

INNOVATION IN COMPETENCY-BASED PROGRAM DEVELOPMENT: LEVERAGING THE ADVISORY BOARD FACULTY ALLIANCE

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This paper describes the use of advisory boards in the development of two competency-based business programs: one graduate and the other undergraduate. Though the programs varied significantly in structure and content, both used focus group methodology to collect comprehensive and relevant input from advisory board members comprised of local subject matter experts. Analysis of each program's developmental efforts demonstrates that, while the programs varied significantly in many aspects, both achieved the intended outcome. In both cases, advisory board input contributed to the development of a competency model and associated program curriculum that closely aligned with the program's specific disciplines.

Keywords: competency-based education, competencies, KSAs, competency-based models, advisory boards

Introducing innovative curricula can be one of the most turf-challenging threats in a school of business. The difficulty of the effort increases when program faculty must identify and agree upon the specific competencies, i.e., knowledge, skills, abilities, and attitudes (KSAs) upon which the curriculum will be based. Difficulties are exacerbated when additional stakeholders are included in the process. Consequently, business schools and their faculty have been content to continue on established academic paths rather than engage in the time consuming, conflict laden work of curriculum development.

Today, schools of business are challenged by rapidly changing industry environments that require matching curricula with appropriate and expected business competencies. They must respond to the expectations of stakeholders or lose market share in an increasingly competitive academic environment. Further, external pressure comes from accrediting agencies which mandate documented assessment of continuous improvement efforts aimed at maintaining the relevancy of program curricula relative to stakeholder requirements. Additionally, pressure comes from within the university as curricular changes must be in alignment with the organization's mission, vision, values, and long-term objectives.

The purpose of this paper is to describe one university's approach to competency-based curriculum development which, by design, relied heavily on the input of program specific advisory board members. Though the approach has been used successfully within the field of graduate healthcare administration education (Campbell, Lomperis, Gillespie, & Arrington 2006), it has been largely untested in the development of competency-based undergraduate business programs. The paper is a non-prescriptive presentation of the framework, process and outcomes related to the development of two competency-based programs—one in health administration (Case 1) the other in Hispanic marketing (Case 2).

BACKGROUND

Competency Development

Goleman, Boyatzis, and McKee (2002) defined competence as the underlying characteristics of an individual that relate to effective or superior performance in a job. It is also referred to as a knowledge, skill, ability, or attitude



that positions someone to effectively operate within a given business environment and is generally accepted as the standard for measuring appropriate behavior (Chyung et al., 2006; Jackson et al., 2007). The idea of competency-based curriculum has been in the literature for more than three decades (Boyatzis, 1982; McClelland, 1975; Valeski, 1973). Competencies are foundational to curriculum development providing structure, direction, and alignment to business education content. Competencies also provide an important link between classroom-based learning and the outcomes produced in organizational settings (Chyung et al., 2006; Moon, 2007).

Recent trends in business education have moved curriculum development from the traditional content-based approach to a focus on specific competency-based outcomes (Dominguez, Teachout, & LaFrance, 2009; Grezda, 2005) as the need for graduates with the KSAs to efficiently and effectively manage diverse and complex organizations has increased significantly. For example, the focus on competencies that result in appropriate KSAs has been at the forefront of discussion among healthcare practitioners and academics since the early part of the last decade (Griffith, 2001; Institute of Medicine, 2001). Leaders in the field have called for significant reform of course-based curricula in favor of competency-based education that focuses on demonstrable skills and abilities believed to be critical to managerial effectiveness (Calhoun, Davidson, Sinioris, Vincent, & Griffith, 2002; Campbell, Lomperis, Gillespie, & Arrington, 2006). The use of competencies assists in curriculum development as it fosters innovative thinking to more closely align classroom experience with specific KSAs and provides a means of measuring specific educational outcomes. Toward this end, competencies should be linked to professional criteria and also allow educational programs to quantify and measure the level at which the competencies have been achieved (Dominguez, Teachout, & LaFrance, 2009). To achieve a competency model that reflects contemporary operational expectations in terms of the KSAs of entry and midlevel business managers, input from competent and innovative business leaders, such as those found on program advisory boards, is critical.

