

# **A Link to the Market Place: Integrating Practitioners in Graduate Healthcare Management Education**

Rigoberto I. Delgado, University of Texas School of Public Health, Houston Texas  
Elizabeth Gammon, University of Baltimore, Baltimore, Maryland  
Sandra Murdock, Texas Women's University, Houston, Texas

## **ABSTRACT**

Growth in the healthcare sector has prompted an increase in the number of professional graduate programs in healthcare management. These degrees include MHA, MPH in management or MBA with a concentration in healthcare. A common challenge is to find an optimal mix between providing theoretical knowledge and building applied skills sets valued by employers. The former provides students with the foundations for decision-making and the latter relates to the application of knowledge. Practitioner faculty can provide a useful link with industry to create relevant and contemporary educational programs. This paper reviews important issues in transitioning practitioners into academia. We review areas where practitioner faculty can strengthen competency achievement and discuss best practices for successful recruitment and retention of practitioner faculty. We discuss mechanisms for identifying needs in the healthcare sector and conclude with a discussion on challenges for transitioning professionals into academia and mechanisms for recruitment and retention of experienced professionals as faculty.

**Keywords:** practitioner faculty, faculty retention, Baldrige

## **BACKGROUND**

Evolving business and management education programs are emphasizing specific competencies to provide students with practical skills. The Association to Advance Collegiate Schools of Business (AACSB), for example, is urging programs to focus on real world business situations (Gellman, 2016). This trend is likely in response to input from employers, considered important customers of collegiate school programs. One implication of AACSB revised guiding principles is to relax expectations for faculty appointments and increase teaching appointments of practitioners, adjunct professors, and lecturers. In the case of programs in health care administration, the trend of integrating the business of healthcare into the curriculum appears to follow the B-school direction. Indeed, the theme of the Association of University Programs in Health Administration (AUPHA) 2016 Annual Meeting was "Value Added: Integrating Practice and Academia in the Classroom" ("Home - AUPHA Annual Meeting," n.d.). A common challenge of this shift is to find an optimal mix between providing sufficient theoretical knowledge and building strong applied skill sets, particularly in the area of healthcare management. While the former provides students with the foundations for decision making, the latter relates to the useful application of knowledge. Faculty-led approaches for enriching the classroom can include a combination of lectures, case studies, guest speakers, and even co-teaching with practitioners. Each technique poses its own benefits and challenges to create balanced healthcare management programs (HMPs).

The U.S. healthcare sector is undergoing significant changes shifting focus towards value-based medicine, population health, and cost controls. Given this dynamic landscape, it is clear that educational institutions will require sound approaches to meet evolving needs in healthcare. Practitioner faculty, with experience and key connections in the healthcare sector, can provide a useful link to industry for the creation of relevant and effective educational programs. In this paper, we discuss several issues regarding the fluid transition of incoming practitioners into the world of academia. In particular we:

- Identify specific areas in educational programs where practitioner faculty can strengthen competency achievement as well as facilitating complex higher level learning.
- Discuss mechanisms for identifying and translating the healthcare sector's unique needs to the specific market experiences that would fulfill them.
- Recommend best practices for successful recruitment and improvement of the practitioner's first year career transition.

We approach these points from the perspective of university healthcare management programs. We focus on relating the needs of a program's "customers", students and employers, to the experience a practitioner brings to the classroom setting.

