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William R. McNay

Mercer University, [mcnay\\_wr@mercer.edu](mailto:mcnay_wr@mercer.edu)

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# **Executive Education for New Leadership Roles: A Clinical Approach**

William R. McNay  
Professor of Management  
*Mercer University*

## **Abstract**

Major changes in the business environment in the 1980s brought new emphasis on the work of executives; executives are now expected to take an active leadership role in all major organizational programs. However, executives are not fulfilling their anticipated leadership roles in many situations. This paper looks at the reasons why the problem exists and offers a unique approach to provide them with the needed learning.

## **Introduction**

American companies are facing a unique set of challenges and problems, and the work of their executives is no longer limited to creative and rational thinking in planning for growth, profitability, and other traditional high-level business responsibilities. The new responsibilities facing executives often require knowledge and skills beyond those acquired on the way up the hierarchal ladder; yet most executives have not received the additional experience or education needed for these new roles. Executives are recognized as the ultimate leader in most organizations; however, even the best leader cannot provide effective leadership in all activities and undertakings outside their realm of expertise (Drucker, 1999).

This paper examines the reasons for failure to achieve anticipated leadership successes and, further, presents a new approach for education that can provide executives with the knowledge and confidence they need for leadership roles in areas where they do not have prior experience or

education. The new educational concept incorporates a clinical method, a reality-based approach, in which the executives participate in a learning process that replicates the actual work their employees will be performing later in the organizational setting.

The term executives in this paper is used to designate high-level managers who have responsibility for profit and growth of major business units, including CEOs, General Managers, and other high-level managers who make executive-type decisions.

### **Executive Responsibilities**

During the past several decades, business organizations have become more diverse and complex, increasing the need for strong leadership throughout the organization, especially from the top (Yukl, 2006). It is often said that the modern executive *is* the organization, and this notion is exemplified by the exorbitant pay and bonuses accorded top executives. Power and responsibility have become centralized around them, and not without justification; Charan (2008) has pointed out that executives are in the best position to provide leadership because they have access to all key organizational information including financial data, human resource records, improvement programs, and long term strategies. Bennis & O'Toole (2005) have concluded that executives need a multitude of skills to carry out their new responsibilities; in particular, they need the ability to coordinate and guide the implementation of improvement programs and new opportunities, one of the most valuable of all leadership skills.

In the twentieth century, business activities generally took place in stable situations where rank and knowledge prevailed. Executives were seen as the designated leader, but responsibility for the work of implementation was generally left to lower-level managers and specialists (Burnham, 1941). Today, executives are expected to take charge and provide effective leadership throughout the implementation of the firm's strategic management activities. In most organizations, considerable progress has been made in educating executives for leadership roles in the formulation phase of the process (developing mission and strategies), and the resultant strategies are usually well-crafted and achievable. But the involvement of executives in the implementation phase of these strategies (the action phase) has been minimal or has even led to failure. As Kotter (1982) and Mintzberg (2004) have pointed out, the successful implementation of strategic plans is challenging and extremely difficult because the work does not conform to neat leadership theories and

practices, it is usually complex and messy, and many executives are not prepared for or even want to get involved in this type of activity.

Various reasons have been offered by management writers to explain these failures. Drucker (1999) was one of the first to note that most implementation failures are not the result of wrong things being done but that right things are not being done effectively. Charan & Colvin (1999) have suggested that executives and educators have a fascination with vision and grand strategies, which can divert attention from implementation activities. Bossidy & Charan (2002) add that people in top management positions tend to regard implementation activities as being beneath their dignity, and willingly delegate responsibility for this work to others with the assumption that lower-level personnel will accept the new responsibilities as a normal part of their work load and get it done. But this is not a realistic assumption because these people have their own work schedules to meet. Never-the-less, this important work must be accomplished in a timely and effective manner; and, without leadership from the top, implementation activities will continue to be unstructured, uncoordinated and ineffective (Bossidy & Charan, 2004).

### **The Executive's Role**

Most executives are usually well-educated, experienced individuals with great self-confidence, and knowledgeable about the realities of managerial life; yet, a primary focus on one functional area in their rise to the top has limited their working knowledge of the whole organization. In the modern business world, executives are often faced with new situations that require knowledge and skills beyond those acquired in prior jobs (Senge, Kleiner, Roberts, Ross, & Smith, 1994). During the rise to the top, most executives practiced and sharpened their leadership skills in communications, interpersonal relationships, and decision-making, but the focus on one functional area, such as marketing or finance, has limited an in-depth perspective and knowledge of other organizational activities, especially those related to the implementation of key improvement plans and organizational strategies (Bennis & Spreitzer, 2001; Kotter, 1996). The knowledge and skills that made them successful in one area are usually not sufficient to enable them to effectively lead work outside their area of familiarity. Mintzberg (2004) has observed that an executive may be a leader in one situation but no one person can provide effective leadership in all situations and circumstances.

