JOINT MEDICAL EXECUTIVE SKILLS PROGRAM

CORE CURRICULUM

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Contents

PREFACE

DEVELOPMENT OF THE JOINT MEDICAL EXECUTIVE SKILLS CORE CURRICULUM

The Joint Medical Executive Skills Program (JMESP) Core Curriculum began in 1996 with the Service medical departments and the Office of the Assistant Secretary of Defense, Health Affairs (OASD/HA). A joint group formed by these organizations created a common core curriculum to assist in the individual development of the executive skills needed by medical treatment facility (MTF) commanders, lead agents, and lead agent staff members. The group accomplished this task by identifying the behaviors one would expect of a highly qualified incumbent. Panels of subject matter experts (SMEs) working in conjunction with current and former MTF commanders, curriculum developers, and Service medical department points of contact structured the objective behaviors and documented them as competencies in the first edition.

The subsequent editions have documented changes that resulted from the review of the competencies and behavioral objectives. Review board members update the competencies to meet the current state of affairs in the medical field. See Appendix A for the historical chronology of the JMESP Core Curriculum. This Seventh Edition was revised with the guidance and expertise of a review board nominated by the Services Deputy Surgeons General, JMESP working group members, and invited guests who convened for the specific purpose of reviewing and updating the core curriculum. Work was accomplished in a three-day review group session facilitated by personnel of the Joint Medical Executive Skills Institute. See Appendix B for participant names.

These Executive Skills competencies are applicable to all members of the Services' medical departments. They are required prior to the assumption of duty as an MTF commander, TRICARE Regional Office Director, or as a key member of a command staff or TRICARE Regional Office staff. In this document, the term "senior leader" is used to collectively describe those persons to which the Congressional direction for demonstration of these competencies applies. The term "MHS" refers to the military health system, which typically includes medical units and TRICARE Regional Offices.

In this edition, voting review board members added joint and interagency language appropriately throughout the competencies. Also, the review board renamed five competencies and combined others, changing the number of current competencies from 39 to 35. These competencies are divided into seven groups or domains with related competencies comprising each group. The JMESP Competency Model on the following page depicts the group name in bold with the associated competencies listed below.

JOINT MEDICAL EXECUTIVE SKILLS PROGRAM COMPETENCIES

MTF Commanders Lead Agents Staff Members

Military Medical Competencies	Leadership and Organizational Management Competencies
o Medical Doctrine o Military Mission o Total Force Management o Medical Readiness Training o Emergency Management and Contingency Planning	o Strategic Planning o Organizational Design o Decision Making o Change Management o Leadership
Health Law and Policy Competencies	**Health Resources Allocation Competencies**
o Public Law o Medical Liability o Medical Staff By-Laws o Regulations o Accreditation and Inspections	o Financial Management o Human Resource Management o Labor-Management Relations o Materiel Management o Facilities Management o Information Management and Technology
Ethics in the Health Care Environment Competencies	**Individual and Organizational Behavior Competencies**
o Personal and Professional Ethics o Bioethics o Organizational Ethics	o Personal and Professional Individual Behavior o Group Dynamics o Conflict Management o Interpersonal Communication o Public Speaking o Strategic Communication
Performance Measurement and Improvement Competencies	
o Population Health Improvement o Clinical Investigation o Integrated Health Care Delivery Systems o Quality Management and Performance Improvement o Patient Safety	

Each competency is described or defined on the subsequent pages. The competency is further qualified by a list of behaviors that persons possessing the competency should demonstrate. The behaviors are statements rather than objectives. At the Joint level it has been preferred to leave the definition of the two remaining elements of behavioral objectives (conditions and standards) to those who will construct courses and lesson plans to teach the relevant subject matter.

Appendix A provides a historical chronology regarding the development of the Core Curriculum and discusses the six previous editions and the major revisions in content that were brought by each edition.

Appendix B identifies the people who participated in the development of this Seventh Edition.

Medical Doctrine

Medical doctrine is the fundamental principles by which medical forces guide their actions in support of military objectives. Medical doctrine provides a common perspective and requires judgment in application. These principles apply to all operations, including joint, combined, and inter-agency operations.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Interprets and applies current military doctrine applicable to the medical mission.

2. Compares and contrasts Service-specific medical doctrine, culture, organization, and strategies (e.g., Defense Planning Guidance, Medical Readiness Strategic Plan series, etc.) as they relate to the implementation of joint strategies.

3. Utilizes and contributes lessons learned to evolve medical doctrine.

Military Mission

The MHS exists to support the military mission.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Is familiar with the Defense Planning Guidance and the role of the MHS in support of the National Security and Military Strategies.

2. Supports the Combatant Commander utilizing interoperability to complete the mission.

3. Summarizes and evaluates the relevancy of data and provides recommendations for force medical protection and sustainment.

4. Ensures coordination and cooperation with line commanders to ensure individual medical readiness and provide appropriate health care from prevention and acute care to rehabilitation, reintegration and transition.

5. Evaluates health services support for operational requirements (OPLAN missions).

Total Force Management

Total Force management as applied to health and medical affairs refers to adequate manning to support during military operations, and to provide medical services and support to members of the Armed Forces, their family members and others entitled to DOD medical care. (DODD 5124.2, October 31, 1994)

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Integrates Active and Reserve Components and DOD civilians and contractors into military medical operations.

2. Ensures that all assigned personnel and organizations subject to deployment are informed of mobilization and demobilization policies.

3. Assesses current staffing level against projected requirements to determine needs.

Medical Readiness Training

Medical readiness training incorporates those courses, hands-on training programs, and exercises designed to develop, enhance, and maintain military medical skills. Military readiness training includes individual, collective, and unit training experiences required to ensure health care personnel and units are capable of performing operational missions.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Plans, resources, directs, evaluates, and documents medical readiness training and exercises.

2. Applies current medical policies, plans, and doctrine.

3. Validates medical unit readiness reports.

4. Identifies and addresses skill gaps between garrison and operational requirements.

Emergency Management and Contingency Operations

Contingency operations include the preparation for delivery of medical services and recovery from unanticipated events involving military forces. Natural disasters, terrorists, subversives, or military operations may lead to these service requirements.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Applies interagency, joint and Service-specific contingency planning processes.

2. Directs the development and implementation of the medical unit plan for contingency responses.

3. Evaluates, takes corrective actions, and reports contingency plan execution.

4. Integrates managed care support contractors into medical unit contingency planning as appropriate.

5. Incorporates DOD and Service chemical, biological, radiological, nuclear, and high explosive (CBRNE) policies in contingency plans.

6. Articulates the roles and relationships between the MHS and local, regional, state, national and host nation disaster response plans and assets.

