

CAHME Chronicle

2011 Winter Special

Message from CAHME Standards Council Past Chair

To All:

I am pleased to have been asked to provide an introduction to the exciting news that will follow in this special issue of the **CAHME Chronicle**. The CAHME Standards Council under the leadership of Janet Porter, PhD has completed a thoughtful revision to the CAHME Criteria for Accreditation. The proposed criteria are currently being vetted by academics and practitioners. The CAHME Board hopes to approve the revised criteria in May after public comments have been reviewed and considered by both the Standards and Accreditation Councils.

In 2005 under my leadership and encouragement, the Standards Council began our journey toward enhanced excellence in graduate healthcare management education. We proposed, and the field of practice embraced, the concept of identifying management and leadership competencies that would define the graduates of CAHME accredited programs. I cannot tell you how pleased I am to see how diligently the 83 CAHME programs have worked to integrate their selected competencies with their curriculum. Also, half of the CAHME programs have been reviewed for reaccreditation utilizing the 2008 criteria and we have been extremely pleased with the results.

However, our work in 2005-2006 was just the first step on our journey to excellence. The Standards Council met in September 2010 and carefully considered how we could continue to move the field of graduate healthcare management forward, still recognizing the significant differences in our programs. In the Fall 2008 Criteria we placed greater emphasis on the program's mission statement. We required that the mission statement define the program by guiding competency selection; admissions criteria and target audience; the jobs for which graduates were being prepared; the expectation for research and scholarship and in essence became the basis for evaluation of the program. After careful deliberation, the Council decided to use less prescriptive language for curriculum content. The revised criteria rely on the professional judgment of the program's faculty and other key stakeholders to determine the best design of course content and experiential activities that fulfills the program's mission and develops the selected competencies.

This issue of the **CAHME Chronicle** includes a preamble, which describes our journey plus the revised criteria; a list of FAQ, and a schedule of events where faculty and practitioners can give input in this very important process. We strongly encourage you to attend one of the webinars jointly sponsored by CAHME and AUPHA or the face-to-face feedback session planned for the ACHE Congress in Chicago on Tuesday, March 22 immediately following the AUPHA Leadership Forum. If you would like to comment on the proposed criteria at any time, please send your comments referencing the specific criteria to criteriacomments@cahme.org noting that all comments should be received by March 28, 2011.

Healthcare has been, and always will be, an extremely complex industry requiring great leaders who can facilitate those changes necessary to improve the quality of the care while reducing its costs and improving access. Our ultimate goal is to position highly competent graduates from CAHME accredited programs to do just that!

Sincerely,

Thomas C. Royer, M.D.



Thomas C. Royer, M.D.
Member
Past Chair,
CAHME Standards Council
President & CEO
Christus Health

Don't miss the 21 FAQs
about the Proposed
Revisions on page 6

Standards Council Criteria Revision 2010

The Standards Council of the Commission on Accreditation in Healthcare Management Education (CAHME) reviews CAHME Criteria for Accreditation every two years and makes revisions as necessary¹. Since the CAHME Criteria underwent a major transformation in 2007, the Standards Council set a goal in 2009 to present proposed revisions to the CAHME Board at the November 2010 board meeting with the expectation that the revisions would be sent for three months of public comment. Final revisions would then be presented to the CAHME Board for the May 2011 board meeting with the expectation that the 2011 revisions would be effective for programs undergoing self-study in 2011-2012 and site visits starting in Fall 2012.

BACKGROUND

As part of the CAHME criteria transformation in 2007, the decision was made to embrace the expectation that all programs adopt a competency framework for focusing on outcomes-based education. The selected framework would then serve as the basis for curriculum planning, including the development of related teaching, learning, and assessment methods. During this process, the Standards Council adapted Criterion IIIB, which delineated course content which some viewed as core knowledge and others as competencies. Programs were expected to cover these content areas regardless of the set of competencies adopted. The Standards Council determined that while it was not time to eliminate or consolidate the content areas of Criterion IIIB in 2007, as the journey to competency education continued Criterion IIIB would be modified significantly over time. Since then, many programs going through the accrediting process have still interpreted that Criterion IIIB required that a course had to be taught in each of these 19 areas.

It was expected that the conversion of programs and faculty to competency models could take as long as a decade. CAHME Competency Boot Camps were conducted to teach faculty about the new Criteria and what it meant to offer competency-based education. The boot camps were well attended and very positively received. The boot camps have been instrumental in advancing the conversion of programs to the competency-based approach.

