

1-1-2015

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Recommended Citation

McIntyre-Hite, Lisa Monica; Kadrie, Mountasser Dr.; Pederson, Heather; and Hudgins, Terry, "Developing an online direct-assessment competency-based Masters of Healthcare Administration: Insights, challenges, and lessons learned" (2015). *Walden Faculty and Staff Publications*. 678.
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Teaching Tips & Tools

DEVELOPING AN ONLINE DIRECT-ASSESSMENT COMPETENCY-BASED MASTERS IN HEALTHCARE ADMINISTRATION: INSIGHTS, CHALLENGES, AND LESSONS LEARNED

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ABSTRACT

In response to the increasing complexity in healthcare delivery environments, there is evidence from literature and the healthcare industry to indicate healthcare employers are seeking graduates in healthcare administration programs who have strong core competencies and proven problem solving skills. The purpose of this article is to describe the unique challenges and opportunities related to developing a direct-assessment, competency-based online Master's in Healthcare Administration program. The United States Department of Education (2013) provided general guidelines for direct-assessment programs noting that, instead of measuring student learning via credit hours, learning is measured via direct assessment measures like "projects, papers, examinations, presentations, performances, and portfolios" (para. 4). In this model, credit hour or seat-time measurements are no longer used as proxies for learning. Instead, a single proxy is used: demonstration of competence through direct assessments. Direct assessments are not directly linked with course material or credit hour. Instead, learners demonstrate competency or mastery at their own pace, and progress through the academic program when they have demonstrated the ability to do so. The authors collaborated with employers,

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university faculty, and subject matter experts to develop a direct-assessment, competency-based Master's in Healthcare Administration program for an online university that utilizes direct-assessment—allowing students to learn at their own pace and progress forward upon demonstrated mastery. The new program is aligned with healthcare employers' need for graduates who have core professional competencies in the healthcare field, the educational requirements of the Association of University Programs in Health Administration (AUPHA) and the National Center for Healthcare Leadership (NCHL), and core professional competencies promoted by the American College of Healthcare Executives (ACHE). This program will seek accreditation from the Commission of Accreditation of Healthcare Management Education (CAHME) once all criteria for accrediting online programs are evaluated and assessed by Walden University. Within this article, the authors have summarized the history of competency-based education in healthcare administration and shared their insights regarding the future of this direct-assessment model.

INTRODUCTION

Competency-based learning models in higher education provide students with an opportunity to shorten time-to-degree by assessing prior experience or competency, creating multiple pathways to graduation, and removing required seat time (Weise & Christensen, 2014). Some competency-based learning models use a direct-assessment approach to determine whether a student has mastered a competency. In a direct-assessment model, once a student masters a competency, as determined by a direct-assessment, he or she moves on and is not required to complete any additional assignments or coursework in that competency area. Competency-based learning models “have the potential for assuring the quality and extent of learning, shortening the time-to-degree/certificate completion, developing stackable credentials...and reducing the overall cost of education” (United States Department of Education, 2013, para. 7). In addition, The Department of Education (2013) issued a statement indicating it will collaborate with higher education institutions and accrediting bodies to “gather information to inform future policy regarding competency-based education” (para. 7). Although competency-based models that do not rely on seat time are relatively new challenges for the Department of Education, the debate surrounding competency-based models is not new. In the late 1970s, Spady (1977) stated that competency-based education was a “bandwagon in need of a definition” (p.9). In 2015, there is more agreement regarding what competency-based education is; however, there is little research regarding what makes it effective or best practices in developing direct-assessment models.

COMPETENCY-BASED EDUCATION IN HEALTH ADMINISTRATION

Within the field of healthcare administration, a competency-based curriculum is hardly a new phenomenon. Belasen and Huppertz (2009) referred to a direct-assessment model for assessing student learning in their analysis of the design and implementation of assessments in a Master's in Business Administration program in healthcare management. They defined direct assessment as an assessment that emphasizes "observable outcomes (actual knowledge, skills, and competencies) that are expected from students in the program" (p. 8). Although a competency-based, direct-assessment model emphasizes observable outcomes, prior research related to direct-assessment (as of the date of this publication) was conducted within the confines of a course-based model. However, there are still important lessons to learn from course-based, credit hour-driven assessment and competency development models.