7. Identifies the interrelationships of the National Disaster Medical System, the Civil Military Cooperative Assistance Program, the National Response Plan (NRP) and the MHS.

8. Executes the concepts of Defense Support of Civil Authorities (DSCA) as required.

9. Plans, programs, and integrates the National Disaster Medical System, the Civil Military Cooperative Assistance Program and the National Response Plan (NRP) into medical unit readiness and mobilization exercises.

Strategic Planning

Strategic planning is a forward looking, proactive process for assessing the total environment, establishing direction, and developing and executing strategies by formulating, implementing, and evaluating MHS strategic goals in support of mission requirements.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Articulates and leads the planning and management process and ensures alignment of departmental plans with the strategic plan.

2. Using validated tools, conducts situational and environmental analysis to understand the position of the organization.

3. Identifies key stakeholders and leverages stakeholder input in the plan.

4. Identifies, selects, implements, and assesses strategic alternatives to achieve the desired end state.

5. Monitors and evaluates the strategic plan and the planning process, including execution.

6. Promotes innovation and removes barriers to organizational achievements to advance the medical unit strategic direction.

7. Prioritizes organizational objectives and taskings.

8. Collects timely and accurate data to support the strategic planning process.

9. Applies strategic communication to ensure effective implementation of the plan.

Organizational Design

Organizational design is the configuration of the MHS design elements (i.e., people, organizational structure, tasks, technology, subsystems, processes, mission, and values) for efficiency and effectiveness.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Identifies strengths and weaknesses of different design options.

2. Ensures the organization's basic design elements fit the environment and mission to optimize organizational performance.

3 Evaluates the pros and cons of selecting different design choices to achieve desired outcomes.

4. Leads change management processes for transitioning the organizational structure and resources to support the mission and vision.

5. Develops and maintains relationships with local, state, and federal entities.

Decision Making

Decision making is the process of conducting analysis, prioritizing, evaluating, selecting courses of action and alternatives, and implementing a decision relevant to the situation.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Identifies, prioritizes and analyzes the problem or issue.

2. Understands and applies, when appropriate, the Military Decision-Making Process (MDMP).
   - Receipt of Mission
   - Mission Analysis
   - Course of Action Development
   - Course of Action Analysis
   - Course of Action Comparison
   - Course of Action Approval
   - Orders Production

Change Management

Change management is the ability to anticipate and manage organizational change efficiently and effectively.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Recognizes types, states, and psychological aspects of change.

2. Diagnoses the medical unit situation from a systems perspective, decides what needs to be changed, and assesses medical unit readiness and ability to proactively embrace change.

3. Develops a strategy for change.
   - Communicates the need and the process for change.
   - Creates and champions a shared vision of and a climate for change.
   - Identifies change agents.
   - Develops a transition structure to manage the change process.
   - Anticipates and develops strategies to deal with resistance to change.
   - Navigates the political dynamics of change.
   - Establishes metrics for measuring outcomes of change.

4. Implements change strategy.
   - Establishes an innovative change management project* and assigns a project manager.
   - Provides tools, resources, support and incentives to sustain the change effort.
   - Markets the change strategy.

5. Monitors the change process, solicits feedback, evaluates progress, and makes adjustments as necessary.

*A change management project establishes a logical and controllable way to effect change in order to achieve the desired outcomes.

Leadership

Leadership is influencing others to accomplish the mission. It requires a complex set of skills and values to work with and through others.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Displays personal conduct consistent with core military values and highest professional standards. Consistently treats others with dignity and respect.

2. Uses appropriate leadership and management techniques such as management rounds.

3. Demonstrates multiple leadership skills, traits, and behaviors including:
   - Enthusiastic and optimistic attitude
   - Appropriate stewardship, followership, and ambassadorship
   - Exemplary personal and professional ethics
   - Shared vision
   - Empowering and developing subordinates
   - Commitment to personal development and lifelong learning
   - Political astuteness
   - Coaching and mentoring
   - Modeling a healthy lifestyle
   - Promotes self and organizational resiliency
   - Setting priorities
   - Embracing diversity
   - Critical thinking
   - Obtaining input from subordinates and considering different points of view
   - Taking decisive actions and making informed and timely decisions
   - Encouraging and taking calculated risks
   - Gaining commitment and organizational buy in
   - Effective communicator

4. Adapts leadership roles and styles as appropriate to the situation, e.g. situational leadership.

5. Develops positive organizational climate, culture, confidence, and trust among members.

6. Builds collaborative teams and interdepartmental relationships.

7. Ensures effective oversight of projects, programs and initiatives.

8. Accepts responsibility and accountability for individual actions and those of the organization.

9. Projects command presence (e.g., inspires respect, has credibility, and is approachable).

10. Recognizes the impact of his or her personality on others.

11. Creates a culture of innovation.
    - Seeks new ideas and encourages staff to be creative and inventive.
    - Searches for information from a wide variety of sources and evaluates ideas on merit rather than on the status of the origin.
    - Capitalizes on best practices.
    - Takes calculated risks to consider new and untested approaches.
    - Recognizes others for experimentation and risk taking.
    - Provides resources to support new ideas.
    - Treats innovation failures as opportunities for learning.
    - Rewards success.

Public Law

For the MHS, public law includes all laws that specify requirements in areas such as public health, patient consent, patient rights, and environmental standards.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Ensures medical unit compliance with all applicable Federal laws and identifies violations, taking appropriate action. Federal laws include, but are not limited to the following:
   - Freedom of Information Act
   - Privacy Act
   - Abortion Restriction Act
   - Hyde Amendment
   - Emergency Medical Treatment Act
   - Active Labor Act
   - Uniform Code of Military Justice (UCMJ)
   - Joint Ethics Regulation (much of which is statutory)
   - Anti-Deficiency Act
   - Federal Acquisition Regulation
   - Patient Self-Determination Act (see Health Care Ethics)
   - Americans with Disabilities Act
   - Handicapped Act
   - Rehabilitation Act
   - Food, Drug, and Cosmetics Act
   - Safe Medical Devices Act
   - Boxer Amendment
   - TRICARE
   - Medical research (humans and animals)
   - Contracting and procurement law
   - Health Insurance Portability and Accountability Act (HIPAA)
   - Appropriate sections of Title 10 and 32 of USC
   - Relevant sections of the Federal Authorization and Appropriation Acts

2. Ensures medical unit compliance with other laws—Federal, state, and/or local—and identifies violations, taking appropriate corrective action. These are related to the following:
   - Occupational and environmental health and safety
   - Anti-trust restrictions as well as safe harbors and safety zones

- Technology transfer
- Third party paid research
- Medical treatment of minors
- Reporting requirements (child, spouse, and elder abuse; medical examiner cases; gunshot and stab wounds; STDs and other infectious diseases; blindness; sexual assault; and animal bites)
- Animal and human subject research, including restrictions involving incompetents, recruits, Servicemembers and foreign nationals (10 USC 980)
- Medicare subvention
- Any Willing Provider
- Provider gag clauses

3. Identifies and takes appropriate actions concerning free speech and right to assemble.

4. Ensures medical unit compliance with international law affecting the military and takes appropriate correction action.
   - Seeks legal counsel, as appropriate, regarding international law including Status of Forces Agreements, Host Nation Laws (e.g., death on foreign soil, transportation of bodies, autopsies, integration of local health care resources, health care reciprocity among US allies), and the extent of care to dependents in an international setting.
   - Identifies violations of, and the commander's responsibilities under, the Law of Armed Conflict.

