

# CHARTING A NEW COURSE: IMPACT OF COVID-19 ON HEALTHCARE MANAGEMENT EDUCATION

March 2022



Commission on Accreditation  
of Healthcare Management Education

# CHARTING A NEW COURSE





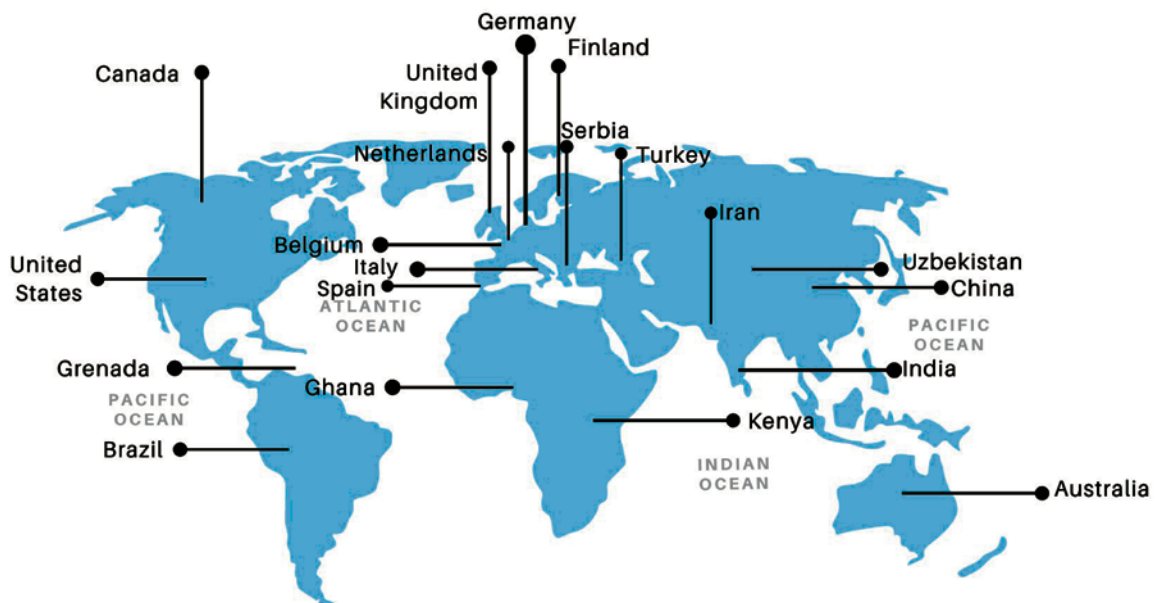
**Anthony C. Stanowski, DHA, FACHE**  
President and CEO  
Commission on Accreditation of Healthcare Management Education (CAHME)  
Spring House, Pennsylvania, United States

When COVID-19 struck, the way we moved and accessed the world changed. The analog version of how we accomplished tasks was not equipped to handle the new challenges we faced. COVID-19 exposed key weaknesses in some systems (such as supply chain) but also revealed the power of others, such as telemedicine and online learning. For all the pain and suffering COVID-19 caused, it showed breakthrough possibilities. Moving forward, the changes in how we function require us to chart a new course.

The miracles of vaccine development in the pharmaceutical industry showed us how to navigate unthinkable challenges by removing roadblocks and sharing research and data. Perhaps due in part to this framework of cooperation, healthcare management education thrived during COVID-19, thanks to critical thinking, leadership and communication.

Healthcare management, at the apex of the crisis, is poised to address the shifting global requirements. The education of future leaders, those students in the leading graduate programs in health management around the world, depends on the creativity and adaptability of the university and its faculty.

In this context, CAHME worked with the European Health Management Association, the Association of University Programs in Health Administration, Peregrine Global Services, and the University of Scranton to survey leading academics in healthcare management around the globe. We received 236 responses from 20 countries.



Our global survey revealed that a lack of in-person experiential learning challenged students during the pandemic.

Rather than saying “Oh poor students — they weren’t able to get the in-person education they expected,” I say: “Lucky students!” Our future healthcare leaders got an authentic virtual learning experience working remotely in real-time with private and public healthcare organizations. The critical thinking skills they acquired by being adaptable in an ever-shifting landscape will help them lead healthcare teams post-COVID-19.

More than two years after COVID-19 impacted the world, healthcare management continues to face new challenges. It’s clear that we need to:

1. Secure the best knowledge, skills, and competencies for healthcare leaders worldwide to advance global health;
2. Elevate the importance of supply chain;
3. Engender a positive interaction with other healthcare professionals in a safe and secure working environment;
4. Accelerate the diffusion of innovation in healthcare;
5. Support our communities who look for effective stewardship, cost-effectiveness, quality of care, and access.

Practitioners, academia, and accrediting organizations play essential roles in meeting the global demand for effective and efficient leadership.

CAHME’s mission is to “serve the public interest by advancing the quality of healthcare management education.” CAHME can best realize this by establishing relationships worldwide and by developing the insights necessary to meet the evolving industry competencies. Through these partnerships, CAHME accreditation will expand its value to universities that embrace high-quality healthcare management expertise in keeping with the principles of academic freedom and institutional autonomy as a guideline for good governance and self-understanding.

This White Paper contains insights from the survey CAHME implemented with the perspective of global leaders, both academic and practitioner, who are redrawing the map of healthcare management education.

Healthcare leaders need to rely on new pathways and alliances. COVID-19 has highlighted that health has no borders. To get through challenging times and provide the best standards of care, we must work together. We are all on this journey together.

For a better world,

A handwritten signature in black ink, reading "Cathy A. Hauwiche". The signature is fluid and cursive, with a long horizontal stroke extending to the right.



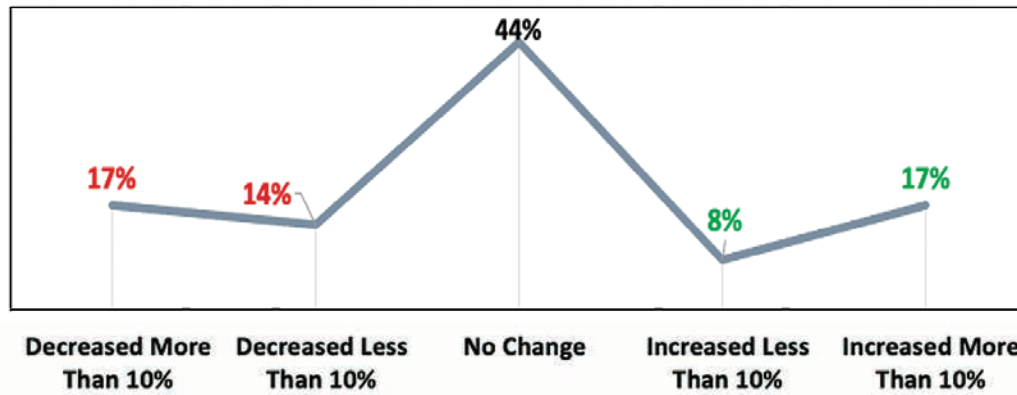
# SET YOUR GOAL



Seasoned travelers plan to ensure the unexpected does not interrupt their journey. But the future is fickle and even the best planned itineraries are sidetracked. Sometimes the hardest part of traveling isn't navigating the unknown but dealing with the reality of what is. So when times get difficult, the best travelers review their intention, adjust, and move forward to their goal.

The intent to deliver quality healthcare management education necessitated the development of alternative approaches to the traditional face-to-face learning. Because education was still available, most programs did not decrease enrollment.

### Average Change in Number of Students in a Program During COVID-19 From Year Prior



Source: CAHME Global Survey 2022

*Worldwide 31% of healthcare management programs decreased students in their program, 44% stayed the same, and 25% increased.*





**Ronald Lavater**  
 CEO  
 International Hospital Federation (IHF)  
 Switzerland



**International  
 Hospital  
 Federation**

*“The young people who are choosing career paths now have the experience of seeing their leaders in a different light than they did before the pandemic. It’s going to drive more competent leaders into healthcare management — a new crop of folks interested in healthcare leadership because of the global inflection point the pandemic caused in every sector.”*



**Sandra Buttigieg, MD, PhD**  
 Department Head & Professor  
 University of Malta  
 Msida  
 Malta



**L-Università  
 ta' Malta**

*“I strongly believe that COVID-19 gave us an investment and eventually, we’ll have a return on this investment (ROI). I believe the ROI will equate to more people enrolling in health management and taking the field more seriously. I believe we’ll see more people enrolling in graduate healthcare programs and taking interest in issues such as health management, public health, risk management, and patient safety.”*



**Chris Calkins, PhD**  
 Teaching Professor of Health Policy  
 and Administration  
 Professor-in-Charge, MHA Program  
 Penn State University  
 University Park, Pennsylvania  
 United States



**PennState**

*“Our students spoke with us about the economic impact of being able to live at home and not carry a lease for an apartment near campus, and having fewer travel expenses associated with earning a healthcare management degree. Their awareness of the non-tuition costs of attending in person increased dramatically.”*



