Teaching the Introductory Course on the U.S. Healthcare System: Issues, Challenges, and Lessons

Lawton R. Burns, PhD MBA, Howard P. Forman, MD MBA, & Carolyn A. Watts, PhD

Abstract

Programs in healthcare administration often require their students to take an "introductory" course on healthcare. Such a class can serve many important purposes, such as building knowledge about an important sector of the economy, developing personal and professional competencies, training in a discipline, and preparing students for upper-level courses. While many introductory textbooks are available, much less information is available on how such classes are taught and what they cover. With the assistance of the AUPHA's director of membership, we contacted faculty members (and directors) of AUPHA programs in health administration who teach (offer) an "introductory" course. We requested their introductory course syllabuses and then performed a content analysis. This article summarizes the findings from the content analysis regarding the purposes of such a course and the range of subjects covered. We then consider the issues, challenges, and lessons instructors face. Our goal is to assist current and future instructors, particularly new faculty tasked with this assignment, and to promote a community among us all.

Please address correspondence to: Lawton Burns, The Wharton School, University of Pennsylvania, 3641 Locust Walk, Philadelphia, PA 19104; Email: burnsL@wharton.upenn.edu; Phone: (215) 898-3711

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Introduction

As noted several years ago by Dean Smith (2016), the *Journal of Health Administration Education* (*JHAE*) considers submissions falling into three categories: research and analysis of topics in health administration and management development, teaching tips and tools involving applied educational techniques, and program management issues concerning graduate and undergraduate programs. This article touches on all three, but primarily the first.

The authors of this article all teach a course at our respective institutions that can be generically labeled "Introduction to the U.S. Healthcare System." We come from different disciplines (management, medicine, economics) and thus bring a breadth of perspective. We have all taught this course in several "formats" (classroom, online, or a combination), in some cases, for decades. We all share the same passion for the material, which is why we have taught the course for so long.

This paper examines how U.S. programs in health administration teach the introductory course. We start with a deceptively simple question: what is the purpose of an introductory course? The discussion includes the two related issues of disciplinary lens (e.g., economics, finance, management, policy) and choice of text (often driven by the disciplinary lens). We then turn to a content analysis of syllabuses collected from 61 introductory courses taught in 45 different colleges and universities ("institutions") concerning the following topics: the stated purpose of the course, range of subjects covered, most popular subjects covered, and differences in course content based on whether the course is taught (a) at the undergraduate versus the graduate level and (b) in a school of public health or a business school. Given our experience that "format" does not affect basic content in terms of the topics covered, we treated residential and online courses equally. The article next considers the challenges faced in teaching this material and concludes with some lessons learned. Our goal is to develop some "community" among those of us who teach this course, share perspectives on what might be covered, and provide guidance to newcomers tasked with teaching the subject.

Purpose and Subject Matter of an Introductory Course

Prior issues of the *JHAE* address specific subjects that healthcare programs should consider covering. These include global management (Counte et al., 2011; Hernandez, 2019), leadership skills (Sakowski et al., 2020), public health (Brisolara et al., 2019), creative thinking (Isouard et al., 2015), population health (Caron et al., 2018), inequities (Elder & Shanderson, 2018), supply chain management (York et al., 2017), diversity (Kazley & Fleming, 2017), quality (Wilson, 2017), learning analytics (Ozdemir & Stebbins, 2015), epidemiology

(Caron et al., 2013), and economics (Pauly, 2012)—among others. Some of these topics reflect changes that took place in the early 2000s, when AUPHA and CAHME came together to discuss what graduates should be able to do, known as "competencies" (Garman, 2018). Other *JHAE* articles address new developments in the healthcare industry—such as disruptive change (Delgado et al., 2018) and healthcare reform (Berzas et al., 2014)—as well as new modalities for teaching such as online education (Comellas et al., 2020), massive online open courses (Bennett & Walston, 2015), and capstone courses (Seidel et al., 2019).

We can find no prior discussion in the *JHAE* of how to teach an introductory course or what such a course should cover (although it may in fact exist). An introductory course does not immediately lend itself to developing many of the above competencies, although the competency areas and the topics covered in an introductory course do have some overlap.

AUPHA programs and their course syllabuses do list a knowledge of the healthcare field as a competency to be developed. For the most part, an introductory course is meant to foster awareness and a breadth of knowledge about an important sector of the U.S. economy rather than develop a specific set of skills. That said, some competencies such as critical thinking, writing/presentation skills, and working in teams can and should easily be incorporated into this course beyond the general competency of broadening the knowledge of the healthcare field. Thus, an introductory course might serve to add to the students' tool kit in addition to their databank (specialized knowledge offered in upper-level courses).