Advisory Boards

It is widely accepted that key business program stakeholders include faculty, employers, students, and accrediting agencies. These stakeholders provide critical input toward the development of relevant program curriculum directly related to expected competencies, i.e., KSAs required to perform effectively on the job. Hammond and Moser (2009) point to the importance of utilizing external advisory boards to inform curriculum development and represent key stakeholder interests. They suggest membership include employers of business school graduates and representatives of local and regional firms with an interest in the success of the business school. Others stress the importance of including faculty (Stern & Tseng, 2002) and program graduates (Penrose, 2002) as members of advisory boards.

The literature further suggests that advisory boards, working closely with academicians, have made significant contributions to program improvement. Board members, representing a diverse stakeholder perspective, have provided essential input toward the refinement of degree content closely aligning educational offerings with practitioner views (Liesen, Tippins, & Lilly, 2004; Stern & Tseng, 2002). Additionally, board members have assisted in the development of survey instruments designed to obtain direction from members regarding curriculum requirements (Hammond & Moser, 2009); eased the transition from school to work by creating real-time project courses for students (Gilbreath, et al., 2001); and identified critical environmental trends leading to a relevant business curriculum (Ireland & Ramsower, 1994). In his review, Penrose (2002) outlined the multiple benefits of an advisory board, and Lilien (1990) offered valuable lessons learned from university–industry cooperation at Penn State’s Institute for the Study of Business Markets. Capitalizing on the identified benefits of advisory boards and incorporating the lessons learned from the literature, programs have used this approach to strengthen and improve curricula.

In a variety of ways, programs within schools of business have used advisory boards to strengthen and improve the curriculum. At the University of the Incarnate Word (UIW), business school faculty worked in close alliance with two advisory boards in the initial and ongoing development of two new competency-based programs: a Master of Health Administration (MHA) program and a undergraduate business degree concentration in Hispanic Marketing.

The Master of Health Administration program was the first of the two competency-based programs to be developed at UIW—an endeavor facilitated by the existence of several competency-based structures which served to guide the process. Lessons learned from this effort positively influenced the Hispanic Marketing concentration development process. After a brief discussion of the general approach common to both, the framework, process, and

outcomes of the MHA developmental effort will be presented, followed by those associated with development of the Hispanic Marketing concentration.

METHODOLOGY

A qualitative research approach was selected as the appropriate data gathering methodology by which to identify the competencies required for both programs. An overarching concept that encompasses various forms of inquiry, qualitative research seeks to understand the meaning people create in naturalistic settings and how research participants make sense of their experiences (Merriam, 1998). The researcher acts as the instrument of data collection, analyzing the data inductively while focusing on the participant's meaning (Creswell, 1998). The focus group technique was used to gather information in the program development efforts described in this paper.

Focus groups provide access to forms of data not easily obtained from more traditional qualitative methods, participant observation and open-ended interviews (Morgan, 1997). Further, through proper facilitation, focus groups can engage in a significant amount of interaction on a specific topic (Morgan, 1997). As such, the role of facilitator is critical to the effective use of focus group methodology. The duties of the facilitator include the creation of an environment conducive to interactive discussion and the free flow of ideas related to the areas of interest. The facilitator's primary responsibility within each focus group session is to guide the focus group in responding to a series of key open-ended questions designed to address the primary areas of concern. In this study the key questions centered on the identification of specific KSAA's which program graduates should possess and demonstrate. In the cases presented below, key questions were developed by program faculty working with a focus group facilitator and advisory board participants.

Having discussed the nature and importance of competency development, the benefits of obtaining input from advisory boards, and the general methodology employed, we turn our attention to two cases where competency-based curricula were developed using critical input from advisory board members.

