the CAHME eligibility requirements. For initial accreditation reviews, the statement is submitted with the original candidacy application and a copy is automatically included with the initial Self-Study document. For re-accreditation reviews a

new Eligibility Statement is submitted with the completed Self-Study and six months prior to the site visit. (See Eligibility Statement Requirements A-L).

Experiential Learning Formal and structured faculty and/or preceptor-directed practical experience as part of the requirements for a graduate degree as well as learning from work experience that is evaluated as to level of competency attained.

Faculty, Adjunct Faculty who are experts in a special field appointed to give instruction or provide other services to the Program on a part-time or discontinuous basis.

Faculty, Core Program Faculty members who are engaged in the daily operations of Program management to support the activities of the academic life of the Program, share major responsibility for the teaching, advising, administrative functions.

Faculty, Joint Full-time faculty members within the university having primary appointments outside the academic unit of the Program but who share major responsibility for teaching, advising and/or administration of the Program.

Fellow A member of the site visit team whose primary responsibility to manage the logistical aspects of the visit. Typically Fellows have an advanced degree in Healthcare Quality and Safety or a related area such as Healthcare Management, Nursing etc.

Field Work The time a student spends working in the field as part of the Program; this is defined by the Program in terms of length of time spent in the field, sequencing in the curriculum, meeting objectives for the student, and relationship to course work.

Fiscal Year Most recently completed fiscal year as defined by the university for which data are complete and can be verified. If the University fiscal year does not correspond to the academic year, this should be noted

Full Time Students Students who are enrolled in sufficient semester or quarter hours to meet the University definition of full-time, regardless of whether those students are enrolled in a day, evening, online, hybrid or executive Program, and regardless of whether such students are employed while enrolled in the Program

Goals and Objectives, Program Written targets for achievement that are measurable, aligned with the Program's mission and vision, and provide a baseline against which to evaluate Program effectiveness.

Graduate Teaching Assistant Students that assist faculty or other instructional staff in postsecondary institutions by performing teaching or teaching-related duties, such as teaching lower level courses, developing teaching materials, preparing and giving examinations, and grading examinations or papers. Graduate teaching assistants must be enrolled in a graduate school program.

Handbook The Handbook of Accreditation Policies and Procedures, which is a compilation of all policies and procedures related to specific activities of CAHME.

Higher Education Taxonomic Levels In Bloom's taxonomy, higher levels refer to more complex skills. For example, Bloom's level one deals with knowledge (e.g. remembering, recall); level 3 deals with application (using learned material in new situations); level 6 deals with evaluation (assessing / judging quality based on a set of criteria).

HQS Healthcare quality and safety.

Indirect assessment Approaches that require faculty to infer student achievement through the perspectives of the students themselves. Indirect assessments can be gained via exit interviews, focus groups, surveys, self-reflection assignments, etc.

Infrastructure The underlying base or foundation for an organization or system, including basic facilities, services, and installations needed for its functioning.

Integrative Learning Experiences Integrative learning aims to develop the ability to make, recognize, and evaluate connections among disparate concepts, fields, or contexts (Huber, Hutchings, Gale et al 2007).

Interdisciplinary The collaborative/cooperative integration of knowledge and perspective of multiple areas of expertise (e.g., medicine, nursing, allied health, management, and other appropriate professionals) to holistically solve problems through research and education.

Internship or Clerkship A supervised work experience, most often scheduled full-time, ordinarily for three months or less. The internship may or may not be a required part of the Program curriculum, and academic credit may or may not be awarded. The internship allows the student to apply didactic learning in a professional environment while supported by a close mentoring relationship with a preceptor who evaluates student performance. This evaluation is used as an assessment tool.

Inter-professional activities Interactive activities that involve individuals from multiple professions including clinical professions (nursing, medicine, allied health), support professions (information technology, insurance, policy), or many other fields. The goal of these efforts is to develop knowledge, skills and attitudes that enhance collaborative learning and practice.

Mission A statement that defines the purpose and direction and any unique aspects of the Program. The mission should identify the Program's strategic purpose and provide clarity regarding the target student population and the types of jobs/markets graduates enter.

Objectives, Behavioral These objectives indicate the specific behaviors students must demonstrate to indicate that learning has occurred.

Objectives, Course Objectives for a particular course, including student behavioral learning objectives, which address a subset of curriculum objectives.

Objectives, Curriculum Program-wide objectives; these are the overarching objectives which the Program seeks to fulfill, and which serve as the basis for the evaluation for accreditation.

