JOINT MEDICAL EXECUTIVE SKILLS PROGRAM

CORE CURRICULUM

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Contents

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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 Eighth 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 (JMESI).

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 includes medical units and TRICARE Regional Offices.

In this edition, the number of competencies remains at 35. Voting review board members renamed four competencies, updated the definitions for seven competencies, and combined, reworded, or expanded the behavioral statements for 21competencies. 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 the group name.

JOINT MEDICAL EXECUTIVE SKILLS PROGRAM COMPETENCIES	
MTF Commanders Lead Agents Staff Members	
Military Medical Competencies	**Leadership and Organizational Management Competencies**
1. Military Mission 2. Medical Doctrine 3. Total Force Management 4. Readiness of the Medical Force 5. Emergency Management and Contingency Operations	6. Strategic Planning 7. Organizational Design 8. Decision Making 9. Change Management 10. Leadership
Health Law and Policy Competencies	**Health Resources Allocation Competencies**
11. Public Law 12. Medical Liability 13. Medical Staff By-Laws 14. Regulations 15. Accreditation and Inspections	16. Financial Management 17. Human Resource Management 18. Labor-Management Relations 19. Materiel Management 20. Facilities Management 21. Information Management and Technology
Ethics in the Healthcare Environment Competencies	**Individual and Organizational Behavior Competencies**
22. Personal and Professional Ethics 23. Bioethics 24. Organizational Ethics	25. Individual Behavior 26. Group Dynamics 27. Conflict Management 28. Interpersonal Communication 29. Public Speaking 30. Strategic Communication
Performance Measurement and Improvement Competencies	
31. Population Health Improvement 32. Research and Investigation 33. Integrated Healthcare Systems 34. Quality Management and Performance Improvement 35. 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 seven 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 Eighth Edition.

Military Mission

The Military Health System (MHS) exists to support the National Military Strategy.

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

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

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

3. Evaluate the relevancy of data, summarize and provide recommendations for force medical protection and sustainment.

4. Coordinate and collaborate with line commanders to optimize individual medical readiness and provide appropriate health care from prevention and acute care to rehabilitation, reintegration and transition.

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

Medical Doctrine

Medical doctrine is the fundamental principle by which medical forces guide their actions in support of National Military Strategy. Medical doctrine provides a common perspective and requires judgment for appropriate application. These principles apply to all full spectrum operations, including joint, combined, and inter-agency operations.

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

1. Interpret and apply current medical doctrine applicable to the military mission.

2. Compare and contrast Service-specific and Joint 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. Utilize and contribute lessons learned to evolve medical doctrine.

Total Force Management

Total Force management as applied to health and medical affairs refers to adequate manning for support to military operations, and to providing medical services and support to members of the Armed Forces, their family members and others entitled to DOD medical care.

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

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

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

3. Assess current staffing level against projected requirements and policies to determine needs.

Readiness of the Medical Force

Readiness of the medical force 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. Plan, resource, direct, evaluate, and document medical readiness training and exercises.

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

3. Validate medical unit readiness reports.

4. Identify and address skill gaps between garrison and operational requirements, utilizing internal and external education and training to ensure a competent medical force.

Emergency Management and Contingency Operations

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

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

1. Apply international, interagency, Joint and Service-specific contingency planning processes.

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

3. Evaluate, take corrective actions, and report contingency plan execution.

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

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

6. Articulate the roles and relationships between the MHS and local, regional, state, national and international disaster response plans and assets, to include non-governmental organizations.

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

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

9. Plan, program, and integrate the National Disaster Medical System, the Civil Military Cooperative Assistance Program and the National Response Plan 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 consistent with MHS strategic goals and in support of mission requirements.

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

1. Lead the planning and management process and ensure alignment of departmental plans with the strategic plan.

2. Conduct situational and environmental analysis using validated tools to understand the position of the organization.

3. Identify and leverage key stakeholders' input to the strategic plan.

4. Evaluate strategic alternatives to achieve the desired end state.

5. Select, implement, and assess the strategic plan.

6. Promote innovation and remove barriers to advance the strategic plan.

7. Prioritize organizational objectives and milestones to support the strategic plan.

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

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

10. Understand resourcing implications in support of the strategic plan.

Organizational Design

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

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

1. Optimize organizational design to efficiently and effectively accomplish the mission.

2. Identify strengths and weaknesses of different design options.

3. Lead change management processes for transitioning the organizational design to support the mission.

4. Establish partnerships and affiliations to optimize organizational design.

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. Identify, prioritize, and analyze the problem or issue.