CASE 1. COMPETENCY-BASED GRADUATE PROGRAM IN HEALTH ADMINISTRATION

Faculty within the H-E-B School of Business and Administration at UIW developed an integrated competency-based graduate program in health administration that focuses on developing the KSAA's that entry to mid-level managers require in order to perform at a consistently high level within South Texas health industry organizations. Two distinguishing components in development of the program were the consideration of several healthcare management competency models and the extensive use of input from an executive advisory board (EAB) composed of local area healthcare executives.

Framework

Several competency models specific to the field of healthcare administration have been developed, i.e., models created by the Healthcare Leadership Alliance (HLA), the National Center for Healthcare Leadership (NCHL), and Saint Louis University (SLU) (Campbell et al., 2006; HLA, 2005; NCHL, 2004). These models vary significantly in the number of identified competencies ranging from as few as 21 (NCHL, 2005) to as many as 300 (HLA, 2005). The NCHL and HLA models are comprehensive collections of competencies required of healthcare administrators over the course of a career, i.e., from entry-level to CEO, and were developed by health administration scholars and practitioners working in collaboration. The SLU model was developed by its MHA faculty as a framework for an MHA curriculum built upon the KSAA's required of entry-level healthcare administrators. As described below, input from an EAB of local healthcare executives was used to develop and evaluate a program-specific competency model based on the competency framework of the identified existing models.



Process

A foundational step in the development of the UIW MHA was the formulation of a program vision and philosophy that centered on the need for a competency-based curriculum that addressed the educational requirements of individuals already working in the healthcare industry.

Guided by the program philosophy and vision, business faculty formed an MHA Program Development Group (PDG). The PDG consisted of five experienced health administrators who also possessed doctorates in business or health administration and had taught at the graduate level. A review of the literature indicated the importance of obtaining input from local healthcare executives in the program development process, so the PDG formed an advisory board. Board membership was comprised of a diverse cross-section of senior healthcare industry executives from the San Antonio MSA, including representation from health system, hospital, group practice, insurance, and health research settings. This effort promoted alignment of program competencies with operational expectations.

Using a focus group methodology, the PDG sought competency input from its Executive Advisory Board using the six domains of the SLU model as a framework. Through an iterative process of input, refinement, review and approval, the Advisory Board input was aligned with specific competencies from the NCHL and HLA models as a means of assessing the comprehensiveness of the Board's input. A matrix of the Board's input and associated NCHL/HLA competencies and measures was fed-back, reviewed, and modified by the Board to ensure relevancy and appropriateness of both the competencies and the associated measures. The final step in the process was to align the identified competencies and measures with course content areas. This was accomplished by the PDG and reviewed and approved by the Executive Advisory Board.

Outcomes

The effort described in the preceding paragraphs resulted in the identification of 24 competencies and associated measures grouped into a model with six domains: Knowledge of the Healthcare Environment, Critical Thinking and Analysis, Business and Management Knowledge, Political and Community Development, Communication, and Leadership. Built upon input from the Advisory Board, the 24 competencies aligned closely with the SLU and NCHL models in terms of scope and with the NCHL model in terms of measure specificity. This close alignment provided program developers with encouraging evidence regarding the validity of the process. Further, the refined competency measures, targeted to the needs of San Antonio MSA entry-level health administrators, aligned well with course content areas required by the Commission on Accreditation of Healthcare Management Education and served as the basis of the resultant 45 hour MHA degree.

CASE 2 – HISPANIC MARKETING FRAMEWORK

Framework

Acknowledging the prominent role Hispanics play in the national, regional, and local economy a core group of business faculty at UIW, a Hispanic Serving Institution, discussed the formation of a Center for Minority and Cross-Cultural Business Education. Its mission is to promote the educational leadership development of minority populations and to foster cross-cultural insight within business education. The Center recognizes that the present and the future is about diversity and there is a need for business education to recognize and adapt to continuing demographic changes and new cultural realities. Rooted in UIW's mission of promoting an innovative spirit and the belief that persons of diverse backgrounds can work toward mutual understanding and self-realization (UIW Mission Statement, 2009), the Center developed its first pillar, the Hispanic Marketing concentration, in March 2009.

