

CHANGING HEALTH CARE MANAGEMENT CURRICULUM TO MEET HEALTH CARE WORKFORCE NEEDS

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ABSTRACT

The Pew Health Professions Commission was created in 1989 to develop recommendations for change in health professions education that respond to the health care workforce needs. Building on their 1998 recommendations and requirements for AACSB Accreditation, the curriculum for the Health Care Management degree at a small public university in South Carolina was reviewed and revised. This article provides an overview of the process that was used to review and revise the curriculum. Faculty, students, administrators, and Health Care Management Advisory Board members were included in identifying strengths and deficiencies in the original curriculum. These same resources were used in generating ideas for modifying existing courses and developing new courses. The program was changed from a Bachelor of Science degree in Health Care Management to a Bachelor of Science degree in Business Administration with an emphasis in Health Care Management. Evaluation of the new curriculum will be based on standardized tests scores, information received from alumni and employers, student feedback, and faculty assessments.

INTRODUCTION

Traditionally, hospitals have been the primary employers of health care managers and administrators (U.S. Department of Labor, 2000) and entry into field of health care administration has required graduate level education (ACEHSA, 2001). With the expansion of non-hospital based health care organizations, it is predicted that the fastest growth in health services management positions will be in home health agencies, residential care facilities, and practitioners' offices and clinics (U.S. Labor Department, 2000). These agencies are typically smaller and less complex than current hospitals and health care systems and a bachelor's degree can provide adequate preparation for health care managers for many entry level positions in smaller organizations and entry-level departmental level positions in larger health care organizations (U.S. Department of Labor, 2000). Therefore, there is an increased need for well-prepared graduates from baccalaureate level health care management programs.

CHANGE IN THE HEALTH CARE INDUSTRY

As a result of changes in the health care industry, roles and responsibilities of health care providers are in a constant state of flux. New health care specialties are developing as technology evolves. This evolution in the health care industry has resulted in changes in the education of health

care professionals. In 1989, the Pew Health Professions Commission was created by The Pew Charitable Trusts to develop recommendations for change in health professions education and to advocate the development of policies that respond to the nation's health care workforce needs (Pew Health Professions Commission, 1998). The final report of the Pew Commission, set forth challenges related to the changing health care system and included recommendations that affect the scope and training of health professional groups. The Pew Report specifically challenged professional schools to realign training and education programs so they can more effectively meet the changing needs of the health care delivery system (Pew Health Professions Commission, 1998). The commission urged health profession faculty to review current curriculum to include "a broader set of system, organizational and population skills."

APPLICATION TO EDUCATIONAL PROGRAMS IN HEALTH CARE MANAGEMENT

With the anticipated growth and diversification in the healthcare industry, employment opportunities for health services managers are expected to increase from 21% to 35% through 2008 (U.S. Department of Labor, 2000). Little is written, however, about the need for quality education programs for the people who will serve in the leadership and administrative positions within expanding health care organizations.

REVIEW PROCESS

Indepth review of the program began in the fall of 1999. The Health Care Management Program was initiated in 1995 and was originally designed to award a Bachelor of Science degree in Health Care Management. All other students in the School of Business Administration received a Bachelor of Science degree in Business Administration with an emphasis in accounting, finance/economics, or management/marketing. The two programs required the same general education core but the rest of the curriculum was independent. HCMT students were required to take some courses taken by students in the business administration curriculum, such as accounting, introduction to management information systems, business statistics, and business communications. However, the HCMT curriculum did not meet the rigor of the Business Administration degree in areas of economics, statistical analysis, advanced management information systems, business law, and business policy. In addition, HCMT students were required to take three courses from a pre-determined list of electives that were offered by departments outside than the School of Business. The School of Business Administration had no control over course content and the schedule of when classes were offered. There had been relatively few curriculum changes since the inception of the program in 1995 and no new HCMT courses had been added to the required curriculum.

The HCMT curriculum consisted of five courses and an internship. After careful review it was determined that the material covered in each course was relevant and the overall curriculum provided students with knowledge of health care delivery systems. It was determined that sequencing of courses and realigning the placement of material within courses would enhance the

curriculum. In addition, the focus of many of the courses was on health care delivery rather than the management of health care systems. Deficits were also noted in the areas of terminology and communication strategies, health care finance, ethics, health information systems, and health law. Additionally, textbooks that emphasized application as well as theory were needed.

The internship program provided the link between the educational setting and healthcare agencies. The internship was to provide students with the opportunity to apply what had been learned in the classroom and demonstrate problem solving and decision-making skills. Since the HCMT program is non-clinical in nature, the internship was the only course in the curriculum to include application strategies that are an integral part of the curriculum for other health professions. Although the goals of the internship experience and the process for selecting clinical sites and appropriate preceptors needed to be strengthened, it was determined that the internship experience would be maintained but modified to ensure the direct application of learning.

IMPACT OF AACSB ACCREDITATION

Since the School of Business Administration was in the candidacy process for accreditation, it was necessary to review the program in light of AACSB requirements. Although the lower and upper level course requirements were not the same, it was determined that Health Care Management program would be held to the same AACSB standards of review as the Business Administration program. It was recommended by AACSB consultants that the HCMT program be changed from a freestanding degree program to an emphasis offered within the business administration degree. After careful consideration by faculty and administration, it was decided that the recommendations would be followed and that the transition would be made with the 2000-01 curriculum.