2. Understand and apply an appropriate, validated military decision-making framework.

3. Reassess outcomes of the decision-making process for appropriateness and effectiveness.

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. Recognize types, stages, and psychological aspects of change.

2. Diagnose the medical unit situation from a systems perspective, decide what needs to be changed, and assess medical unit readiness and ability to proactively embrace change.

3. Develop a strategy for externally or internally driven change.
   - Communicate the need and the process for change.
   - Create and champion a shared vision of and a climate for change.
   - Identify change agents.
   - Develop a transition structure to manage the change process.
   - Anticipate and develop strategies to deal with resistance to change.
   - Navigate the political dynamics of change.
   - Establish metrics for measuring outcomes of change.

4. Implement change strategy.
   - Provide tools, methodology, resources, support and incentives to sustain the change effort.
   - Market the change strategy.

5. Monitor the change process, solicit feedback, evaluate progress, and make adjustments as necessary.

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. Display personal conduct consistent with core military values and highest professional standards. Consistently treat others with dignity and respect.

2. Use appropriate leadership and management techniques.

3. Demonstrate multiple leadership skills, traits, and behaviors including, but not limited to the following:
   - 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
   - Promoting 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. Adapt leadership roles and styles as appropriate to the situation.

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

6. Build collaborative teams and interdepartmental relationships.

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

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

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

10. Recognize his or her impact on others.

11. Create and promote a culture of innovation.
    - Seek new ideas and encourage staff to be creative and inventive.
    - Search for information from a wide variety of sources and evaluate ideas on merit rather than on the status of the origin.
    - Support new and untested approaches with calculated risks.
    - Resource new ideas when appropriate.
    - Treat innovation failures as opportunities for learning and reward 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. Seek legal and other counsel as appropriate.

2. Ensure medical unit compliance with all applicable Federal laws and identify violations, taking appropriate corrective 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 and 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 Healthcare Ethics)
   - Americans with Disabilities Act
   - Rehabilitation Act
   - Food, Drug, and Cosmetics Act
   - Safe Medical Devices Act
   - Contracting and procurement law
   - Health Insurance Portability and Accountability Act (HIPAA)
   - Appropriate sections of Title 10, 32 and 45 of USC
   - Relevant sections of the Federal Authorization and Appropriation Acts
   - Patient Protection and Affordable Care Act

3. Ensure medical unit compliance with other laws—Federal, state, and/or local—and identify 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
- Environmental Protection Act

4. Identify and take appropriate actions concerning constitutional freedoms.

5. Ensure medical unit compliance with laws related to international settings including, but not limited to the following:
   - 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)
   - Care to dependents in an international setting.

6. Identify responsibilities related to deployed operations, including but not limited to the following:
   - Law of Armed Conflict
   - Geneva Convention
   - Code of Conduct
   - Rules of Engagement
   - General Orders

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. Understand and ensure 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

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

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

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

5. Identify 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

6. Identify circumstances that require the reporting of the following:
   - Abuse, neglect and exploitation of children, elderly, and disabled.
   - Medical examiner cases
   - Criminal behavior

7. Apply risk management strategies and approaches.

8. Understand 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 The Joint Commission and/or other approved external accrediting organizations' requirements regarding medical staff governance.

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

1. Identify responsibilities concerning military, civilian, and contract medical staff in accordance with Service-specific guidance regarding the following:
   - Applicable accrediting bodies
   - Credentialing and privileging process
   - Adverse actions
   - Adverse reporting requirements
   - Criminal background investigations
   - National Provider Identification
   - Disruptive behavior policies
   - Impaired provider policies

2. Understand National Practitioner Data Bank reporting and querying requirements.

3. Understand and ensure due process.

Regulations

Regulations, as a generic term, includes all Federal, including DOD and Service-specific, 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. Identify, interpret, and apply those directives and regulations necessary to operate in an MHS environment.

2. Understand and communicate changes in beneficiary entitlements or departmental policies that are implemented through OASD/HA or DHA memoranda or other federal directives.

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

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

5. Understand and communicate 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 agency that is an objective review of processes and practices within an organization. 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. Inspections provide feedback to leaders so they can make decisions that will improve the Service. The focus is on measuring compliance against established standards to ensure that the Service as a whole can function effectively.