As the Standards Council began their criteria review in 2009, the expectation was that the revisions would be modest given that programs were still adjusting to the Fall 2008 Criteria for Accreditation. The Standards Council was striving to respond to feedback and site visit results under the new Criteria, and in particular, the opportunities CAHME identified to:

- **Streamline** the programs' data collection process
- **Eliminate redundancies** across the Criteria
- Reduce duplication of effort for **dually accredited** programs
- Enhance the program's **flexibility in aligning their curriculum design** with their program's unique mission and vision, as well as feedback from their stakeholders



Janet Porter, Ph.D.
Chair, CAHME Standards Council
Executive Vice President and COO
Dana-Farber Cancer Institute

CAHME Information Session

Tuesday March 22, 2011

1:00-2:30pm

Salon 12 • Palmer House Hilton • Chicago

CAHME wants to hear from you about the proposed revisions to the Criteria for Accreditation.

If you are planning to be in Chicago for **ACHE Congress on Healthcare Leadership** or the **AUPHA Leaders Conference**, we invite you to attend a presentation by the Chair of the CAHME's Standards Council, Janet Porter, Ph.D, and share your thoughts with us.

¹ The Standards Council conducts a full review of the Criteria every four years with an interim review every two years.

The outcome of this update includes a **reduction in total number of Criteria from 57 to 32**. This significant improvement in the criteria was accomplished by:

- Relocating some of the Criteria to the Eligibility Requirements
- Consolidating Criteria that were redundant
- Reducing the Criteria III B1-19 to 2 Criteria - one related to knowledge and the other related to competencies

The Standards Council recommends the CAHME Board approve these revisions for public comment with the recommendation that these criteria - if approved in May 2011 - be effective for programs undergoing self-study in AY2012-2013. Programs undergoing self-study in AY2011-2012 would be given the option to use either Fall 2008 or Fall 2012 Criteria for Accreditation.

Proposed Fall 2012 CAHME Criteria for Accreditation

ELIGIBILITY REQUIREMENTS

Requirement A

The University will have established healthcare management as a major course of study leading to a master's degree. Establishment of the Program will have been approved by 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.

Requirement C

If the Program is in a specialized graduate school or schools (such as a medical school, school of public health, or school of business administration) within the University, the school(s) should be accredited by the appropriate recognized specialized accrediting agency (agencies). In the absence of such accreditation(s), a determination will be made by CAHME to the extent lack of specialized accreditation is detrimental to the quality of the Program.

Requirement D

The Program will require full-time study beyond the baccalaureate level of not less than the equivalent of two academic years as defined by the University. CAHME will evaluate whether the Program, as defined by the University, meets this requirement.

Requirement E

The Program in healthcare management will have graduated at least two classes.

Requirement F

The Program will require at least 120 contact hours of instructional time in person.

Requirement G

The Program will ensure that facilities, equipment, and supplies are sufficient to support Program quality and achieve the Program's mission, goals and objectives. This will include:

1. Library and/or access to information resources;
2. Computing technology and the appropriate management software; and
3. Classroom, and other learning space, and physical facilities for students, faculty, and staff, as appropriate to the method of course / program delivery.

Requirement H

There will be no discrimination on the basis of gender, age, creed, race, 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 policy regarding equal opportunity requirements. Nothing herein will be construed to prevent a University 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.

Requirement I

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

Requirement J

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

Requirement K

University polices will provide time and support for faculty development, research and/or scholarship, and service.

Requirement L

Faculty evaluation will be equitable and fair and faculty responsibilities will be consistent with University policies.

CRITERIA FOR ACCREDITATION

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 design, evaluation, and quality improvement efforts.
- I.A.2 The Program will establish goals, objectives and performance outcomes that are action-based, observable, and measurable.
- I.A.3 The Program will monitor changes in the health system, the University environment, and management theory and practice and adjust its mission, vision, goals and objectives as necessary.

I.B. Institutional Support

- I.B.1 The Program will have sufficient financial and administrative support to ensure that its mission, goals and objectives can be achieved.
- I.B.2 Program leadership will have the authority to ensure the integrity of the Program.
- I.B.3 Program and University leadership will ensure that the resources available to faculty are commensurate with workload.
- I.B.4 The organization of the Program and its relationship to other academic units will enable students to draw broadly on academic resources throughout the University.