Part of the "toolkit" function of an introductory course may be orienting students to a specific disciplinary lens. Disciplinary training usually combines some exposure to theory and practice, hypothesis testing and research findings, and consideration of multiple sides to an argument. These lessons promote "critical thinking." Some courses likely employ more than one such disciplinary lens and, thereby, foster multidisciplinary thinking. Perhaps the three most popular approaches are management, economics, and policy, the choice of which likely reflects the disciplinary background of the instructor. These approaches are also reflected in the specific textbook the instructor chooses (when a text is assigned). Undergraduate and graduate curricula use many different texts. Some of these texts are more oriented toward "policy," which are more often used by economists and medical school faculty. The various texts available are listed (in alphabetical order) below:

Bodenheimer, T., & Grumbach, K. (2016) *Understanding health policy: A clinical approach*. New York: McGraw Hill.

Burns, L. R. (2021). *The U.S. healthcare ecosystem*. New York: McGraw-Hill.

Duston, P. A. (2016). *Analyzing form, function, and financing of the U.S. health care system.* Boca Raton, FL: CRC Press.

Feldstein, P. (2015). *Health policy issues.* Chicago, IL: Health Administration Press.

Goldsteen, R., Karen Goldsteen, K., & Goldsteen, B. (2017). *Jonas' introduction to the U.S. health care system.* New York: Springer Publishing.

Knickman, J., & Elbel, B. (2015). *Jonas and Kovner's health care delivery in the United States*. New York: Springer.

Kominski, G. (Ed.). (2014). *Changing the U.S. health care system*. San Francisco: Jossey-Bass.

Niles, N. (2019). *Basics of the U.S. health care system*. Burlington, VT: Jones and Bartlett.

Safian, S. (2014). *Fundamentals of health care administration*. London: Pearson.

Shalowitz, J. (2019)*The U.S. healthcare system.* San Francisco: Jossey-Bass.

Shi, L., & Singh, D. (2019). *Essentials of the U.S. health care system*. Burlington, VT: Jones & Bartlett Learning.

Shi, L., & Singh, D. (2019). *Delivering health care in America*. Burlington, VT: Jones & Bartlett Learning.

Wagner, S. (2021). *The United States healthcare system*. Chicago, IL: Health Administration Press.

Walston, S., & Johnson, K. (2021). *Healthcare in the United States: Clinical, financial, and operational dimensions*. Chicago, IL: Health Administration Press.

Williams, S., Torrens, P., & Robey, D. (2016). *Introduction to health services.* Boston, MA: Cengage.

Young, K., & Kroth, P. (2018). *Sultz and Young's health care USA.* Burlington, VT: Jones and Bartlett.

An introductory course can further serve as a "civics" course. Healthcare accounts for roughly 18% of gross domestic product (nearly one-fifth of the U.S. economy), is a source of job creation and employment for roughly 10% of the U.S. population, and a major topic of interest in policy circles (e.g., Medicare For All, single payer, etc.). Because much of healthcare is funded ultimately by the taxpayer, no matter how it is "financed," it is (and should be) a topic

of interest to every citizen. Unfortunately, the U.S. population is unprepared for such a discussion.

A recent essay (Thomas, 2021) bemoaned the fact that civics is no longer taught anywhere, with the result that much of the citizenry is ignorant of the basic facts and structures of our democracy. According to a 2019 survey conducted by the Annenberg Public Policy Center (Rozansky, 2019), only 39% of Americans could name all three branches of the U.S. government; an astounding 22% could not name any! At the least, an ancillary purpose of an introductory course is the education of any and all comers to a segment of the economy that consumes nearly one-fifth of our GDP and probably at least one-fifth of our political energy.

Many, but not all, programs in healthcare administration have an introductory course on the U.S. healthcare system (see below). Such a course may serve multiple, other purposes at once: "preparation" for a career in the healthcare field, a "gateway" to higher-level courses in the program, and/or a "portal" to attract students to the program. This range of objectives suggests that multiple stakeholders may be served via an introductory course: the student, the faculty, the program itself, and society. An introductory course can (and should) perform the multiple, important purposes suggested above: general skill development, critical thinking, and civics training. Of course, the presence of such a course does not necessarily signify this service orientation, just as the absence of such a course does not necessarily reflect a rejection of service. Indeed, the absence of such a course may reflect an intentional focus on the development of specific skills (e.g., data analytics) or the (unintentional) inability to staff such a course.

All of the foregoing is intended to elevate the perceived importance and value of an introductory course. It is not our rationale for having taught such a course for so long; instead, it is our recognition and conclusion from having done it for as long as we have.

Content Analysis of Introductory Courses

Between January and March 2020, the first author contacted two sets of stakeholders: (a) faculty members of the AUPHA's directory who expressed an interest in introductory healthcare courses, and (b) program directors of AUPHA programs in health administration. The AUPHA's director of membership assisted us with both lists. We asked both sets of stakeholders if they offered an introductory course on the U.S. healthcare system at either the undergraduate or graduate level. If they did offer such a course, we then asked if they could share their course syllabus and join a database of other instructors teaching a similar course. Because graduate accreditation or un-

dergraduate certification is not required for faculty or program membership in AUPHA, we did not limit our analysis to syllabuses from accredited or certified programs. We did not consider syllabuses from residential programs or courses different from those offered online. We believe the challenges we discuss below are relevant to both formats.