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

1. Ensure compliance with requirements of applicable inspecting entities.

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

3. Understand the roles of accrediting organizations.

4. Foster a culture of continuous compliance.

5. Direct appropriate follow-up actions to address non-compliance.

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. Determine and coordinate the funding required for the strategic plan through the management of input to the Planning, Programming, Budgeting, and Execution System (PPBES) cycle (e.g., Future Years Defense Plan, Program Objective Memorandum).

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

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

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

5. Safeguard funds and assets through fiscal compliance, statutory requirements and internal controls.

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

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

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

9. Understand and maximize the accurate documentation and review of workload and productivity.

10. Differentiate the data systems and relationships among workload and productivity systems.

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

12. Understand the complexities of the acquisition and contracting processes.

Human Resource Management

Human resource management includes the staffing, management, recruitment, retention, and transition 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. Ensure compliance with regulatory and accrediting agencies and statutory requirements.

2. Manage personnel strength:
   - Comprehend manpower authorization system and documents.
   - Assess current staffing level against projected requirements to determine needs.
   - Direct appropriate actions to realign over-strength, fill shortages, or outsource.
   - Monitor status of activities to resolve personnel staffing issues.
   - Leverage various alternative manning solutions to include partnerships, managed support initiatives, manning, etc.
   - Apply recruitment and retention strategies.
   - Integrate total force personnel in medical unit operations.
   - Encourage individuals to engage in positive health behaviors.

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

4. Review training status to determine priorities and resource accordingly:
   - Provide education and training opportunities to ensure competent staff.
   - Provide mechanisms for staff to attain and maintain appropriate certification and/or licensure.
   - Provide opportunities for professional growth and development.

5. Direct comprehensive performance management processes:
   - Establish quality standards for performance counseling, feedback, plans, and evaluations in personnel development.
   - Establish and maintain effective awards and recognition programs.
   - Educate, mentor, and encourage career path development and succession planning.

6. Ensure appropriate due process and disciplinary actions.

7. Assess command climate and take appropriate actions to maintain a high level of morale and job satisfaction.

8. Understand the fundamental principles of the Civilian Personnel Management System.

9. Comprehend the Total Force transition assistance policies and programs.

Labor-Management Relations

Labor-management relations are the interactions between medical unit management, unions, and civilian staff employees in the bargaining unit. Senior leaders should establish and foster cooperative and productive labor-management relationships that are committed to pursuing solutions that promote increased quality of work life and productivity, customer service, mission accomplishment, efficiency, employee empowerment, organizational performance, and military readiness. 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. Make decisions based on a clear understanding of employer and employee rights within the labor management relations framework.

2. Understand the general collective bargaining process and its applicability for employees, supervisors, and managers in the Federal workplace. Identify negotiable versus non-negotiable issues at the federal, state, local, and host nation levels.

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

4. Ensure 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. Ensure adequate representation in installation-union negotiations affecting the medical unit.

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

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

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

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

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

4. Safeguard and ensure appropriate use of government supplies and equipment.

5. Ensure 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. Optimize interoperability and standardization of supplies and equipment.

7. Ensure 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 Americans with Disabilities Act requirements) and oversight of facility design, renovation and construction.

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

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

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

3. Make 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. Ensure real property maintenance programs include proper accountability and documented maintenance sustainability (e.g., life-cycle programs, housekeeping programs).

5. Coordinate facilities requirements with base operations management.

6. Assure adequate physical security in coordination with installation security.

7. Optimize energy and environmental conservation initiatives.

Information Management and Technology

Information management (IM) and information technology (IT) are defined by DODD 8000.1, February 10, 2009.

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

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

2. Comply with Service governance rules and regulations.

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

4. Enforce current MHS information management strategic principles.

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

6. Implement safeguards for information and information systems security.

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

8. Lead in the adoption of IM/IT solutions which empower beneficiaries and customers to pursue health versus enabling care.

9. Prepare the organization for the implementation of the next generation Electronic Health Record.

10. Lead in the adoption of standard practices and minimize the proliferation of unique practices that result in unique IT solutions.

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. Articulate an understanding of the origin and basis of rights and duties.

2. Act 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. Articulate the importance of a personal and of a professional code of ethics, including standards relating to academic integrity and research.

4. Compare and contrast personal and professional ethics.

5. Identify and effectively address ethical conflicts between personal values and professional ethical standards or codes.