**Mariam Lobjanidze, PhD**  
Head of Public Health and  
Healthcare Management Department  
The University of Georgia  
Tbilisi  
Georgia



საქართველოს  
უნივერსიტეტი

*“Global emergency, COVID-19 pandemics, changed the world drastically and we often say that the world will never be the same. Healthcare Administrator, as a career, is becoming more popular as the latest events emphasized the role and importance of qualified health professionals.*

*During this challenging period academia was forced naturally to introduce digital learning into the curricula. In this matter, the University of Georgia was not an exception. Surveys and interviews we have done with students are showing both difficulties and opportunities of a new era. To adjust in this manner, we are trying to find appropriate balance in the process of combining virtual learning with face-to-face learning.”*





# PLAN YOUR TRIP





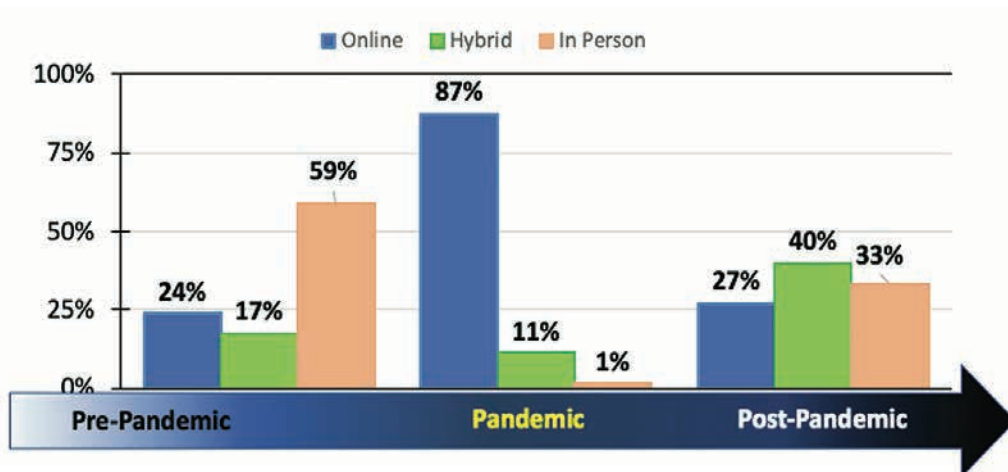
In traveling, it is rarely the case that only one method of travel will get you where you need to go. Most of the time, you need a combination of methods, with a back-up plan. As with travel, there is no one-size-fits-all approach for education.

Online and hybrid learning enabled graduate students to stay on their education pathways through the pandemic.

The timing was right not just for the availability of the technology, but in the mindset of the students. In the Survey of the Higher Ed Landscape<sup>1</sup> 2021, most students 25 years of age and older lean toward online learning as an option in higher education. In addition, 57 percent of students surveyed prefer a hybrid learning environment, and 38 percent prefer to learn in a fully online program.

CAHME's survey revealed that the mode of education changed pre-pandemic from 17% of programs offering hybrid learning to an expected 40% post-pandemic. Most of the change was accomplished at the expense of face-to-face learning.

## Class Modality Comparison Offered *Mostly* Online, Hybrid, *Mostly* In Person



Source: CAHME Global Survey 2022

*Pre-pandemic*, 59% of Healthcare Management programs were traditional face-to-face. *Post-pandemic*, programs expect to be evenly split between modalities.

<sup>1</sup>Survey of the Higher Ed Landscape: Assessing the State of Higher Education in 2021 Education Dynamics, 2021.



**Markku Mäkijärvi, MD, MBA**  
 Chief Medical Officer  
 Hospital District Helsinki and Uusimaa  
 Helsinki  
 Finland



*"I reckon that the COVID-19 pandemic situation will lead our faculty to shift to more of a hybrid instructional model.*

*Although it was cumbersome to organize online teaching in different programs during COVID-19, we learned a lot. We took a giant leap in the digital way of working, which has proven to be the best way of leading and managing hospitals now and in the future.*

*We've found virtual working environments to be more effective, democratic, equal, and it sounds funny, but you meet more people working in this way. You just have to learn how to use these digital tools. There's still some work to do, but if even I, a hospital leader in his 60s can learn it, I think that everyone can learn it."*



**Nancy Borkowski, MS, DBA**  
 Distinguished Professor  
 University of Alabama at Birmingham  
 Birmingham, Alabama  
 United States



*"During the pandemic, faculty started to have a comfort level with delivering content online. What we see now with our students is reflected in the workplace: students want flexibility. They want to have choices of either being in the classroom, being online, or combining the two.*

*Through hybrid learning, students are getting the benefits of traditional on-campus learning experiences. They're gaining social immersion and creating cohesiveness within their cohorts through online, hybrid, and traditional on-campus learning environments. We're starting to see that we can meet everyone's needs and deliver quality education to our students."*



**Ersi Kalfoğlu, PhD.**  
 Head of the Institute of Health Sciences  
 Istanbul Yeni Yüzyıl University  
 Istanbul  
 Turkey



*"Healthcare management in graduate level requires excellency that can be obtained by the involvement of experienced scientists to the program from all over the World. The Global disaster, COVID-19 pandemic, ironically taught us that the use of technology forms an ease in learning by sharing international experience. The graduate students that we are addressing did not decrease in number and on the contrary expressed their appreciation related to virtual learning. By this initial velocity, it is obvious that on-line courses will be a part of our curricula in combination with our on-campus learning."*



# PACK YOUR BAGS





Packing our bags requires us to revisit the intentions we set for this trip. In other words:

- What's the purpose?
- What will I be experiencing?
- What types of transportation are available?
- What is the weather going to be?
- What's the most convenient way to get to the goal?

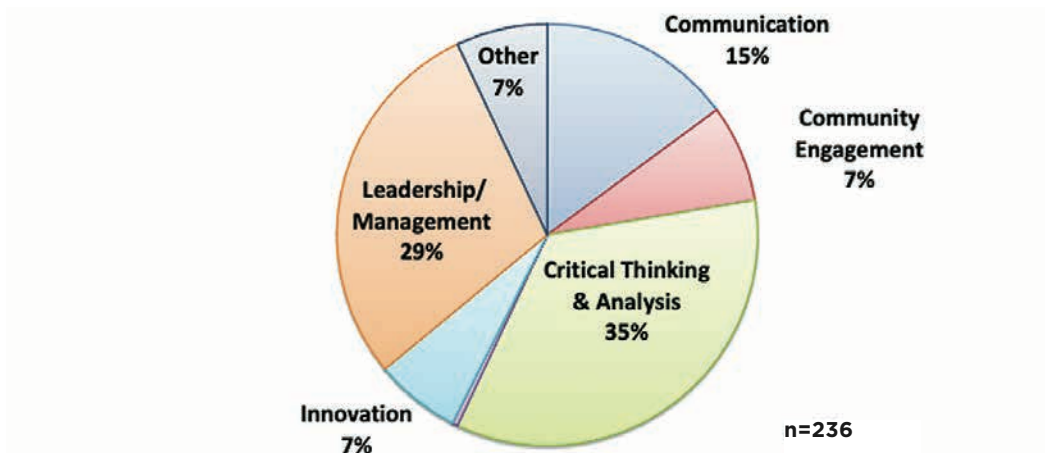
Asking these questions provides clarity and efficiency in planning. A multi-day mountain trek requires different gear than an itinerary-free beach vacation. Knowing what to bring tells mountaineers to leave behind their flip flops and reminds beach-goers to bring a sun hat.

For healthcare management programs, the competency models guide students on their educational journey. The skills taught in healthcare management programs prepare graduates to handle unforeseeable factors.

When asked if the emphasis of their competency model shifted due to COVID-19, CAHME Global survey respondents ranked the following competency domains as most important:

- Critical Thinking & Analysis: 35 percent
- Leadership/Management: 29 percent
- Communication: 15 percent
- Innovation: 7 percent
- Community Engagement: 7 percent
- Other: 7 percent

### Most Important Competency Domains



Source: CAHME Global Survey 2022

*Worldwide, critical thinking & analysis, and leadership/management were considered the most important competencies in the pandemic.*