Medical Liability

Medical liability includes tort and criminal offenses that may incur risk to the health care facility or individual providers.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Ensures compliance (when applicable) with the following:
   - The Federal Tort Claims Act (FTCA)
     - Types of actions, defenses, and damages
     - Personal immunity, right to representation, and requirement for cooperation
     - Administrative claims process and the use of expert medical reviews and/or reviewers
   - The Military Claims Act (MCA)
   - The Feres Doctrine
   - The Gonzalez Act
   - The COBRA Laws
   - Resource Sharing

2. Identifies potential liability regarding participation in memoranda of agreement and/or understanding (MOA/MOU) and other agreements with medical facilities and universities.

3. Identifies situations requiring medical malpractice reporting under the Health Care Quality Improvement Act (DOD and Department of Health and Human Services MOU).

4. Ensures compliance with the rules regarding the confidentiality and handling of medical, quality assurance, risk management, and peer review records.

5. Identifies potential medical liability issues regarding the following:
   - Negligent selection, review and retention of providers
   - Vicarious liability and enterprise liability (e.g., managed care, wrongful acts of others, and utilization management)
   - Ostensible agency, and apparent authority
   - Standards of care in the following:
     - Criminal background investigations
     - Staffing levels

  - Personnel training
  - Medical judgment
- Commitment of civilians

6. Identifies circumstances that require the reporting of the following:
   - Child, elderly, and handicapped abuse
   - Medical examiner cases
   - Criminal behavior .

7. Applies risk management strategies and approaches.

8. Understands the role of the medical legal consultant and the health care resolution specialist.

Medical Staff By-Laws

Medical staff by-laws outline the conduct and privileges of the medical staff. The by-laws are typically developed and amended by the medical staff using Joint Commission and other approved external accrediting organizations' requirements regarding medical staff governance.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Identifies command responsibilities concerning military, civilian, and contract medical staff in accordance with Service-specific guidance regarding the following:
   - Applicable accrediting bodies (e.g., Joint Commission and others)
   - Credentialing and privileging process
   - Adverse actions
   - Adverse reporting requirements
   - Criminal background investigations
   - National Provider Identification

2. Accomplishes National Practitioner Data Bank reporting.

3. Performs necessary adverse actions ensuring due process.

4. Ensures adherence to disruptive behavior and provider wellness policies.

Regulations

Regulations, as a generic term, includes all Federal (including DOD), state, and local guidance that affect the operation of the medical unit.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Identifies, interprets, and applies those directives and regulations necessary to operate in a MHS environment.

2. Understands and communicates changes in beneficiary entitlements or departmental policies that are implemented through OASD/HA or TMA memoranda or other federal directives.

3. Issues organizational procedures and policies that are necessary to implement regulations and other guidance when required.

4. Understands and communicates military needs regarding insurance coverage and programs such as third party collection, TRICARE rules, resource sharing, and agreements for DOD/VA integration activities.

5. Understands and communicates to subordinates the proper management of contracted health care services and supplies.

Accreditation and Inspections

External accreditation is an evaluative process performed by an accrediting organization that is an objective review of health care delivery practices within a health care facility. These accreditations are sought by medical facilities for various reasons, the most important being the assurance to the facility seeking accreditation that it meets quality standards of patient care. Inspection entities include IG, OSHA and others.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Ensures compliance with requirements of applicable inspecting entities.

2. Determines when it is appropriate to seek external consultation.

3. Understands the roles of accrediting organizations, including the Joint Commission, the Accreditation Association for Ambulatory Healthcare, the College of American Pathology, and others.

4. Ensures the medical unit is continuously prepared for an accreditation survey.

5. Directs appropriate follow-up actions to address survey findings.

Financial Management

Financial management includes operating the medical unit in a managed care environment, maintaining financial records, controlling financial activities, identifying deviations (especially shortfalls) from planned performance, managing the acquisition and contracting processes, and strategic resourcing of the medical unit.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Determines and coordinates the funding required for the strategic plan through the management of input to the Planning, Programming, Budgeting, and Execution System (PPBES) cycle (e.g., Five Year Defense Plan, Program Objective Memorandum).

2. Differentiates among the types of funds available in order to utilize various funding streams.

3. Seeks opportunities and methods to gain positive return on investment of resources and the application of funding opportunities, e.g. business case analysis.

4. Develops, directs, and evaluates the business plan:
   - Directs the evaluation of programs in the strategic plan to include risk and outcome evaluation.
   - Directs effective health care resourcing in a resource-constrained environment.
   - Directs the analysis of decisions to achieve most effective uses of constrained resources.

5. Safeguards funds and assets through statutory and internal controls.

6. Recognizes appropriate and inappropriate actions regarding the attraction, acceptance, and disbursement of property offered to the government.

7. Promotes use of benchmarked metrics to monitor and enhance medical unit financial performance.

8. Maximizes the collection of second and third party payments.

9. Ensures the accurate documentation and review of workload and productivity, e.g. coding.

10. Differentiates the data systems and relationships among workload and productivity systems, e.g. Defense Medical Human Resource System-Internet (DMHRSi).

11. Possesses a working knowledge of performance-based management initiatives to maximize resources.

12. Understands the acquisition process and contracting rules.

Human Resource Management

Human resource management includes the staffing, management, recruitment and retention of the Total Force personnel. Establishes a command climate to maintain a high level of morale, job satisfaction and retention in a joint environment.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Ensures compliance with regulatory and accrediting agencies and statutory requirements.

2. Manages personnel strength:
   - Comprehends manpower authorization system and documents.
   - Assesses current staffing level against projected requirements to determine needs.
   - Directs appropriate actions to realign over-strength, fill shortages, or outsource.
   - Monitors status of activities to resolve personnel staffing issues.
   - Leverages various alternative manning solutions to include partnerships, managed support initiatives, manning, etc.
   - Applies recruitment and retention strategies.
   - Integrates total force personnel in medical unit operations.
   - Encourages individuals to engage in positive health behaviors.

