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A 3-Prong Approach to a Competency-Based Curriculum

Tina Fields

Texas State University – San Marcos

As job opportunities for health administration students become more competitive, it is crucial for departments to develop “cutting edge” opportunities for their students. Taking the lead from other health profession curricula, health administration departments are developing overarching competencies that demonstrate outcome qualities of their students. The competency-based curriculum results in students who can demonstrate specific competencies at the time of their graduation. For the past three years, the School of Health Administration at Texas State University-San Marcos has used a three-prong competency-based curriculum to ensure “career readiness” of students.

Keywords: competencies; competency-based curriculum; career readiness; curriculum development

As job opportunities for health administration students become more competitive, it is crucial for departments to develop “cutting edge” opportunities for their students. Taking the lead from other health profession curricula, health administration departments are developing overarching competencies that demonstrate outcome qualities. The competency-based curriculum is a focused effort of all faculty and results in students who can demonstrate specific competencies upon their graduation from the curriculum. An important component of this curriculum is a final demonstration of successful knowledge and skill sets. For the past three years, the School of Health Administration at Texas State University-San Marcos has used a required EXIT exam, along with a capstone course and field placement, to demonstrate student capabilities as they enter the workforce. As the paradigm has shifted from a knowledge-based curriculum to a competency-based curriculum, faculty has focused on curriculum adaptations that have resulted in students who are better prepared to enter the workforce.

The Competency-Based Curriculum

Competency-based curriculum (CBC), as opposed to outcomes-based curriculum, focuses on accountability and curricular outcomes that promote student-centered learning. It also focuses on the application, not merely acquisition, of knowledge (Ruddlesdin, Wentworth, Bhat, & Baker, 2010). Since competency infers the highest level of what students should demonstrate, CBC suggests a framework whereby skill sets are mastered, with these skills integrated through numerous courses. Instructors work together to identify skill sets that are paramount in the workforce and then develop individualized class activities that address the skills. In this way, instructors provide opportunity for students to recognize how the skill set can be applied in numerous courses. Students internalize that the competency, not mere knowledge, is what will be most important in the workforce arena (LeCuyer, DeSocio, Brody, Schlick, & Menkens, 2009).

Competency-based curriculum, a new approach in health administration, has been addressed in other disciplines for over fifty years. In the early 1970s, a new type of workforce was needed. Manufacturers no longer needed people who functioned in “conveyor belt” fashion but needed people who could solve problems and work in teams. This was the beginning of the competency model, which focused on outcomes (Harrison & Mitchell, 2006). Large corporations such as Toyota recognized the importance of this paradigm shift, and Toyota’s success in the twentieth century was attributed to revamping management toward outcomes-based work (Coffman & Gonzalez Molina, 2002). thinking.

Although touted as a revelation in the workforce, the concept of competency based curricula had been outlined as early as 1949 as a better approach to education (Tractenberg, Umans, & McCarter, 2010). However, the melding of the need for workforce competency and education competency did not occur until the workplace identified the

need to have a new workforce and called upon educators to train people with the abilities to analyze and synthesize information and not merely to “know” facts.

Competency-Based Curricula in Health Professions

Health professions began to incorporate competency-based training in the early 21st century (Frank et. al, 2010; Jippes, vanEngeden, Brand, & Oudkerk, 2010; LaCuyer, DeSocio, Brody, Schlick, & Menkens, 2009; Seale, Shellenberger, & Clark, 2010). With increasing use of technology in healthcare, physicians and other health professionals developed new skill sets that incorporated existing medical knowledge with new procedures and equipment. Health providers could not afford to rely on the “business as usual” format, as patients, savvy with the Internet, demanded procedures that were more current. Thus, health providers served as the motivation for health professions schools to address the need for curricula that better met the needs of the work environment.