Criterion II - Students and Graduates

- II.A.1 The Program will make available full and accurate information regarding its application process; the competencies that form the basis for its curriculum; the curriculum; teaching, learning and assessment methods; and student achievement.
- II.A.2 The Program will have recruiting practices and well-defined admission criteria designed to admit qualified students and pursue a diverse student population.
- II.A.3 The Program will ensure that students are provided appropriate advising and support services, and that these services are evaluated regularly as a basis for continuous improvement.
- II.A.4 The Program will involve students, alumni, and practitioners in appropriate areas of Program decision-making and evaluation.
- II.A.5 The Program will ensure that graduates' career preparedness is monitored, documented and used for continuous improvement.

Criterion III - Curriculum**III.A Competencies and Curriculum Design**

- III.A.1 The Program will adopt a set of competencies that align with the mission and types of jobs graduates enter. The Program will use these competencies as the basis of the curriculum, course content, learning objectives, and teaching and assessment methods.
- III.A.2 The program curriculum will provide students with an appropriate depth and breadth of knowledge of the healthcare system and healthcare management.
- III.A.3 The program competencies will incorporate at a minimum the following: communications and interpersonal effectiveness; critical thinking, analysis, and problem solving; management and leadership; professionalism and ethics.

III.B Teaching and Learning Methods

- III.B.1 The Program will incorporate a range of teaching, and learning methods driven by adult learning principles. The methods will be based on higher education taxonomic levels appropriate to graduate education.
- III.B.2 The Program will provide, throughout the curriculum, opportunities for students to participate in team-based activities.
- 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.
- III.B.4 The Program curriculum will incorporate integrative experiences, including field based applications, that require students to draw upon, apply and synthesize knowledge and skills covered throughout the program of study.

III.C Assessment and Evaluation

- 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.
- III.C.2 The Program will evaluate course instruction and the curriculum and use the results to improve the quality of the teaching and learning environment.
- III.C.3 The Program will regularly evaluate the extent to which students and graduates attain the competencies and use the evaluation for continuous 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.
- IV.A.2 The Program will foster a diverse culture within the faculty and learning environment.
- IV.A.3 The Program faculty will have responsibility for making recommendations regarding admission of students, specifying health care management competencies, evaluating student performance, and awarding degrees.
- IV.A.4 Program faculty will participate in defining faculty needs and in recruiting faculty to teach in the Program in accordance with University policy.

IV.B. Research and Scholarship

- IV.B.1 Faculty will demonstrate a record of research, scholarship and/or professional achievement appropriate to their career stage, role and responsibilities associated with the Program, and the Program's mission and goals.
- IV.B.2 The Program will ensure that there is a systematic plan for, and investment in, individual faculty research and scholarship.

IV.C. Teaching

- IV.C.1 The Program will ensure that there is a systematic plan for, and investment in, individual faculty pedagogical improvement.
- IV.C.2 Faculty will demonstrate that they draw on their own current and relevant research and scholarship, as well as that of others, in their teaching.

IV.D. Community and Professional Service

- IV.D.1 Faculty will participate in health-related community or professional service activities outside of the university.
- IV.D.2 Faculty will draw upon their community and professional service activities in their teaching.

Frequently Asked Questions about the Proposed Revision to the Criteria for Accreditation

1. *The last revision of the Criteria was in 2007. Why have the Criteria been revised so soon?*

CAHME Policies and Procedures require that the Standards Council conduct a full review of the Criteria every four years, with an interim review every two years, and make revisions as necessary. Since the last full review and transformation was in 2007, this revision is in keeping with that schedule. As part of the review process the Standards Council considered program site visit feedback and a repository of site visit results under the 2008 Criteria. In particular, the Council identified there were redundancies in the Criteria that could now be eliminated.

2. *When do these Criteria go into effect?*

If accepted by the CAHME Board of Directors in May 2011, these Criteria would be effective for programs undergoing self-study in 2012-2013 (i.e. Programs with site visits from Fall 2013 and beyond).

Programs in self-study during 2011-2012 (i.e. Programs with site visits in either Fall 2012 or Spring 2013) have the option to use the revised Criteria.

3. *How can I tell which Criteria have been eliminated from the current Criteria or which Criteria have been added?*

A crosswalk between the two sets of Criteria has been prepared to help answer this question and is available on the next page.