## **ROLE OF PRACTITIONER FACULTY**

### **Strengthening competency achievement and complex learning**

Current healthcare management programs are moving towards emphasizing competency-based education (CBE) (Dominguez, Garcia, & LaFrance, 2013). This approach stresses mastery of technical and leadership skills, rather than the attainment of broad academic knowledge themes. The goal is to provide graduates with applied knowledge and skills to meet the needs of a rapidly changing healthcare environment in general and the demands for improved productivity in particular (Jones, Jorissen, & Bewley, 2016). While each degree-granting institution selects individual program competencies, many graduate healthcare programs accredited by the Commission on the Accreditation of Healthcare Management Education (CAHME) rely on the model developed by the National Center for Healthcare Leadership ("National Center for Healthcare Leadership Competency Model," n.d.). This model details 26 competencies classified around three domains: (1) Execution, (2) Transformation, and (3) People. Similarly, the Healthcare Leadership Alliance has defined the following competencies: (1) communication and relationship management, (2) professionalism, (3) leadership, (4) knowledge of the healthcare system, and (5) business skills and knowledge (Stefl, 2008). The CBE scope not only serves as a tool for educators to identify skills in high demand in the marketplace, but from the perspective of a healthcare manager it helps define roles, expectations, and performance targets for employees within an institution (Garman & Johnson, 2006). It also helps identify existing and future human resource needs based on projected skills gaps required for a possible expansion, or restructuring of a hospital operation.

Given the trend towards CBE, the role of a practitioner in the classroom is crucial in two ways. First, practitioners have the advantage of maintaining a constant link to industry and can articulate and prioritize competencies of relevance in the workplace. Second, practitioners can also facilitate learning of complex concepts by illustrating applications in real situations. However, a practitioner can also play an important role given a student's learning style. Studies indicate that most students learn through a combination of reflective observation, experiencing a challenge, and abstract conceptualization, constructing a hypothesis to explain the challenge (Rahmati Najarkolai, Karbasi, Mosayebi, & Kashmiri, 2015). It is during the reflective phase of a student's learning process that practitioners can contribute the most value in the classroom. In conclusion, practitioner involvement in healthcare management education has two general benefits, achieving the goals a CBE-based graduate program and maximizing a student's learning potential.

### **Practitioner-educator continuum**

It is important to recognize that there is a tradeoff between industry experience and academic theoretical expertise. This situation is illustrated in Figure 1, which presents the practitioner-educator continuum. On the bottom portion of Figure 1 we find different stages, or roles, of academic engagement starting from a guest lecture and progressing to a full-time faculty appointment. The stages listed along this continuum might not necessarily follow a linear pattern of an individual's involvement in teaching. In fact, these stages should be considered roles that individuals can take in their involvement in teaching, and at varying degrees of time commitment. The bottom axis also illustrates an increasing degree of academic, or theoretical, pursuit with each different role. Further, higher level of academic engagement results in higher degree of subject specialization, or theoretical immersion, as shown with the rightward increasing dashed-line function in Figure 1. The drawback, however, is that higher theoretical immersion results in a separation from the professional world. Time commitments for teaching and conducting research, necessary activities to progress in a purely academic environment, create a reduction in contemporary market experience. This is a typical situation, for example, with the case of executives transitioning into full-time education. The level of academic commitment that comes with a faculty appointment reduces time available to maintain market network and real time knowledge of emerging business issues. Given the tradeoff between theoretical immersion and contemporary market experience, it is important for planners of competency-based curriculum to consider the combination of a practitioner with an academician as way of providing effective educational programs. Furthermore, it is possible to consider that an optimal mix of practitioner and educator involvement might exist to maximize a student's learning experience.

### **Practitioner expertise**

Practitioners can help bridge theoretical and applied knowledge. In the area of healthcare finance, for example, a practitioner has the advantage of illustrating the challenges and issues faced in the use of data for trend analysis. Given the diversity of approaches surrounding revenue cycle management, guest speakers can clearly articulate challenges of balancing reimbursements, expenses and cash flows. Other important topics in healthcare finance include, understanding uses of bundled payments and institutional budgeting, and emphasizing foundational computer skills such as the use of spreadsheets. At the overall healthcare management level, practitioners bring to the classroom the experience of interpreting data summaries such as scorecard results. Most importantly, practitioners can highlight the importance of foundational business skills such as innovative thinking, time management, and interdisciplinary, cross-functional, group decision making for finding optimal solutions to business problems.