Bossidy & Charan (2002) have concluded from their research and personal experiences that one of the most admired leadership attributes is competence, the ability to put knowledge to work. They believe that a primary factor in the successful execution of plans is having a leader who is fully knowledgeable about the actual work to be done and can share this knowledge with others to get it done efficiently and effectively. Kouzes and Posner (1993) have argued that without knowledge of what has to be done, executives cannot have credibility, and without credibility, the chance of successfully leading implementation activities is diminished. Most organizational members expect their executives to be competent, and credible, not just in theoretical and analytical skills, but also in the ability to understand and guide work in the workplace. Lorange (1982) holds that before employees can follow their leaders willingly, they first want to assure themselves that these individuals are competent, credible, concerned about others, and able to help them perform their jobs better.

As might be expected from the above comments and verified by many studies and real-life examples, not all executives are prepared for or capable of taking on a leadership role in implementation activities. This is due, in large part, to the fact that they do not have sufficient knowledge of the actual work to be done to be able to provide real leadership to others performing these activities. Bennis and Spreitzer (2001), among other scholars, believe that correcting this deficiency is one of the more pressing concerns for educators today. Doh (2003) goes further in advocating that this kind of practical knowledge should be a primary focus of executive education; individuals can lead only when they have knowledge of what is to be done, who is to do it, and when it has to be done. Kotter (1996) has observed that without adequate knowledge, leaders often become little more than spectators or cheerleaders, and those who try to lead in situations where they do not have experience or knowledge are more likely to mislead followers than to lead them. When leaders are not fully knowledgeable, subordinates become disappointed, frustrated, and scornful of the entire process (Bossidy & Charan, 2002). Whatever the reason for the neglect or omission, the end result is that the well-crafted improvement plans and highly-touted grand strategies of many organizations are not properly implemented and do not yield desired results. How to overcome this dilemma has been a major concern of educators and business leaders alike during the past several decades, and a major focus of this paper.

## Literature Review (Executive-Education Studies)

Bennis & O'Toole (2005), Pfeffer & Fong (2002), and Charan (2008) are among the many management scholars who have claimed that business schools are failing to address the major leadership concerns of business organizations. Rost (1991) was one of the first to comment that most leadership studies place too much emphasis on things peripheral to the needs of leaders such as traits, theories, behaviors, vision, etc., and not enough emphasis on providing knowledge of other equally important aspects of their work. Over the past several decades, executive education has been inundated with a myriad of different leadership theories and models that purportedly can teach one to be an effective leader in any situation, but many of these programs often just focus on making the participant a better manager, motivator, or universal leader (McNay, 2008). Mintzberg (2004) believes that one of the major problems with executive education is that it has been dominated by the teaching of theories and universalized principles rather than involving students in specific, practical-learning experiences.

Chia and Holt (2008) have found that the present emphasis in business schools is still on theoretical, quantitative, and generalized kinds of knowledge which overshadow the practical kinds of knowledge that leaders also need. They argue that this emphasis is something that may be useful in the long term for some individuals (especially those on the way up the hierarchical ladder), but is of little benefit to established top managers and executives facing immediate challenges. Yet, today, most executive programs still focus on preparing students for general leadership roles structured for the "average" executive, but this is unrealistic because there is no such thing as an average executive. Ghoshal (2005) has also been deeply concerned about the dominance of theoretical and generalized kinds of knowledge generally taught in most academic institutions, and he questions whether this kind of knowledge is appropriate or even useable for executives in many, real-life situations.

In his study of top managers, Mintzberg (1973) concluded that every executive is unique and every situation different, so he argued, accordingly, that executives must have education specifically designed for their own spectrum of activities. In 2002, one of AACSB's educational task forces also suggested that there is a need for leaders to have greater familiarity with the work to be done in their own companies (Report, 2002). The co-editors of an article in *Academy of Management Learning and Education*, Buchel and Antunes (2007), have gone further in stating that executive education

requires a stronger connection to the workplace, with more direct analogies to personal needs and experiences. Kouzes & Posner (1993) further argue that this requisite knowledge cannot be learned from a book or lecture, but must come from close association with the work to be done.