6. Articulate the importance of, assure education relating to, and, in appropriate cases, seek 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. Recognize and constructively address, 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. Establish 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. Develop 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. Promote 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. Require broad, continuing education be provided to staff on ethical issues and concerns.

4. Establish 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.
   - Recognition of appropriate and inappropriate actions regarding the attraction, acceptance, and disbursement of property offered to the government.

Individual Behavior

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

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

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

2. Embrace the principles and policies of equal opportunity, equal employment opportunity, and zero tolerance for sexual harassment and assault.

3. Commit to lifelong learning and personal and professional development, applying the concepts and skills of critical thinking.

4. Mentor and coach others.

5. Recognize his or her impact on others.
   - Utilize self-assessment as a learning tool.
   - Solicit feedback from others.
   - Demonstrate emotional intelligence.

6. Strive to be an example to others and serve as a positive role model for healthy behaviors.

7. Respect individual differences.

8. Communicate effectively.

9. Demonstrate integrity.

10. Be accountable to the organization.

11. Seek and consider multiple perspectives of the same issue.

12. Apply lessons learned.

13. Balance personal and professional lifestyles.

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. Articulate goals, tasks, purposes, and parameters for group activities to members.

2. Consider strengths and weaknesses when assigning roles and responsibilities of group members.

3. Establish ground rules to promote respect for all members' opinions.

4. Employ group leadership style appropriate to the situation.

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

6. Monitor and assess group process and performance and makes changes where needed.

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

As group designer:

1. Establish a group charter and appoint a group leader.

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

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

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

5. Consider outcomes and direct actions as appropriate.

6. Recognize efforts of group members.

As a group member:

1. Exhibit commitment to the group and its mission.

2. Represent and effectively advocate organizational interests.

3. Balance medical unit duties with those of the group.

4. Adhere to ground rules and recognize influence of individual behavior on the group's functioning.

5. Promote 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 effective use of communication, negotiating and listening skills.

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

1. Accept conflict as a result of human interaction.

2. Treat conflict as an opportunity for learning.

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

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

5. Consider multiple perspectives and pursue consensus.

Interpersonal Communication

Effective communication occurs when the receiver understands the sender's intended message. Interpersonal 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. Choose an effective communication style and medium based on task, message, and audience characteristics (e.g., generational and cultural differences, organizational constraints, managerial preferences and abilities, and normative influences).

2. Solicit and incorporate feedback, ideas, comments, and suggestions from others.

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

4. Actively listen and draw out others' ideas, views and feelings.

5. Identify barriers to effective communication.

6. Apply the appropriate use of silence.

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

8. Accurately interpret nonverbal communication.

9. Produce clear and concise written communication.

10. Provide timely and effective feedback.

Public Speaking

Public speaking is the art of effective oral communication with an audience.

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

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

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

3. Present well-organized material.

4. Elicit participation and feedback when appropriate.

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

6. Recognize protocols and constraints when representing the Service.

7. Keep informed to deliver speeches extemporaneously.

Strategic Communication

Strategic communication is the development, integration and evaluation of key themes and messages related to senior executive strategic issues utilizing effective communications tactics (media relations, social media, strategic outreach, communications, marketing and event management) to deliver a clearly defined message using multiple means to targeted audiences.

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

1. Identify the communication goal and develop a message to achieve the end state.

2. Select the appropriate communication medium to reach the target audience.

3. Maximize the capabilities of the Public Affairs Office (PAO).

4. Coordinate with PAO and applicable organizations prior to communicating significant events.

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

6. Conduct an effective media engagement.
   - Rely on PAO to help shape the message and the engagement.
   - Understand rights as the interviewee.
   - Prepare talking points and deliver key messages.
   - Contemplate the question and deliberate the response.

7. Cultivate relationships and maximize the use of media in promoting the MHS.

8. Leverage social media in the communications plan.

9. Educate staff on communication guidance and prepare them for interacting with the media to maintain a consistent message.

10. Effectively apply the concepts of risk and crisis communication.

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

Population Health Improvement

Population Health Improvement is the promotion 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. Employ epidemiological surveillance tools to monitor community and force health protection and prevention programs.