A recent article posted at My SA.com, August 2, 2008, recognizes San Antonio as the Madison Avenue of Hispanic advertising. The city's agencies compete with New York's largest advertising firms and, as the birthplace of Latino media, San Antonio continues to flourish in this arena. As such, creation of a program focused on Hispanic Marketing would not only expand and increase career opportunities, but it would also contribute to the continued vitality of this local industry. Administratively housed under the Center for Minority and Cross-Cultural Business Education, the concentration is a natural fit with the Center's vision.

In initiating developmental efforts, the program director formed an expert advisory board composed of Hispanic marketing and advertising executives, directors of multi-cultural units within firms and corporate officials with significant interests in this market segment. Participants included CEOs of the largest media agencies in town, prominent consultants in the field of Latino marketing, senior managers from national and regional corporations, small-business owners, and a representative from the U.S. Census Bureau, as well as faculty and administrators. The task was to develop a cutting-edge competency-based curriculum.

Unlike the extensive competency-based models developed by the healthcare industry, the professional arm of marketing, the American Marketing Association (AMA), does not espouse a formal set of competencies. This is not to say that marketing competencies have not been studied as researchers have defined the skills and competencies needed by students and marketing managers. Middleton and Long (1990), the first to recognize the existence of distinctive marketing skills or competencies, recognized that the literature prior to 1990 failed to clearly articulate marketing competencies. Their research set the stage for subsequent studies such as the work by Kelley and Bridges (2005) who surveyed marketing educator and practitioner perceptions of student preparedness with respect to professional and career development skills. By surveying AMA member practitioners, they determined the required career development (KSAs) that needed to be integrated into the marketing curriculum. Melaia, Abratt, and Bick (2008) identified the key KSAs needed by industry marketing managers to perform their responsibilities effectively. Interviews of marketing managers from a broad range of industries in South Africa identified key corporate skills and marketing knowledge. Walker et al. (2009) interviewed recent graduates in marketing positions, as well as their employers, regarding the skills required in those positions. The study determined KSAs critical to obtaining and progressing in a marketing position. While there is ample evidence of practitioner-faculty research in the development of marketing curricula, none of it studies the development of competency-based curricula utilizing advisory boards.

Process

The formation of an active and motivated advisory board, partnering with faculty, was a critical first step because, unlike Healthcare Administration, the Hispanic Marketing program had no published models on which to rely upon. The goal for the program director was to develop a conceptual framework of what makes a student competent in the field of Hispanic marketing. To this end, the board's task was to determine the KSAs required of Hispanic marketing concentration graduates. To accomplish this goal, the development group determined what Hispanic marketing students needed to know and what they should be able to do during the first two years on the job. In other words, the development group needed to determine the KSAs necessary for effective job performance.

The focus group technique was used to determine these KSAs. In planning meetings, the program director and group facilitator developed key questions for the first four advisory board meetings (See Table 1 for examples). To begin the competency discussion the focus group facilitator asked an -ice-breaker|| question, e.g., asking board members to introduce themselves and provide a brief summary of their Hispanic marketing experience. The discussion-starter question introduced the basic topic for the session: performance expectations for program graduates (Morgan, 1997). Subsequent questions focused discussion on innovative and practical ways to deliver the curriculum, introducing experiential learning activities and real-time discussion with industry leaders. Delivering value and ensuring the usefulness of the curriculum was also an expressed objective. These initial queries resulted in an iterative refinement process. Response analysis from each meeting led to a new series of specific, targeted questions that served to guide subsequent meetings.