3. Ensures effective, efficient and fair hiring processes, including acquisition and integration.

4. Reviews training status to determine priorities and resource accordingly:
   - Provides internal and external education and training to ensure competent staff.
   - Provides mechanisms for staff to attain and maintain appropriate certification.
   - Provides opportunities for professional growth and development.

5. Directs performance management processes:
   - Emphasizes and sets quality standards for performance counseling, feedback, plans, and evaluations in personnel development.
   - Establishes and maintains effective awards and recognition programs.
   - Educates, mentors, and encourages career path development and succession planning

6. Ensures appropriate due process and disciplinary actions.

7. Establishes a command climate to maintain a high level of morale and job satisfaction to promote retention.

8. Applies the requirements of the Civilian Personnel Management System.

Labor-Management Relations

Labor-management relations are the interactions between medical unit management and civilian staff. They include collective bargaining, the ability to recognize and implement fair labor practices, deal effectively with union negotiators, and handle grievances productively.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Makes decisions based on a general understanding of employer and employee rights within the labor management relations framework (e.g., 5 USC, Part III, Subpart F, Chapter 71, Labor Management Relations).

2. Identifies negotiable versus non-negotiable issues at the federal, state, local, and host nation levels.

3. Seeks expert advice when appropriate in legal, labor relations, and union matters.

4. Ensures the use of appropriate channels and procedures to process grievances, Equal Employment Opportunity (EEO) complaints, unfair labor practice filings, and appeals of disciplinary actions.

5. Understand the local labor relations climate and local collective bargaining agreements.

6. Ensures adequate representation in installation-union negotiations affecting the medical unit.

7. Ensures consideration of consensual alternative conflict and dispute resolution procedures and interest based bargaining approaches in dispute resolution.

8. Applies the requirements of the Civilian Personnel Management System.

9. Creates a mutually supportive work environment.

Materiel Management

Materiel management is the phase of medical logistics that includes accountability and stewardship in managing, cataloging, requirements determination, procurement, distribution, maintenance, and disposal of supplies and equipment.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Adopts cost-effective methods that comply with current policy, rules, and regulations governing the procurement, distribution, maintenance, and disposal of supplies and equipment.

2. Ensures life-cycle equipment management practices (e.g., maintenance, sustainability, and effects on labor, re-supply, and outcomes).

3. Makes management decisions that reflect understanding of contracting rules and types of contracts.

4. Safeguards and ensures appropriate use of government supplies and equipment.

5. Ensures medical unit compliance with current rules and regulations governing the procurement, handling, and disposal of regulated hazardous and infectious materials and medically regulated waste.

6. Optimizes interoperability and standardization of supplies and equipment.

7. Ensures that war reserve and emergency management resources are mission ready.

Facilities Management

Facilities management is the maintenance and upkeep of real property, such as a building, structure, or utility system. It includes ensuring compliance with applicable regulations (Occupational Safety and Health Administration, fire codes, and requirements for handicap access) and oversight of facility design and construction.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Ensures compliance with applicable accrediting agencies, regulatory requirements, and other standards with respect to the environment of care.

2. Integrates physical plant and infrastructure needs (including space utilization, information management and information technology (IM/IT) and telecommunications systems) into the facility master plan and long-range financial plans.

3. Makes management decisions utilizing the facility budgeting process to include preventive maintenance, minor and major repairs, unspecified minor construction, renewal and military construction (MILCON) programs.

4. Ensures real property maintenance programs include proper accountability and demonstrated (documented) maintenance.

5. Makes decisions that are consistent with effective life-cycle facility maintenance and property accountability.

6. Incorporates appropriate housekeeping programs and plans.

7. Coordinates facilities requirements with base operations management.

8. Assures adequate physical security in coordination with installation security.

9. Optimize energy and environmental conservation initiatives.

Information Management and Technology

Information management (IM) and information technology (IT) are defined by DODD 8000.1, February 27, 2002.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Directs the appropriate use of integrated IM/IT to improve care and services, management, support processes, outcomes, and readiness.

2. Complies with Service governance rules and regulations.

3. Uses information systems to support executive decision-making.

4. Enforces current MHS information management strategic principles.

5. Commits appropriate life-cycle resources to information systems.

6. Implements safeguards for information and information systems security.

7. Ensures that IM planning and operations appropriately address privacy and confidentiality requirements (e.g., HIPAA).

Personal and Professional Ethics

Ethics consists of the processes, structures, and social constructs by which the rightness or wrongness of actions is assessed. Ethical decision-making is the process of resolving ethical dilemmas. Personal ethics is the basis on which individuals determine the rightness or wrongness of conduct; professional codes of ethics represent articulated group or association statements of the morality of the members of the profession with regard to their professional roles.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Articulates an understanding of the origin and basis of rights and duties.

2. Acts consistently with an understanding of the discipline of ethics.
   - Categories of health care ethics (i.e., personal, professional, organizational, and bioethical)
   - Major ethical theories and generally accepted principles of medical ethics (autonomy, beneficence, non-malfeasance, justice)
   - Appropriate ethical decision-making methods

3. Articulates the importance of a personal and of a professional code of ethics, including standards relating to academic integrity and research.

4. Compares and contrasts personal and professional ethics.

5. Identifies and effectively addresses ethical conflicts between personal values and professional ethical standards or codes.

6. Articulates the importance of, assures education relating to, and, in appropriate cases, seeks judicial enforcement of violations of the Joint Ethics Regulation, the Procurement Integrity Act, and other directives as indicated.

Bioethics

The discipline of bioethics represents the application of normative ethics to the life sciences, including medicine and associated research. It includes clinical ethics, which is typically restricted to the recognition and resolution of ethical problems involved in the care of a single patient but is broader in scope, addressing the more general application of ethics through policy.

Senior leaders must demonstrate the following behaviors at the <u>knowledge</u> level:

1. Recognizes and constructively addresses, by application of an accepted ethical decision-making model, moral conflicts in the area of health care. Such dilemmas may occur in various settings to include the delivery of patient care, the pursuit of biomedical research, and the management and allocation of scarce resources.

