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Public Affairs and Healthcare Administration: Crosscutting Competencies and Multiple Accreditation Challenges for Academic Programs

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ABSTRACT
This paper examines four of the major accrediting bodies to identify commonalities in core elements for curriculum design and competency development. Some are detailed and specific; others focus on broad knowledge areas. CAHME is considering recommendations that will enhance the possibility for joint accreditation visits that streamline an accreditation process. Substantial overlap among the accrediting bodies is identified. Comparative guidelines and benchmarks for gauging their program's success are viewed positively by a majority of programs that wish to be proactive in designing competency and outcome measures. Smaller programs that do not have the resources to offer separate courses for health and public affairs students will find the crosscutting themes encouraging, because they mean that the same program and resources can satisfy the same basic requirements of multiple accrediting bodies.

The purpose of this paper is to examine four of the major accrediting bodies to identify common, core elements for curriculum design and competency development. Some of these guidelines are quite detailed and specific, while others focus on broad, general knowledge areas, leaving the details of the specific courses and
skills associated with those areas to the individual programs. These differences in emphases represent difficulties in making comparisons across accrediting bodies, because the "language" is not the same. Nonetheless, a close examination organized by the skill areas proposed by the BRTF can serve as a starting point for understanding potential areas of similarity, overlap, or gaps among the accrediting bodies.

A goal of accreditation for any graduate professional program is to assure employers and stakeholders that graduates have been exposed to and mastered the skills required at the entry level of a professional position in that field. The process varies by accrediting agency, but all involve in-depth self-study components that include community stakeholders, faculty, students, and administrators in an ongoing, evaluative process that documents mission, goals, objectives, resources, faculty characteristics, student characteristics, curriculum content, and quality improvement processes. These activities require substantial investment of faculty and staff time as well as dollars for data gathering, focus groups, and student and stakeholder surveys. For many programs this investment represents a sometimes onerous burden. Nonetheless, educators, students, and employers alike value accreditation (Begun and Kaissi, 2004; Gelmon, 2004).

In the healthcare administration industry, accreditation by the Commission on Accreditation of Healthcare Management Education (CAHME) is generally recognized as the primary badge of recognition for graduate programs. CAHME, until recently known as the Accrediting Commission on Education for Health Services Administration (ACEHSA), is the only organization formally recognized by the United States Department of Education as an accrediting body for master's-level health service administration in the United States (Blue Ribbon Task Force, 2004). Other accrediting agencies, such as Council on Education for Public Health (CEPH), accredit a general public health degree that may contain a specialized track in health administration and policy, which overlaps many of the same concerns and types of courses found in a CAHME-accredited program. As the healthcare industry has shifted toward more for-profit organizations over time, interest within schools of business has resulted in CAHME accreditation of several Association to Advance Collegiate Schools of Business (AACSB) programs that house health administration degrees. The majority of the 66 CAHME-accredited programs are situated within schools accredited by CEPH or AACSB. Approximately six of those programs in any given year are housed in schools of public affairs (www.acehsa.org, 2004).

One of the fastest growing areas of interest in the specialization fields within public affairs is that of healthcare administration/policy (Andersen, Howard, and Schneller, 2004). NASPAA's Healthcare Sector Education Programs Section has spent the past two years, supported by a grant from the Robert Wood Johnson Foundation, gathering data about health programs associated with public affairs programs across the nation. NASPAA reports 248 members, with 142 of
those accredited and 78 that have identifiable health programs within the schools (Marshall and Hewitt, 2004). NASPAA does not provide a targeted set of criteria for subspecialties within public affairs. Health programs housed within NASPAA find they may be forced to participate in the accreditation effort of other agencies either to achieve separate recognition or at a minimum to understand the requirements of other standards or benchmarks in the field so that they may develop appropriate and competitive training programs for their students. Fourteen percent of the NASPAA-accredited programs that have health emphases house health degrees that are fully accredited by other professional agencies such as AACSB, CEPH, or CAHME, and an additional five percent are seeking that additional accreditation. Or they may co-exist on campuses where those accredited health degrees are housed in other schools, thus representing a rich source of opportunity for multi-disciplinary teamwork. Other NASPAA programs exist in schools and universities where none of the standard health accreditation programs are located and where even membership in the Association of University Programs in Health Administration (AUPHA), a prominent health professional interest group that does not accredit, may not exist (Hewitt et al., 2005).