The request was emailed to 419 faculty and 212 program directors (all identified by the AUPHA). The two lists had minimal overlap, resulting in 625 distinct people contacted. We received 92 responses to our query (14.7% response rate). Among these 92, we received syllabuses from 58 individual faculty members and 26 program directors; eight reported that they did not offer an introductory course. The response rates for the two groups were similar (13.8% and 12.2%). We have made no attempt to determine the generalizability of our data to the wider universe of AUPHA programs. Our respondents should thus be viewed as a convenience sample.

Our sample is not only a convenience sample, but is also limited to programs of health administration typically found in schools of public health, public administration, human ecology, and business (among others). We have subsequently discerned that comparable introductory courses to the U.S. healthcare system are taught in programs other than those belonging to AUPHA, including healthcare programs in schools of nursing, medicine, and pharmacy. We are currently contacting their professional associations for their assistance and querying the deans all three of these professional schools to replicate the database reported here. Our aim is to compare how the introductory course is taught across professional boundaries.

Among the 84 responders that submitted syllabuses, some did not have an introductory course that provided an overview of the U.S. healthcare industry, but rather focused on a particular discipline (e.g., industrial engineering, financial management, professional nursing, hospital medicine, healthcare management, healthcare policy, economics); others offered a comprehensive view of healthcare systems in other countries (e.g., Canada, India, Holland). After excluding these, we had useable data on 61 courses taught in 45 different institutions. They all resembled one another by virtue of trying to cover the landscape of players and issues in healthcare. Some institutions offered multiple introductory courses taught by different professors or at different levels (e.g., undergraduate versus graduate).

Content Analysis of Course Syllabuses

Following established methods (Krippendorff, 1980; Nueundorf, 2002), the lead author undertook a content analysis of the 61 course syllabuses. We

analyzed the headings for each of the discrete class sessions taught in each of the 61 courses as well as the readings (e.g., articles, textbook chapters) accompanying that session. We developed a list of thematic keywords contained in the session headings and readings, deriving a list of 57 topics. The task was fairly straightforward, as session headings often aligned with the titles of the chapters assigned in the textbooks listed in Table 1.

We developed a database that listed each of the topics covered in each of the courses. We then distributed the database containing each instructor's course content (range of topics covered) to each instructor, asking them to verify the accuracy of their course's depiction (and thus the validity of the keywords used in the content analysis). As part of our ongoing effort to develop a community among instructors of the introductory course, we have freely distributed the database to all faculty who are willing to be listed and share their syllabus.

Statement of Course Purpose

Nearly every syllabus included an up-front statement of the purpose and/or stated objectives of the course. Most often, these purposes and objectives were encapsulated in one of the following terms: *overview*, *survey*, *basic understanding*, *foundation*, or *systematic approach*. Many courses articulated multiple purposes for the course (See Table 2.) We have taken the liberty of roughly organizing them into areas of focus: actors and their relationships, management and performance, economics and financing, public policy and political forces, and other (history, public health, global comparisons). It is worth reiterating that the courses were all U.S.-centric and (either explicitly or implicitly) focused on providing an overview of public and private actors to explain the status quo and policy options.

Table 1: Stated Purposes of an Introductory Course

Theme	Elements
Actors and Their Relationships	Describe major actors and institutions (current arrangements)
	Describe operations and relationships among major actors
	Describe the healthcare workforce
	Describe the structure and function of the healthcare system

Table 1, *cont.*

Management and Performance	Describe major strategic, managerial, and financial issues
	Assess the design and performance of healthcare systems
	Analyze innovative firms and solutions to improve system performance
	Provide a framework for understanding and managing system complexity
Economics and Finance	Examine features of financing and delivery
	Analyze issues in health economics and financial incentives
	Understand foundational concepts: competition, cost, quality, access, and utilization
	Understand the market opportunities and barriers facing new firms
Policy	Understand and evaluate healthcare policy and provide a framework for policy analysis
	Understand the role of the government vs. the market
	Understand the political forces that impact the healthcare system
Other	Understand the history, origins, major events, and trends in the healthcare system
	Draw the connections between healthcare and public health
	Compare the healthcare system in the United States with those in other countries
	Understand key terms, concepts, and language

Course and Program Demographics

Among the 61 course syllabuses we collected, many (but not all) included information on the school in which the course was taught and the level of students enrolled. Among the 45 syllabuses that included such information, 16 courses were taught in business schools while 29 were taught in more traditional settings (school of public health, public administration, health professions). Among the 38 syllabuses that provided information, 13 courses were taught at the undergraduate level while 25 were taught at the master's degree level.

Range of Topics Covered

We analyzed the syllabuses from the 61 courses to determine the range of topics covered. The list of topics and their frequency are listed in Table 3 (topics listed are those found in 10 or more syllabuses). The list is not exhaustive; a number of other topics were covered in a small number of syllabuses: management and leadership (6 programs), strategic planning and management (5), innovation and learning (4), consumerism (4), what is a system (3), adolescent care (2), high-performance organizations (3), consolidation (2), risk management (3), disruption (2), pricing (2), tradeoffs (2), private equity (2), and workplace safety (2).