2. Establishes a climate through counsel and sound policy for the resolution of conflicts in such areas as, but not limited to:
    - Medical readiness and operational medicine (e.g., deoxyribonucleic acid (DNA) testing
    - Informed decision-making, and patient rights and responsibilities
    - Patient-centered relationships
    - Confidentiality and privacy
    - Reproductive health (e.g., genetic screening, genetic therapy, infertility, family planning, abortion)
    - Enhancement therapies
    - Alternative therapies
    - Sexual health and function
    - Clinical research (e.g., volunteerism, especially vulnerable populations, differences between clinical and non-clinical research, animal care and use)
    - Pain management
    - Organ donation and transplantation
    - Recognition of the significance of personal religious and cultural beliefs on acceptance or refusal of medical care and treatment, willingness to donate organs or consent to autopsy
    - End of life (e.g., advance directives, refusal of care, futile care, palliative care, assisted suicide/euthanasia)
    - Standard of care for multinational patients in combat and humanitarian missions
    - Non-traditional use of medical personnel in combat environment (e.g.,

behavioral science consultation teams)

- Use and security of genomic information
- Other bioethical issues (e.g., sentinel events, restraints, procedural sedation)

Organizational Ethics

Organizational ethics describes the structures and processes by which an organization ensures conduct appropriate to its mission and vision. It is typically formalized in a code which addresses such matters as marketing, admission, transfer, discharge, pricing and billing, and describes the ethical dimensions of the internal and external relationships the organization has with its staff, contractors, educational institutions, and payers.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Develops an organizational code of behavior that:
   - Incorporates leadership attributes and behaviors (see Leadership).
   - Meets the standards of accrediting organizations.
   - Incorporates the organizational mission and vision.

2. Promotes a culture and climate that supports the organizational code of ethics by:
   - Creating an environment where ethical issues and diverse ethical views are freely discussed.
   - Taking timely and appropriate action when moral or ethical norms are violated.
   - Recognizing positive examples of ethical behavior in difficult situations.
   - Providing safe avenues for people to give feedback on the ethical atmosphere of the institution and its reputation in the community.
   - Minimizing constraints that contribute to ethical conflicts.

3. Requires broad, continuing education be provided to staff on ethical issues and concerns.

4. Establishes a consultative process for ethical problem solving within the institution, providing professional staff and administrative support using a committee, a team, or consultants to assist in making judgments requiring:
   - Consideration of personal moral beliefs.
   - Consideration of personal rights and duties.
   - Consideration of organizational obligations.
   - Choices taking into account economic, legal, ethical analysis and quality of care.
   - Determination of what is “acceptable,” “proper,” and “just” when trade-offs have to be made among competing values or principles.

Personal and Professional Individual Behavior

Individual behavior is a reflection of one's traits, values, and attitudes; and is a critical factor in personal and organizational success.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:
(Move characteristics over from the Leadership competency #3.)

1. Displays personal conduct consistent with core military values and highest professional standards.

2. Commits to lifelong learning and personal and professional development.

3. Mentors and coaches others.

4. Recognizes the impact of his or her personality on others.
   - Conducts a self assessment using a standardized instrument.
   - Solicits feedback from others.
   - Takes appropriate actions based on assessments.
   - Demonstrates emotional intelligence.

5. Motivates others through the following:
   - Personal example
   - Acknowledgement of individual differences
   - Reinforcement
   - Recognition
   - Reward
   - Effective communication

6. Identifies and considers multiple perspectives, or views, of the same issue.

7. Identifies and applies lessons learned.

8. Balances personal and professional lifestyles and serves as a positive role model for healthy behaviors.

9. Applies the concepts and skills of critical thinking.

Group Dynamics

Group dynamics is the interaction among members of a group. To facilitate effective group behavior, the leader must develop trust and understand and employ team building, empowerment, responsibility, and motivation.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

As leader of the group:

1. Defines and articulates goal(s), tasks(s), purpose(s), and parameters for group activities.

2. Identifies and capitalizes on strengths and weaknesses in assigning the roles and responsibilities of group members.

3. Fosters a group dynamic where people are sensitive to one another's needs and expressions and where people listen and respect others' opinions regardless of rank or status.

4. Employs group leadership style appropriate to the situation.

5. Selects decision-making techniques and problem solving approaches appropriate to the situation.

6. Monitors and assesses group process and performance and makes changes where needed.

7. Recognizes the role and impact of the informal leader.

As designer or director of groups:

1. Establishes clearly defined goal(s), purpose(s), and parameters for group activities.

2. Provides the necessary resources and authority to groups for mission accomplishment.

3. Develops an organizational climate in which groups can openly deliberate and report findings without fear of reprisal.

4. Monitors group progress, providing interim guidance and intervention as necessary.

5. Considers outcomes and directs actions as appropriate.

6. Recognizes efforts of group members.

As a member of a group:

1. Exhibits commitment to the group and its mission.

2. Represents and effectively advocates organizational interests.

3. Balances medical unit goals with the goals of the group.

4. Recognizes influence of individual behavior on the group's functioning.

5. Promotes integration and collaboration in a Joint and interagency environment.

Conflict Management

Conflict management involves the identification and use of techniques to effectively manage interpersonal, intra- and inter-group, and organizational conflicts. It requires impartiality and the use of communication, negotiating and listening skills.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Accepts conflict as a result of human interaction.

2. Treats conflict as an opportunity for learning.

3. Identifies sources of conflict (e.g., individual, group, organizational, or environmental).

4. Selects and uses strategies (e.g. avoidance, competing, collaboration, resolution, or mediation) for managing conflict and its consequences as the situation requires.

5. Considers multiple perspectives and pursues consensus.

Interpersonal Communication

Communication occurs when the receiver understands the sender's intended message. Effective communication relies on formal and informal channels established between sender and receiver.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Chooses an effective communication style and media based on task, message, and audience characteristics (e.g., generational and cultural differences, organizational constraints, managerial preferences and abilities, and normative influences).

2. Solicits and incorporates feedback, ideas, comments, and suggestions from others.

3. Coaches others in effective verbal, nonverbal, written, and electronic communication.

4. Empathetically listens and draws out others' ideas, views and feelings.

5. Identifies organizational and personal barriers to good listening and works to minimize them.

6. Applies the appropriate use of silence.

7. States clearly what is desired or expected and uses clarification techniques (e.g., metaphors or analogies) as needed.

8. Understands the importance of and accurately interprets moods, feelings, and nonverbal behaviors.

9. Organizes written information (including factual information and/or quantitative data) into easy to read and understandable documents.

10. Provides timely and effective feedback and crucial conversations with others.

Public Speaking

Public speaking is the set of verbal and organizing skills that permits one to effectively communicate ideas and concepts to others. It involves the ability to speak to audiences of many types, such as military and family member beneficiaries, staff, professional groups, community organizations, and others.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Chooses message, language, content, and length appropriate for the audience and subject matter.