Objectives, Learning Brief, clear, specific statements of what students will be able to perform at the conclusion of instructional activities.

Online Asynchronous or synchronous, web-based and otherwise electronically transmitted format of instruction.

Online Instruction Broadly encompasses what in the past was referred to as "distance education" and also includes e-learning and blended instruction. Also see "Distance Learning or Distance Education" above.

Part Time Students Students who are not enrolled in sufficient semester or quarter hours to meet the University definition of full-time, regardless of whether those students are enrolled in a day, evening, online, hybrid or executive Program, and regardless of whether such students are employed while enrolled in the Program.

Patient Safety is the prevention of errors and adverse effects associated with the delivery of healthcare that may result in temporary or permanent injury to patients, families and caregivers.

Program Director The individual primarily responsible for the operation of a program; CAHME's primary point of contact.

Program, HQS Master's degree programs in healthcare quality and safety conferred by accredited institutions of higher education.

Program of Study The complete Program for which accreditation is sought. CAHME grants accreditation to the Program of study, rather than to the degree granted

Qualified, Academically A faculty member is academically qualified by virtue of formal educational background and continued intellectual contributions to the field.

Qualified, Professionally A faculty member is professionally qualified by virtue of academic preparation (normally at the master's level) and significant professional experience and expertise relevant to the teaching responsibilities.

Quality In healthcare, it is the degree to which healthcare services for individuals and populations increase the likelihood of desired health outcomes. It encompasses the concepts of effectiveness, efficiency, timeliness, equitable care, and patient-centered care and is informed by best-practice evidence.

Scholarly Activities The creation of a discipline-appropriate product and the discipline- appropriate presentation of that product. Scholarly activities are framed by discovery, teaching, application, and integration.

Scholarship. Scholarship is the result of academic research in conjunction with institutions of higher education wherein deep mastery of a subject is obtained; it consists of knowledge that results from study and research in a particular field.

Self-Study Document The documentation submitted for accreditation review.

Self-Study Year The last full academic year (as defined by the university) for which data is complete and can be verified. This is the year upon which the Self-Study is based; all documentation should relate to this year.

Site Visit The on-site visit conducted by CAHME, which occurs in two phases. On the first day, the Fellow reviews the records and resources of the Program. On days two and three, the full team completes an extensive evaluation of the Program and provides preliminary findings to the Program.

Site Visit Team The group of persons appointed by the CAHME to conduct the site visit. The team is normally chaired by a member or former member of the CAHME Accreditation Council; the remainder of the team consists of a faculty member from another accredited Program and/or practitioner, and a Fellow who serves as the secretary to the team. For initial site visits, a fourth member is added (either faculty or practitioner) who also serves on the CAHME Candidacy Committee. Each team includes at least one practitioner. Whenever possible at least one member of each team will have direct experience with the type of Program under review, e.g., traditional face-to-face, hybrid, and/or online.

Values 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.

REFERENCES

Agency for Healthcare Research and Quality (AHRQ). (2017 February). Guide to patient and family engagement in hospital quality and safety. Retrieved from https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/index.html

Anderson, L.W., and D. Krathwohl (Eds.) (2001). A Taxonomy for Learning, Teaching and Assessing: a Revision of Bloom's Taxonomy of Educational Objectives. Longman, New York

Barends, E., Rousseau D. M., Briner, R. B. (2014). Evidence-based management: The basic principles. Amsterdam: Center for Evidence-Based Management. Retrieved from https://www.cebma.org/wp-content/uploads/Evidence-Based-Practice-The-Basic-Principles-vs-Dec-2015.pdf

Benner, P (1984) From novice to expert. Excellence and Power in clinical nursing practice. Menlo Park CA: Addison-Wesley

Bergström, J. (2017, February 15) Two views of human error. [Video file]. Retrieved from https://www.youtube.com/watch?v=rHeukoWWtQ8

Boyer E. L. (1997) Scholarship Reconsidered: Priorities of the Professoriate. San Francisco: Jossey-Bass

Canadian Interprofessional Health Collaborative. (2010). A national Interprofessional competency framework. Retrieved from: http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

Carman, K.L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C., & Sweeney, J. (2013). Patient and family engagement: a framework for understanding the elements and developing interventions and policies. Health Affairs, 32(2), 223-231.

Centers for Disease Control and Prevention. (2017 Dec 14). Social determinants of health: Know what affects health. Retrieved from https://www.cdc.gov/socialdeterminants/

Chan, A. K., & Wood, V. (2010). Preparing tomorrow's health care providers for interprofessional collaborative patient-centred practice today. UBC Medical Journal, 1(2), 22-24.