**Curt Hohman, MHA, FACHE**  
Avera McKennan Health System  
Sioux Falls, South Dakota  
United States



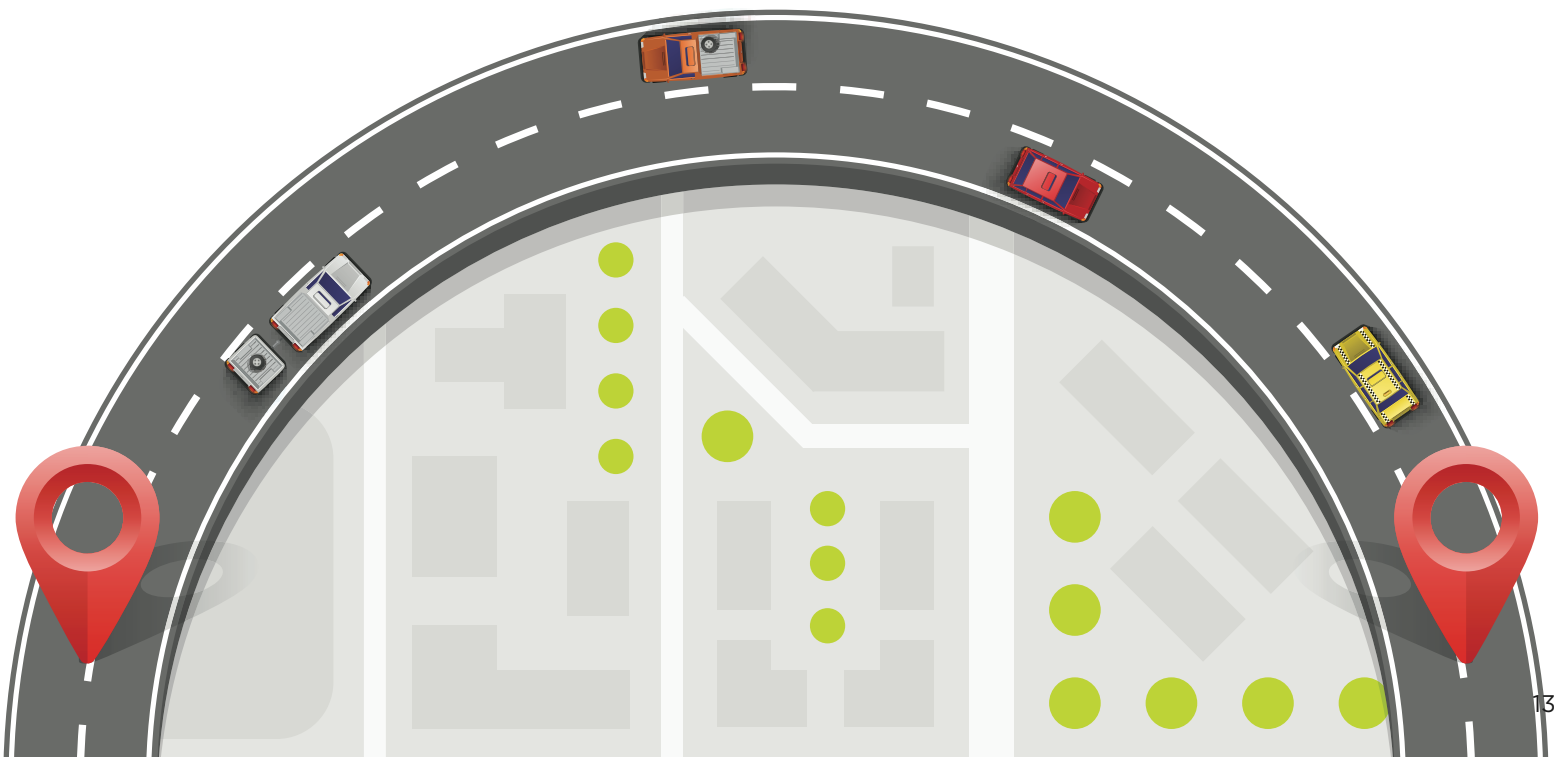
*"To understand what services were needed for rural hospitals, I used to travel 35,000 miles or over 56,000 kilometers every year - the equivalent of traveling from New York to Los Angeles 12 times. As the network of hospitals grew, this method of staying in contact became inefficient and impractical.*

*In 2016, using the telemedicine technology our system already had in place, I began holding video conference meetings with my team, the teams at the smaller hospitals, and individual meetings with CEOs. This saved travel time, but there were some unexpected barriers to good communication.*

*We all know that healthcare is based on relationships between patients and caregivers and managers who lead those caregivers. The foundation of those relationships has always been based on face-to-face connections. COVID-19 caused a break in those connections, and we were all forced to create new ways to connect.*

*To overcome these challenges, our teams took time to stay in touch. We created space for communication by building trust through informal conversations. In addition, we emphasized leadership philosophies that placed trust in our employees by giving them autonomy to do their best work.*

*The challenge for us as leaders is replacing in-person communications and interactions in the remote setting, to understand what is lost, and how our teams can regain it."*







**Stephanie Bryant, PhD**  
 Executive Vice President and  
 Global Chief Accreditation Officer  
 Association to Advance Collegiate  
 Schools of Business (AACSB) International  
 Tampa, Florida  
 United States



*“Engagement, thought leadership, and societal impact, [is a new category] of AACSB standards. Our accredited schools are to make sure they aim to make the world better, as expressed in AACSB’s vision of business education as a force for good in society. For example, we are in a global pandemic right now. How can business schools help solve this problem? Almost all business schools have expertise in how to manage supply chains. That expertise creates an opportunity for business schools to partner with other organizations to maximize supply chain efficiencies and ensure the world has the materials it needs to fight this pandemic.”*



**Steven G. Ullmann, PhD**  
 Professor  
 Department of Health Management and Policy  
 Director, Center for Health Management and Policy  
 Miami Herbert Business School  
 University of Miami  
 Miami, Florida  
 United States



*“Leading accreditors help educational programs become better. Being able to get an outsider’s perspective on the educational process enables the University of Miami to not just expand our global influence, but to provide the clarity of what we need to do to get better. Programs, faculty, and students all benefit when accreditors like AACSB and CAHME work together and share expertise.”*



**Ana Maria Malik, MBA, MD**  
 Professor  
 Fundação Getulio Vargas’s Sao Paulo  
 School of Business Administration  
 São Paulo  
 Brazil



*“The critical competences our students need to have are, as the health systems, resilience and clarity of purpose. Resilience will enable the students to adapt to difficult situations and even more to difficult conversations. Clarity of purpose is a long-time quality management motto: either you have a long-range commitment, or nothing will change. Change takes time... and crises are manageable (even catastrophes are). I will not mention soft skills and how those had to change during (forced) online programs, but it is clear that at this time students have to face directly the changes happening all over the organizations. Different professions interact and definitely have to understand what is happening to the other. So... empathy is also a given, and present circumstances are a favorable setting to experience the other’s shoes.”*



# EMBRACE THE JOURNEY, INCLUDING THE UNEXPECTED





With clear intentions, confirmed reservations, and a well-packed suitcase, the next must-have travel item is accessible but difficult to find: a mindset of embracing the journey.

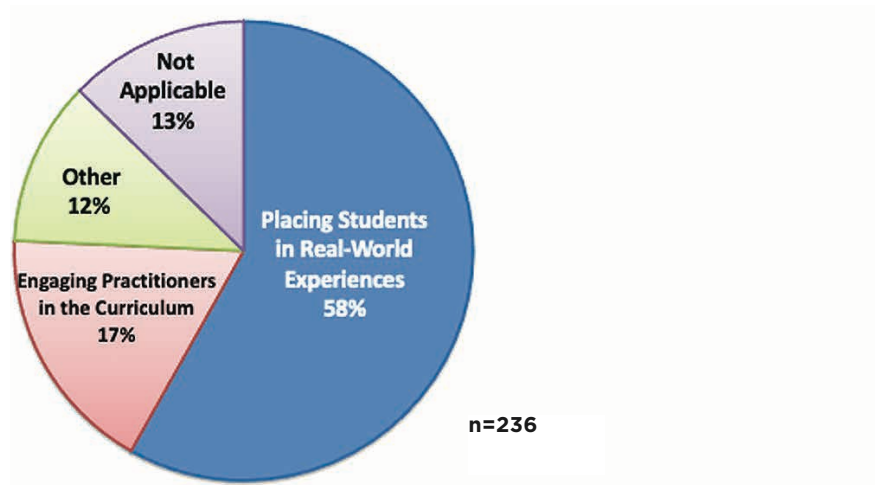
The calmest and most collected travelers are masters of managing expectations. When plans inevitably change, clinging to thoughts like: “but this is the way I wanted things to be” creates a barrier that is insurmountable. On the other hand, embracing the trials of the journey with persistent patience and the flexibility to solve problems helps travelers reach their destination.

Expert travelers see obstacles as opportunities to learn new things and enhance their learning experiences. Sure frequent travelers feel frustrated; they’re human, after all! But they also know first-hand the benefits of taking time to process the loss. Giving a proper goodbye to Plan A clears the way for Plan B to emerge.

The COVID-19 pandemic created an unexpected detour for experiential learning in healthcare management programs. To this point, 58 percent of respondents reported challenges in placing students in real-world experiences.

A considerable roadblock that students, faculty, and preceptors in healthcare management programs dealt with together was managing the expectation that didactic and experiential learning had to happen as it always had in the past: face-to-face. Nowadays, what initially seemed like a loss now represents considerable gains. The expansion of online education, new preceptorships, and virtual communication skills are proving to be the new must-have travel item as we head into the post-pandemic world.