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

3. Consult as appropriate with qualified public health experts and consultative organizations.

4. Effectively integrate programs, concepts, and initiatives such as the following:
    - Patient-centered medical home
    - Wellness and resilience
    - Public health inspections
    - Community health education
    - Epidemiology approaches
    - Force health protection
    - Disease management
    - Preventive medicine

Research and Investigation

Research and investigation 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. Understand the capabilities and requirements of research and investigation.
   - Improve health status and standards of care
   - Add to the professional body of knowledge

2. Provide guidance for prioritization of resources.

3. Comply with federal, state, and local regulatory requirements with regard to, but not limited to, the following:

   - Resourcing
   - Institutional regulatory entities (e.g., IRB)
   - External relationships (e.g., industry, academia)

4. Articulate on-going research and investigation efforts.

5. Evaluate proposed protocols, presentations and publications for operational security, organizational impact, and potential strategic communication issues.

Integrated Healthcare Systems

Integrated healthcare systems provide health care options throughout the continuum of care utilizing partnerships with other government and private sector care systems.

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

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

2. Understand the local and multi-service markets and build relationships.

3. Market the MHS and communicate the business of health care delivery to line commanders and the community.

4. Implement the principles of patient-centered health care.

5. Direct an effective medical evaluation and Integrated Disability Evaluation System in compliance with current regulations and guidelines.

Quality Management and Performance Improvement

Quality Management and Performance Improvement encompass the procedures that emphasize involvement, empowerment, and continuous performance improvement. Effective quality and performance improvement addresses systemic problems and deficiencies.

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

1. Establish a command climate that supports, but is not limited to, the following:
   - Cooperation among all members.
   - Empowerment at all levels.
   - Continuous learning and reengineering efforts.
   - Involvement of key internal and external stakeholders.
   - Recognition and rewarding of participation.
   - Evidence-based practices.

2. Align quality and performance improvement process with strategic planning, operational plans, and emerging strategies.

3. Employ tools and techniques in support of data-driven decision making.

4. Ensure continuous improvement through appropriate feedback mechanisms.

5. Assess medical unit performance and compare it with industry standards using outcome measurements.

6. Demonstrate an understanding of systems and outcomes in performance improvement.

Patient Safety

Patient safety involves all activities to minimize the risk of preventable harm, to include establishing a command climate to proactively identify, report with impunity, and reduce potential risks to patients. Patient Safety 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. All staff must be visibly strong patient safety advocates.

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

1. Establish an effective patient safety and risk management program which includes, but is not limited to, the following:
    - Timely reporting of potential risk and adverse events
    - DOD Patient Safety Program elements
    - National Patient Safety Goals
    - Effective and timely patient hand-off communication

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

3. Seek patient feedback. Implement processes to monitor and integrate feedback into organizational improvements.

4. Identify and mitigate actual and potential patient and institutional risks.

5. Ensure all staff practices within their designated scope of practice.

6. Optimize the utilization of clinical resources to assure patient safety.

7. Create and maintain a climate of trust, transparency, teamwork and effective communication.

8. Employ tools and techniques to aid in risk analysis, prevention and reduction (e.g., Lean Six-Sigma approach, root cause analysis, failure mode and effects analysis, etc.)

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

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 the 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 was 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

The Executive Skills Core Curriculum–Eighth Edition

A Joint Medical Executive Program Competencies Review was conducted 4-6 August 2014 at Fort Sam Houston, TX, following the current pattern of a triennial review. The result is a collection of current medical executive competencies and behaviors which is used to structure medical executive skills education and training. The updated competencies are presented in this publication, the Core Curriculum, Eighth Edition.

This work was completed by a review board consisting of 16 Army, Navy, and Air Force Service representatives. The group received read-ahead material and interacted with the JMESI staff in preparation for this task. During this meeting, they completed a line by line review of the existing competencies. Three subject matter experts representing different organizations addressed the board members to provide relevant information

regarding competency-based education, leadership development, and current topics in medical executive skills. In addition, subject matter experts reviewed five of the competencies regarding ethics, labor-management relations, and information management and technology, and provided their input to review board members. The JMESI staff facilitated the review and provided information on the history of the JMESP competencies.

To summarize the results of the review, the competency number remains at 35. Titles of four competencies were changed as follows. “Medical Readiness Training” is now “Readiness of the Medical Force.” “Personal and Professional Individual Behavior” is now “Individual Behavior.” “Clinical Investigations” is now “Research and Investigation.” “Integrated Health Care Delivery Systems” is now “Integrated Healthcare Systems.” Also, the definitions of seven competencies were updated, and the behavioral objectives of 21 competencies were changed.

Appendix B

PARTICIPANTS IN THE REVISION OF THE EIGHTH EDITION

Contact brenda.s.warnock.civ@mail.mil