2. Selects presentation types (e.g., informational briefings, persuasive techniques, motivational techniques, question and answer sessions, or open forums) and prepares for the expected audience and facility.

3. Presents well-organized material (i.e., includes an introduction, purpose, the message or concepts, and a summary) and the message or concepts, if complex, are organized for the audience into a conceptual framework.

4. Elicits feedback when appropriate.

5. Seeks opportunities for assessing and improving public speaking skills.

6. Recognizes protocols and constraints when representing the Service.

7. Prepares and delivers speeches extemporaneously.

Strategic Communication

Strategic Communication involves the development and delivery of an effective and consistent message and includes media and public relations as well as risk communications.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Identifies the communication goal and develops a message to achieve the end state.

2. Selects the appropriate communication outlet and target audience, including joint and interagency audiences.

3. Maximizes the capabilities of the Public Affairs Office (PAO) to achieve medical unit media objectives.

4. Coordinates with PAO and applicable organizations prior to significant events.

5. Communicates to the organization the importance of respecting protocol and practicing public diplomacy for distinguished visitors. Effectively manages these key leader engagements to impart the strategic message.

6. Conducts an effective media interview or press conference (television, radio, print media, and internet) and controls the interview situation. For example:
   - Exercises rights as the interviewee.
   - Practices what is important to say and gets that message across even if not asked.
   - Contemplates the question and deliberates the response.

7. Cultivates relationships and maximizes the use of media in promoting the MHS.

8. Leverages social media in the communications plan.

9. Makes staff aware of guidelines and prepares them for interacting with the media to maintain a consistent message.

10. Effectively applies the concepts of risk communication.

11. Effectively manages congressional relationships, inquiries, and other correspondence.

Population Health Improvement

Population Health is the balancing of awareness, education, prevention and intervention activities required to improve the health of a specified population.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Employs epidemiological surveillance tools to monitor community and force health protection and prevention programs.

2. Enforces public health standards and infection control procedures to prevent and control disease transmission.

3. Consults as appropriate with qualified public health experts and consultative organizations (e.g., local and national public health organizations).

4. Effectively integrates the following programs, concepts, and initiatives:
    - Patient-centered medical home
    - Wellness and resilience
    - Accountable care organizations
    - HEDIS
    - Epidemiology approaches
    - Force health protection
    - Disease management
    - Preventive medicine

Clinical Investigation

Clinical investigation encompasses the acts surrounding the initiation, performance, completion, publication, and use of research. It requires compliance with multiple regulatory agency requirements, and federal, state, and local laws concerning the use of human and animal subjects.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Understands the capabilities and requirements of clinical investigations.

2. Provides guidance for prioritizing expenditure of resources.

3. Complies with federal, state, and local regulatory requirements:
   - Approved clinical investigations are appropriately resourced
   - Appropriate education for institutional review board members and those conducting clinical investigations
   - Oversight for clinical research relationships with industry

4. Articulates on-going clinical investigation efforts to internal and external interests.

5. Evaluates and screens protocols and publications for operational security, impact, and potential strategic communication issues.

Integrated Health Care Delivery Systems

Integrated health care systems provide health care options throughout the continuum of care utilizing partnerships with other DoD, VA, managed care support, PHS, and all available health care delivery assets.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Leads the development and application of regional health service plans in a managed care environment.

2. Understands the local market and builds relationships.

3. Communicates the business of health care delivery to line commanders and the community.

4. Implements the principles of community based health care.

5. Markets MHS health care delivery system.

6. Directs an effective medical evaluation and Physical Disability Evaluation System in compliance with current regulations and guidelines.

Quality Management and Performance Improvement

Quality and Performance Improvement encompasses the procedures that emphasize involvement, empowerment, and continuous performance improvement. It focuses on customer satisfaction, critical processes, statistical measurement, and analysis as the primary tools for organizing and interpreting data. Effective quality and performance improvement addresses systemic problems and deficiencies.

Senior leaders must demonstrate the following behaviors at the <u>application</u> level:

1. Establishes a command climate that supports continuous performance improvement:
   - Fosters cooperation among all members.
   - Empowers members.
   - Encourages continuous learning and reengineering efforts.
   - Involves key stakeholders (e.g., unions, contractors, line, community, lead agents, and other agencies).
   - Recognizes and rewards participation.

2. Aligns quality and performance improvement process with strategic planning, operational plans, and emerging strategies by identifying key processes that are essential to organizational improvement.

3. Employs tools and techniques in support of fact-based decision making and process improvement.

4. Ensures continuous improvement through appropriate feedback mechanisms.

Qualitative and Quantitative Analysis:

1. Identifies process questions and prioritizes relevant data sets that portray, predict, and safeguard the viability of the medical unit.

2. Promotes use of benchmarking and normative data sets for the purpose of understanding local and regional system performance.

3. Understands and accepts accountability for local data quality and integrity which includes the accuracy, completeness, reliability and validity of source data.

4. Analyzes and transforms raw data into actionable information.

5. Ensures appropriateness of quantitative tools.

6. Makes business decisions and solves problems based on results from quantitative and/or qualitative methods.

7. Interprets results from forecasting and analysis decision support, and modeling tools.

Outcome Measurements:

1. Assesses medical unit performance and compares it with industry standards using outcome measurements (e.g., patient satisfaction, patient perception of well being and technical quality).

2. Demonstrates an understanding of systems and outcomes in performance improvement.

3 Employs best business and practice guidelines to enhance medical unit performance.

4. Endorses, recognizes, and rewards the use of evidence-based medical practices.

Patient Safety

Senior leaders must be visible and strong patient safety advocates. The effective program includes ongoing assessment of patient care, customer feedback, risk management, provider qualifications, utilization review, and the implementation of corrective and follow-up actions, where indicated. Patient safety involves all those activities to minimize the risk of medical error, including developing a program and establishing a command climate to proactively identify and reduce potential risks to patients. Patient safety concerns include sentinel events (e.g., transfusion deaths, wrong-site surgery, etc.) and other adverse events (e.g., medication errors, falls, etc.).

Senior leaders must demonstrate the following behaviors at the application level:

1. Implements DOD Patient Safety Program elements into the medical unit as appropriate to the local environment.

2. Directs effective processes for continuous assessment and improvement of patient care delivery (e.g. clinical pathways, and practice guidelines).

3. Encourages patient feedback. Implements processes to monitor and integrate feedback into organizational improvements.

4. Acts to identify actual and potential institutional risks (e.g., liability, complications, sentinel health events, safety mishaps, and medical negligence), protect resources, and minimize future risks.

5. Reviews credentials and awards clinical privileges appropriate for the institution based on consideration of qualifications, clinical competence, and performance (e.g., National Practitioner Data Bank).