Mangelsdorff (2014) analyzed Army Baylor University's core curriculum to train federal healthcare commanders that was developed in the early 1990s. This curriculum was based on 40 competencies derived from the Joint Medical Executive Skills Institute, research findings, and feedback from Department of Defense stakeholders. However, students in the Army Baylor University model progress through the curriculum in a fixed progression of courses aligned to the competencies. In comparison, a direct-assessment model does not require students to progress in a lock-step manner, nor are they bound by time. Student progress is self-paced. In spite of this difference, Mangelsdorff's suggestions are still applicable. Mangelsdorff suggests that any programs considering developing a competency-based learning model should start with an established competency model, assess students' baseline knowledge and competency, and provide an intensive curriculum that emphasizes teamwork, problem solving, decision making, communication, quantitative analysis, and leadership (p. 124). Frequent feedback and buy-in from stakeholders are also key components of the Army Baylor University model.

DEVELOPING AN ONLINE, DIRECT-ASSESSMENT, COMPETENCY-BASED MODEL

The authors of this article, most of whom were part of the team developing the direct-assessment, competency-based model, agree with many of Mangelsdorff's suggestions, in particular his suggestions in relation to providing an intensive curriculum that emphasizes problem solving and decision making, while including feedback from stakeholders. However, creating this type of curriculum presented its own unique challenges. In an effort to develop an innovative, dynamic, flexible, and rigorous program that allows students to gain core competencies and demonstrate mastery while eliminating the

need for seat time, Walden University, an accredited, large online university, adapted their course-based Master's in Healthcare Administration program to a competency-based, direct assessment program. Once the competency-based program is fully developed, students enrolled in the university will have a choice regarding whether they enroll in a course-based model with weekly requirements and fixed beginning and end dates, or a competency-based model where seat time is no longer measured and progress is solely dependent upon demonstration of mastery.

COMPETENCY DEVELOPMENT

With little precedence regarding the development of direct-assessment, competency-based models, the authors worked with experts in the field and employers to identify key competencies employers expect of graduates with an MHA, as Manglesdorff (2014) suggested. Two three-day workshops took place with the goal of adapting the current course-based MHA program to a competency-based program that meets the needs of healthcare employers while allowing students the opportunity to progress and demonstrate mastery at their own pace. After analyzing the learning outcomes of the course-based program, three to five competencies were derived from each course in the current program. Employers, university faculty, college leaders, and curriculum development partners collaborated during two workshops, each consisting of three days, to draft the competencies.

Following the workshop, feedback from employers was applied to the competencies, which resulted in revision and refinement of the competencies. Next, the proposed competencies were compared against the education requirements of the American College of Healthcare Executives (2015) and the National Center on Health Leadership Competency Model (2015). After the competencies were developed and approved by the college governance committee, appropriate direct-assessments were developed to assess each competency.

ASSESSMENT, RESOURCES, AND LEARNING ACTIVITY DEVELOPMENT

In order to develop the assessments, resources, and learning activities to support student success, 11 subject matter experts were contracted to collaborate in the development of the assessments, resources, and activities. The experts were chosen based upon their expertise in areas such as the healthcare environment, healthcare law, human resources, organizational management, and healthcare marketing. All subject matter experts possessed a doctoral degree and relevant work experience within the area of expertise. After tak-

ing part in a 90-minute orientation related to competency-based learning, direct-assessment, and details regarding the scope of the project, the experts worked with curriculum developers, full-time university faculty members, and the college assessment coordinator to create assessments and supporting learning activities.