Complex systems. (21 August 2018). In Wikipedia. Retrieved August 20, 2018, from https://en.wikipedia.org/wiki/Complex_system

Coulter, A., & Ellins, J. (2007). Effectiveness of strategies for informing, educating, and involving patients. BMJ, 335(7609), 24-27.

Council of Regional Accrediting Commissions (2018) A One-Tear Review of the Council of Regional Accrediting Commissions' Graduation Rate Information Project available from: http://download.hlcommission.org/C-RAC_Grad_Rate_Study_2018-02.pdf

Conklin, T. (Producer). (2018, April 7). Safety is a dynamic non-event. Pre-accident Investigations [Audio podcast #168]. Retrieved from https://preaccidentpodcast.podbean.com/?s=168

Deming, W. E. (2000). Out of the crisis. Cambridge, MA: MIT Press

De Savigny, D., & Adam, T. (Eds.). (2009). Systems thinking for health systems strengthening. Geneva, Switzerland: World Health Organization.

DiCenso, A., Bayley, L., & Haynes, R. B. (2009). Accessing pre-appraised evidence: fine-tuning the 5S model into a 6S model. Evidence-Based Nursing, 12(4), 99-101.

Donabedian, A. (1988). "The quality of care: How can it be assessed?". JAMA. 260 (12): 1743–8. doi:10.1001/jama.1988.03410120089033. PMID 3045356

Donabedian, A. (2005). Evaluating the quality of medical care. The Milbank Quarterly, 83(4), 691-729.

Emke, A. R., Cheng, S., Dufault, C., Cianciolo, A. T., Musick, D., Richards, B., & Violato, C. (2015). Developing Professionalism via Multisource Feedback in Team-Based Learning. Teaching and Learning in Medicine, 27(4), 362-365

Frank, J. R., Snell, L. S., Cate, O. T., Holmboe, E. S., Carraccio, C., Swing, S. R., ... & Harris, K. A. (2010). Competency-based medical education: theory to practice. Medical Teacher, 32(8), 638-645.

Fridsma, D. B. (2016). The scope of health informatics and the Advanced Health Informatics Certification. Journal of the American Medical Informatics Association, 23(4), 855-856. doi:10.1093/jamia/ocw099

Gray, C. S., Barnsley, J., Gagnon, D., Belzile, L., Kenealy, T., Shaw, J., & Wodchis, W. P. (2018). Using information communication technology in models of integrated community-based primary health care: learning from the iCOACH case studies. Implementation Science, 13(1), 87. https://doi.org/10.1186/s13012-018-0780-3

The Health Foundation (2011, Jan). Evidence scan: Improvement Science. London: UK. Retrieved from https://www.health.org.uk/sites/health/files/ImprovementScience.pdf

Hepp, S. L., Suter, E., Jackson, K., Deutschlander, S., Makwarimba, E., Jennings, J., & Birmingham, L. (2015). Using an interprofessional competency framework to examine collaborative practice. Journal of Interprofessional Care, 29(2), 131-137.

Hollnagel, E. (Winter 2013). Is justice really important for safety? Hindsight 18 Retrieved from https://www.eurocontrol.int/sites/default/files/publication/Hindsight/131220-HS18.pdf

Honavar, V. (n.d.). Complex adaptive systems group at Iowa State University. Retrieved from http://www.cs.iastate.edu/~honavar/alife.isu.html

Howat, P., Lower, T., James, R., & Shilton, T. (2001). Health promotion development and health promotion workforce competency in Australia. *Health Promotion Journal of Australia: Official Journal of Australian Association of Health Promotion Professionals*, 11(2), 117-123.

Huber MT, Hutchings P, Gale R, Miller R, Breen M Initiatives for Higher Learning (20070 *Liberal Education* (93) 46-51

Institute of Medicine. (1990). Medicare: A strategy for quality assurance, Volume I. Washington, DC: The National Academies Press. https://doi.org/10.17226/1547.

Institute of Medicine. (2001). Crossing the quality chasm: A new health system for the 21st Century. Washington, DC: The National Academies Press. https://doi.org/10.17226/10027.

Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative.

Kianna. (2018, Jan 9). Difference between Competence and Competency. Retrieved from DifferenceBetween.net. http://www.differencebetween.net/language/difference-between-competence-and-competency/

Korn, C. J., Morreale, S. P., & Boileau, D. M. (2000). Defining the Field: Revisiting the ACA 1995 Definition of Communication Studies. Journal of the Association for Communication Administration, 29(1), 40-52.