### **Reaching complex learning levels**

In the process of teaching complex concepts, practitioners also provide an important contribution. Their real-world experience provides first-hand examples to illustrate the application of complex ideas and concepts. For example, the topics of real options in net present value evaluations and risk profiling in population health and healthcare finance are concepts gaining importance under the current reimbursement models, particularly in accountable care organizations (ACOs). However, a limited number of specialists have both the theoretical and business background to apply these topics in the hospital setting. Practitioners can play a significant role in facilitating learning of these concepts by using illustrative real case studies from their own work experience.

## **HEALTHCARE SECTOR'S UNIQUE NEEDS**

HMPs need to find novel mechanisms for incorporating employer (i.e. corporate partners) expectations into the classroom setting to provide students with required skills to meet the needs of the healthcare sector industry. This represents a special challenge since the healthcare sector is unique in its constant changing landscape, growing importance in the country's economy, and need to serve a segmenting population. Specifically, HMPs need to understand that while students are the only primary customer, employers, who recruit HMP graduates, are indirect "consumers" of healthcare management educational programs. The goals of these two customer groups appear related, but have essential differences held together by the needs for individual professional growth and organizational sustainability. Table 1 provides a general summary of student and employer goals from the perspective of a healthcare management program. Note, however, that this is a generalization and specifying needs can be complicated depending in the degree of diversity in the student body (e.g., age, work experience, and background) and variation of employer types.

### **Translating key market experiences into sound HMP curricula**

The revised AACSB standards encourage schools to enhance ties with companies who will employ their future graduates in an attempt to be "co-creators of knowledge" with their corporate partners, with an emphasis on developing applied research and contemporary skills (Gellman, 2016). One well-tested model for assessing the needs of customers is found in the Malcolm Baldrige National Quality Award (MBNQA), which has now been awarded for more than a quarter of a century. Created by the Malcolm Baldrige National Quality Improvement Act of 1987, the award functions to stimulate quality and improvement, first in manufacturing, and now in other market sectors including healthcare and education. Specific performance and measurement criteria act as guidelines in the evaluation of improvement and achievement of the highest levels of quality. These criteria have evolved into seven interrelated categories that focus on critical aspects of performance. One of these key seven categories concerns understanding the needs of the customer for mutual long term market success and engagement (*2015–2016 Baldrige Excellence Framework (Education) / NIST, n.d.*). This includes being able to demonstrate responses to strategic questions, which for the case of healthcare management academic programs could include:

How do you seek actionable feedback from students and other customers (i.e. employers) on the quality and relevance of your educational program?

How do your listening methods vary across the stages of the relationship between academic organization and customers (students and employers)?

How you do proactively capture customer stated, unstated, and anticipated expectations and requirements?

Established methods for obtaining this information about the key needs of program customers include survey data, well-constructed advisory boards, focus groups, listening posts in social media like blogs and on line forums, data available from other social media, and marketing information. Another source is complaint data related to student

enrollment and engagement decisions, as well as employer hiring decisions. This should include data from all stages of involvement with students, including pre-student, student, and post-graduation as well as with employers in the pre-hire, internship, and post hiring phases.

Beyond students, engaging employers as key customers is a new concept in healthcare education that requires novel approaches. These partnerships ideally blend the academic organization's core competencies with a partner's complimentary sector specific strengths and capabilities to create a new strategic advantage that can deliver mutual value and results. This includes utilizing them as a resource for practitioner faculty in a variety of ways discussed earlier, and adapting program offerings based on data gathered from employer customers. This increases engagement and commitment to the educational program and future service offerings. Ways to engage employers include:

Identifying industry needs and building strategic relationships with healthcare administrators and  
Adapting program offerings to meet evolving market requirements and exceed educational expectations.  
Once HMPs have attracted appropriate practitioner faculty from employer customers, the next concern is to engage the practitioner faculty in the success of the program, while also meeting the practitioner's needs.