CRITERIA FOR ACCREDITATION CROSSWALK

FALL 2008 ordered	FALL 2012 equivalent
Requirement A	Requirement A
Requirement B	Requirement D
Requirement C	Requirement E
Requirement D	Requirement B
Requirement E	Requirement C
Requirement F	Requirement H
Requirement G	Requirement J
Requirement H	Requirement F
IA1	IA1
IA2	IA2
IA3	DELETED
IA4	IA3
IB1	IB1
IB2	Requirement K
IB3	Requirement G
IB4	IB2
IIA1	IIA1
IIA2	IIA2
IIA3	IIIC3
IIA4	IIA3
IIA5	IIA4
IIA6	IIA5
IIA7	Requirement I
IIIA1	IIIA1
IIIA2	DELETED/See new IIIB1 & IIIC1
IIIA3	DELETED
IIIA4	IIIC2
IIIA5	IIIB3
IIIB1-19	IIIA2
IIIC1	IIIB4
IIIC2	DELETED
IIIC3	IIIB2
IIIC4	IB4
IIIC5	IIIB3
IVA1	IVA1
IVA2	IVA2
IVA3	IVA3
IVB1	IVA4
IVB2	Requirement L
IVC1	IIIC1
IVC2	IVB2
IVD1	IVB1
IVD2	DELETED
IVD3	IVC2
IVE1	IVD1
IVE2	IVD2

FALL 2012 ordered	FALL 2008 equivalent
Requirement A	Requirement A
Requirement B	Requirement D
Requirement C	Requirement E
Requirement D	Requirement B
Requirement E	Requirement C
Requirement F	Requirement H
Requirement G	IB3
Requirement H	Requirement F
Requirement I	IIA7
Requirement J	Requirement G
Requirement K	IB2
Requirement L	IVB2
IA1 -IA2	IA1 -IA2
IA3	IA4
IB1	IB1
IB2	IB4
IB3	NEW
IB4	IIIC4
IIA1	IIA1
IIA2	IIA2
IIA3	IIA4
IIA4	IIA5
IIA5	IIA6
IIIA1	IIIA1
IIIA2	IIIB1-19
IIIA3	(NEW)
IIIB1	(NEW)
IIIB2	IIIC3
IIIB3	IIIC4
IIIB4	IIIC1
IIIC1	(NEW)
IIIC2	IIIA4
IIIC3	IIA3
IVA1-IVA3	IVA1-IVA3
IVA4	IVB1
IVB1	IVD1
IVB2	IVC2
IVC1	(NEW)
IVC2	IVD3
IVD1-IVD2	IVE1-IVE2

Frequently Asked Questions about the Proposed Revision to the Criteria for Accreditation

4. *Why is there such a reduction in the number of Criteria for Accreditation?*

The result of the Standards Council's careful review of program self-studies prepared for the Fall 2008 Criteria resulted in a reduction in total number of Criteria from 57 to 32. This improvement in the Criteria was accomplished by:

- Relocating some Criteria to the Eligibility Requirements
- Consolidating Criteria that were redundant
- Reducing the Criteria III.B.1-19 to two Criteria - one related to knowledge and the other related to competencies

A major effect of the reduction should be seen in new self-studies when programs will not have to repeat narrative or restate requirements to demonstrate performance against different Criteria.

5. *What is the difference between the Eligibility Requirements and the Criteria for Accreditation?*

The Eligibility Requirements are fundamentals that must be satisfied before a program can proceed with the accreditation process. CAHME requires that all programs applying for initial CAHME accreditation (new Candidates) and all programs seeking reaccreditation must first demonstrate that they meet the Eligibility Requirements.

The Criteria for Accreditation is the framework for program self-evaluation and the collaborative peer review that is the site visit. During the site-visit, assessments are made by the site visit team to the extent that the program has "met" each criterion.

6. *Does this mean that CAHME is now requiring that programs should adopt a particular model?*

CAHME Criteria for Accreditation still do not require that programs adopt a particular model. Programs are still free to select the best competencies that are in keeping with the Program mission and the jobs for which graduates are being prepared. However, with this revision to the Criteria, accredited programs must include the following competencies in its set at a minimum: communications and interpersonal effectiveness; critical thinking, analysis, and problem solving; management and leadership; professionalism and ethics.

CAHME continues to choose tools for measuring excellence in a variety of academic settings driven by the diversity of practice settings that embrace healthcare management. This requires flexibility in the selection of competencies and by extension student outcomes.

7. *Will I have to revise the set of competencies that I have adopted for my program?*

If your adopted set of competencies includes, at a minimum, the prescribed competencies, you will not need to revise to meet the Criteria. However, CAHME expects that programs will periodically revisit their selected competencies as part of an evaluation process to ensure that the selected set adequately prepares graduates for success upon graduation.