6. Monitors practice patterns to ensure optimal utilization of clinical resources.

7. Establishes an effective patient safety and risk management program.

8. Fosters a climate of trust, transparency, teamwork and communication that supports the identification and risk reduction or resolution of patient safety issues through education and process improvement.

9. Employs tools and techniques to aid in risk analysis and reduction (e.g., Lean Six-

Sigma approach; RCA, failure mode and effects analysis, etc.)

10. Implements National Patient Safety Goals and approved accrediting agencies' patient safety standards.

11. Uses current strategies to improve medication use processes and decrease the risk of medication errors.

12. Fosters a program that includes a partnership with patients and family members in an effort to improve patient safety and reduce medical errors.

13. Ensures the effective and timely hand-off of patient information.

Appendix A

HISTORICAL CHRONOLOGY OF THE JMESP CORE CURRICULUM

In 1996, the Service medical departments and the Office of the Assistant Secretary of Defense, Health Affairs (OASD/HA) jointly formulated a core curriculum to assist in the individual development of the executive skills needed by medical treatment facility (MTF) commanders, lead agents, and lead agent staffs. They accomplished this task by identifying the behaviors one would expect of a highly qualified incumbent. Panels of subject matter experts (SMEs) working in conjunction with current and former MTF commanders, curriculum developers, and Service medical department points of contact structured the objective behaviors and documented them in the first edition of this report.

The first edition of the joint core curriculum was a key milestone in satisfying the 1992 Congressional mandate that MTF commanders must be able to "demonstrate the administrative skills" necessary to command MTFs. It also responded to the 1996 Congressional direction that the Secretary of Defense:

> ". . . implement a professional educational program to provide appropriate training in health care management and administration to each commander of a military medical treatment facility of the Department of Defense who is selected to serve as a lead agent."

The acronym "MTF" was changed to health care management organization (HCMO) throughout the core curriculum to reflect medical treatment facility and TRICARE lead agent responsibilities.

Each of the 40 executive skills competencies was described in the first edition of this document and the desired behavioral objectives were listed for each competency. Three panels, or focus groups, initially investigated the competencies. The final panel met in June 1996 and investigated 22 competencies in a one-week session. It recommended re-grouping all 40 competencies – a particularly appropriate step given that the six competencies added after the 1994 MTF Commander Survey had not been assigned to groups. The last panel also recommended renaming and re-defining some competencies. The Joint Medical Executive Skills Development Group (JMESDG) at their 3 July 1996 meeting approved the resulting competency names, definitions, and groupings. Thus, the first edition of this core curriculum was established.

Transition To The Second Edition

The JMESDG recognized that curricula require maintenance. They understood that the first edition was published before the Military Health System (MHS) had gained significant experience with TRICARE. Therefore, the JMESDG directed the Joint Medical Executive Skills Working Group (JMESWG) to undertake another review and update of the competencies that would result in the second edition of the core curriculum. Their guidance stipulated that the number of competencies should remain at 40 through the addition of behavioral content where necessary. This guidance expressed the need for stability in the number of competencies as other associated tasks (e.g., competency tracking systems) were being considered.

The JMESWG, augmented by a lead agent, another former MTF commander, and tri-Service SMEs, met at the AMEDD Executive Skills Technology Center (AESTC), Fort Sam Houston, Texas, 12-15 May 1998 to review and update the first edition of the Executive Skills Core Curriculum. The revised curriculum also responded to the original question: "What behavior(s) by a lead agent or MTF commander would you accept as evidence of demonstrated competency?" It included updated views on lead agency, TRICARE operations, and the MHS.

In addition to reviewing and revising the descriptions and behavioral content of the competencies, the participants also made judgments concerning competency grouping to reflect MHS emphasis. Their determinations for the most appropriate names and grouping of the competencies are documented below.

Military Medical Readiness
Medical Doctrine
Military Mission
Joint Operations/Exercises
Total Force Management
National Disaster Medical Systems Management/
Department of Veterans Affairs Role
Medical Readiness Training
Contingency Planning

General Management
Strategic Planning
Organizational Design
Decision Making
Change and Innovation
Leadership

Health Law/Policy
Public Law
Medical Liability
Medical Staff By-Laws
Regulations
External Accreditation

Health Resources Allocation and Management
Financial Management
Human Resource Management
Labor-Management Relations
Materiel Management
Facilities Management
Information Management

Ethics in the Health Care Environment
Ethical Decision-Making
Personal and Professional Ethics
Bioethics
Organizational Ethics

Individual and Organizational Behavior
Individual Behavior
Group Dynamics
Conflict Management
Communication
Public Speaking
Public and Media Relations

Clinical Understanding
Epidemiological Methods
Clinical Investigation
Alternative Health Care Delivery Systems

Performance Measurement
Quality Management
Quantitative Analysis
Outcome Measurements
Clinical Performance Improvement.

Finally, the academicians and subject matter experts agreed that a core curriculum should provide an indication of the proficiency level deemed necessary for each competency. The Second Edition incorporated a modified version of Bloom's Taxonomy of Educational Objectives at three levels (familiarization, basic understanding, and full knowledge). The Second Edition taxonomy was limited to cognitive behaviors. Many of the skills expected of MHS leaders require synthesis, evaluation, and application of knowledge, not just understanding. Upon further analysis, the Virtual Military Health Institute (VMHI), now JMESI, concluded that the taxonomy should be improved to better represent the skill levels intended. This revision more fully expressed aspects of skills application and expertise that could be authoritatively displayed by one who is extensively well qualified.

The Executive Skills Core Curriculum –Third Edition

The Third Edition introduced a refined cognitive taxonomy for establishing knowledge levels and experience into the Core Curriculum. The taxonomy of the Second Edition dealt only with cognitive knowledge; while it helped to call attention to different levels of knowledge required, it did not incorporate the role of experience. The Third Edition expanded the knowledge levels after Benjamin Bloom's *Taxonomy of Educational Objectives: Handbook I, The Cognitive Domain* (1956), a widely regarded definitive work. The Executive Skills Core Curriculum specifies performance behaviors, beyond possessing knowledge. The revised cognitive taxonomy incorporated knowledge and its application in performance of executive level skills expected of the MTF commander, lead agents and senior staff.

The taxonomy changes from the Second Edition to the Third Edition of the Core Curriculum were as follows:

Second Edition Taxonomy		Third Edition Taxonomy
Familiarization	was changed to	Knowledge
Basic Understanding	was changed to	Application
Full Knowledge	was changed to	Expert

The three levels of the revised taxonomy were established as knowledge, application, and expert. Descriptions of each follow.