Bracken (2008) and Mailick, Stumpf, Grant, Keir, and Watson (1998) have concluded from their studies that the widely used case-study and simulation-game methods of learning, designed to provide “practical” experience, cannot not really provide executives with adequate knowledge of the real world because all the data is given to them, and, as a result, students cannot experience the frustrations and tensions involved in collecting and classifying great volumes of data. Mintzberg (2004) agrees that real learning comes primarily from having students dig out relevant information, weave their way through complex phenomena, and share their experiences with others in similar positions. Argyris (1993) writes that effective learning for managers must be based on real-life problems, followed soon by actions directly applicable to the participant’s own organization. Garvin (2007) has found that executives do not want to spend time reading and listening to lectures; they want programs with explicit connections to current business problems, and they want to put their learning to immediate use.

### **Literature Review (Experiential Learning)**

Mintzberg (2004) has long been a proponent of the belief that to be properly educated, both managers and executives need some form of experiential learning; which is, in essence, the process of making meaning from direct experience. Action Learning, the experiential-based learning method pioneered by Revan, has been recognized by many practitioners and writers as one of the better methods for training managers for their practical responsibilities (Keys & Fulmer, 1998). Drucker (1999) stated that the real effectiveness of Action Learning is when managers share their knowledge and experiences of workplace situations and then work together to resolve actual business issues and problems. Although experiential learning has not been used to any great extent in executive-education programs, it has produced good results in such well-known applications as Jack Welch’s “Work Out” programs at General Electric and Duke University’s CE executive programs. Marquardt & Schwandt (2000) found from their research that the most effective form of Action Learning is where senior managers work individually and collectively on their own specific issues under the guidance of faculty facilitators. Tushman, O’Reilly, Fenollosa,

Kleinbaum, and McGrath (2007) concluded from their research that some of the today's best executive-education programs include Action-Learning components that involve participants in activities that are applicable back home in their own organizations.

Management writers in the first part of the twentieth century (for example, Mary Parker Follett in the 1920s, Chester I. Barnard in the 1930s, and Peter F. Drucker in the 1950s) readily accepted the fact that most executives of the period had vast business experience and a thorough understanding of the work to be done in executing plans and strategies. Consequently, the major focus of executive education (what there was of it) offered by academic institutions was in teaching the principles and techniques of leading. Today, most writers generally agree that executives have a good understanding of the principles and techniques of leading, but see the need for them to have greater knowledge of the work to be done in organizational activities where they do not have experience. The literature review reflects this growing awareness and supports the call for executive-education programs that will provide executives with more experiential knowledge—knowledge derived from actual experience. The clinical program presented here fulfills this need.

### **The Clinical Approach**

The clinical approach proposed here is a unique method of educating executives for leadership responsibilities in areas where they do not have prior experience or education. This method will provide executives with the ability to diagnose and plan a treatment program for an actual patient—their own company. As in a medical clinic, the executives learn what has to be done, not by reading or hearing about it, but by actually participating in the activities that have to be done. They become involved in the tasks required to implement planned activities including; analyzing the situation, determining what needs be done, finding the best way to accomplish the work, and developing controls to insure that the proper “medicine” is administered by specialists and technicians. The purpose of the clinical method is not to teach new leadership theories or techniques or new ways of analyzing data; rather, it is aimed at giving executives an understanding of the actual work to be done back in their own organizations and providing them with the experiential knowledge needed to lead others in getting it done. The approach is unique in that executives will have direct involvement in the organizational activities that will be performed later in their own companies. Learning is embedded in the execution of these activities where the student-



executives address the same issues and problems their subordinates will be facing later in the organizational setting.

### **The Clinical Environment**

The academic classroom is the clinical environment where the executive students work with like-minded executives who have similar professional interests and who are facing situations where they must provide leadership in areas not normally part of their regular responsibilities. The executives are asked to adopt new roles as student, co-worker, teacher, and consultant to the other participants. They work both collectively and individually in an environment of shared learning, in which each student has the opportunity to discuss personal experiences, successes, and failures in a safe, friendly setting. The clinical program gives them the opportunity to look beyond their customary ways of approaching new situations and provides the chance to work closely with other similarly-minded executives in a simulated, real-life implementation process.