As NASPAA approaches the challenge of providing guidelines and possible benchmarks for the development and evaluation of health specialty tracks within public affairs programs, a multitude of guidelines used by other accrediting bodies are available for comparison. CAHME is undergoing major self-examination, and its forthcoming recommendations include a shift toward more flexibility that recognizes the differing missions of programs based in schools of business, public health, health professions, and public affairs. AACSB does provide the option for joint site visits with CAHME, but this option is rarely exercised. No such option exists for NASPAA/CAHME programs, but discussions between the two groups have been opened to address this possibility. All of the major accrediting bodies devoted to health programs are working to develop and validate appropriate competencies for their respective programs (BRTF, 2004). The Blue Ribbon Task Force (BRTF) initiated through the National Center for Healthcare Leadership (NCHL) and CAHME in 2001 combined representatives of the practice and academic communities to focus on incorporating educational outcomes into the CAHME accrediting process. Its final report, published in 2004, will serve as the basis for the future transformation of accreditation processes as well as criteria (acehsa.org, 2004)

CAHME is considering recommendations that will enhance the possibility for joint accreditation visits that streamline an accreditation process, although these recommendations are not uniformly accepted among CAHME board members or AUPHA (Steffl, 2004). Universities that have multiple accreditation responsibilities would certainly appreciate a streamlining of the process (Hewitt et al., 2005). For the many health programs that remain unaccredited or that are considering beginning the accreditation process, an examination of the core
elements from each program, each of which appears to be moving toward more competency-based measures, can clarify where areas of agreement occur. These overlaps offer smaller schools with fewer resources some important indicators of ways to enhance their offerings by teaming with interested faculty in their own programs or in other schools on their campus where similar competencies might be produced.

Comparing Requirements Across Accrediting Organizations

In 2004, an examination of accrediting guidelines for four organizations was completed: NASPAA, CAHME, AACSIB, and CEPH. Table 1 sets out the 2004 iteration of skills that are commonly expected of healthcare administration graduates across the nation. The Blue Ribbon Task Force (BRTF, 2004) convened by CAHME and NCSL identified six competency areas for health sector management. The guidelines do not identify specific courses in a curriculum but rather the competencies acquired through didactic courses and integrative field experiences. A survey of NASPAA, CAHME, and AACSIB guidelines yields many overlapping descriptive categories that are covered in different courses in each type of curriculum. The CEPH guidelines are somewhat different. They identify eight domains associated with core requirements and specialized training in one or more tracks within a school of public health. Each domain has multiple indicators; a detailed list of those indicators is contained in Appendix A.

The Blue Ribbon Task Force recommended six areas of competency for healthcare administrators:

- **Leadership**—Create and communicate a shared vision, champion solutions for organizational and community health challenges, and energize commitment to goals.

- **Collaboration and Communication**—Develop cooperative relationships and effective information exchanges within the organizations and the broader communities served.

- **Learning and Performance Improvement**—Continuously assess and improve the quality, safety, and value of healthcare.

- **Professionalism**—Demonstrate ethics, values, and professional practices; stimulate social accountability and community stewardship; and commit to personal and organizational development.

- **Personal and Community Health Systems**—Integrate the needs of individuals with those of the community, “optimizing opportunities to improve the health of the populations served within the context of the healthcare environment and policy” (Smith, 2004, 181-182).

- **Management Practice**—Identify, evaluate, and implement strategies and processes designed to yield effective, efficient, and high-quality customer-oriented healthcare.
To facilitate developing a comparative framework for Table 1, the management practice section was expanded to include a list of technical skills and responsibilities developed by the Medical Group Management Association (MGMA), a resource that was utilized by the BRTF in the initial stages of its project (Leadership Conference, AUPHA, 2003). An expanded list of detailed skills identified by MGMA for each management area is presented for reference in Appendix B. This detailed list of skills that are subsumed under the more general category of technical skills in Table 1 represents a well-developed model that could serve as a goal for the agencies that are building their own skill set definitions. For the table, an additional component of application of skills to practical situations was added to illustrate the areas of a curriculum that might include residencies, internships, or community-based projects. Lists of skills sought or expected from graduates by an accrediting agency were identified for NASPAA, CAHME, AACSB, and CEPH and matched to an overall competency category list proposed by the Blue Ribbon Task Force for CAHME adoption. The table identifies the accrediting agencies’ current guidelines that match those skill areas. Some categories may apply to two or more skill areas. For example, under the CEPH heading, Domain 4, Cultural Competency Skills, at a minimum could be linked with the BRTF skill areas of Leadership and Collaboration and Communication, as well as the technical skills of human resource management.

