

# Core Competencies Document Authors Seek Input

For some time now, health advocates have considered the notion of credentialing as a means of indicating mastery of certain core competencies needed to do advocacy work. HAP director Marsha Hurst has been working with Ruby Greene, president of New York-based RHG Consulting Services, to develop a document that defines such core competencies and might be used as a basis for credentialing efforts.

Marsha and Ruby, formerly a patient representative at Long Island College Hospital, have drawn up an extensive list of competencies the health advocate should possess. Among them are knowledge of bioethical theories and applications, knowledge of relevant regulations, legislations, and professional and institutional standards, conflict manage-

ment/dispute mediation skills, and cultural and linguistic sensitivity.

Other essential competencies the two have identified are communication skills, the ability to be a health educator, management skills, and problem identification and solving skills. The draft document also calls for advocates to have an understanding of the experience of illness from the patient's perspective, the conditions that affect a community, and current payment issues in health care. In all the authors have identified nineteen broad categories of competencies; many of these are broken down further into subcategories.

Marsha and Ruby will present their paper on core competencies to the membership of the New York Society for Healthcare Consumer Advocacy at the

group's annual meeting on June 8, 2001. Members in attendance will have an opportunity to review the draft document and to propose revisions. HA Bulletin readers are also invited to submit their comments on core competencies and the credentialing process. To review a copy of the draft document, email Marsha at mhurst@slc.edu. ■

## HAP Speakers 2000-2001

The Health Advocacy Program continues its tradition of hosting thought-provoking extracurricular lectures and discussions. Featured speakers this past academic year include the following:

Ruby Green, M.P.A., President, RPG Consulting, Inc., spoke on "The Protection of Human Research Subjects in Clinical Research."

Vikram Khanna of State Health Policy Solutions, LLC, addressed "Clinical Trials as a Public Policy Challenge."

"Deafness: Disability or Culture?" was the title of a panel presentation by Abbey Berg, Ph.D., professor of speech & hearing at Pace University; Maryrose McNerney, MA, CCC-A, Director of Audiology Services at HUMC for 20 years; M. Katherine Oelrich, MS, Certified Genetic Counselor, Department of Biology, Gallaudet University; and Sandee Weintraub, parent of a 10-year-old deaf boy and for the past 5 years president of the Alexander Graham Bell Association for the Deaf (NY).

Meg Walsh, CEO of Oncology.com, spoke on the rapidly changing field of ehealth.

Jessica Yu, Oscar winning filmmaker showed and discussed "The Living Museum," a documentary about Creedmor Psychiatric Center. Ms. Yu also visited Marvin Frankel's class to show and discuss "Breathing Lessons," her Oscar winning documentary about Mark O'Brien, poet & journalist, and his life in an iron lung.

Maude Blundell, M.S., Genetic Counselor, Rockefeller University Hospital, discussed "Ethical Issues Within the Mentally Ill Population." ■

## Director's Desk

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movement every day in accounts of the seemingly inexorable march of standardized testing through our school systems. Just as teachers can find it professionally demeaning to teach to the standardized test, so can it be demeaning to health professionals to have their professions reduced to an enumerated list of requisite skills and the knowledge of specific bits of information.

This means that credentialing both raises and lowers the status of a profession. If a profession is identified with certification, and certification rests on specifiable competencies, is it truly a profession, or is it merely a trained workforce? Outlining competencies and using them as a basis for certification can help insure an appropriate standard of knowledge among those who work in a field, but it also enables others to become managers of the work.

If certification is to mean more than a set of specific skills or a bounded body of knowledge, the key is in that first layer of the credential. When the medical profession consolidated, raising its standards and its status (remember the Flexner report of 1910?) the leadership concentrated on education: rather than outline what a doctor should know, they focused on how a doctor should acquire

knowledge. Lawyers and doctors must pass information-based qualifying examinations in order to practice, but they may not sit for those examinations without first being educated in how to understand law or medicine and how to think in that discipline.

It is our goal at Sarah Lawrence to educate health advocates. Their education must be broad enough to enable them to truly hear the illness

narrative and move from that narrative into the many worlds of advocacy in which they can make a difference. The Health Advocacy core course works with a model of concentric circles that illustrate advocacy as change—from its direct impact on the individual patient to its impact on health care provider institutions, communities, social systems and societal values. The health advocate moves between these levels mentally, even when her job is to work in a very targeted area. As we consider how to strengthen the skills that enable us to be expert advocates in a targeted area, I want to make sure we also strengthen that intellectual scope, because advocating in those larger arenas is what gives our profession the potential to change society—for the better.

—Marsha Hurst