Table 2: Frequency of Topics in Introductory Courses

Topic	# Courses	% Courses
Quality of care/quality improvement	57	93
Healthcare workforce	52	85
Financing & insurance	52	85
Technology sectors & HCIT	51	84
Hospitals	48	79
Health, social determinants & population health	44	72
Healthcare costs	43	70
International comparisons	37	61
Healthcare policy	36	59
Post-acute care/Long-term care	35	57
Overview	33	54
Ambulatory care	32	52
Healthcare reform/Affordable Care Act	30	49
Access to care	28	46
History	28	46
Medicare	26	43
Medicaid	25	41
Managed care	24	39
Future trends	22	36
Vulnerable populations	20	33
Public health	15	24
Mental health	14	23

Table 2, cont.

Pay-for-performance/ACOs	13	21
Social values	13	21
Disparities	13	21
Provider reimbursement	12	20
Ethics	10	16

We undertook some rudimentary statistical analyses to determine if the topics covered in these syllabuses differed by whether the course was taught (a) in a business school versus a school of public health/administration and (b) at the undergraduate level versus the graduate (e.g., MBA, MHA, MPA) level. Chi-square tests revealed few significant differences ($p < .10$) on either dimension (see Table 3). Schools of business were less likely to cover social determinants and population health, access to care, vulnerable populations, future trends, and social values; they were more likely to cover pay-for-performance and accountable care organizations. Graduate courses were less likely to cover healthcare reform/the Affordable Care Act and ethics; they were more likely to cover social values.

Table 3: Chi-square Tests of Significance (p values; ***p* values < .10**)

Course Topic	Business vs. Public Health	Undergraduate vs. Graduate
Quality of care/quality improvement	.19	.56
Healthcare workforce	.35	.73
Financing & insurance	.11	.39
Technology sectors & HCIT	.74	.40
Hospitals	.99	.65
Health, social determinants & population health	**.03**	.90
Healthcare costs	.36	.42
International comparisons	.20	.72
Healthcare policy	.29	.30
Post-acute care/Long-term care	.29	.21
Overview	.83	.14
Ambulatory care	.20	.43

Table 3, cont.

Healthcare reform/Affordable Care Act	.67	**.09**
Access to care	**.09**	.90
History	.82	.72
Medicare	.99	.42
Medicaid	.99	.72
Managed care	.82	.30
Future trends	**.03**	.75
Vulnerable populations	**.07**	.51
Mental health	.43	.77
Pay-for-performance / ACOs	**.02**	.83
Social values	**.04**	**.05**
Disparities	.81	.22
Provider reimbursement	.15	.22
Ethics	.33	**.06**

Challenges to Teaching the Introductory Course

Instructors face many challenges teaching the introductory course; among the challenges are the diversity of students, the diversity of the faculty, the broad range of topics, the evolving nature of the subject matter, the sensitivities to be aware of in the subject matter, and faculty reluctance. These challenges are described below.

Student Diversity

As noted, the introductory course can be taught at both the undergraduate and graduate levels. Each level presents the instructor with wide demographic diversity of the student body. For example, at the undergraduate level, students are less likely to have direct experience using either the delivery system or obtaining health insurance on their own (employer based or otherwise). Students in their first year or two of college likely have less preparation in other disciplines (e.g., economics, finance) that may help them to understand the complexities of healthcare, particularly its financing and reimbursement. At the graduate level, there can be a major divide between United States and international students. Even with backgrounds in healthcare, learning about

U.S. healthcare can be particularly hard for international students. Such students may also face language issues (e.g., English as a second language, or ESL) which, combined with the peculiarities and acronyms found in healthcare, confront them as a "double whammy."

Students also vary in terms of prior experience working in the healthcare industry or their prior exposure (by virtue of having parents with healthcare backgrounds). Such experience and exposure can be very useful in grasping the material taught in an introductory course; the lack of both may put the student at a disadvantage. More importantly, however, such experience can predispose the student to be interested in only some topics covered in the course and, possibly, tune out others. If an introductory course is required as a prerequisite to higher-level courses, interest will vary considerably: for students with definite career goals, only specific components of the course may be of interest.

At the graduate level, particularly among MBA programs, the students' prior experience can pose some interesting issues for the instructor. For example, some business schools require that, prior to admission, incoming students have several years of work experience after college graduation. These students often spend that time in one or two specialized positions in particular sectors of the healthcare industry and then come into class knowing as much or more about these topics than the instructor. The result is an unusual information asymmetry, which can be especially awkward for more junior instructors. Another related issue for the instructor is how to pitch the course: at a sophisticated level (highest common denominator) that targets and challenges the more experienced students, or at a basic level (lowest common denominator approach) that all students can understand. This decision has important ramifications for balancing the level of student engagement with the degree of student frustration/difficulty with the course material.