### **PRACTITIONER'S FIRST YEAR CAREER TRANSITION**

Faculty development for the practitioner has attracted little attention in higher education, particularly related to successfully integrating new practitioner faculty before faculty orientation. Academic appointment for faculty practitioners can vary from informal, voluntary unpaid, to a formal position, as part-time adjunct faculty or full time faculty (Lyons & Burnstad, 2007). In the event of a full time appointment, the practitioner may need to research the distinctions between faculty appointment types and ranks to understand the specific expectations of each position. For instance, if the appointment is different than a traditional academic type, the practitioner may have a robust teaching load compared to a colleague on tenure track. Spelling out this difference at the outset forestalls misunderstandings later in the semester. A practitioner hire also needs to be aware of any expectations beyond classroom teaching or managing internships, such as participating in faculty committees, student recruitment activities, and program development. Further, the practitioner transitioning directly from health care practice would expect to work on twelve-month cycles. However, appointment lengths, regardless of appointment type, vary considerably by institution. No doubt, the most restrictive hurdle in recruiting practitioner faculty is the issue of compensation. There can be large differences between academic institutions and the nonacademic healthcare sector. For example, average cash compensation for a hospital CFO is estimated at \$266,000; \$287,600 for a Vice President of Revenue Cycle, and \$112,700 for Manager/Director titles average (Health Care Financial Management Association, 2015). This contrasts with average faculty salaries in health administration which range between \$94,985 for assistant professors, \$118,787 for associate professors, to \$165,455 for professors (Menachemi, DelliFraine, Lemark, & Halverson, 2016).

#### **Emerging best practices for successful recruitment**

Most universities provide new faculty orientation programs which typically consist of short sessions, of one or two days duration, aimed at both adjunct and full time faculty and occur before the start of the semester. While these programs are important in the enculturation of new faculty, these could be described as "crash" courses insufficient for creating rapid and effective institutional integration of new faculty. Instead, extended orientation programs, richer in content, might prove better (Diaz et al., 2009). For a practitioner who may be more at home in a "corporate" environment, an extended, in-depth, introduction to academic norms is essential. One important recommendation includes matching a new practitioner faculty with a mentor; ideally another practitioner faculty who has been in the institution at least one year.

The issue of institutional cultural differences is important to consider when transitioning from the industry sector to academia. Higher education institutions tend to have significant differences in organizational culture and norms compared to those found in a healthcare setting, and there may be little or no overlap in the fundamentals of the organization cultures. The university culture has been described as an "organized anarchy" with an organizational culture characterized by "unclear technology and fluid participation" (Cohen, March, & Olsen, 1972). Other researchers have observed that in this organizational culture, randomness replaces rational, predictable decision-making (Denhardt & Denhardt, 2009). In contrast, rational decision-making and predictable outcomes are foundational for health care organizations, which struggle with revenue and cost targets. A variety of higher education norms can pose transitional hurdles for first year practitioner faculty. Concepts such as shared governance, appointment letters, and tenure and promotion criteria contrast sharply with a healthcare organization

best described through a clear organizational chart, crisply written job descriptions, and clear-cut promotion criteria. A fundamental understanding of accreditation and competency-based education, unnecessary for traditionally prepared faculty, can prepare the practitioner for such varied tasks as creating learning objectives in a course syllabus, participating in curriculum assessment, and responding to accreditation requirements.

Administrative basics of higher education and program operations must be outlined explicitly to ensure successful first year transition for the practitioner faculty. Practitioner faculty, depending on their previous role in health care, may have had dedicated administrative support as well as an “expense account”. Clarifying administrative support expectations and institutional policy and procedures for travel and reimbursement is best handled one-on-one by the HMP program director at the time of formal negotiations with the entering practitioner faculty. In the same discussion, it is useful to clarify expectations for office hours and guidelines for communication with students. In all cases, it is relevant to explain the need for written documentation such as using the university email system as a channel for providing a legal record of communication with students or other faculty members.