## Experiential Learning Opportunity Challenges Due to COVID-19



Source: CAHME Global Survey 2022

*58% of Healthcare Management Programs were Challenged in Placing Students in Real-World Experiences.*



**Al Faber**  
President and CEO  
Baldrige Foundation  
Washington, D.C.  
United States



*“Healthcare institutions are challenged by an ever-changing environment, most recently the COVID-19 pandemic. The Baldrige Performance Excellence framework enables hospitals and healthcare systems to leverage organizational learning with a systems approach to create greater agility and effectively respond to these challenges. There is an opportunity for executive leaders and boards of directors to engage and share their key insights and learnings, and plan a new future.”*



**Daniel J. West, PhD, FACHE, FACMPE**  
Chairman & Professor  
University of Scranton  
Scranton, Pennsylvania  
United States



*“Faculty have found themselves more challenged this year, both in terms of the modality for teaching, but also designing into the curriculum and courses higher-level learning opportunities. The flexibility to change our courses quickly, or what healthcare calls pivoting, is where we have to change things quickly in the program to catch up. Questions that come up in hospital board meetings are: how are we managing early careers? We realize that clinical training experiences have changed dramatically. We need to provide additional education and support systems so that we retain early-career professionals.”*

*Faculty need to think: what are they doing in the classroom, and are partnership opportunities available with the healthcare industry? Teaching faculty can be helpful in doing some of the teaching that may be done for management in the applied setting. There are uniquely creative opportunities here that we don't normally think about. It's time for a change in how we teach.”*

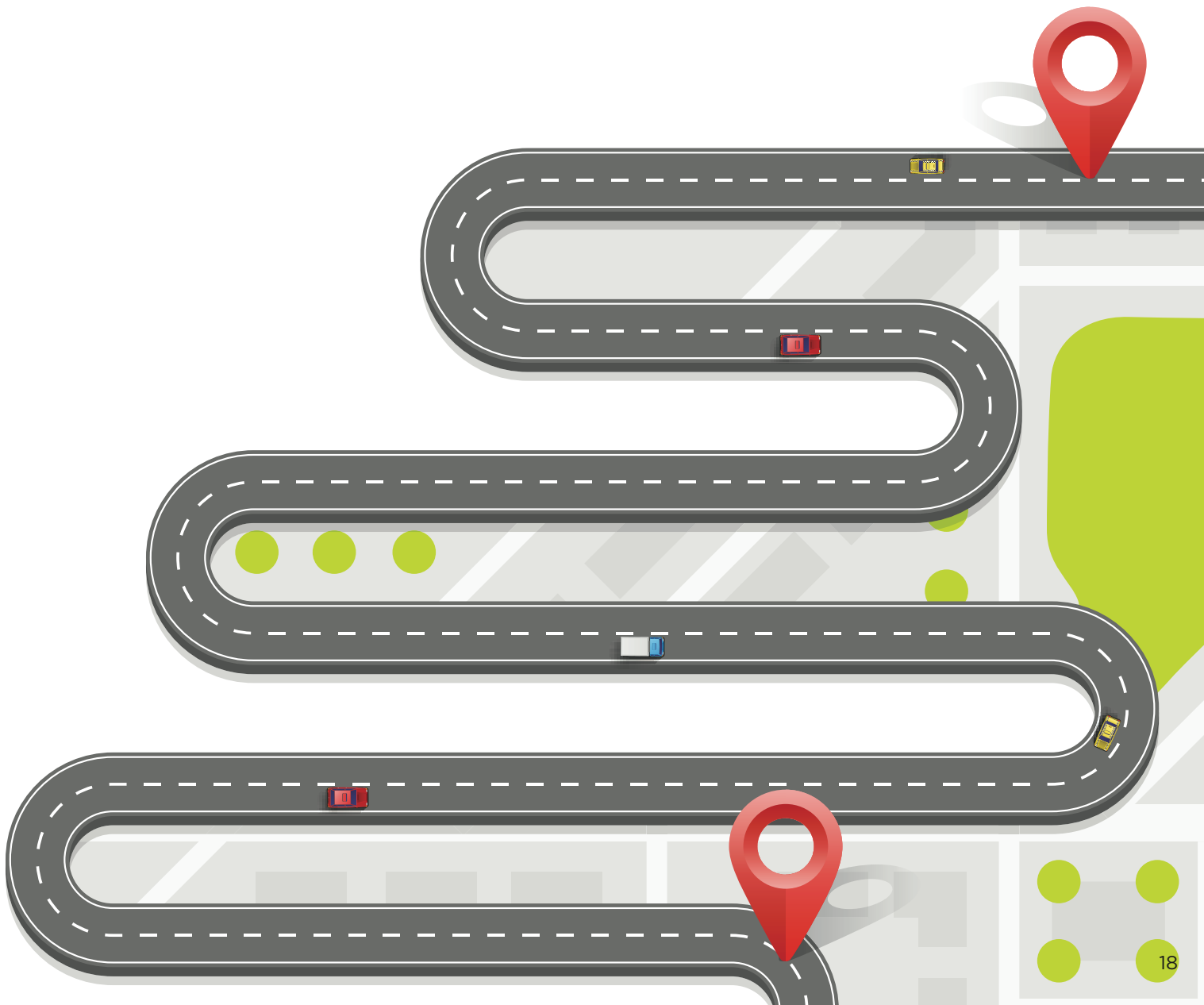


**Chris Wert, JD**  
Dean for Accreditation and Quality  
Pôle Léonard de Vinci  
Paris  
France



*“The hybrid classroom model: 50 percent of students in-class and 50 percent working remotely, is good and has a lot of advantages to deliver our programs rapidly to more people. However, the hybrid model has room for improvement, and we need to train faculty in it to make it more successful.*”

*While students struggled to find internships, nowadays, the number of internships is back up. Our institution had students pursue experiential learning in a hybrid format. They contacted executives, brought concrete problems in business to the classroom, and resolved them for the companies while receiving academic credit.”*







# CALL HOME



During the journey, it's always good to call home to let your teammates or family know where you are on your journey, what you learned, and to check to see if plans need to change based on new circumstances. We don't travel in a bubble, and the outside information brought in from connections and networks can continue to help adjust the journey.

Connecting with your team eliminates uncertainty, worry, and doubt, and also helps to ensure that you know what changed and if the goal of the trip is still as important as when you left.

Whether it's a construction detour, service disruptions, or even a weather delay, your team can provide input based on external information. While the traveler is "in the moment with boots on the ground", the team has a different view and can share additional perspectives. The same is true for healthcare teams. Integrating new information helps organizations thrive.

Communication revealed itself as the top competency needed to unite healthcare teams at the height of the pandemic. Data changed by the minute during COVID-19, and staying connected virtually was vital for healthcare management education partners.

Experiential learning, a predominant component of healthcare management education, thrived via virtual, real-time, and asynchronous communication channels. When face-to-face meetings were no longer a viable route, showing up on a video-based meeting empowered students to pivot and gain field experience.

Institutions surveyed showed that essential communication skills included assertiveness, confidence, and real-time adaptation, revealed in the following table.

By calling in frequently, healthcare management teams controlled wayward stories and led healthcare systems with concise, precise, and patient-centered communications.

### Necessary Competencies During Pandemic from Preceptors and Senior Residents (AY 20-21)

Critical Strengths and Competencies	Preceptor Surveys	Focus Groups with Preceptors	Program Exit Survey & Advising with Students
Professionalism including Assertiveness, Confidence, and Initiative	✓	✓	✓
Communication Skills including Remote Officing and Online Meeting Presence & Etiquette	✓		✓
Emotional Intelligence (Control of Emotions, Excellent Attitude, Concern for Others, and Attendance)	✓		
Ability to Work and Manage Remotely	✓		✓
Ability to Make Autonomous Decisions and Manage within Stringent Timelines	✓	✓	
Ability to Learn and Adapt "Real-Time" During and from COVID-19 Situations (Reset Expectations of Environment)	✓	✓	✓
Attention to Detail and Quality Work	✓	✓	

Source: Peregrine Global Services 2022



**George Valiotis**  
Executive Director  
European Health Management Association  
Brussels  
Belgium



*“In order to build a resilient workforce, a paradigm shift in healthcare systems is required. This shift should start from the workforce core competences which move toward a more holistic approach and goal-oriented care and tackle chronic problems and multimorbidities while putting patients’ needs and goals at the centre of care.*”

*The case studies [reports and survey results] identified the core competences required for the healthcare workforce of the future. [The top three] competences include essential knowledge, skills, and attitudes necessary for the practice of public health, transcending the boundaries of specific disciplines:*

- 1. Adaptability to different settings and models of care*
- 2. Person-centric communication skills and empathy towards patients*
- 3. Digital skills (EU Health Policy Platform Thematic Network Joint Statement, Jan. 2021)”*



**Shelly A. Buck, DNP, MBA**  
President  
Main Line Health Riddle Hospital  
Philadelphia, Pennsylvania  
United States



**Riddle Hospital**  
Main Line Health®

*“In the absence of data and facts, people will make up a story. You don’t want that story to be made up when you’re leading an organization because it can create even more stress and anxiety. Instead, you want high levels of engagement to drive your team moving together, moving forward, moving in a clear, succinct, and concise manner to deliver the highest quality care, with the highest outcomes, at the lowest cost.”*