Comparisons across the accrediting groups show similar emphases on competencies expected in almost all categories. Although the terminology used by each group is not identical, the skill areas of leadership and collaboration and communication are competencies that are addressed in the NASPAA curriculum area of organization and management concepts and behaviors. Under technical knowledge and skills, the NASPAA standard would also address professional responsibilities under the category of organization and management concepts of behavior. The only BRTF skill area where overlap does not occur for all accrediting organizations is the area of personal and community health. AACSB has no comparable skill area, and courses that focus on this skill would probably be identified as electives rather than core expectations.

A helpful exercise for any NASPAA-affiliated program considering positioning its health program for accreditation in any of the groups compared here would be to compare the skills listed in the left column of Table 1 to the emphases expected by NASPAA to determine similarities. Courses that are likely to produce these competencies can be identified, and the efficiencies provided by offering common core classes that combine traditional public affairs students and healthcare administration students can be determined. Programs must decide whether or not a human resource class, a systems management class, or a statistics class for public administrators produces the necessary competencies for an individual who plans to enter the healthcare field. If not, then specialized courses with a healthcare
Table 1: A Comparison of Accreditation Standards with the Task Force Skill Areas

<table>
<thead>
<tr>
<th>Skills</th>
<th>NASPAA</th>
<th>ACEHSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>Organization and management concepts and behavior</td>
<td>Leadership, interpersonal relations, conflict and communication skills</td>
</tr>
<tr>
<td>Collaboration and Communication</td>
<td>Organization and management concepts and behavior</td>
<td>Interpersonal relations and communication</td>
</tr>
<tr>
<td>Learning/Performance Improvement</td>
<td>Decision making and problem solving</td>
<td>Management of change; quality assessment of business practices and health measurement</td>
</tr>
<tr>
<td>Personal/Community Health Systems</td>
<td>Political and legal institutions and processes; Economic and social institutions and processes</td>
<td>Assessment and understanding of health status characteristics and health risks of diverse populations</td>
</tr>
<tr>
<td>Professional Responsibility</td>
<td>Organization and management concepts and behavior</td>
<td>Legal and ethical analysis</td>
</tr>
<tr>
<td>Management Practices: Technical Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial management</td>
<td>Budgeting and financial processes</td>
<td>Financial management of health organizations</td>
</tr>
<tr>
<td>Human resource management</td>
<td>Human resources</td>
<td>Managing human resources and health professionals in various settings</td>
</tr>
<tr>
<td>Governance and organizational dynamics</td>
<td>Political and legal institutions and processes</td>
<td>Government health policy formulation, implementation and evaluation</td>
</tr>
<tr>
<td>Planning and marketing</td>
<td>Policy and program formulation, implementation and evaluation</td>
<td>Structuring, marketing, positioning and governing the performance of health organizations</td>
</tr>
<tr>
<td>Information management</td>
<td>Information management, technology applications and policy</td>
<td>Managing information, economic analysis</td>
</tr>
<tr>
<td>Risk management</td>
<td>Decision making and problem solving</td>
<td>Economic analysis</td>
</tr>
<tr>
<td>Business and clinical operations</td>
<td>Budgeting and financial processes</td>
<td>Economic analysis</td>
</tr>
<tr>
<td>Applied/Integrative Experiences</td>
<td>Internships fellowships</td>
<td>Internships and residencies</td>
</tr>
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<table>
<thead>
<tr>
<th>AASCB</th>
<th>CEPH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group/individual dynamics and organization; capacity to apply knowledge in new circumstances</td>
<td>Domain 1-Cultural competency skills; 5-Community Dimensions of Practice Skills; 8-Leadership and Systems Thinking Skills</td>
</tr>
<tr>
<td>Communication abilities, grouped and individual dynamics in organizations</td>
<td>Domain 2-Communication Skills; 4-Cultural Competency Skills; 5-Community Dimensions of Practice; 8-Leadership/Systems Thinking Skills</td>
</tr>
<tr>
<td>Analytical skills, statistical data analysis to support decision management of change</td>
<td>Domain 1-Analytic Assessment Skills; 7-Financial Planning and Management Skills; 8-Leadership and Systems Thinking</td>
</tr>
<tr>
<td>Ethical understanding and reasoning</td>
<td>Domain 5-Community Dimension of Practice Skills; 6-Basic Public Health Science Skills</td>
</tr>
<tr>
<td>Financial theories; creation of value in product</td>
<td>Domain 8-Leadership and Systems Thinking Skills</td>
</tr>
<tr>
<td>Group and individual dynamics in organizations</td>
<td>Domain 1-Analytic Assessment Skills; 7-Financial Planning and Management Skills</td>
</tr>
<tr>
<td>Multicultural and diversity understanding</td>
<td>Domain 2-Policy Development/Program Planning Skills; 5-Community Dimensions of Practice</td>
</tr>
<tr>
<td>Domestic and global economic environments of organizations</td>
<td>Domain 2-Policy Development/Program Planning Skills; 8-Leadership and Systems Thinking</td>
</tr>
<tr>
<td>Use of information technology</td>
<td>Domain 1-Analytic Assessment Skills; 3-Communication Skills</td>
</tr>
<tr>
<td>Statistical data analysis to support decision making</td>
<td>Domain 1-Analytic Assessment Skills</td>
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<tr>
<td>Analytical skills</td>
<td>Domain 1-Analytic Assessment Skills</td>
</tr>
<tr>
<td>Internships, cooperative placements</td>
<td>Internships, practicum, and community fieldwork; Domain 5-Community Dimensions of Practice</td>
</tr>
</tbody>
</table>
focus become necessary, or partnerships with other campus programs that address health issues may be explored.