If an orientation on pedagogy basics is not a component of an institution’s new faculty orientation, the first year practitioner faculty will benefit from a tutorial on current practices in higher education. A healthcare professional transitioning into the classroom will be aware of workplace regulations, but may be unaware of university policies regarding classroom management and the need to disclose them in the course syllabus. Further, if the program does not specify a text for the course, the practitioner may benefit from a review of preferred academic publishers of textbooks and an explanation of procedures for using instructor resources. If the university has a center for teaching and learning, the practitioner faculty must be connected with the appropriate support personnel for classroom management. Providing a copy of a document describing course evaluation procedures, before the semester begins, will facilitate the practitioner’s understanding of the nature and importance of feedback. Posting online a copy of the course evaluation procedures is highly recommended.

#### **How do “Professors of Practice” fit in the traditional academic hierarchy?**

There is a great deal of ambiguity around how to reward faculty for practice-oriented scholarship. This includes not only recognizing the value that practitioners bring to the classroom, but the potential contribution that highly experienced healthcare managers can make towards applied research (e.g., identifying emergent healthcare management issues, or securing funding from industry). Clearly, number of publications, years of teaching, and funding received from traditionally respected sources (e.g., National Institute of Health, National Science Foundation) are metrics applied for evaluating a career academic. These, however, do not necessarily apply to a practitioner faculty who has had considerably fewer years teaching, a limited number of articles published, and less time to create the relationships that facilitates creating a research portfolio. Aday and Quill (Aday & Quill, 2000) have proposed a framework for assessing such scholarship in schools of public health, but this is an area that needs to be expanded with further assessment and research. Given the need to adapt to the rapidly changing healthcare landscape, practitioner faculty can play an important role in transforming “Practice Oriented Scholarship” into the “Scholarship of Application and Discovery” as part of the graduate healthcare programs of the future. The issue of compensation, however, remains a relevant question for retaining an effective and sustainable team of practitioner faculty.

## **CONCLUSIONS**

This article highlights challenges for transitioning professionals into academia, mechanisms for recruitment and retention of experienced professionals as faculty, and creative approaches for defining curricula that can prepare students for future success in healthcare management. Current healthcare management programs are shifting towards competency-based education, which considers mastery of technical and leadership skills, rather than the attainment of broad academic knowledge themes. In this context, practitioners play a significant role in helping articulate industry needs and maximize a student’s learning potential. The practitioner-educator continuum helps illustrate the tradeoffs between theoretical immersion and connection with the healthcare management market. Thus, it is possible to consider that an optimum mix of practitioner and educator might exist which could very well maximize a student’s learning experience.

Healthcare management academic programs have two broad “customer” groups, students and employers. The challenge is to implement mechanisms to identify the needs of each group and translate these into effective educational programs. A model for needs assessment is the Malcolm Baldrige National Quality Award (MBNQA), which focuses on applying quality criteria while emphasizing understanding the needs of the customer for mutual long term market success and engagement.

In the transition from industry to academia, it is important to highlight distinctions between the higher education culture and the healthcare industry culture. Similarly, it is critical to that HMPs have a process in place that can help incoming practitioner faculty adapt and succeed in the classroom environment. One challenge for retaining valuable practitioner faculty is finding appropriate evaluation and compensation methods that can recognize professional experience and contributions to research. This topic is an emerging issue and requires further research.