The new curriculum for HCMT requires all HCMT students to take the same general education core and same lower business core (required courses taken prior to admission to the School of Business) taken by other students in the School of Business. Building on a stronger business base, the courses within the HCMT emphasis were modified and new courses planned and developed. The process for implementing the plan has taken place over a two year period and included the addition of a second HCMT faculty member.

THE TRANSITION PROCESS

The first step was to identify content that should to be retained and/or modified in each HCMT course. The content in all courses except the senior capstone course was retained. It was decided that the students would benefit more by coming together with the other students in the School of Business Administration for the senior level capstone course rather than having a separate course that included only health care management students.

The second step was to identify areas that needed to be strengthened so students would gain the knowledge and skills necessary to assume entry-level management positions in the health care industry. Health care terminology and communication strategies, health care finance, health care law and ethics, and information systems specific to health care were identified as the areas that needed to be developed or expanded.

It was decided that healthcare terminology and communication strategies would be incorporated throughout the curriculum. In addition, a one-credit course on medical terminology was added to the required curriculum

The course on managed care was modified to include reimbursement issues and financial strategies for inpatient, outpatient, ambulatory, and non-hospital bases settings. New courses were developed to ensure students would have the proper exposure to health care law and ethics and to health information systems. The following courses were added to the curriculum over a two year period.

1. HCMT 302: Legal and Ethical Aspects of Health Care Administration.
2. HCMT 111: Medical Terminology.
3. HCMT 304: Health Information Systems.
4. HCMT 290: Special Topics on Health Care.

FINAL ADJUSTMENTS TO THE PROGRAM

With the addition of lower and upper business courses and new courses required as part of the health care emphasis, the students were very limited in the number of elective courses that they were able to take over the four year curriculum. To provide students with greater flexibility in selecting courses in their area of interest, the pre-determined list of elective courses was eliminated in the 2001-2002 catalog.

HCMT ADVISORY BOARD

To increase awareness of the program among health care administrators and to establish a formal mechanism to seek input and receive evaluation, it was decided that a Health Care Management Advisory Board should be established. The HCMT Advisory Board held its first meeting in May 2000 and continues to meet three times per year. The Board serves in an advisory capacity, providing input on new ideas, feedback on current practice, and recommendations on curriculum changes based on industry trends.

STUDENT INPUT

Input was solicited from students from the inception of the plan for curriculum change. The initial response to the concept of eliminating the free standing health care management degree was negative, however, as meetings and discussions with students continued during fall semester 1999, students began to accept the changes and provide valuable input to the planning process. The resistance to change gradually diminished and by the end of spring semester 2000, negative feelings about the upcoming changes seemed to have been resolved.

ENSURING CONSISTENCY THROUGH CURRICULUM MAPPING

As part of the curriculum development and review process, five threads were identified as essential components of the health care management program: (a) communication strategies, (b) professional and ethical behavior, (c) technology skills, (d) leadership, and (e) creative and critical thinking skills. Curriculum maps were developed to demonstrate how each of the threads would be incorporated in courses throughout the curriculum. Reflective thinking and cultural understanding and flexibility have also been identified as additional desired outcomes of all students graduating from an AACSB accredited school (AACSB, 2001).

EVALUATION STRATEGIES

Developing effective evaluation strategies for the new curriculum continues to challenge the faculty. Specific outcome measures for the old curriculum were not available making it difficult to compare student learning in each curriculum plan. Several mechanisms are being implemented, however, to evaluate the new curriculum.

Feedback from students, community partners, and alumni is solicited. As part of the internship experience, preceptors evaluate student performance at mid-term and at the end of the semester using a performance evaluation tool that focuses on professional behavior and leadership. The performance evaluations are used to help faculty evaluate overall student performance and determine areas that may need increased emphasis in the curriculum.

As part of the assessment and evaluation process for the School of Business, all senior students take the Major Field Achievement Test (MFAT) for business. The MFAT is an objective external evaluation tool that measures individual and group success in specific areas of undergraduate study. Most HCMT students graduating in 2000 and 2001 finished their degrees in the free standing HCMT major and were not required to take the same lower and upper core requirements as the other students in the School of Business. Beginning in spring 2002, most students will be receiving degrees in Business Administration with the emphasis in HCMT. Comparisons will be made between the MFAT scores of students who graduated with a degree in HCMT and those who will be graduating with a degree in Business Administration with an emphasis in HCMT.

CONCLUSION

As the health care delivery system continues to change, colleges and universities are faced with new opportunities and challenges to provide students with an education that is relevant and marketable. The health care marketplace requires managers and administrators to have knowledge, skills, and competencies in the area of business administration well as health care delivery systems. With the expansion of outpatient services, development of health services in non-acute settings, and increased demand for well-prepared managers all health-related enterprises, the need for sound baccalaureate educational programs in health care management has increased. Continual assessment, evaluation, and revision of educational programs is necessary to ensure that graduates attain the

learning outcomes necessary to successfully embrace the challenges they will encounter as they enter the health care workforce.

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