# BRINGING REAL-WORLD EXAMPLES AND HEALTHCARE LEADERSHIP SKILLS INTO THE COLLEGE CLASSROOM: PREPARING STUDENTS FOR MANAGEMENT AND LEADERSHIP ROLES

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Healthcare systems today require not only well-trained clinicians but also effective leaders capable of managing complexity, inspiring multidisciplinary teams, and driving quality improvement (Johnson et al, 2023; Adamu et al., 2023). Real-world examples and explicit leadership training in undergraduate and graduate healthcare curricula can bridge the gap between academic instruction and practice, equipping students for future management roles in healthcare.

My goal is to bring real-world scenarios and situations into the classroom, which prepare students for their desired career path while creating an engaging learning environment. My former students have a desire to not only expand their educational portfolio but enter a career of leadership, whether it be as a manager, director, or even a C-suite executive. The focus on integrating realistic examples into the Master of Health Administration (MHA) curriculum, paired with engagement and learner evaluation, provides a solid framework along with the tools needed to become effective, forward-thinking leaders.

## Rationale for Integrating Real-World Leadership in MHA Education

MHA programs prepare graduates for leadership in hospital systems, consulting firms, policy agencies, and healthcare technology organizations. Stakeholder analyses during program design highlight the need for competencies such as emotional intelligence, strategic planning, finance, and change leadership (Khalil & Liu, 2021). An educational innovation in Australia indicated that integrating case-based, experiential, and problem-based scenarios significantly enhanced graduates' readiness for leadership roles (Khalil & Liu, 2021). Direct engagement with real healthcare management scenarios promotes confidence, insight into organizational dynamics, and clarity around leadership identity. Having students apply scenarios of leadership can make their work more realistic and encourage them to think outside the box, a skill many organizations are looking for.

## Real-World Examples as Pedagogical Anchors

Using real-life healthcare cases and partnerships with active leaders enriches the learning experience. For example, many universities employ faculty with a variety of backgrounds in academics, previous leadership, and healthcare experience, along with those who are currently employed in the industry, as a way of placing student learning into a symbiotic relationship between classroom and realistic scenarios they may encounter. Similarly, Duke University's LEAD curriculum blends team-based learning, workshops, and experiential electives with real healthcare contexts (Duke University School of Medicine, n.d.). Such examples demonstrate to students the complexity of leadership roles in environments shaped by financial, policy, and operational forces. As educators, we can bring our experiences directly to students in discussion boards, along with feedback on written work, or even hold Q&A sessions in addition to other coursework.

## Teaching Strategies: Simulations, Projects, Feedback, Reflection

Core leadership skills, along with emotional intelligence, team dynamics, negotiation, systems thinking, ethical decision-making, and crisis management, have all been noted as aspects to include within the MHA curriculum. Programs can adopt case-based learning, interprofessional teamwork, simulation, and reflective practice to reinforce these skills (Khalil & Liu, 2021; University of Minnesota, 2023). Interactive methodologies, including simulation, roleplay, group projects, and reflection or mentoring, help students practice leadership in a low-stakes environment.

In health sciences education, role-playing has been shown to significantly improve students' communication and teamwork skills (Abdul-Rahim et al., 2025). Simulation of hiring decisions, organizational mergers, and stakeholder conflict resolution fosters authentic leadership rehearsal (Seton Hall University, 2024). Many of these concepts are present in our own MHA curriculum at UAGC, as we encourage students to take on these leadership roles and decision-making activities.

An example is the "CEO for a Day" and business plan assignment in the capstone course. We also ask that students create an ePortfolio to highlight their skill set and reflect on the work they have completed throughout the course. I generally advise that students think of this as their "brag" board and utilize this as something they would want to show their organization to gain a promotion or seek out a new role.

I have found that surveying local health systems leaders is a valuable way to enhance the understanding of classroom concepts. Faculty members, course content creators, and even students themselves can perform this task. Since many of our students are already working professionals, they likely have access to learning within their own organization. An example may be asking health system human resources managers and leaders what skill set is most important in a hire or for career advancement, or inquiring about shadowing opportunities. Often, these experiences can enhance a student's learning and allow them to bring relevant examples back into the discussion posts each week to share with their peers. As a healthcare leader, I have been approached by local colleges that are restructuring their curriculum to align with the knowledge and expectations of employers, ensuring their students have a solid understanding of how to apply classroom didactics to real-world situations. I found that this was crucial to prepare students for the expectations of healthcare institutions.

Reflection and mentoring are also important to consider. When students leave your course, it is imperative to review your course surveys to see what areas students enjoyed and or did not enjoy and ways in which you may need to improve instruction or clarity. At UAGC, we have a journal activity as an assignment at the end of the capstone course. This is a time for students to reflect on their coursework and share what they enjoyed and what they did not throughout the course. I have found this very useful, and it has led to ways in which to change my approach to certain topics. During and after students leave your course, they may reach out with questions, a need for guidance/advice, or to ask for letters of reference. Former students have asked for advice on which jobs to apply for and which organizations to join to enhance their resume and understanding of healthcare leadership. I find this opportunity very rewarding as we work to continue a student's success.

### Evaluating Outcomes

Program outcomes should be evaluated via mixed methods: pre/post self-ratings of leadership confidence, exposure to organizations such as the American College of Health Care Executives (ACHE), faculty and executive mentor assessments, and long-term tracking of graduates' roles in administration or other leader-based positions. Research from graduate education programs has shown that structured leadership modules yield measurable gains across domains of communication, collaboration, and systems thinking (Khalil & Liu, 2021). Other assessment tools, such as mock board and scenario-based simulation, have been known to enhance engagement and understanding of course content. These may include sharing challenges that leaders face in their roles and discussing best practices to resolve them. This allows you to elicit feedback loops and further promote accountability and skill acquisition (Griswold & Koss, 2022).

### Challenges and Implementation Considerations

Significant challenges include aligning experiential activities with classroom schedules, securing organizational partnerships, training faculty for facilitative simulations, and balancing curriculum volume, while ensuring that faculty are comfortable sharing their experiences —either positive or negative. Furthermore, because MHA cohorts may vary in clinical and professional background, it is important to be cognizant by noting the background and experiences students share and build on those strengths. (Khalil & Liu, 2021). This is often available in the first week's introductions as students share not only their academic background, but their current job titles and responsibilities. Students are also often asked which concepts they are most eager to learn about throughout the course, giving instructors the ability to foster specific areas that students may have interest in via discussion posts or follow-up dialogue. I feel that  UACG does a great job of acquiring a diverse group of students, which enhances the experience for all, students and faculty alike. Overcoming these challenges requires institutional investment, alumni engagement, flexible course design, and a cadre of diverse faculty and instructors.

### Conclusion

For MHA students poised to become future healthcare leaders, embedding real-world examples and intentional leadership skill development within academic programming is transformative. Through integration of case-based projects, executive residency experiences, simulations, interprofessional teamwork, and reflective practice, MHA curricula can cultivate graduates who are not only analytically adept but also capable of leading change. By embracing experiential pedagogies, close collaboration with healthcare organizations, and instructors who share real-world examples and experiences, institutions can prepare MHA students to step confidently into management and leadership roles in the evolving healthcare landscape.

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