Faculty Diversity

As noted, there is a wide diversity in faculty teaching the introductory course. Such diversity spans multiple dimensions: (a) university affiliation (e.g., tenure-track vs. adjunct faculty); (b) academic rank (e.g., tenured vs. untenured); and (3) disciplinary orientation (e.g., healthcare management vs. economics vs. public policy training vs. practitioners, among others). Such diversity is likely associated with the choice of textbook, choice of topics, and choice of cases.

What challenges does such diversity pose? First, such variation may limit the utility of a syllabus for one instructor when it has been developed by a different instructor as there may be unfamiliar subjects and content. As a result, there are reduced opportunities for collegial interaction and sharing of course

content, which impose a greater workload burden on the instructor. For an instructor tasked with the introductory course for the first time, the class may indeed need "new prep." Second, this problem is compounded by the reality that, in many institutions, adjunct professors do not have offices (and maybe even office hours) on campus, thus affording them fewer opportunities for interaction with the standing faculty. They may also (and unfortunately) be viewed by some standing faculty as "not really faculty," which further limits their interactions. This deficit reduces any opportunity to merge academic and practitioner perspectives in the presentation of the course material. Third, institutions with multiple introductory courses may have considerable variation across the sections. Faculty teaching follow-on courses may thus have students with quite disparate training and preparation.

Subject Matter Breadth and Complexity

Our analysis of introductory courses reveals the enormous breadth of subject matter to cover, which includes a host of "players" (oftentimes nouns) and "policy issues" (oftentimes verbs). The players are the various healthcare sectors (e.g., provider organizations, insurers, professions, technology suppliers); the policy issues concern the nagging problems of quality improvement, cost control, promoting competition, provider payment reforms, population health, public health, and access to care. The instructor already has a lot to master, integrate, and present—all in one semester or quarter.

We have noticed a tendency among some economists to focus more on policy and less on "institutional" details such as depictions of the players (Sloan, 2021); faculty with management training might do just the opposite. If the introductory course is taught by faculty with one or the other disciplinary background, students may only develop a partial understanding.

The task is not made easier by the resources available to instructors. There are a lot of texts but no standard canon. Many texts do not cover all of these players and issues, and many do not employ any framework to identify them. One framework classifies the players as payers, providers, and producers with two sets of intermediaries between them: financial intermediaries (managed care plans, high-deductible health plans, pharmacy benefit managers) and product intermediaries (group purchasing organizations, wholesalers). Other texts utilize any of the 40 or more "system frameworks" found in the literature. The task becomes even more daunting when one confronts the multiple actors within each of category of players (e.g., multiple types of ambulatory care organizations); each category of players has a cast of thousands.

There is simply not enough time in an academic semester or quarter to cover all of these categories and their constituents. No text covers all of them

to help the instructor. And no instructor has expertise in all of these areas. That leaves the instructor with some (potentially uncomfortable) decisions to make:

- Do you ignore some categories and omit them from the syllabus?
- Do you leave it to the students to read up on them?
- Do you outsource the teaching of these categories to guest speakers?
- Do you invest (often considerable) time in learning a whole new industry, regulatory scheme, or discipline?
- Do you focus on the framework, its complexity, and speed of change, underscoring the importance of continually updating information on specific actors?

The "outsourcing option" confers some interesting benefits: the instructor gets to cover more diverse topics, incorporate recent updates "from the field," and increase the diversity and perspectives among class speakers. However, outsourcing also poses some difficult challenges: the instructor has to anticipate what the speaker will cover, avoid duplication with what is already covered, and integrate what outside speakers cover with the remainder of the course. Outsourcing may also exacerbate some of the issues noted above under "faculty diversity."

Another option for instructors is to use cases that aim to illustrate all of the complexities around a player or an issue. Such cases are often sourced from the business schools at Harvard, Stanford, or Virginia (among others), or from textbooks. Cases have their advantages: they can cover topics unfamiliar to the instructor, they can cover "what is hot," and they can force the instructor to better learn the material. Cases also have downsides: they are only as good as the case writer, and cases may be "full of BS" (Burns & Pauly, 2018).

Subject Matter Evolution

The broad scope of material to cover in an introductory course poses one challenge for instructors. The evolution of that material poses another. Like other ecosystems, U.S. healthcare continues to evolve, with little stability in course subject matter. Every year it seems there are lots of new players and sectors to master (e.g., artificial intelligence, potentially disruptive new entrants, pandemics) as well as older topics that we are now confronting in a serious fashion (e.g., disparities), making it hard to keep up. Knowledge of these new players, sectors, and technologies may lie outside the instructor's skill set, and yet, instructors must consider whether to incorporate them into

the syllabus. Many of the topics textbooks cover are not woven together, at times reflecting that separate authors have written individual chapters, other times reflecting the lack of an overall argument to the text.

Given the rapidly changing set of actors and settings, perhaps the best an introductory course can do is lay out the relationships among the diverse actors in this ecosystem; how this ecosystem evolved, and thus why we do things this way; why (given this path dependence and first-mover advantage) it is hard to change things; how the future will likely be determined; and what resources exist for students to keep up to date. Food for thought.