Many health programs may coexist on campuses with affiliated health professional or medical schools. These schools are responding to a recent report by the Institute of Medicine (2003) that calls for clinical disciplines to move to competency-based criteria (Andersen, Howard, and Schneller, 2004). Although not included for comparison in the Table 1 because of the clinical versus management basis, an examination of their suggested list also identifies substantial overlap.

- Provide patient-centered care—identify, respect, and care about patients’ differences, values, preferences and expressed needs, relieve pain and suffering; coordinate continuous care; listen to, clearly inform, communicate with, and educate patients; share decision making and management; and continuously advocate disease prevention, wellness, and promotion of healthy lifestyles including a focus on population health. This skill area addresses both personal and community health systems and the marketing aspect.

- Work in interdisciplinary teams—cooperate, collaborate, communicate and integrate to ensure that care is continuous and reliable. Both learning and performance improvement as well as collaboration and communication areas are consistent with this category.

- Employ evidence-based practice—integrate best research with clinical expertise and patient values for optimum care, and participate in learning and research activities to the extent feasible. This component also shares common elements with learning and performance improvement.

- Apply quality improvement—identify errors and hazards in care; understand and implement basic safety design principles, such as standardization and simplification; continually understand and measure quality of care in terms of structure, process, and outcomes in relation to patient and community needs, and design and test interventions to change processes and systems of care, with the objective of improving quality. Learning and performance improvement as well as the technical skill of risk management share common concerns with this category.

- Utilize informatics—communicate, manage knowledge, mitigate error, and support decision making using information technology (IOM, 2003). Information management as a technical skill is similar in nature.

**Some Implications of the Commonalities**

Smaller programs that do not have the resources to offer separate courses for health and public affairs students will find the crosscutting themes encouraging, because they mean that the same program and resources can satisfy the same basic
requirements of multiple accrediting bodies. However, a cautionary observation is appropriate. Many site visit teams will expect to see documentation that core classes that are used to meet the needs of more than one degree program (e.g., MPA and MHA degrees) utilize readings, case studies, projects, and other teaching tools that provide the necessary emphasis on the specific discipline. Thus, an underlying challenge of moving toward common competencies and shared, core classes is the involvement of faculty, who must prepare and evaluate different assignments, case studies, and projects based on the students’ needs. One outcome of a move toward competency-based accreditation will be the increased workload, commitment, and critical involvement of faculty at every stage of the process. Courses, syllabi, and assignments must be evaluated and redesigned to address the competency areas, and, in programs where core curriculum courses are shared among degree programs, the challenge becomes even more daunting.

The joint accreditation process offers other barriers in addition to the need for coordinating curriculum content. Other issues addressed in site visits include faculty-student ratios, diversity of faculty and students, faculty productivity, and external research records and program resources. Although this examination has focused solely on curriculum issues, joint accreditation guidelines and processes would be required to address variations in these other important areas as well.