While the focus group leader led the meeting and listed critical comments, the director listened, made notes, and observed CEO reactions to the questions. The comments, notes, and observations were then summarized after each meeting and emailed to board members for comment prior to the next meeting. After the first two meetings, themes began to emerge from this highly motivated board. Data collected from the third meeting enabled the director to re-categorize themes, resulting in the identification of competencies. Using a series of related participant quotations and industry specific terminology, competency descriptions were developed for each category. Findings from the literature review of marketing competencies, conducted prior to the initial meeting, were compared to those of the focus group process. When compared to the literature, both similarities and differences were observed in the emerging themes. A level of consensus was developed across advisory board members that the program should include certain competencies.

Table 1***Pre-developed Focus Group Discussion Questions***

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1. What do Hispanic marketing students need to know and do the first two years on the job?
 2. I need employees that ...
 3. Based on your performance expectations for our program graduates, what are the requirements for the Hispanic Marketing concentration based on employer need?
 4. What's going to excite a student to get this degree?
 5. How can we as marketers increase the relevance and value of a Hispanic Marketing concentration?
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Outcomes

The focus group technique resulted in several curricular outcomes. First, the Hispanic Marketing curriculum, developed through the previously described process, resulted in the creation of four new Hispanic Marketing courses. It also included three fundamental marketing courses—Consumer Behavior, Marketing Management, and Market Research—and added three elective interdisciplinary hours supporting the discipline, e.g., Hispanics in the U.S.

A general knowledge of marketing was essential, according to CEOs, but board participants sought to reshape it by weaving a unique thread through the basic courses (for example, by redefining marketing and developing a marketing plan from a Hispanic point of view). Consumer Behavior was seen through the lens of family and cultural values: -Young people need to understand Latino/a values and apply [them] to the company||; -You can't sell it in unless you have an understanding of language and the ability to understand and explain the Hispanic market||; and -Students need to use their street smarts. It's consumer behavior.|| These types of comments sanctioned the inclusion of cultural characteristics in the traditional course content.

Course development continued to follow a qualitative methodology. Mastery of research and analytical skills was seen as a necessary requirement: -Where do I go for information and what do I do with it? What are the right questions to ask?|| A high level of segmentation analysis was deemed essential by one national Hispanic executive: -How do you do it? Do we have the ability to dissect what's influencing change? How is the change translated into strategies to make the company profitable?|| The program director sorted various board comments and subdivided them into groups describing a specific research skill set or competency. These related competencies were funneled into course development, in this case, Marketing Engineering for Hispanic Markets.

In sum, whereas the MHA began with pre-developed competency models, the Hispanic Marketing Advisory Board found itself tasked with the responsibility of creating competencies, both common and unique, that would meet the entry-level needs of our undergraduates.

Discussion

While developing a competency based curriculum was our main objective, the two academic programs developed varied significantly in their structure and content. Some of the differences included the level of degree program, the discipline content, and the extent of discipline specific competency development. Although the programs varied in many aspects, both utilized focus group methodology to engage advisory board members in the creation of discipline specific, competency-based models that informed curriculum development.

Two programs—graduate healthcare administration and undergraduate Hispanic marketing, with their unique

course content, instructional goals, and career trajectories—were developed. The healthcare program had the benefit of previously developed models. Using this research as a foundational base, the MHA PDG formed an advisory board of local healthcare executives representative of the local healthcare industry to guide the competency identification process. Guided by the vision and philosophy of the UIW MHA program, the advisory board's in-depth knowledge of the South Texas health care field provided the basis for developing a competency-based curriculum that addressed the unique needs of South Texas and that was well aligned with the literature.

In the case of Hispanic Marketing, the process proved to be lengthier and more complex due to board members' varying industry experiences and the absence of an established competency model. As such, a qualitative method was used to draw commonalities from participant remarks resulting in a series of themes from which competencies emerged. The literature served as a critical reference and validation point for the emergent competencies. Missing from the literature was the distinctive role cultural knowledge played in content formulation, an understanding provided by the Hispanic Marketing Advisory Board.