## REFERENCES

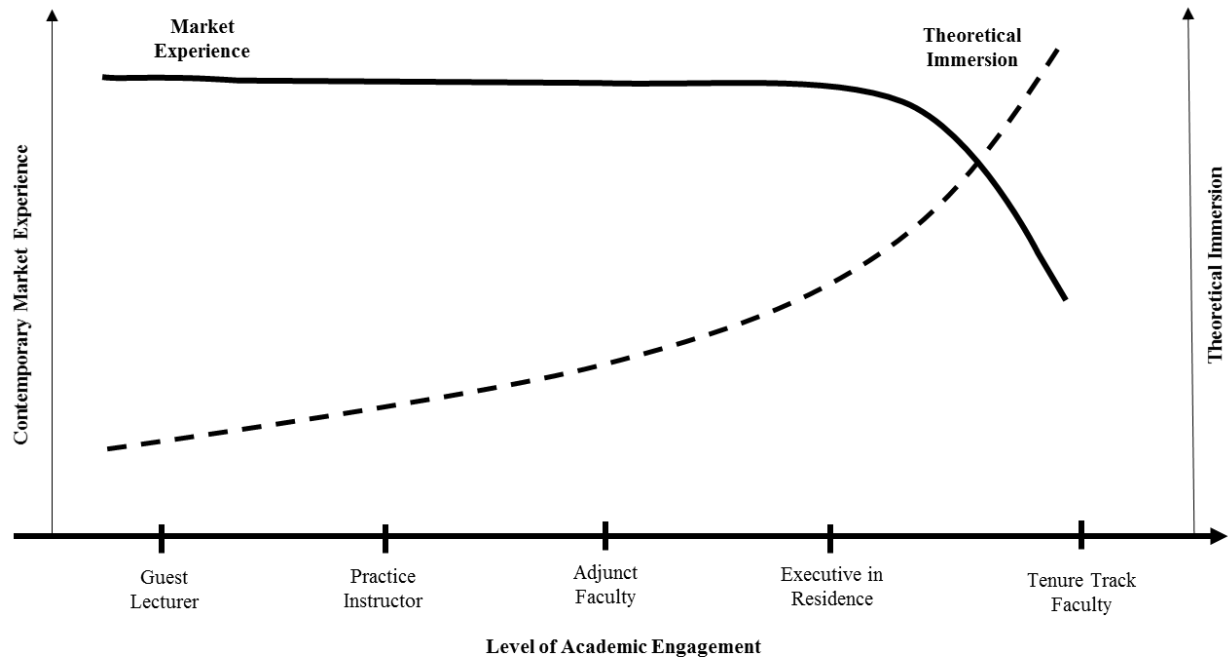
- 2015–2016 Baldrige Excellence Framework (Education) | NIST. (n.d.). Retrieved from <https://www.nist.gov/baldrige/publications/baldrige-excellence-framework/education>
- Aday, L. A., & Quill, B. E. (2000). A framework for assessing practice-oriented scholarship in schools of public health. *Journal of Public Health Management and Practice*, 6(1), 38–46. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/10724690>
- Cohen, M. D., March, J. G., & Olsen, J. P. (1972). A Garbage Can Model of Organizational Choice. *Administrative Science Quarterly*, 17(1), 1. <https://doi.org/10.2307/2392088>
- Denhardt, R. B., & Denhardt, J. V. (2009). *Public Administration: An Action Orientation: Robert B. Denhardt, Janet V. Denhardt: 9780495502821: Amazon.com: Books* (6th ed.). Belmont, CA: Thomson Wadsworth.
- Diaz, V., Garrett, P. B., Kinley, E. R., Moore, J. F., Schwartz, C. M., & Kohrman, P. (2009). Faculty Development for the 21st Century. *EDUCAUSE Review*, 44(3). Retrieved from <http://er.educause.edu/articles/2009/5/faculty-development-for-the-21st-century>
- Dominguez, D., Garcia, C., & LaFrance, K. (2013). DEVELOPING A NEW GRADUATE PROGRAM IN HEALTHCARE MANAGEMENT: EMBRACING THE TRANSFORMATION OF HEALTHCARE MANAGEMENT EDUCATION ON A PATHWAY TO SUCCESS. *Administrative Issues Journal Education Practice and Research*. <https://doi.org/10.5929/2013.3.1.1>
- Garman, A. N., & Johnson, M. P. (2006). Leadership competencies: an introduction. *Journal of Healthcare Management / American College of Healthcare Executives*, 51(1), 13–17.
- Gellman, L. (2016, April 6). A New Push for Real-World Lessons at Business Schools - WSJ. *The Wall Street Journal*. Retrieved from <http://www.wsj.com/articles/a-new-push-for-real-world-lessons-at-business-schools-1459972295>
- Health Care Financial Management Association. (2015). *2015 Compensation Survey Results | HFMA*. Retrieved from <https://www.hfma.org/Content.aspx?id=32166>
- Home - AUPHA Annual Meeting. (n.d.). Retrieved from <http://annualmeeting.aupha.org/home>
- Jones, W., Jorissen, S., & Bewley, L. (2016). Attitudes and Expectations of Graduate Healthcare Management Faculty on Using a Competency-Based Approach. *Journal of Health Administration Education*, 33(4). Retrieved from <http://www.ingentaconnect.com/contentone/aupha/jhae/2016/00000033/00000004/art00006>
- Lyons, R. E., & Burnstad, H. (2007). Best Practices for Supporting Adjunct Faculty. In *The Chair Academy's Annual Conference*. Jacksonville, FL. Retrieved from [http://chairacademy.com/conference/2007/papers/best\\_practices\\_for\\_supporting\\_adjunct\\_faculty.pdf](http://chairacademy.com/conference/2007/papers/best_practices_for_supporting_adjunct_faculty.pdf)
- Menachemi, N., DelliFraine, J., Lemark, C., & Halverson, P. (2016). Salaries of Academics in Health Administration: Have Wages Kept Up With Inflation (2009-2015)? *Journal of Health Administration Education*, 33(Spring 2016), 295–309. Retrieved from <http://aupha.publisher.ingentaconnect.com/contentone/aupha/jhae/2016/00000033/00000002/art00007>
- National Center for Healthcare Leadership Competency Model. (n.d.). Retrieved from <http://www.nchl.org/static.asp?path=2852,3238>
- Rahmati Najarkolai, A., Karbasi, M., Mosayebi, A., & Kashmiri, F. (2015). Assessing Teaching Methods for Health Care Management Students Based on Kolb Theory. *Thrita*, 4(3). <https://doi.org/10.5812/thrita.29425>
- Stefl, M. E. (2008). Common competencies for all healthcare managers: the Healthcare Leadership Alliance model. *Journal of Healthcare Management / American College of Healthcare Executives*, 53(6), 360–374.