One way to parse the topics that might be covered is to consult the extant evidence base to see what implications the topic poses for either the triple aim (health status, patient experience, per capita cost) or the iron triangle (access, quality, cost). This itself is a staggering task. There is a bewildering amount of research to sift through on some topics; conversely, there is a total lack of research on others. Many of the topics that texts cover are discussed without reference to published evidence that illustrates their impact on the important goals. Most of the topics are presented in a "structural" framework that emphasizes organizational classifications, statistics, laws and regulations, and so forth.

Many students, especially those in business schools or at the graduate level, want "what is hot." Unfortunately, the recent hot issues are rarely covered in texts, even in their most recent editions. There is thus no good "clearinghouse" of information, although the daily news feeds from *Kaiser Health News* and *STAT News* are not bad places to start for health services and life sciences, respectively. Moreover, there is usually not much research evidence on the triple aim or iron triangle impacts of "what is hot," making it hard for the instructor to evaluate whether to include the material in course. A parallel issue is that many students (especially in business schools) want the "latest data," and frown upon faculty whose slides and statistics are stale.

Instructors cannot "dust off their lecture notes" or do just minor adjustments to PowerPoint slides each year they teach. They have a lot of (a) players, sectors, and issues to stay abreast of, (b) updates and changes to make, and (c) integration of material to consider annually.

Sensitivities

Another issue is the growing sensitivity around issues that might be covered in an introductory course. It is no secret that American society and politics have become polarized. It is much easier now for potentially divisive issues to creep into the course (e.g., "healthcare is a right," single payer and healthcare

for all is the ethical approach, the need to address racial disparities). Instructors may have to present differing political views on such issues—and whatever evidence base exists supports them—without offending one side or another.

Faculty Reluctance

For all of these reasons, many standing program faculty do not want to teach an introductory course, and are content to leave the task to adjunct faculty. It demands too much effort and may siphon off time needed to conduct and publish research in peer-reviewed journals. Faculty working in applied management or economics may view the course as totally orthogonal to their research agendas, as offering little synergy with their research efforts, and, thus, as a distraction. As a result, other faculty—perhaps new junior faculty who have not yet developed their research agendas, or adjunct faculty hired from the outside—may be tasked with this course. But junior faculty may simply not have the level of experience or understanding to cover so much ground confidently; adjunct faculty may not be on campus sufficiently to provide the co-curricular support that many students want, need, or demand.

Lessons

Any introductory course is thus likely to be challenging—for both the instructor and the student. The course may be the only required course in the curriculum, with the remaining courses serving as electives for which the introductory course serves as the foundation. The introductory course instructor thus bears the burden of educating and preparing the student for all subsequent courses and the job market. Below are some lessons for instructors (and program directors) to bear in mind. The discussion draws on findings from research on innovation, reflecting the novelty and challenge posed by teaching the introductory course.

Need to Develop Breadth

Table 3 indicates the challenge of covering a broad subject matter. Instructors may need to develop what Germans call a *Weltanschauung*, or world-view. In common parlance, they will have to form "a big picture" regarding how all of the players and sectors and issues intertwine. All subsequent course material can build upon (and be integrated with) the scaffold constructed during the introductory course. This world-view is not easy to come by and may be uncomfortable for some faculty in the near-term.

Few faculty, standing or adjunct, are likely to know all or most of what is covered in an introductory course. This lack of erudition is particularly acute among newly hired assistant professors, especially if their doctoral programs

did not include such a course. Those tasked with such a course may need to undertake several activities. First they need to conduct an environmental scan of what might be covered. This scan can include the perusal of several introductory textbooks as well as reviewing syllabuses used by other instructors, other institutions, and by colleagues teaching the parallel course in the professional schools at one's institution (e.g., nursing, medicine, pharmacy). The scan will lead instructors to develop an expansive list of possible subject matter to cover. The task then becomes one of compiling and paring down topics to be covered. This two-step process is somewhat comparable to what some management researchers (Van de Ven et al., 1999) describe as "the innovation journey": option widening and then option narrowing. Second, instructors may want to network with such individuals and those listed in the AUPHA's directory—and thereby develop a community. Third, they may need to request support from their program directors as they develop these "new preps." This support can take the form of budgetary assistance, research assistants, and/or course load reductions. It is not clear to us that program directors or colleagues appreciate the challenge, unless they themselves have taught this course.

Staying Current on a Broad Array of Topics

As we have emphasized, instructors have to cover a lot of ground. They need to stay abreast of as much of the healthcare ecosystem as they can. In practice, this means that they need to read a lot, read widely across healthcare sectors that may lie outside their specific field of expertise, read trade journals regarding new developments and entrants (what is hot), perhaps consider conducting research projects in new areas—and do so on an ongoing basis. This effort places a premium on their ability to be both "cosmopolitan" and current, which is somewhat similar to the challenge of integrated healthcare (an ongoing experiment in organizational innovation): the care of the patient needs to be integrated laterally across provider sites and longitudinally over time (Shortell et al., 2000). The integration task has proved challenging for healthcare systems. Developing an integrated understanding of the U.S. healthcare ecosystem (lateral dimension) and then continually updating it (longitudinal dimension) constitutes an equally daunting task.