The curricula at the health professions schools have continued to focus on competency-based outcomes. According to Weinberger et al. (2010), the education model has changed from acquisition to application of knowledge. Equally important, students are responsible for the speed of their learning, so those who grasp a concept easily can continue at one speed whereas others take more time to learn the concept. Because students assume more responsibility for mastering the content, the assessment of their skills is integrated with the learning process. Teacher and student work together to identify areas of need and then analyze the learning throughout the process and not merely at the end of the process. Thus, students are evaluated by how well they meet an objective (a criterion) and not compared to others within their class (norm or reference standards). This paradigm shift has placed more emphasis on self-analysis and self-learning, concepts that will be used throughout the students’ professional career (Bierer, Dannefer, Taylor, Hall, & Hull, 2009; Harrison & Mitchell, 2006).

Competency-Based Curriculum in Health Administration

With competency-based health professionals entering the workforce, health administrators were forced to analyze needs of the workplace environment. Health professionals demanded more accountability of the ancillary staff; they also demanded more intricate technology/equipment that necessitated team approaches to care. Ancillary personnel had to be able to work in teams, to adapt in an expedient manner, and to apply concepts to new situations. Administrators needed skills to motivate staff to work in teams and to address expediently problems heretofore never considered.

Based upon these identified skill sets, health administrators advised health administration schools/departments of the need to have managers/administrators that entered the workplace with an existing career skill set. Accreditation organizations have used this demand to create competency-based certification programs that ensure students who enter the workforce are “career ready.”

A 3-Prong Model of a Competency-Based Curriculum

The School of Health Administration (SOHA) at Texas State University-San Marcos has developed a conceptual model that addresses competencies. Three overarching activities have been designed to work cohesively to determine if SOHA students have the skill set needed to enter the workforce with a unique advantage over their competition. The three areas include a capstone course focusing on analyzing and synthesizing, a coordinated field placement that focuses on application, and a comprehensive EXIT examination.

These three areas rely heavily on the faculty working together to identify and develop career ready skill sets. Faculty have agreed to standardization within the curriculum and have worked together to create culminating events that ensure that students entering the workforce have a skill set that transcends courses and that can be applied to unique workplace situations.

Once this skill set had been identified, faculty worked together to develop a scaffolding approach whereby the needed skills were linked to courses and the level of proficiency was identified. Faculty defined proficiency by levels

– basic, intermediate, mastery – based on a standard definition. Having the same vision of the levels of proficiency, faculty could mesh competencies with proficiency levels for the courses they taught. Some courses, especially the first semester health administration courses, targeted introductory proficiency because faculty knew in which advanced course a higher proficiency level would occur. By using this scaffolding approach, faculty was then able to develop an EXIT exam that determined if students had the necessary competencies to enter the ever-changing workforce.

Findings

The capstone course, taken the senior year, allows students to synthesize information from previous courses as they address “real world” scenarios. Students apply foundation courses and writing skills as they individually address 10 scenarios and apply their team building skills as they prepare a final scenario. The EXIT exam, also taken the senior year, is a 200-item test that includes 12 questions from each health administration course and 8 questions on professionalism. EXIT questions are based on standardized class objectives and address key issues that should remain constant regardless of instructor or text selection. Finally, after successful completion of the capstone and EXIT, students participate in a 600-hour field placement. Field preceptors work closely with SOHA faculty to structure meaningful field experience, with the culmination being a project that students present to the agencies.

The outcome of the three-prong approach has been students who are better equipped to handle challenges in the real world. Student grades in the EXIT exam have improved since the inception of this model. Students have demonstrated better ability to synthesize material and have shown improvement in their writing skills through the capstone course. Finally, students have expressed more confidence in their skill sets, and this has been substantiated by preceptor feedback.

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Tina Taylor Fields, PhD, MPH is currently an associate professor at the School of Health Administration, Texas State University – San Marcos, San Marcos, Texas. Prior to coming to Texas State, Dr. Fields was the Director of the Center for South Texas Programs, The University of Texas Health Science Center – San Antonio. Dr. Fields uses her experience as a planner at the Brownsville Community Health Center (Brownsville, Texas) and as a public health administrator (Cameron County, Texas) to develop competency-based curricula for the undergraduate and graduate public health courses at the School of Health Administration. Dr. Fields has her M.S. and Ph.D. from Texas A&M University and a M.P.H. from the University of Texas School of Public Health. Dr. Fields remains active in maternal and child health issues along the Texas/Mexico Border.