The assessments consisted of complex tasks that simulated the type of products the graduate would have to produce on-the-job, problem-based inquiry that incorporated the use of authentic, job-embedded case studies, short-answer assessments, and multiple-choice assessments (less than 5% of the total program assessments). In addition to the summative assessments, the competency-based model includes multiple formative assessments to provide students with targeted practice prior to attempting to complete the required competency direct-assessment. Each summative assessment, except multiple-choice assessments, is accompanied with a detailed and extensive rubric that incorporates specific learning objectives and clearly indicates what a student must do in order to reach competency. Students can exceed expectations to achieve mastery in a given competency as well. However, students must either achieve competency or mastery on every single rubric row in order to achieve the competency. In this model, there is no option for passing with an average score – students are either competent, above competent (i.e., mastery), or not competent. Student work will be graded by a faculty assessor who applies the rubric to provide targeted and specific feedback to students. Students who achieve competency continue to progress through the program, whereas students who are in need of improvement have the opportunity to further engage with the learning resources and activities and refine their work until they achieve competency.

CHALLENGES AND INSIGHTS

Developing the MHA competency-based program faced some challenges. The major challenge was the lack of clear guidelines from accreditation agencies about how to develop and design direct-assessment, competency-based programs. Also, there was no direct-assessment, competency-based research upon which to base our work. Rather, insights from best practices regarding adult learning, online education, and outcomes-based assessment were all applied to guide the development process. Another challenge was that some subject matter experts who worked on developing the assessments, resources, and learning activities did not fully understand the direct-assessment, competency-based education model. All of the experts came from an online teaching background, and it was difficult to break away from required, lock-step curriculum development and focus only on competencies and assess-

ments. Most of the subject matter experts had a solid understanding of the traditional, course-based education programs, but had limited understanding of how competency-based education is designed, and how to develop content that allowed for relevant and meaningful assessment of students without specific requirements outside of the competency assessment. Some subject matter experts struggled to find the right balance between providing students enough resources to complete an assessment, while understanding that students were not technically required to engage in any resources or complete any optional activities in the direct-assessment model. There was a tendency to either suggest development of too many resources and activities (many of which were only tangentially related to the competency and assessment) or conversely, to provide a sparse selection of resources and activities that lacked the true depth and breadth a student may need to access in order to achieve competency. Once students are enrolled in the program, the program will need to be evaluated to assess whether changes will be needed in terms of resources and activities. However, the program was developed to ensure that a student with little or no experience in healthcare administration would have the resources and activities available to him or her in order to achieve competency. When the program launches, there will be a continued need to evaluate resources and make changes to improve the curriculum based on the data collected from students.

RECOMMENDATIONS AND LESSONS LEARNED

The authors recommend that higher education institutions planning to develop direct-direct assessment, competency-based programs carefully assess the background and readiness for potential subject matter experts who are selected to work on developing competencies and other related work. If subject matter experts are not familiar with competency-based design and development, we recommend providing intensive orientation and training to properly prepare subject matter experts for developing curriculum in a direct-assessment, competency-based program. While the subject matter experts participated in a brief orientation, we recommend a more intensive training in which experts analyze exemplar competency assessments, resources, and activities, and then begin to draft their own ideas related to the competency assessments, resources, and activities.

As the competency-based MHA program launches, there will be continual insights and new learning to inform improvements to the model. Specifically, it is imperative that the program is ready to adapt learning resources, activities, assessments, and rubrics based on real data from students, as well as input from faculty and stakeholders. After the program launches and stu-

dent assessment data is available, rubrics will be normalized, and learning resources will be revised as needed to better support the needs of students. The competency-based program will be updated as needed, based on data analytics and student, faculty, and stakeholder input. In essence, the system will continually evolve to promote student learning and meet the needs of employers in the field. This ability to be nimble and flexible, while creating a program directly aligned to employer needs and healthcare standards, makes any challenges well worth the effort. The authors firmly believe the end result will be a competent workforce, able to enter the healthcare field with the necessary educational foundation to make a positive difference.

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