The students are assigned to consulting teams of three to four members, grouped according to the size of their company, type of company, or other appropriate arrangement. The team approach insures that each student will have the opportunity of working closely with other executives who have similar levels of responsibilities and experience. In these teams each student will act as a consultant to the other members of the team, helping them gather information, formulate approaches, analyze data, develop operational tactics, and generate short-term plans and schedules. They will share experiences and ideas, and because each executive brings his or her unique background to the classroom, all will be exposed to a wide spectrum of issues, problems, and solutions. While they work collectively during the entire program, each student will perform his or her own research, analyses, and work activities because there is no one "right" way to implement a strategy.

The following section provides a brief overview of the proposed clinical program which is designed to educate executives for a leadership role in implementing the grand strategy in their own firm's strategic management program. The modules described here illustrate the various elements of study/activities in the clinical program that will provide the executives with the experiential knowledge and confidence needed to take a leadership role in the actual process back in the organizational setting. The executive students will not just be listening to lectures; rather, they will be fully immersed in all the program elements described below.

## Course Modules

A typical one-week clinical program consists of two modules. The first module, using approximately one-fifth of the total time, is devoted to learning the essence of what is involved in an actual implementation program. The module begins with lectures by a faculty facilitator, whose job is to guide the overall learning process and provide module-related information, including a case study-type framework that students will be using in the second module to structure and analyze collected data. The faculty facilitator will also give guidance on such responsibilities/activities as achieving short-term wins, handling possible resisters, potential pitfalls, and managing the conflicts caused by overlaps between functional activities and the new implementation activities. Supplemental lectures by other faculty members, serving as an advisory team, will explore various aspects of the implementation process including: the need to communicate the firm's vision to all employees; where to look for new data sources; organizing the workforce; establishing inter-functional relationships; tying rewards to good performance in execution activities; and identifying needed tools, measurements, and controls.

The second module, utilizing about four-fifths of the total program time, consists of a series of simulation/case-studies/action-learning activities in which the executives will be using their own company data (as much as possible) for analyses and decision making. When actual company data is not available, estimated or approximate data can be used—the purpose of the clinical program is to teach the implementation process, not to strive for quantitative accuracy. The challenge for each executive is to develop an implementation plan for achieving project goals and objectives while adhering to given constraints—scope, quality, time, and financial budgets. The students first determine whether their company's communications and business systems are consistent with the strategy to be implemented, and whether there is a good fit between the chosen strategy and the company's capabilities. They will further evaluate the flexibility of their company's culture, internal policies, operating procedures, and human-resources practices to see if the organization can handle the new implementation activities without hindering or disrupting already-scheduled functional activities. Throughout the clinical program, the consulting teams meet frequently permitting each participant the opportunity to discuss his or her own progress, to offer advice on how best to proceed, and to helpfully critique the others' decisions and plans.

A major part of the work in the second module is the development of a comprehensive action plan by each student for his or her own company. Working within the framework introduced in the first module, the students conduct research on the internet, in the campus library, and in their company's data banks digging out the same kinds of data that company personnel will be using later during the in-house implementation program. With this information, they go through the process of identifying short-term objectives, developing functional tactics, identifying needed controls, setting priorities and limits on decision-making authority, and determining that the activities most critical for success are recognized and measurable. The students create various time-activity charts such as work-flow charts and Gantt charts to identify the more important implementation tasks and related responsibilities to be performed by each function—Marketing, Development, Production, Finance, and Human Resources. These same types of charts will be used later during the actual implementation process by functional managers to keep all employees informed as to what has to be done, when it has to be done and by whom it is to be done. The executives will then create a master-schedule chart that summarizes all major activities. This chart will serve as the model for the actual chart they will each create and use later back in their own organizations.

During the clinical program, students will utilize the various tools, instruments, techniques, and systems generally identified and prescribed in most strategic management textbooks such as the 17<sup>th</sup> edition of Thompson, Strickland, & Gamble (2008). For example, one of the more important uses of these tools is in the allocation of available resources—human, financial, facilities, equipment, etc. A major responsibility of any executive is to determine what resources are needed, how much of each kind is available, the strengths and weaknesses of each, and the most efficient and equitable manner of distributing them. The personal experience gained in the use of these tools in the classroom will teach them how they will be used later in the actual implementation activities to monitor, measure, control, and assess performance.

The clinical program is structured so that the needed experiential knowledge can be acquired in a minimal amount of time. Three months or so after the completion of the clinical program, each executive is invited back for a one or two-day coaching session to review results and discuss possible changes in his or her on-going implementation activities. These post-program events can be a one-time meeting between the executive and the business school or a series of meetings that can provide a continuing relationship between the executive and the school.