**Steven Howard, PhD**  
 Associated Professor  
 Saint Louis University  
 St. Louis, Missouri  
 United States



**SAINT LOUIS  
 UNIVERSITY™**  
 — EST. 1818 —

*“Regular preceptor communications are important during virtual education experiences. In addition to a faculty member meeting with a preceptor, we also have periodic surveys of the preceptor and the student, so we can keep a gauge as the semester is coming along and how things are progressing with our students.”*



**Roxane Borgès Da Silva, PhD**  
 Director Department of Health Management,  
 Evaluation and Policy  
 University of Montreal  
 Montreal  
 Canada

**Université   
 de Montréal**

*“As in many countries around the world, the Department of Health Management, Evaluation and Policy at the Université de Montréal’s School of Public Health was faced with a sudden and unanticipated closure of the University’s facilities. Our department had to reorganize quickly to continue its activities online and to provide quality teaching to enable students to acquire the knowledge and skills associated with their program of study. A major effort was put into adapting courses for distance learning (training of professors, technical support, adaptation of evaluation methods, teaching assistantships, etc.). Professors quickly adopted or perfected their use of technological tools (Zoom, Teams, etc.) and the digital teaching platform (Studium). Techno-pedagogical communities of practice, led by university pedagogical advisors, were quickly set up to help professors rethink their pedagogical approach and evaluations, share what they had learned, their successes, and solutions to the challenges they encountered. The University provided significant funding to support the development of synchronous and asynchronous online courses. These initiatives will most certainly have a permanent and long-term impact on teaching.*

*Students in our programs were also given access to training in the form of video tutorials and webinars organized by the Vice Dean for Student Life to improve their knowledge of digital tools. We have many students from a wide range of countries and continents. We have striven to provide them with distance education, despite certain challenges in adapting to time zones and lower-quality internet connections.*

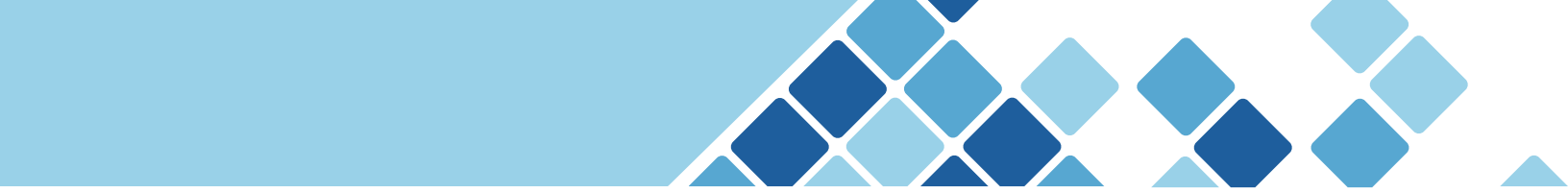
*Finally, we have maintained constant communication with our students and the university community. Our para-academic activities moved quickly into virtual mode. We maintained our lunchtime lectures and our annual colloquium, and attendance has been even greater than in previous events.*

*In conclusion, the pandemic required rapid adjustments on the part of faculty, students, and administrative teams to maintain a high level of quality in teaching. However, this shift from in-person to virtual mode has presented certain advantages, notably in the high rate of participation in para-academic activities. The pandemic has made it easier for us to provide virtual access to certain activities, and this will most certainly continue in the post-pandemic era.”*

# TECHNOLOGY CAN ENHANCE THE JOURNEY







In the early 21st century, the internet disrupted the travel industry. Before sites like Expedia and Airbnb existed, traveling anywhere meant hitting the road and hoping for a hotel “vacancy” sign or calling a travel agent. Customers sat across from agents typing on clacky keyboards, waiting for exclusive connections via dial-up modem to load data packets at a snail’s pace. Agents looked up availability on fixed in place CRT monitors unviewable by the traveler. Finally, customers walked out with paper tickets that were irreplaceable if lost, created on a dot matrix printer with perforated edges.

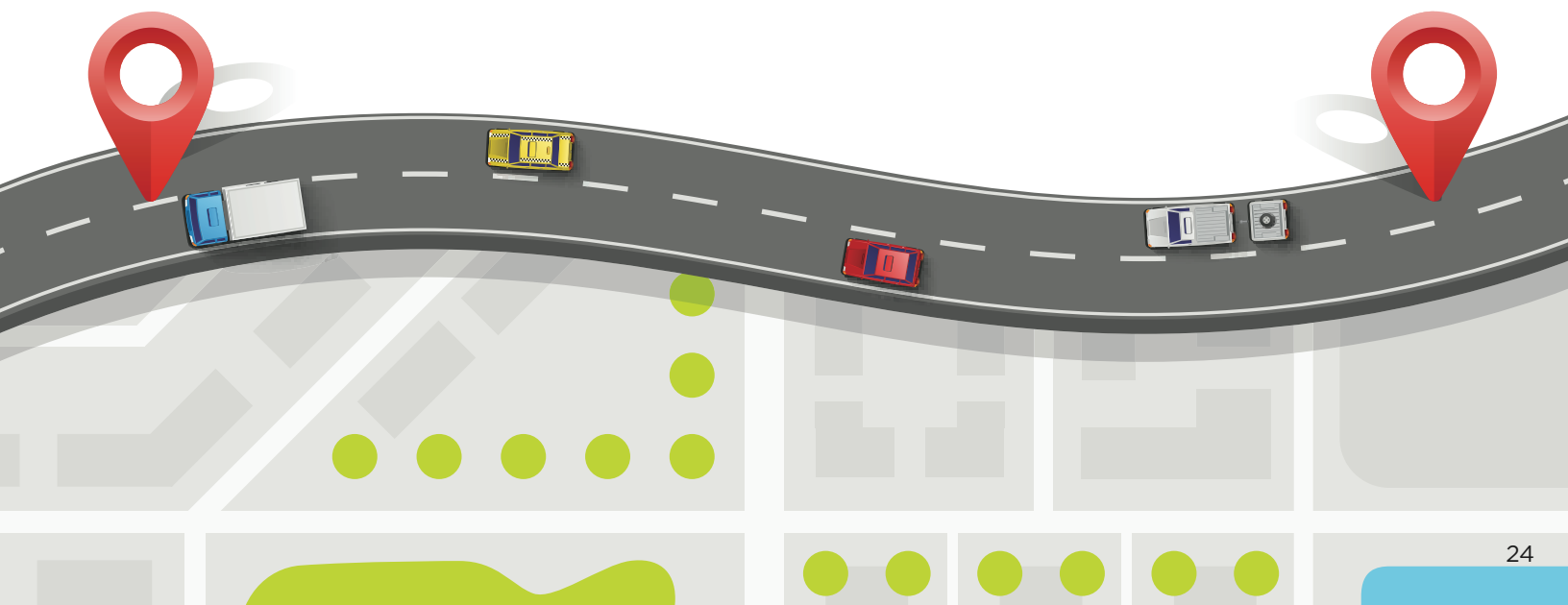
These days, the array of travel planning options gives travelers more flexibility and lower costs. Travelers book on their phones on the go. We can research accommodations and availability while we are at 30,000 feet above sea level. After clicking “purchase,” meals, seat upgrades, passes, and inflight entertainment arrive instantly in an app and appear in our digital wallet.

There are far fewer travel agents these days, but not because they weren’t good at their jobs. Instead, the arrival of innovative infrastructure and consumer technologies disrupted the business model and expanded the options. The industry adopted growing technology and reached more consumers. This shift resulted in more people accessing more places more frequently.

Embracing innovation can be terrifying, but history shows it is key to staying relevant. The basic question is “What do consumers need?” Solving that problem by delivering products and services without compromising safety, quality, and experience defines success.

No industry can avoid the impact of innovation. The economist and noted author Clayton Christensen famously discussed how disruptive innovation powerfully crafted, winning business strategies; ignoring innovation or trying to subterfuge it is the pathway to failure. Leaders get comfortable with innovation and ask: how can we work together and make the best experience for those we serve.

Cultivating an innovative mindset is free and can lead to a broader global reach of life-saving services and products. The healthcare institutions that embrace innovation will continue to triumph in delivering exceptional experiences and the highest quality patient care.