Adaptable and highly suitable for eliciting the multiple benefits of group dialogue, the focus group structure served to equalize the programs' dissimilarity and yield the same outcomes, competency-based education. Using a focus group methodology to elicit purposeful responses, both processes used the advisory board to collect input and validate group discussion results. The focus group methodology allowed the program leadership to capitalize on the advisory board's vast understanding of the specific subject matter and requirements of the discipline. Drawing on this substantive input, both programs used the information to develop and validate program specific competency models.

Both the introduction of advisory boards as subject matter experts and the use of focus group methodology to collect input proved to be useful and unifying strategies associated with development of both programs. Even when confronted with substantial differences in program content, academic level, and competency focus, the systematic application of the advisory board approach yielded the desired goal in both programs: to fulfill a need in the community by introducing new academic programs, relevant to practitioner needs and based on a competency model reflecting the expected knowledge, skills, abilities, and attitudes of program graduates.

CONCLUSION

This paper describes and validates the usefulness of an advisory board approach to new program creation. Advisory boards, as detailed in the two cases presented, are a critically important component of new program development, bringing necessary experiential insights critical to creating competency based education. The application of focus group methodology used in this research allowed faculty to flexibly manage the process for developing discipline specific competency models and associated curriculum for programs that differed in structure and content. This qualitative approach, coupled with the formal use of advisory boards, offered depth, creative dialogue, and richness to the program development process. Ultimately, the similar developmental approach produced the same result in both case: a competency-based, discipline-specific academic degree program.

AREAS FOR FUTURE RESEARCH

While the application of the advisory board method described in this paper was effective in identifying appropriate competencies and associated curriculum content, students have yet to graduate from either program. Therefore, final outcomes assessment as to the validity and appropriateness of the competency models has yet to be determined. To effectively assess appropriateness of the competency models and the effectiveness of the program curriculum to achieve the identified competencies, three primary methods of assessment will be employed. Student level of competency achievement will be evaluated through the use of self-assessment and objective comprehensive written examination using a pre-post methodology. Competency achievement will be evaluated using faculty assessment of course-specific student performance. Additionally, faculty will assess the curriculum with regard to content appropriateness and sequencing. Finally, the programs will seek feedback from the organizations which employ their graduates to determine the extent to which they are appropriately demonstrating the competencies identified through the advisory board program development process.



REFERENCES

- Boyatzis, R. E. (1982). *The Competent Manager*. New York, NY: John Wiley and Sons.
- Campbell, C. R., Lomperis, A. M. T., Gillespie, K. N., & Arrington, B. (2006). Competency-Based Healthcare Management Education: The Saint Louis University Experience. *The Journal of Health Administration Education*, 23(2), 1135-68.
- Calhoun, J. G., Davidson, P. L., Senioris, M. E., Vincent, E. T., & Griffith, J. R. (2002). Toward an understanding of competency identification and assessment in Health Care Management. *Quality Management in Health Care*, 11(1), 14-38.
- Chyung, S. Y., Stepich, D., & Cox, D. (2006). Building a competency-based curriculum architecture to educate 21st-century business practitioners. *Journal of Education for Business*, 307-314.
- Creswell, J. W., (1998). *Qualitative inquiry and research design*. Choosing among five traditions. Thousand Oaks, CA: Sage.
- Dominguez, D. G., Teachout, M. S., & LaFrance, K. G., (2009). Using a client-based experiential learning approach to address CAHME criteria and evaluate program effectiveness. *Journal of Health Administration Education*, 26(3), 207-222.
- Dominguez, D. G., LaFrance, K. G., Teachout, M. S., (February 2009). *Developing a competency-based graduate program in healthcare administration: the role of an executive advisory board*. Poster presentation at UIW Annual Research Day, San Antonio, TX.
- Gilbreath, B., Manning, M. R., Burchett, O., Wieters, C. D., Wright, C. R., & Powers, T. L. (2001). Using management advisory boards in the classroom. *Journal of Management Education*, 25(1), 32-53.
- Goleman, D., Boyatzis, R., McKee, A., (2002). *Primal Leadership: Realizing the Power of Emotional Intelligence*. Boston, MA: Harvard Business Press.
- Greza, M. M. (2005). In competence we trust? Addressing conceptual ambiguity. *Journal of Management Development*, 24(5/6), 531-545.
- Griffith, J.R. (2001). Executive summary report on the national summit on the Future of Education and Practice in the Health Management and Policy. *The Journal of Health Administration Education Supplement*, 5-18.
- Hammond, K., & Moser, E. (2009). Curriculum advice from your advisory board: A survey instrument. *Academy of Educational Leadership Journal*, 13(3), 59-72.
- Healthcare Leadership Alliance (2005). *HLA Competency Directory*. Retrieved from http://www.healthcareleadershipalliance.org/HLA_Competency_Directory_Guide.pdf
- Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century!* (2001).
- Ireland, R., & Ramsower, R. (1994). Critical business trends: Views from a business school's advisory board. *Journal of Education for Business*, 69(4), 190.
- Jackson, M. J., Gallis, H. A., Gilman, S. C., Grossman, M., Holzman, G. B., Marquis, D., & Trusky, S. K. (2007). The need for specialty curricula based on core competencies: A white paper of the conjoint committee on continuing medical education. *Journal of Continuing Education in the Health Professions*, 27(2), 124-128.