## Benefits of the Clinical Method

Executives return to their own organizations with a greater understanding of how the implementation process should proceed, what has to be accomplished, and how organizational resources can best be used in accomplishing desired objectives. Back on the job, the executives will be able to help subordinate managers and team leaders coordinate decisions, avoid pitfalls and roadblocks, and deal with employees who come with varying levels of motivation. The executives are not expected to perform the implementation activities themselves or micromanage implementation tasks; rather, as a result of their clinical training, they will be better able to guide other employees to make fuller use of their own knowledge of the work to be done.

This close involvement with implementation activities during the clinical program has given executives confidence in their ability to understand explicitly the questions others will be asking, and, in turn, be able to answer those questions. Sashkin & Sashkin (2003) believe that with this ability, executives will be able to recognize and navigate around traditional functional boundaries that often hinder cross-functional communications and cooperation. The executives will also be able to spot deviations from planned actions and see that responsible people in the organization are actively involved in the day-to-day activities. Senge et al. (1994) believe that one of the most difficult things for any executive to know, with any degree of accuracy, is what is happening in the organization. With the clinical program in their background, the executives will be able to understand what should be happening, and make adjustments to ensure that all parts of the organization are focused on implementation, not allowing this important work to get lost in day-to-day “firefighting” activities. Consequently, the executives will be more effective in allocating resources, and better able to make equitable decisions between claims for larger shares of available human, financial, and physical resources.

Another important benefit of the clinical program is that when the executives are seen to be knowledgeable about the activities involved in the total implementation process and are able to act quickly and decisively, they will gain greater credibility. And, just as important, when the executives have a personal understanding of the problems facing the other employees involved in the process, they will have greater respect and empathy for them, earning the respect and trust of the others in return (Senge et al., 1994). As Kouzes and Posner (1993) have pointed out, credibility and trust are major factors in determining whether people will give more of their

time, energy, and experience to the effort. The involvement of executives in the implementation process also sends a signal to all members of the organization that strategy implementation is an integral part of the total business effort and not just something to be looked at from time to time (Richman, 2002).

### **Summary**

The learning concept presented in this paper provides a new approach to executive education that will enable executives to fulfill their leadership roles in areas where they do not have prior knowledge or experience, and in a time frame that fits their needs. The clinical approach will help them understand the problems and roadblocks that subordinates will experience in implementing organizational programs and activities. Executives will be able to see and understand what is being done and relate it to the work that should be done. As a result of the executives' experiential learning, major programs and activities will be completed on time, more efficiently, and, hence, more cost effectively.

Although the clinical approach outlined here is specifically targeted to executive education for implementation activities, it is also an equally effective way to educate executives for leadership roles in other areas where they have little or no experience. The clinical approach can provide even the busiest executive the opportunity to become familiar with the work to be done in unfamiliar organizational activities such as acquisitions, expanded IT systems, new production facilities, product development, compliance programs for new federal regulations, etc. It must be pointed out; however, that clinical training is most beneficial for those who have prior managerial and leadership experiences and capabilities. As stated previously, the purpose of a clinical education is not to teach executives new leadership skills and techniques, but to help them make fuller use of the leadership abilities they already possess.

### **Concluding Comments**

Many executives are usually not aware of or do not want to acknowledge that they need additional leadership training in areas where they do not have experience or are not fully knowledgeable. Harrison, Leitch, and Chia (2007) have noted that this is a major problem in educating executives because they are not usually aware that it is ignorance of their ignorance

that keeps them from seeking more education for new organizational activities. Executives generally see themselves as the leader and do not readily accept the fact that new aspects of leadership must be learned for new business roles. Most executives believe they can lead in any situation or environment, but this is often self-delusional. If the executive does not understand what has to be done or know how to achieve desired results, he or she will, more often than not, confuse and mislead their followers.

The writer has used a modified form of the clinical method in teaching Strategic Management in EMBA, MBA, and BBA capstone courses during the past ten years. The assignment given to students in these courses is, as newly-elected presidents of their selected companies, to develop a strategic plan for that company. They are required to research and analyze the same kind of information and data that employees of that company would be digging through in the real-life implementation process. In doing so, they will experience the tensions and frustrations that Mintzberg (2004) says is necessary for acquiring actual experience, even though much of the data to be used is only approximated or estimated. Working together, the students utilize strategic management tools to analyze the data collected and identify new opportunities and strategies for the company. The end result of the course is a written report with detailed analyses and recommendations outlining a grand strategy for each company. The outcome of these capstone courses has been extremely satisfying in that students come away with a clearer understanding of a process that was, previously, somewhat overwhelming for them.

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