**Kimberly Lee, PhD**  
 MHA (MSHP), PT, FACHE  
 Assistant Professor  
 Texas State University  
 San Marcos, Texas  
 United States



*“We’re learning through our most recent application and admission process that the COVID-19 pandemic has been a disruptive innovator in the healthcare industry and education. COVID-19 has challenged educators to be more agile in how we deliver education. So we now ask ourselves: how can we engage students online and in the classroom? Hybrid learning has been a good fit for us; we can engage students synchronously over Zoom and provide in-classroom and online instruction.*”

*The needs of the consumers coming into these programs are changing. They’ve been impacted by the economy and are looking for the best value in a program. They want to get an education while they’re working, and they’re seeking hybrid learning models. As a global population, we’re looking at how we deliver education differently. Academics and instructors need to be more agile in response to this change.”*



**Rulon Stacey, PhD, FACHE**  
 Program Director for Graduate  
 Programs in Health Administration  
 University of Colorado  
 Denver, Colorado  
 United States



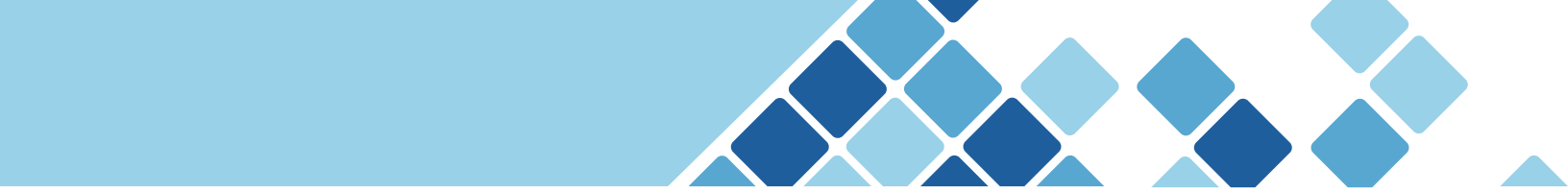
**BUSINESS SCHOOL**  
 EXECUTIVE MBA IN  
 HEALTH ADMINISTRATION

*“As digital healthcare becomes more en vogue, treatment will get easier and faster, and it will disrupt everything we do. But face-to-face interaction will come back - we’ll never be able to replace it. So the question then is: how do we bridge what we’ve learned from the pendulum swing from online virtual environments back to face-to-face leadership? People want more personalized care they get with telehealth visits. So when we go back to in-person clinical visits and classes, what can we learn from that gap? The leaders who figure this out now, before the pendulum swings back, are going to be the best-prepared leaders for the future.*”

*At UC Denver, the process of shifting to fully-online learning allowed students to get on top of this new foundational educational technology. Their practicum organizations asked the students from 2020 to take what they had learned in the previous four months about online learning and share it with their organizations. Three of our faculty were chairing committees virtually with the International Hospital Federation in summer 2020. By fall 2020, the faculty altered their curriculum delivery based on their experience with virtual meetings and collaboration.”*

# SHARE YOUR STORY





The 1960s slideshow parties have evolved into today's posts on Instagram and TikTok. Photo albums with adhesive pages have given way to digital distribution. No matter the medium, one aspect of travel hasn't changed: the impact of images and storytelling to share experiences with others and to make the changes that you need to make when you arrive back home. We travel to learn a better way, but we need to influence others as to how to adopt new ideas.

Giving voice to your travel experience need not be self-indulgent. On the contrary, taking time to unpack what you sensed and experienced in your travels can be of value to everyone with whom you share your story.

As Brené Brown writes in her book *Rising Strong*: "We're wired for story. In a culture of scarcity and perfectionism, there's a surprisingly simple reason we want to own, integrate, and share our stories of struggle. We do this because we feel the most alive when we're connecting with others and being brave with our stories - it's in our biology."

The best storytellers make their messages memorable. They relate, educate, and entertain. The most gifted storytellers achieve artistic duality through wordplay, imagery, story arcs, and takeaways: they expand global perspectives by bringing us closer together. Storytellers change the world. The best inventors were those whose stories inspired us to raise to higher ideals.

Every individual and organization has a story to tell. If you feel willing to share, your experience can benefit the world by:

- Bringing people together
- Diffusing differences
- Galvanizing support
- Sharing unique perspectives
- Spreading awareness

CAHME is exploring new horizons and navigating healthcare leadership in a post-COVID-19 world. Knowing that we can't go back to how things were, we stand with our global partners and look toward what's next.

We'd love to hear your story. Please share how you're navigating this new healthcare landscape. Mention us on Twitter @CAHMEConnects and use the hashtag #CAHMEinnovation





**Anthony Fauci, MD**  
 Chief Medical Advisor to the President  
 The White House  
 Washington D.C.  
 United States



*“Healthcare systems in certain cities and regions of our country have come perilously close to being overrun, and our return to some form of normality will neither be fast nor easy.*

*Now more than ever, we need your talent, your energy, your resolve and your character.”*

- Address to the Weill Cornell Medical College graduating class of 2020



**Carlos Mur de Viu, MD, PhD, MsC**  
 Director, CAT Barcelona Clinics  
 Barcelona  
 Spain



*“The IHF is leading the effort to personalize healthcare, which has always been critical to gain traction amongst political leaders and organizations. Our anthem in Spain is: “Good management saves lives.” The consistency of managers’ actions and values matters. Healthcare leaders have an obligation to take care of their workers and worry about their personal and professional development and health.*

*In some of our hospitals in Madrid, 48 percent of the professionals were infected by COVID-19, including executives. We’re still treating PTSD burnout syndrome in our employees. Maybe the most critical task of all is responsive communications with citizens when panic is spreading.*

*The main challenge for hospital managers during COVID-19 is remembering: cooperation and coordination with national and regional epidemiological and infectious disease centers are fundamental to providing quality healthcare.”*



**Dan Gentry, PhD, MHA**  
 President and CEO  
 Association of University Programs  
 in Health Administration (AUPHA)  
 Washington D.C.  
 United States



*“With the exception of a couple of our 160 AUPHA graduate programs, the majority are experiencing a bump in admissions. This has been called the ‘Fauci Effect,’ and the public health schools have data around this. [Healthcare administration] is second only to epidemiology in terms of the bounce for [fall 2021] regarding health management and policy. Except for two programs whose enrollment numbers are maintaining or down a little, everyone’s up, including the number and quality of applications, acceptances, and cohort sizes. Programs that wanted 28-35 students now have 55 members in their cohorts.*

*Is this sustainable? Does this mean we’re more attractive now because people see the opportunities to give back and be passionate about leadership in healthcare organizations and healthcare management? It’s too early to tell. I’m sure CAHME will have great data on this in the future.”*



**Herbert Staehr, PhD**  
Global Head of Transforming Care Delivery  
Siemens Healthineers  
Erlangen, Bavaria  
Germany



*“Globally, the COVID-19 pandemic teaches more or less every nation how important healthcare is as critical infrastructure. Pre-COVID, there was a lot of discussion about 5G and carbon neutrality, diesel engines, e-Mobility, and so on. These all are highly important topics, don’t get me wrong. However, we somehow looked at healthcare as a cost factor and not as an essential aspect for the quality of life, the basis of the economy, and competitiveness of a nation. I think what has changed in every country now is that people understand healthcare is at the core of what a nation needs to get right.”*

## Thought Leadership example: Siemens Healthineers Insights Series

**Connecting healthcare leaders, disseminating knowledge and experience**

### Background

The Siemens Healthineers Insights Series is our preeminent thought leadership platform, drawing on the knowledge and experience of some of the world’s most respected healthcare leaders and innovators. The Series explores emerging issues and provides readers with practical solutions to today’s most pressing healthcare challenges.

We believe that increasing value in healthcare — delivering better outcomes at lower cost — rests on four strategies.

These four principles serve as the cornerstones of the Insights Series.



Our Insights portfolio is an integrated collection of events, speaking engagements, roundtable discussions, and an expanding array of digital and print platforms and products all carefully curated to share ideas, encourage discussion, disseminate original research and reinforce our position as one of the healthcare thought leaders.

### The Insights Series and COVID-19

When the pandemic first hit, in the early months of 2020, all of us at Siemens Healthineers were determined to rise to this challenge. We quickly identified ways our technologies could help to diagnose and contain the disease. In addition to portfolio and solutions, we felt we could contribute meaningfully with thought leadership, too. Our Insights Series was the ideal platform to disseminate the ideas and knowledge we generated. We quickly created a dedicated edition — the “New Normal” edition of the Insights Series — with a sharp focus on the COVID-19 crisis while maintaining the disciplined parameters of our existing areas of specialization. Over the course of 2021 we created thirteen original papers. In addition to publishing them online, we compiled them in a hardcopy Compendium which we shared with several thousand global Healthcare Executives.

## The Goal

The idea was to offer a valuable overview of the key healthcare challenges that arose during the pandemic as well as actionable strategies for approaching the transformations wrought by the pandemic. Clearly this crisis will have ongoing and lasting consequences. Most of the papers are forward-looking; their utility will only increase in the years ahead. Perhaps a day will come when we can look back and say COVID-19 acted as catalyst for some transformations that were, in fact, helpful and overdue?

The papers in the Compendium also serve as a historical record of how we — all of us — struggled to gather information and adapt to new developments, all the while remaining committed to our most fundamental objective: improving the health and wellbeing of people and communities.

We welcome you to appreciate the resources and join the discussion at [siemens-healthineers.com/insights-series](https://siemens-healthineers.com/insights-series)



Introducing the

### ***Insights Series Compendium***

- Chapter 1 | Challenges on the pandemic's frontlines  
*Protecting, testing, managing uncertainty*
- Chapter 2 | Precision responses to the pandemic  
*Maximizing outcomes with limited resources*
- Chapter 3 | The pandemic as a catalyst for change  
*Delivering high-value care in the years ahead*





# POSTSCRIPT: DOES IT WORK?







**Olin Oedekoven, PhD**  
President and CEO  
Peregrine Global Services  
Gillette, Wyoming  
United States

Not long after I was commissioned an Army second lieutenant, I asked a well-seasoned senior noncommissioned officer, does it work? That is, does the training we do really matter when it comes to the real thing? The senior sergeant with nearly 30 years of experience and multiple combat tours responded without hesitation: “Yep. It’s what kept me and my buddies alive.”