How does one develop such cosmopolitanism? Early innovation researchers noted the importance of developing heterogenous sources of information and heterophilous networks—that is, collegial networks with those outside of one's immediate area of interest (Becker, 1970; Glaser, 1963; Rogers, 1962). This time-consuming activity may help to explain why some full-time faculty do not wish to teach such a course. It is difficult to balance these obligations

with a focus on specialization and demonstrating excellence within one's own research area—which is what often determines academic promotion.

Keeping up with developments outside of one's area further requires the instructor to understand what these developments mean. Oftentimes, the significance of such developments is ambiguous. Innovation researchers have drawn attention to the need to develop an orientation that balances rational problem-solving with sense-making (also known as interpretation) that embraces ambiguity (Lester & Piore, 2004; Weick, 1995). Such a balanced orientation does not come easily. It is a competence that may require the instructor to maximize their opportunities for serendipitous discoveries and serendipitous encounters with those outside one's field of specialization. These encounters can be facilitated by serving on boards, professional committees, and task forces, and by interacting regularly with program alumni and other members of the practice community (e.g., conduct an "environmental scan"). Such encounters expose the instructor to new topics, new cases, new teaching methods, and (most importantly, perhaps) new understandings and interpretations concerning the developments in less familiar areas.

Teaching Evaluations

Some of the authors have taught the introductory course for decades. We have compared notes with one another and with our colleagues tasked with a similar course. We are chagrined to confess that the teaching evaluations we normally receive in other courses plummet when we teach the introductory course. Let us be painfully specific: instead of a 3.5 out of 4.0 rating, we normally struggle to eke out a 2.2 rating in the introductory course. Ratings at or below 2.0 are not rare. This is not for lack of trying. We put in more hours of preparation every year when we teach this course. And, yet, the low ratings persist.

Why is this the case? One explanation, noted above, is that the introductory course is often a required rather than elective class in the program, or serves as a "general education" requirement in the institution. Students have no choice but to take it, and may be unable to place out of it. Thus, unlike our elective classes, there is no self-selection based on common interest among students. As some faculty have reported to us, those students are there to "tick off the required box," and it is hard to meet all these students "where they are." Health program majors need a deeper level of detail than those ticking off the box. Some course registrants may believe the course will be more medical than managerial, leading to frustration or boredom. Furthermore, elective classes often have smaller enrollments, which makes for more engaging class discussions. Another related explanation is that students are often eager to specialize in topics they feel are best aligned with their career interests. In-

troductory courses package a lot of "unwanted baggage" around seemingly unrelated topics. Social psychologists note that people are not interested in what they do not know (Christiano & Neimand, 2018).

Developing the knowledge base for an introductory course and then teaching it effectively require passion and perseverance. These terms are also code for the need by instructors to develop a "thick skin." Instructors should be aware of (and prepared for) the fact that not every student will like all of the material they cover. As a result, they may need to learn to live with mediocre teaching evaluations (if they arise), which are more likely in large, required courses than smaller electives. Some important skill-sets here may be resilience and grit, terms that have entered our vocabulary in recent decades (Duckworth, 2016). Instructors may also need to educate their program directors and deans about the difficulties of teaching such a course and explain the relatively lower course evaluations. However, as we have learned from personal experience, none of this softens the blow of receiving them.

Resources and Rewards

As we intimated, healthcare is perhaps the "#1 global growth industry," which means that the healthcare ecosystem represents a big source of future employment for students. The introductory course may enjoy growing enrollment (demand) over time. Program directors may need to staff more sections and, thus, have more faculty ready to teach such a course. However, partially as a result of COVID, educational institutions have suffered financially; some have instituted hiring freezes. There may be no immediate relief with regard to course staffing.

What advice might we offer program directors? One possibility is to network with professional schools, both within one's own institution or in neighboring institutions. There may be opportunities for cross-registering students or locating faculty in other schools/institutions who are able and willing to teach an introductory course. An advantage of these collaborations—beyond resource sharing—is the potential for interprofessional cross-fertilization from mixing student populations across programs, schools, and even institutions.

Program directors may also need to rethink how they recruit faculty to teach such a course. While challenging, teaching the introductory course may confer several substantial, personal benefits on the instructor. First, as the instructor develops a wider view of the healthcare ecosystem, they will understand it better. Such understanding is incredibly rewarding, if only to bolster one's confidence and lessen some of the mystique and uncertainty about the subject matter to be taught. Second, teaching the introductory course in one context (the United States) makes it easier to understand how healthcare

systems function in other countries, in turn making it easier to draw global comparisons in class. Teaching the introductory also facilitates engaging international students in class discussion by drawing such comparisons, which breaks down the ESL and double-whammy barriers noted above. Third, by virtue of teaching the introductory course, the instructor is more likely to develop a multilevel understanding of the healthcare ecosystem: for example, the micro/patient level, the meso/organizational level, and the macro/societal level, which improves one's ability to recognize the implications of changes in one part of the ecosystem for changes in the others (Burns et al., 2022). This augmented knowledge may also position the instructor to obtain research grants that increasingly emphasize multilevel implications (e.g., social determinants of health).