Kulikowski, C. A., Shortliffe, E. H., Currie, L. M., Elkin, P. L., Hunter, L. E., Johnson, T. R., ... & Smith, J. W. (2012). AMIA Board white paper: definition of biomedical informatics and specification of core competencies for graduate education in the discipline. Journal of the American Medical Informatics Association, 19(6), 931-938.

Manojlovich, M. (2010). Annals of HSR: nurse/physician communication through a sensemaking lens: shifting the paradigm to improve patient safety. Medical Care, 941-946.

Miller GE. The assessment of clinical skills/competence/performance. Acad Med. 1990;65(9 Suppl):S63–S67. http://dx.doi.org/10.1097/00001888-199009000-00045. [PubMed]

Moran, K. M., Harris, I. B., & Valenta, A. L. (2016). Competencies for patient safety and quality improvement: a synthesis of recommendations in influential position papers. The Joint Commission Journal on Quality and Patient Safety, 42(4), 162-169.

Mueller, P. S. (2015). Teaching and assessing professionalism in medical learners and practicing physicians. Rambam Maimonides Medical Journal, 6(2), e0011. http://doi.org/10.5041/RMMJ.10195

National Institutes of Health. (2017 Feb 15). Cultural respect. Retrieved from https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/cultural-respect

Nittur, N., & Kibble, J. (2017). Current practices in assessing professionalism in United States and Canadian allopathic medical students and residents. Cureus, 9(5), e1267. http://doi.org/10.7759/cureus.1267

Oxford Dictionary. (2018). Definition of communication. Retrieved from https://en.oxforddictionaries.com/definition/communication

Phillips, J. M., Stalter, A. M., Dolansky, M. A., & Lopez, G. M. (2016). Fostering future leadership in quality and safety in health care through systems thinking. Journal of Professional Nursing, 32(1), 15-24.

Portela, M. C., Lima, S. M. L., Martins, M., & Travassos, C. (2016). Improvement Science: conceptual and theoretical foundations for its application to healthcare quality improvement. Cadernos de Saude Publica, 32, e00105815.

Quizlet Inc. (2018). Chapter 1 - Intro to Communication. Retrieved from https://quizlet.com/35995033/chapter-1-intro-to-communication-flash-cards/

Reason, J. (2008). The human contribution: Unsafe acts, accidents and heroic recoveries. Burlington, VT: Ashgate Publishing Company.

Registered Nurses' Association of Ontario. (2006). Collaborative practice among nursing teams. Toronto, Canada: Registered Nurses' Association of Ontario. Retrieved from https://rnao.ca/sites/rnao-ca/files/Collaborative_Practice_Among_Nursing_Teams.pdf

Rochlin, G. (1999). Safe operation as a social construct. Ergonomics, 42(11), 1549-1560.

Shojania, K. G., Duncan, B. W., McDonald, K. M., Wachter, R. M., & Markowitz, A. J. (2001). Making health care safer: a critical analysis of patient safety practices. Evidence report/technology assessment (Summary), 43(1), 668.

Singh, H., & Sittig, D. F. (2016). Measuring and improving patient safety through health information technology: The Health IT Safety Framework. BMJ Quality& Safety, 25(4), 226-232.

Valenta, A. L., Berner, E. S., Boren, S. A., Deckard, G. J., Eldredge, C., Fridsma, D. B., ... & Manos, E. L. (2018). AMIA Board White Paper: AMIA 2017 core competencies for applied health informatics education at the master's degree level. Journal of the American Medical Informatics Association, 25(12), 1657-1668.

Winterton, J. (2009). Competence across Europe: highest common factor or lowest common denominator? Journal of European Industrial Training, 33(8/9), 681-700.

World Health Organization. (2010). Framework for action on interprofessional education & collaborative practice. Geneva: World Health Organization. Retrieved from http://apps.who.int/iris/bitstream/handle/10665/70185/WHO_HRH_HPN_10.3_eng.pdf;jsessionid=3EC3B2471B4DCB1FE5542A92992910E7?sequence=1

World Health Organization. (2018). Health Systems. Retrieved from http://www.euro.who.int/en/health-topics/Health-systems

World Health Organization. (n.d.). Multi-professional patient safety curriculum guide, Topic 2: What is human factors and is it important for patient safety. Accessed 7/24/2018 http://www.who.int/patientsafety/education/curriculum/who_mc_topic-2.pdf

World Health Organization. (2018). Patient safety. Retrieved from http://www.euro.who.int/en/health-topics/Health-systems/patient-safety/patient-safety