As part of the BRTF recommendations, AUPHA and CAHME propose seeking federal funds to encourage research that can validate competency measures and associate them with actual work performance. They also propose funding for pilot studies to develop streamlined, joint accreditation strategies for programs that must prepare multiple site-visit reports to different agencies. Stakeholders commenting on the task force recommendations have not been uniformly positive concerning the joint accreditation strategy. Previous experimentation with this approach was not successful in part because the accrediting organizations were unable to reach enough compromises to truly streamline the process. Nonetheless, if the cooperating bodies demonstrate genuine interest, the proposal to develop and pilot new strategies using this approach may be supported (Steffl, 2004).

CONCLUSION

The health education task force for NASPAA has been charged with developing guidelines and benchmarks that can aid NASPAA health programs in evaluating and developing their curricula whether or not they choose to remain unaccredited. According to the Robert Wood Johnson Foundation-funded study by Marshall and Hewitt described earlier in this issue, the need for these guidelines is supported by a majority of health programs based within NASPAA-member universities. Although members do not view a new form of accreditation for a subspecialty as necessary, comparative guidelines and benchmarks by which members can gauge their program’s success are viewed positively by a majority of
programs that wish to be proactive in designing competency and outcome measures that reflect the performance of their programs.

REFERENCES
Appendix A
Competencies Expected Within Domain Areas
by the Council on Education for Public Health (CEPH)

Domain 1: Analytic Assessment Skills
1. Defines a problem.
2. Determines appropriate uses and limitations of both quantitative and qualitative data.
3. Selects and defines variables relevant to defined public health problems.
4. Identifies relevant and appropriate data and information sources.
5. Evaluates the integrity and comparability of data and identifies gaps in data sources.
6. Applies ethical principles to the collection, maintenance, use, and dissemination of data and information.
7. Partners with communities to attach meaning to collected quantitative and qualitative data.
8. Makes relevant inferences from quantitative and qualitative data.
9. Obtains and interprets information regarding risks and benefits to the community.
10. Applies data collection processes, information technology applications, and computer systems storage/retrieval strategies.
11. Recognizes how the data illuminate ethical, political, scientific, economic and overall public health issues.

Domain 2: Policy Development/Program Planning Skills
1. Collects, summarizes, and interprets information relevant to an issue.
2. States policy options and writes clear and concise policy statements.
3. Identifies, interprets, and implements public health laws, regulations, and policies related to specific programs.
4. Articulates the health, fiscal, administrative, legal, social, and political implications of each policy option.
5. States the feasibility and expected outcomes of each policy option.
6. Utilizes current techniques in decision analysis and health planning.
7. Decides on the appropriate course of action.
8. Develops a plan to implement policy, including goals, outcome and process objectives, and implementation steps.
9. Translates policy into organizational plans, structures, and programs.
10. Develops mechanisms to monitor and evaluate programs for their effectiveness and quality.

Domain 3: Communication Skills
1. Communicates effectively both in writing and orally or in other ways.
2. Solicits input from individuals and organizations.
3. Advocates for public health programs and resources.
4. Leads and participates in groups to address specific issues.
5. Uses the media, advanced technologies, and community networks to communicate information.
6. Effectively presents accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences.
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Domain 4: Cultural Competency Skills
1. Utilizes appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic, and professional backgrounds, and personal challenges and lifestyle preferences.
2. Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services.
3. Develops and adapts approaches to interventions that take into account cultural differences.

Domain 5: Community Dimensions of Practice Skills
1. Establishes and maintains linkages with key stakeholders.
2. Utilizes leadership, team building, negotiation, and conflict resolution skills to build community partnerships.
3. Collaborates with community partners to promote the health of the population.
4. Identifies how public and private organizations operate within a community.
5. Accomplishes effective community engagement.
6. Identifies community assets and available resources.
7. Develops, implements, and evaluates community public health assessment.
8. Describes the role of government in the delivery of community health services.

Domain 6: Basic Public Health Science Skills
1. Identifies the individual’s and organizations’ responsibilities within the context of the Essential Public Health Services and core functions.
2. Defines, assesses, and understands the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services.
3. Understands the historical development, structure, and interaction of public health and healthcare systems.
4. Identifies and applies basic research methods used in public health.
5. Applies the basic public health sciences, including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries.
6. Identifies and retrieves current relevant scientific evidence.
7. Identifies the limitations of research and the importance of observations and interrelationships.

Domain 7: Financial Planning and Management Skills
1. Develops and presents a budget.
2. Manages programs within budget constraints.
3. Applies basic budget processes.
5. Monitors program performance.
6. Prepares proposals for funding from external sources.
7. Applies basic human relation skills to the management of organizations, motivation of personnel, and resolution of conflicts.
8. Manages information systems for collection, retrieval, and use of data for decision-making.
9. Negotiates and develops contracts and other documents for the provision of population-based services.