8. *Where are the Curriculum Content areas?*

The curriculum content areas, Criteria III.B.1-19 have been eliminated in this revision to the Criteria. When the Criteria were transformed in 2007 it was determined that it was not the time to make dramatic changes to Criteria IIIB, but as the journey to competency based education progressed, Criterion IIIB would be adapted when the time was right. The intent was that programs should use 19 content areas in the development of their competency-based curriculum. What resulted was that many programs still thought that CAHME was requiring that a course should be taught in each of these areas, or worse that these were interpreted as CAHME competencies!

Since so many of our program directors have attended Competency Boot Camp, we have seen a dramatic improvement in the development of competency based education evidenced by site visit results under the Fall 2008 Criteria; something we thought would take 10 years to realize. Therefore, we think the time is right to allow programs to identify and justify content areas and develop curriculum with their mission and selected competencies as the foundation.

9. Will programs really have the flexibility to develop their curriculum and integrate competencies?

Yes. This was always the case even under the Fall 2008 Criteria.

To be successful programs must conduct periodic evaluation of the program's mission, the characteristics of the students served, the jobs for which graduates are being prepared and the competencies required for these graduates to be successful. Armed with this information, programs should then develop and be able to justify the curriculum.

10. How do the revised criteria make it less burdensome for programs with dual accreditation?

The Standards Council has undertaken a careful examination of the Criteria to eliminate duplication to relieve the burden for all programs by the reduction in the number of Criteria and an increased focus on competencies rather than curriculum content. In addition, the Council has examined the Standards/Criteria for both AACSB and CEPH to understand what these accrediting bodies also require of our programs in these accredited schools and kept this information before them as they worked on this revision.

While we have no evidence yet that the revision will be less burdensome for dually accredited programs, this was definitely part of our intent. The Standards Council continues to explore ways to make the process less burdensome for dually accredited programs.

11. Will CAHME require a minimum number of credit hours or courses?

Firstly, to be eligible for CAHME accreditation a program must be two years of full time study in duration using the University's own definition of full time study. Secondly, CAHME current Self-Study Requirements also specify that:

CAHME anticipates that the equivalent of 40 semester [credit] hours is the minimum required to develop the set of competencies, not inclusive of the residency or internship component of the program. If a program is less than 40 semester hours or the equivalent, a detailed description of the implementation of the set of competencies is required.

Thus, a program can determine that in light of their mission and the previous experience of their students a program of 36 credit hours (4 semesters of 9 full time credit hours) may be adequate, but it must also demonstrate to the satisfaction of the site visit team how the competencies are developed within this curriculum design.

12. Will CAHME require a minimum number of program faculty?

Currently the CAHME Self-Study handbook suggests that a minimum of three core faculty are necessary. Core faculty is defined as full time faculty members who are engaged in an ongoing basis in the activities of the academic life of the program and who are supported in their continuing professional development. (Full time is defined as full time at the University and not the Program and could include Program Joint and Part-Time faculty, but not Adjunct faculty.)

Thus core faculty would be intimately involved with the strategic planning and visioning for the program as well as determination of needed changes in competencies and course content. If a program has less than three core faculty, it bears a greater burden of proof; it must demonstrate how this complement is able to meet the Program objectives and provide expanded detail regarding how all required material is covered.

13. In the revised criteria is there any change to the requirement for the number of hours of face-to-face instruction time?

The requirement that each program have at least 120 hours of instruction provided in a face-to-face environment between faculty and student and among students has not changed. We still feel strongly that graduates must have strong interpersonal and communication skills to be successful, and that this is best developed in traditional settings.

14. Will CAHME develop boot camps to help programs prepare for the revised criteria? When will these begin?

New CAHME boot camps will be developed and offered to help programs link its mission, competencies, course content, teaching and assessment methods. These will not be developed until the revised criteria have been accepted by CAHME's Board of Directors.

15. How will programs demonstrate that their students have appropriate depth and breadth of knowledge of the healthcare field? What does this criterion mean?

Every program will be expected to assess the success of their competency model with both students and graduates. CAHME does not prescribe how this should be done but will be looking for evidence that the program regularly meets with their advisory groups, alumni and other stakeholders to solicit input to determine if graduates felt that they were adequately prepared for the jobs they assumed on graduation.

We expect that like before, the Self-Study Handbook will include a detailed interpretation of what site visitors will expect, and include requirements so that programs can demonstrate that they meet this Criterion.