Mid-way into my career, I remember an instructor telling us, “The body won’t go where the mind hasn’t gone.” She stressed the importance of training and education that mirrored real-life situations so that when things do happen, we have the memory of the education to get us through the experience.

A few years ago while conducting a site visit at a university, I interviewed a recent graduate of an MBA program. I asked the student what her favorite course was, what she learned in that course, and why it was her favorite. Without hesitation, she named the course and told me about some of the things she had learned. When it came to the why part of my inquiry, her response was highly revealing. “I learn best when I participate in my own learning.”

CAHME-accredited schools and programs focus on creating resilient leaders in healthcare administration who know their stuff, can apply their skills, and add value to their communities through dedicated service. This core concept was put to the test during the past two years because of the Global Pandemic. Much has changed, obviously, but what did not change was the foundation of accreditation standards and principles that guide our educational processes and approaches.

The foundational question we should ask ourselves toward understanding why we do what we do is this: does it work? That is, does the training and educational experiences to develop practitioners in healthcare administration work when things are going well and, more importantly, when there is significant disruption?

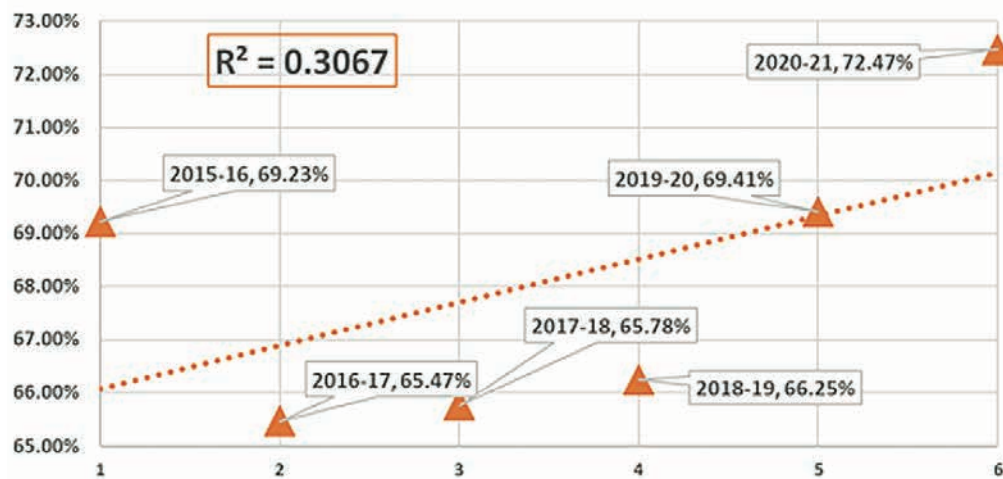
## YES, IT DOES WORK

Based on the results of the CAHME survey along with the reports and case studies from various CAHME accredited programs, there are strong indications that it does work. There were certainly many bumps along the way during the transition from in-person to virtual learning and internship disruption, but there were many lessons learned that were quickly applied towards educating healthcare professionals.

There were significant investments made in technology and other related resources to maintain educational quality, and in many cases seek improvement. There was self-discovery, because truly “life happened” for all of us, but there was also organizational discovery in educational excellence. As shown from the evidence presented by the contributors in this White Paper, CAHME accredited schools continued to produce qualified graduates ready to take on the healthcare challenges facing our global society.

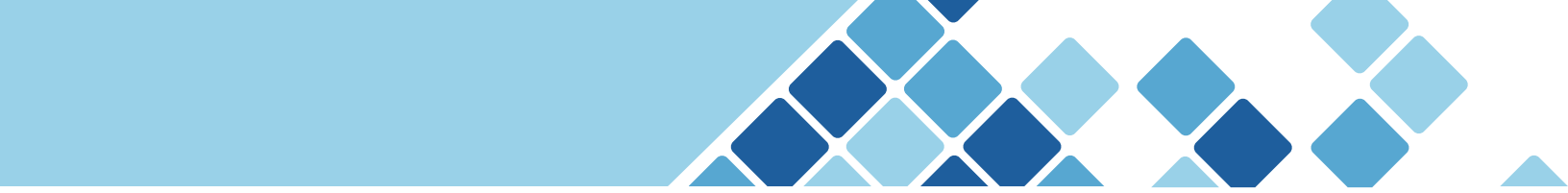
The use of assessment data testing knowledge to drive change and quality improvement in healthcare administration programs also suggests that it truly does work. As shown below, program managers who consistently use an Inbound/Outbound assessment approach (programmatic Pre-test/Post-test) can clearly improve the knowledge levels of healthcare administration learners through the critical application of the assessment results.

### Mean Topic Scores from the Masters HCA Outbound Exam



Source: Peregrine Global Services 2022

*Mean topic scores for Master's level end-of-program assessment exams administered to Healthcare Administration (HCA) students in 2015-16 (Period 1, n=148), 2016-17 (Period 2, n=480), 2017-18 (Period 3, n=630), 2018-19 (Period 4, n=780), 2019-20 (Period 5, n=900), and 2020-21 (Period 6, n=1,294). An Outbound Exam is administered at the end of the degree program to measure the learner's knowledge levels as a programmatic post-test, which helps satisfy CAHME accreditation requirements related to learning outcomes assessment.*



Mean topic scores for master's level exams testing knowledge increased significantly over the six-year period, which suggests that program managers are using the results to identify program strengths and opportunities for improvement and then making program changes to subsequently improve student knowledge levels. New programs are added every year to those using the HCA exam; however, those programs that started in 2015-2016 continue to use the HCA assessment service through 2020-2021. Overall, the mean topic score increased from 69.23 percent in the academic year 2015-2016 (n=148 Exams) to 72.47 percent in the academic year 2020-21 (n=1,294 exams).

A striking result of the analysis shown is that even during the disruption of the Global Pandemic, healthcare administration students continued to show improvement in their knowledge levels. Specifically, overall student knowledge levels as expressed through the Outbound Exam results increased from 69.41 percent pre-COVID (n=1,068 Exams) to 72.47 percent during the COVID Year (n=1,294 Exams), which suggests that the disruption to the HCA programs because of the Global Pandemic did not negatively affect student knowledge levels.

In short: learners did not go backward in 2020-2021; they went forwards, a testament to the resiliency of the academic programs during a global pandemic to provide quality education to healthcare administration students.



## APPLYING LESSONS LEARNED

During the early months of the global pandemic, there was a lot of talk about the desire to “return to normal.” Most people are naturally resistant to change, and they wanted to return to a period that was both familiar and comfortable.

Over the course of several months as the realities of the situation became established, a shift occurred towards looking for the “new normal” or the “next normal”. It became clear that we were not returning to 2019, and instead, we would see something different in the post-pandemic times.

Today, as the world emerges from the Global Pandemic, leaders at all levels have realized the transformational opportunities for the future. Following the Great Pandemic of 1918-19, the world also changed significantly. Times of major disruption often led to transformational change.

When it comes to healthcare education, so are we also on the edge of a transformational change that will have a positive impact for the years that follow, assuming that we embrace this change. The innovation that occurred within the industry was achieved by leaders who embraced and acted upon the core tenets of leadership, professionalism, communications, social responsibility, relationship management, and foundational knowledge. These are tenets grounded in the principles and standards of CAHME accreditation.

There are many invaluable lessons learned that we should apply towards fulfilling this transformation in the education of healthcare professionals. A few specific areas based on the results noted in this whitepaper include:

- **Learner Engagement.** Regardless of the program’s delivery modality, learners must be engaged in their own learning. Gone are the days of the passive student in a static classroom. Today’s learners demand quality engagement so that they are active participants in the learning process.
- **Experiential Learning.** In addition to the internships, learners want every class they take to have meaning, relevance, active participation, and most importantly, experiential learning opportunities. David Kolb was right — every course needs concrete experience, reflective observation, abstract conceptualization, and active experimentation.
- **Data-driven Decision-making.** Program managers must have solid data to make good decisions about continuous quality improvement. Most importantly, we must leverage the DIKW relationships:



- **Educational Technology.** The advancements made in the past two years related to the higher education experience should be leveraged to their fullest potential. These include both the communications technologies and, perhaps most importantly, instructional delivery methodologies.

Good riddance to 2019 and what higher education looked like pre-COVID. Time to leverage the lessons learned, embrace the current transformation, and build resilient systems and educational environments needed for the future.

**Failure is not an option — our communities expect nothing less.**



CAHME thanks our Corporate Members for their support in advancing the quality of healthcare management education.