- Kelley, C. A., & Bridges, C. (2005). Introducing professional and career development skills in the marketing curriculum. *Journal of Marketing Education*, 27(3), 212-218.
- Leisen, B., Tippins, M. J., & Lilly, B. (2004). A broadened sales curriculum: Exploratory evidence. *Journal of Marketing Education*, 26(3), 197-207.
- Lilien, G. L. (1990). Industry-university cooperation at Penn State's Institute for the Study of Business Markets. *Interfaces*, 20(6), 94-98.
- Madison Avenue of Hispanic Advertising (Houston Street in San Antonio), August 2, 2008. Retrieved from http://www.barrypopik.com/index.php/new_york_city/entry/madison_avenue_of_hispanic_advertising
- McClelland, D. C. (1973). Testing for competence rather than for "intelligence," *American Psychologist*. 28(1), 1-40.
- Melaia, S., Abratt, R., Bick, G. (2008). Competencies of marketing managers in South Africa. *Journal of Marketing Theory and Practice*, 16(3), 233-246.
- Merriam, S. B. (1998). *Qualitative research and case study applications in education (Rev.ed.)*. San Francisco: Jossey-Bass Publishers.
- Middleton, B., & Long, G. (1990). Marketing skills: Critical issues in marketing education and Training. *Journal of Marketing Management*, 5(3), 325-342.
- Moon, Y. (2007). Education reform and competency-based education. *Asian Pacific Education Review*, 8(2), 337-341.
- Morgan, D. L. (1997). Focus Groups as Qualitative Research. In J. Van Maanen, P. K. Manning, & M. L. Miller (Series Eds.), *Qualitative Research Methods Series: Vol. 2*, (2nd ed., pp. 1-80). Thousand Oaks: Sage.
- National Center for Healthcare Leadership (NHCL). -Four Universities Begin Testing NHCL Competency Model.|| National Center for Healthcare Leadership [newsletter] 2, no. 2 (Fall 2004): 2,5. Retrieved from http://www.nchl.org/ns/news/newsFall_04.pdf
- Penrose, J. M. (2002). Strengthen your business communication program with an alumni advisory board. *Business Communication Quarterly*, 65(4), 73-85.
- Stern, B. L., & Tseng, L. P. (2002). Do academics and practitioners agree on what and how to teach the undergraduate marketing research course? *Journal of Marketing Education*, 24(3), 225-232.
- Valeski, T. (1973). A continuum model of competency based training. The competency based curriculum. *CCBC Notebook*, 3(1), 10-17.
- Walker, I., Isarenko, Y., Wagstaff, P., Powell, I., Steel, M., & Brace-Govan, J. (2009). The development of competent marketing professionals. *Journal of Marketing Education*, 31(3), 253-263.



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