**Rigoberto Delgado, PhD, MBA**, is a health economist and an Associate Professor at the College of Business, University of Texas at El Paso, and at the Department of Healthcare Management and Policy, University of Texas Health Sciences Center at Houston, School of Public Health. Dr. Delgado conducts research in the areas of strategic planning, health economics, corporate finance and process improvement in healthcare and public health, is a consultant to hospitals and healthcare organizations.

**Sandra Murdock, Dr.PH, FACHE**, is currently Executive-in-Residence and Assistant Professor in the Master's in Healthcare Administration Program, Texas Woman's University. Her executive positions include VP of Operations at UTMB, President & CEO at the Nevada Cancer Institute in Las Vegas, and COO of the Winship Cancer Institute at Emory University in Atlanta, where she also served as Assistant Professor of Health Policy and Management at the Rollins School of Public Health. She was also Associate Vice President of Ambulatory Operations and Chief Administrative Officer at M.D. Anderson Cancer Center.

**Elizabeth Gammon, PhD, CPA**, is an Assistant Professor in the Health Systems Management program, University of Baltimore. Her research interests include activity based costing, research integrity, and the cost of research misconduct in public-funded medical research.

**Figure 1: The Practitioner-Educator Continuum, Tradeoff between Market Experience and Theoretical Immersion**



**Table 1: The Convergent Goals of the HMP\* and Its Two “Customer” Groups**

Goals of the Healthcare Management Program	
Anticipate and incorporate into curriculum changes and needs in the market, in real time	
Student Goals	Employer Goals
Increased achievement, including upwardly mobile employment	Maintain current and planned operational and financial sustainability levels
Exceed, proficiency standards for the profession	Meet market demands in an environment of disruptive events (e.g., economic, technologic, regulatory, social)
Innovative educational programs that appeal and adapt to the adult learner	Managing for innovation (meaningful change)

\*Healthcare Management Program