## Universities Offering CAHME Accredited Programs in Healthcare Management

AdventHealth University  
Army-Baylor University  
Baylor University\*  
Boston University\*  
California State University, Long Beach\*  
California State University, Northridge  
Clarkson University Capital Regional Campus\*  
Columbia University\*  
Concordia University  
Cornell University\*  
Creighton University - Nebraska  
Dalhousie University  
Des Moines University  
Duquesne University  
Ferris State University\*  
Florida Agricultural and Mechanical University  
Florida International University\*  
George Mason University\*  
Georgetown University  
Georgia Southern University  
Georgia State University  
Governors State University  
Grand Valley State University  
Hofstra University  
Indiana University  
Johns Hopkins University  
Minnesota State Moorhead  
Medical University of South Carolina\*  
New York University\*  
Pennsylvania State University\*  
Portland State University  
Robert Morris University  
Rochester Institute of Technology  
Rush University\*  
Rutgers University  
Saint Joseph's College (ME)  
Saint Louis University\*  
Seton Hall University\*  
Stony Brook University\*  
Suffolk University\*  
Texas A&M University\*  
Texas State University  
Texas Woman's University\*  
The George Washington University\*  
The Ohio State University  
The University of Iowa\*  
Trinity University\*  
Tulane University  
Uniformed Services University of Health Sciences  
Université de Montreal  
University of Alabama at Birmingham\*  
University of Arkansas for Medical Sciences  
University of Central Florida\*  
University of Colorado Denver\*  
University of Detroit Mercy  
University of Florida  
University of Illinois at Chicago\*  
University of Kansas Medical Center  
University of Kentucky  
University of Louisville\*  
University of Memphis\*  
University of Miami\*  
University of Michigan\*  
University of Minnesota\*  
University of Missouri\*  
University of Nevada Las Vegas\*  
University of New Haven  
University of North Carolina at Chapel Hill\*  
University of North Carolina at Charlotte  
University of North Carolina at Wilmington  
University of North Florida  
University of North Texas Health Science Center\*  
University of Oklahoma  
University of Phoenix- Arizona  
University of Pittsburgh  
University of Puerto Rico  
University of Scranton\*  
University of South Carolina  
University of South Florida  
University of Southern California\*  
University of Texas-Arlington  
University of Texas at Dallas  
University of Texas Health Science Center at Houston  
University of the Incarnate Word\*  
University of Utah  
University of Washington-Seattle\*  
University of Wisconsin Milwaukee\*  
Virginia Commonwealth University\*  
Weber State University\*  
Xavier University\*

## CAHME Accredited Programs in Healthcare Quality and Safety

Georgetown University  
The George Washington University  
University of Alabama at Birmingham

## CAHME Certified Programs in Healthcare Quality and Safety

Drexel University  
Thomas Jefferson University  
University of Illinois at Chicago  
University of Pennsylvania

## CAHME Certified Programs in Population Health Management

Boise State University  
Lehigh University  
Johns Hopkins University  
Thomas Jefferson University  
West Virginia University

\*Universities offering multiple CAHME accredited programs.  
List represents status as of 6/27/2023

For the most updated and complete listing,  
visit [www.cahme.org](http://www.cahme.org)

**CAHME would like to acknowledge the creativity and inspiration provided by the team that worked on this white paper.** Rachel Drummond, the lead author, created the travel approach and put “pen-to-paper” synthesizing the data and webinars into a coherent document. Cliff Reese of Reese Graphic Design created the graphic design, staying true to the travel theme, and incorporating images to tell the story. Dana Alexander coordinated the development of the analysis, webinars, and organization of the white paper. Melissa Cross worked to organize the webinar sessions. We want to thank our partners in the webinars, Ron Lavater at the International Hospital Federation, George Valiotis at the European Health Management Association, Al Faber at the Baldrige Foundation, and Dan Gentry at the Association of University Programs in Health Administration. We thank the speakers at the webinars, and the professionals who added clarity to the points of this white paper. We appreciate the support of Olin Oedekoven and Peregrine Global Services in underwriting the costs of the White Paper and this effort.

“If you want to go fast, go alone. If you want to far, go together”. Before we all “go” anywhere, working with this group of people has helped establish priorities, plan our trip, and realize that we are all more concerned about being “together” and “far”, not so much about “alone” and “fast”. CAHME is proud to make this journey of advancing the quality of healthcare management education with the many talented and committed individuals who were part of this.



# EXECUTIVE MASTER OF HEALTH ADMINISTRATION

SCHOLARSHIPS AVAILABLE

The Saint Louis University Master of Health Administration program, accredited by the Commission on Accreditation of Healthcare Management Education, offers a 22-24 month Executive Track designed for working health care professionals and clinicians interested in career advancement across a broad range of industry subsectors.



SAINT LOUIS UNIVERSITY

COLLEGE FOR PUBLIC HEALTH AND  
SOCIAL JUSTICE

[mha.slu.edu](http://mha.slu.edu)

# Accelerating Leadership Careers

Our innovative education programs develop leaders to shape tomorrow's health care. We value over 50 years of CAHME partnership.

[GO.UAB.EDU/HSADEGREE](http://GO.UAB.EDU/HSADEGREE)

- HEALTHCARE LEADERSHIP
- HEALTH INFORMATICS
- HEALTHCARE QUALITY & SAFETY
- HEALTHCARE SIMULATION

**#1**  
MSHA PROGRAM  
U.S. News & World  
Report (2020)

**UAB** THE UNIVERSITY OF ALABAMA AT BIRMINGHAM



## The University of Scranton

A CATHOLIC & JESUIT UNIVERSITY

### WHY SCRANTON?

- “Among the 5 top master’s universities in the North”  
— *U.S. News & World Report*
- CAHME Accredited
- A Global Focus
  - International partnerships in Asia, East Africa, Central & Eastern Europe, and Mexico
  - Guest lectures by international faculty
  - Short term study abroad opportunities
  - Recognized globally for healthcare management education

## MASTER OF HEALTH ADMINISTRATION

On-Campus • Online

[scranton.edu/gradeducation](http://scranton.edu/gradeducation)

THIS WAY TO  
THE NEXT LEVEL







# HEALTH CARE IS CHANGING.



# HELP LEAD THAT CHANGE.

Advance your career at the  
Miami Herbert Business School —  
**WHERE BUSINESS MEETS HEALTH CARE**

## HEALTH EXECUTIVE MBA

Designated a top-ranked program by *U.S. News and World Report*, this 21-month program is designed for experienced executives, clinicians, and other health care professionals seeking to lead business and policy solutions in health care.

- Expand your capabilities and professional network across the health care industry
- Work full time while enhancing your career; classes take place one weekend per month
- Graduate with a Six Sigma Champion Belt

**Rated No. 1 Health Care Executive  
MBA Program in the U.S.**

**Rated Top 20 Health Care Management  
Program in the U.S.**

**The University of Miami Herbert Business School is proud to support CAHME's efforts to advance the quality of healthcare management education.**

Both programs are accredited by the Association to Advance Collegiate Schools of Business (AACSB International) and the Commission on Accreditation of Healthcare Management Education (CAHME). The Health Executive MBA is also one of the few such programs nationwide that is accredited by both AACSB International and CAHME and is a member of the Business School Alliance for Health Management (BAHM).

## MASTER OF HEALTH ADMINISTRATION

This 18-month, CAHME-accredited program prepares you for leadership roles in organizations including health care systems, physician groups, insurance companies, pharmaceutical firms and not-for-profit institutions.

- Gain valuable business skills and insights into key health care fundamentals; no work experience required
- Benefit from small weekly classes with experienced and research-active faculty
- Apply classroom instruction through internship/capstone opportunities
- Graduate with a Lean Six Sigma Green Belt and jumpstart your health care career



UNIVERSITY OF MIAMI  
**MIAMI HERBERT  
BUSINESS SCHOOL**

**TOMORROW LIVES HERE. [HERBERT.MIAMI.EDU](http://HERBERT.MIAMI.EDU)**



The Executive MBA in Health Administration program at the University of Colorado Denver is proud to help support CAHME in its mission of advancing the quality of healthcare management education.

## EXECUTIVE MBA IN HEALTH ADMINISTRATION

Our executive health care MBA program gives you the knowledge and skills you need to be a business leader in the healthcare industry. Considered a best of both MBA and MHA programs, this degree is ranked in the top 25 of all health care management programs and the highest ranked program for health care executives looking for an MBA in the country.



**100%**

Healthcare-focused  
curriculum



**Flexible**

Hybrid format



**1st**

CAHME-accredited  
program in the Rocky  
Mountain region



MEANINGFUL

DATA

RESULTS IN MEANINGFUL

IMPACT

**Peregrine Global Services is proud to help support CAHME in its mission of advancing the quality of healthcare management education.**

Peregrine Global Services is the globally recognized leader in providing online assessment services, online educational services, and support services to institutions of higher education and academic organizations. Our tools help programs become better, which in turn makes for better students who can impact healthcare and other disciplines through superior management and innovation.

Your Thought-Partner in Higher Education

+1 (307) 685-1555 | [Info@PeregrineGlobal.com](mailto:Info@PeregrineGlobal.com)

[PeregrineGlobal.com](http://PeregrineGlobal.com)



**PEREGRINE**

GLOBAL SERVICES