Knowledge

Facts: Cites findings; recalls pertinent names; identifies relevant facts; recalls and uses theories, events, and sequences; correctly uses area vocabulary.

Comprehension: Discusses alternatives; solves problems; makes accurate decisions based on historical facts; has full command of area vocabulary, technical terms, concepts, and principles; explains area to others.

Analysis: Examines elements; classifies examples into concepts and principles; detects important facts and influences, and explains complex actions and relationships; tests hypotheses.

Synthesis: Uses concepts and principles to select among alternatives; plans and brings together elements to create a comprehensive action or plan.

Evaluation: Compares and judges alternatives and conflicting opinions; judges adequacy of others' recommendations, decision, and plans.

Application

Determines and applies appropriate knowledge, makes decisions and takes action.

Solves problems independently.

May not feel comfortable or confident acting completely independently in new situations.

May rely on others for expertise and decides when consultation is necessary.

Expert

Becomes expert with experience in applying knowledge to situations.

Takes independent action with complete confidence.

Writes publication quality articles in fields of expertise.

Interprets and judges the work of others.

The candidate for command must first learn the knowledge of each of the eight areas of the Core Curriculum. The levels of knowledge above are all necessary for command-level behaviors. It is not sufficient to learn a few facts and then attempt to perform the expected behaviors at the command level. Career counselors, curriculum designers, and the student all have a responsibility to see that prospective commanders have the knowledge required. The knowledge can be obtained from existing courses from both military and civilian sources. While applying the knowledge will likely begin in an

academic setting, most application experiences will take place in job assignments. The level of the expert cannot be attained in an academic setting; there, one can only learn *about* being a commander. One must have the knowledge and then have applied the knowledge in a variety of real-life settings to become an expert. It is experience in performing that makes an expert.

The Executive Skills Core Curriculum–Fourth Edition

The Fourth Edition was revised with the assistance of the current and former MHS members. It specifically considered additions relating to readiness and homeland security issues, patient safety, and others. The Information Management competency was renamed Information and Technology, and Alternative Health Care Delivery Systems was changed to Integrated Health Care Delivery Systems to better reflect the operational concepts of managed care as it is implemented by TRICARE.

The Executive Skills Core Curriculum–Fifth Edition

The Fifth Edition is the result of revisions recommended by a team of Deputy Surgeons General nominees with input from others involved with implementing the JMESP. The team was tasked with identifying the critical issues in the MHS, recommending changes to reflect Executive Skills competencies required of MHS senior leaders in the current environment, and reviewing the taxonomy designations.

The top ten critical issues identified by the group, using a nominal group technique, formed a basis for reviewing and updating the curriculum and are as follows (not in rank order): budget and control fluctuations, cost versus patient satisfaction and quality, a joint environment, readiness, contracts, leader development, integration and team building, infrastructure needs, retention, and multiple missions. The "Clinical Understanding" domain was eliminated and the competencies therein moved to "Performance Measurement and Improvement." The "expert" taxonomy level requirement was eliminated and the eight competencies so designated are now required at the "application" level. This decision was based primarily on the view that individuals develop competency at the expert level while serving in, but not necessarily prior to assuming, leadership positions.

The Health Law/Policy competencies were reviewed at the TMA level by specific request of the Core Curriculum Review team.

The Executive Skills Core Curriculum–Sixth Edition

The Joint Medical Executive Skills Institute conducted a review of military medical executive education competencies on July 29-31, 2008 at Ft. Sam Houston, TX, resulting in this Sixth Edition of The Executive Skills Core Curriculum. Review board members were nominated by the Deputy Surgeons General for each Service. Other participants included members of the JMESP working group and invited guests who provided additional subject matter expertise and discussion of current topics. Participants prepared for the review by studying the current list of competencies, the categories, behavioral objectives, and cognitive levels. An updated core curriculum emerged as the participants raised and resolved questions about current issues, needs, and practice. A summary of the changes to the core curriculum follows.

The competencies that make up the core curriculum are arranged into seven domains. The name of the first domain, "Military Medical Readiness," was changed to "Military Medical" to encompass the complete category. Medical Readiness Training is one competency within this domain. Also, within the Military Medical domain, two competencies were combined, changing the number of competencies from 40 to 39. "National Disaster Medical Systems Management" and "Contingency Planning" were combined and the competency was named "National Disaster and Contingency Planning." Additionally, the review board elected to reword three other competency titles. "Ethical Decision-Making" was renamed "Ethical Foundations" and "Communication" was renamed "Interpersonal Communication." "Public and Media Relations" was renamed "Strategic Communication" to reflect a broader perspective, which includes media and public relations as well as risk communications. The term "Medical Treatment Facility" (MTF), which was used in previous editions has been replaced in this edition with the term "medical unit." Last, additional objectives were developed to reflect the specific behaviors which senior leaders must demonstrate.

The Executive Skills Core Curriculum–Seventh Edition

The seventh edition of The Executive Skills Core Curriculum is compiled as a result of the military medical executive education competency review held June 14-16 in San Antonio, TX. Fifteen review board members discussed and updated the existing Core Competencies. Review board members represented the Army, Navy, and Air Force, and were MTF commanders and key leaders who were nominated by their Deputy Surgeons General for this task. The review board heard presentations from JMESP working group members and subject matter experts, who were available throughout the review. The event was managed and facilitated by the JMESI staff. The resulting changes to the Core Curriculum, and consequentially, to the competency model, are described next.

The review board ensured that the Core Curriculum reflects joint missions. The competency "Joint Operations" was deleted as a stand-alone competency; instead, joint and interagency language was added appropriately throughout all of the competencies.

The competency "Ethical Foundations" was also deleted as a separate competency. The content and behaviors did not change. This information was added to the competency "Personal and Professional Ethics."

Three quality assurance competencies were combined as one in order to capture the entire process as one competency. "Quality Management" was renamed as "Quality Management and Performance Improvement," which includes the descriptions and behavior statements that were previously listed in "Quantitative and Qualitative Analysis" and "Outcome Measurements."

Additionally, five competencies were renamed to reflect current operations, policies, and/or missions. These changes are listed in the table below. Overall, the updates resulted in the number of military medical executive skills competencies changing from 39 to 35.

2008 COMPETENCY	CURRENT COMPETENCY
Disaster and Contingency Planning	Emergency Management and Contingency Operations
Change and Innovation	Change Management
External Accreditation	Accreditation and Inspections
Individual Behavior	Personal and Professional Individual Behavior
Epidemiological Methods	Population Health Improvement

Appendix B

PARTICIPANTS IN THE REVISION OF THE SEVENTH EDITION

Contact：http://jmesi.org