Over longer periods of time, our graduates will advance to leading positions in the healthcare industry and will become a key network to draw upon in helping current and prior students, in teaching the course itself, and in advancing our own industry knowledge. In our experience, program alumni are particularly eager to provide this knowledge through guest lectures, feedback on course topic ideas and case studies, connections to other experts, and more general conversations about current industry challenges and trends. This suggests perhaps the most important purpose and challenge of the course: to help students see this bigger picture and the systematic connections among the various moving parts. Such a broader understanding of the healthcare system can spill over into having a more "systems view" of everything. Isn't that one of the ultimate goals of education (as opposed to training)?

Community

Finally, introductory course instructors can benefit from developing "a community" with others tasked with teaching the introductory course. While certainly aware of one another, the authors of this paper have never before worked together on a research project. We came together specifically for the purpose of sharing our experience, and have enjoyed an entirely new venue of collaboration. Such sharing can encompass syllabuses, teaching materials, class presentations, case analysis notes, and teaching guides. We have already developed a shared database of AUPHA member faculty who teach this course and the topics each of us covers. The community can also serve as a telephonic or online sounding board for curriculum questions and issues, which can be of immense help to junior faculty who are tasked with this course ("new prep"). This arrangement takes the AUPHA's self-identified interest group (those interested in teaching such a course) one step further. Perhaps the next step is to host a conference among all those interested in this area to explore how we might individually and collectively "up our game."

Limitations

This paper is exploratory, not definitive. Our analyses are based on a small convenience sample rather than a large random sample. We do not claim to have gathered information from all AUPHA program stakeholders or to have carefully distinguished subgroups such as accredited versus nonaccredited and certified versus noncertified programs. We have also worked under the assumption that the distinction between residential versus online format is not critical; this assumption is based more upon our own experience rather than on empirical documentation, however. Further, we have not investigated the content of introductory courses in doctoral programs. Finally, we have elicited syllabuses from one set of health administration programs (AUPHA) rather than from the broader universe of introductory courses taught in other professional schools (nursing, medicine, and pharmacy). We are taking steps now to address this latter shortcoming.

Summary and Conclusion

We began our inquiry with a simple question: what is the purpose and range of subjects covered in an introductory course in healthcare administration programs? A content analysis of the 61 syllabuses we received from faculty and program directors teaching in 45 different institutions, coupled with our own experience teaching such a course, leads us to three conclusions.

1. While the specific stated purpose of the course varies by context (institution, sponsoring program/entity, and level of student), the introductory course offers a breadth of knowledge of the U.S. health care system to students preparing to enter a healthcare career or preparing to take higher-level coursework in the healthcare arena. It can also serve as a portal to attract new (primarily undergraduate) students to the field. However, in addition to knowledge, the course can develop skills or competencies such as critical thinking, writing and presenting, and working in teams. Given the importance of healthcare in both the national budget and policy discourse, such a course also contributes in important ways to students' civics literacy.
2. The breadth of material to be covered by the introductory course can pose challenges for faculty, especially given the diversity of student backgrounds. Faculty must choose among both numerous and ever-changing topics, many outside of their expertise. Opportunities to address these challenges are also numerous, however. Faculty can themselves broaden their knowledge base and keep abreast of industry

changes through the proliferation of news feeds, blogs, and podcasts by experts in every healthcare arena, or by participating in industry and professional activities. Since the introductory class is just that—introductory—the depth of this knowledge base does not have to be substantial. Faculty can also rely on guest lectures by experts, often in the form of alumni and their connections.

3. The diversity of student backgrounds and the fact that the introductory course is often required make it difficult to achieve superior teaching evaluations for this course. Not only should faculty not expect outstanding ratings, but they may also need to help their program directors and department chairs understand both the resources required to do the course well and the fact that "well" probably has a different meaning than in the smaller, more focused advanced courses that follow it.

In the end, however, we believe that the rewards for teaching the introductory course are also significant. Not only can faculty pride themselves in providing an important foundation of knowledge and skills for tomorrow's healthcare leaders, but they can also develop the kind of broad, systems-based view of the industry that provides a solid foundation for their own work, both teaching and research. Further, beyond the news feeds and the industry experts that are available to provide assistance, there is also a large community of instructors who teach the introductory course and are ready and eager to share insights and resources. AUPHA provides one such robust forum through its member network. We are trying to develop another.

While the analysis we present in this article has limitations (some of which we hope to address by broadening our examination to similar courses in schools of medicine, nursing, and pharmacy), we believe our conclusions should provide some guidance, or at least support, for faculty who face another term wondering whether their choice of the "why," "what," and "how" of the introductory course makes sense.

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