16. Will there be a new Self-Study Handbook to help programs write their self-study? When will it be available?

The Self-Study Handbook Committee will work on a new self-study handbook, which will be available by October 1, 2011.

17. How will a site visit team determine if certain core competencies and healthcare knowledge are deficient in a program's design? How will they address deficiencies in specific course content?

Since the Criteria were transformed in 2007, CAHME has had an increased focus and investment in training its site visit teams. For this revision we expect that this training focus will continue with special emphasis on methods and processes to determine the adequacy and appropriateness of a program's curriculum. Each team will continue to carefully review the self-study document, which is due two months prior to the site visit. When on-site, the team will speak to and ask questions of faculty and administrators to determine if the competencies and course content are supportive of the program's mission.

To be successful programs must conduct periodic evaluation of the program's mission, the characteristics of the students served, the jobs for which graduates are being prepared and contemporary developments in the field. Armed with this information, programs should then develop and be able to justify the selection of curriculum content.

18. What will distinguish a CAHME graduate if there is great variability in the CAHME accredited programs?

Healthcare management is a diverse field, requiring a myriad of skills, knowledge, and a range of competency preparation for variety of practice settings, since there is no single "standard" setting in which healthcare management is practiced. As a result, we expect that each accredited program is different with its own characteristics and mission; this is true of accredited programs today.

The revised criteria will give programs more flexibility to design a program that meets the needs of their constituents. The CAHME process is not first and foremost about compliance. Rather it is designed to stimulate programs to continuously improve. This continuous improvement process relies on input from practitioners, students, and academics.

CAHME's focus is on providing the field with the best-prepared graduates possible – individuals who can quickly add value to an organization and grow into future leaders – using three core strategies:

- Fostering a practitioner-academician dialogue to ensure that programs in health administration/healthcare management are highly relevant to the needs of healthcare organizations
- Ensuring that curriculum is based on well-defined competencies, so that graduates have the skills they need to succeed
- Using an external peer review process to stimulate innovation and a focus on continuous improvement in academic programs in healthcare management

19. What evidence does CAHME have to support moving to the revised criteria? Have employers been surveyed to determine what is required of future healthcare leaders?

We have seen a dramatic improvement in the development of competency-based education, something we thought would take 10 years to realize. This is evidenced by dramatic improvement of site visit results under the Fall 2008 Criteria. In preparation for this revision, the Standards Council reviewed the competency models of the major professional health care organizations and associations, to make sure that they were reflective of current research in the field.

In addition, CAHME regularly surveys its constituents - students, faculty and practitioners - to determine if CAHME is meeting the needs for future healthcare leaders. The survey information and input from CAHME board members and corporate members provides valuable insight into the success of the CAHME graduates.

20. How will CAHME communicate to the practitioners that the Criteria have been revised?

CAHME regularly communicates with national professional associations and practitioners by way of its electronic newsletter - CAHME Chronicle. As part of CAHME procedures for Criteria review, a special communiqué requesting comments about the revised Criteria was sent to the Presidents of the following bodies: ACHE, MGMA, HFMA, HIMSS and AHA. CAHME also encourages its programs to continue to communicate these significant changes to their advisory and alumni boards.

21. How will you use the feedback gathered during the public comment period?

CAHME is seeking to get feedback from our corporate members, other accrediting bodies, practitioners, as well as faculty. We have encouraged that feedback be as specific as possible and relate to specific criteria. There will be a special CAHME session on March 22, 2011 following the AUPHA Leaders Conference to seek input from academic and practitioner members who may be attending the ACHE 2011 Congress on Healthcare Leadership in Chicago.

Following the March 28, 2011 deadline for feedback, a summary of comments will be reviewed by the Standards Council in the determination of a revised draft of the Criteria. This revised draft will be reviewed by Accreditation Council and finally by the CAHME Board of Directors. Assuming ratification, the 2012 CAHME Criteria for Accreditation will be then be published.

**CAHME Criteria Revision
Information Webinar**

CAHME wants to hear from you about the proposed revisions to the Criteria for Accreditation.

Join us for a free webinar

when members of CAHME's Standards Council will explain the revisions and answer your questions.

RSVP by email to info@cahme.org to obtain webinar instructions.

**Thursday February 24, 2011
2:00-3:30pm Eastern**

RSVP by 2/21

• or •

**Tuesday March 15, 2011
3:00-4:30pm Eastern**

RSVP by 3/11

CAHME Standards Council 2010 - 2011

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