Domain 8: Leadership and Systems Thinking Skills
1. Creates a culture of ethical standards within organizations and communities.
2. Helps create key values and shared vision and uses these principles to guide action.
3. Identifies internal and external issues that may impact delivery of essential public health services (i.e., strategic planning).
4. Facilitates collaboration with internal and external groups to ensure participation of key stakeholders.
5. Promotes team and organizational learning.
6. Contributes to development, implementation, and monitoring of organizational performance standards.
7. Uses the legal and political system to effect change.
8. Applies theory of organizational structures to professional practice.

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Appendix B

Performance Domains of Technical/Professional Skills
Identified by the Medical Groups Management Association (MGMA)

Financial Management Tasks
Task 1. Prepare and manage budgets to achieve organizational objectives.
Task 2. Develop accounting and financial control systems.
Task 3. Prepare financial statements and conduct financial analysis.
Task 4. Develop and manage material procurement and payment systems.
Task 5. Develop coding and reimbursement policies and procedures.
Task 6. Facilitate investment planning, management and compliance.
Task 7. Establish business relationships with financial advisers.
Task 8. Establish fee schedules for physician services.
Task 10. Develop reconciliation systems for third-party payer reimbursement.
Task 11. Facilitate retirement planning, management and compliance.
Task 12. Maintain compliance with tax laws and filing procedures.

Human Resource Management Tasks
Task 1. Design compensation and benefits programs consistent with the values of the organization.
Task 2. Establish job classification systems.
Task 3. Develop employee placement programs and facilitate work force planning.
Task 4. Establish employee appraisal and evaluation systems.
Task 5. Develop and implement employee-training programs.
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Task 6. Establish employee relations and conflict resolution programs.
Task 7. Maintain compliance with employment laws.

Governance and Organizational Dynamics
Task 1. Lead and manage the organizational change process for practice improvement.
Task 2. Construct and maintain governance systems.
Task 3. Evaluate and improve governing bylaws, policies, and processes.
Task 4. Conduct stakeholder needs assessments and facilitate relationship development.
Task 5. Facilitate staff development and teaming.
Task 6. Facilitate physician understanding and acceptance of good business management.
Task 7. Develop and implement quality assurance program.

Planning and Marketing Tasks
Task 1. Develop strategic plans.
Task 2. Create business plans.
Task 3. Create marketing plans.
Task 4. Monitor and evaluate the effectiveness of strategic, business, and marketing plan activities.
Task 5. Pursue and establish partnerships and strategic alliances.
Task 6. Develop and implement community outreach, public relations, and customer relations programs.

Information Management Tasks
Task 1. Conduct information system needs analysis.
Task 2. Facilitate information system procurement and installation.
Task 3. Develop and implement information system training and support programs.
Task 4. Oversee database management and maintenance.
Task 5. Develop information network security systems.
Task 6. Provide access to electronic education and information resources and systems.

Risk Management
Task 1. Maintain legal compliance with corporate structure.
Task 2. Maintain corporate history and develop record-keeping procedures.
Task 3. Develop conflict resolution and grievance procedures.
Task 4. Assess and procure liability insurance.
Task 5. Establish personnel and property security plans and policies.
Task 6. Develop and implement quality assurance and patient satisfaction programs.
Task 7. Establish patient, staff and organizational confidentiality policies.
Task 9. Develop professional resource networks for risk-related activities.
Task 10. Negotiate and comply with contractual arrangements.
Task 11. Maintain compliance with government contractual mandates.

Business and Clinical Operations
Task 1. Facilitate business operations planning.
Task 2. Conduct staffing analysis and scheduling.
Task 3. Develop ancillary clinical support services.
Task 4. Establish purchasing procurement and inventory control systems.

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Task 5. Develop and implement facilities planning and maintenance programs.
Task 7. Develop and implement patient communication system.
Task 8. Develop clinical pathway structures and functions.
Task 9. Create monitoring systems for licensure, credentialing, and recertification.
Task 10. Develop and implement process improvement programs for clinic operations.

Professional Responsibility Tasks
Task 1. Advance professional knowledge and leadership skills.
Task 2. Balance professional and personal pursuits.
Task 3. Promote ethical standards for individual and organizational behavior and decision-making.
Task 5. Engage in professional networking.
Task 6. Advance the profession by contributing to the body of knowledge.
Task 7. Develop effective interpersonal skills.

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