From solution-first to justified intervention: co-creating Enterprise in Healthcare around judgement, care and public value

Dr Suneel Kunamaneni · Masood Entrepreneurship Centre, Alliance Manchester Business School

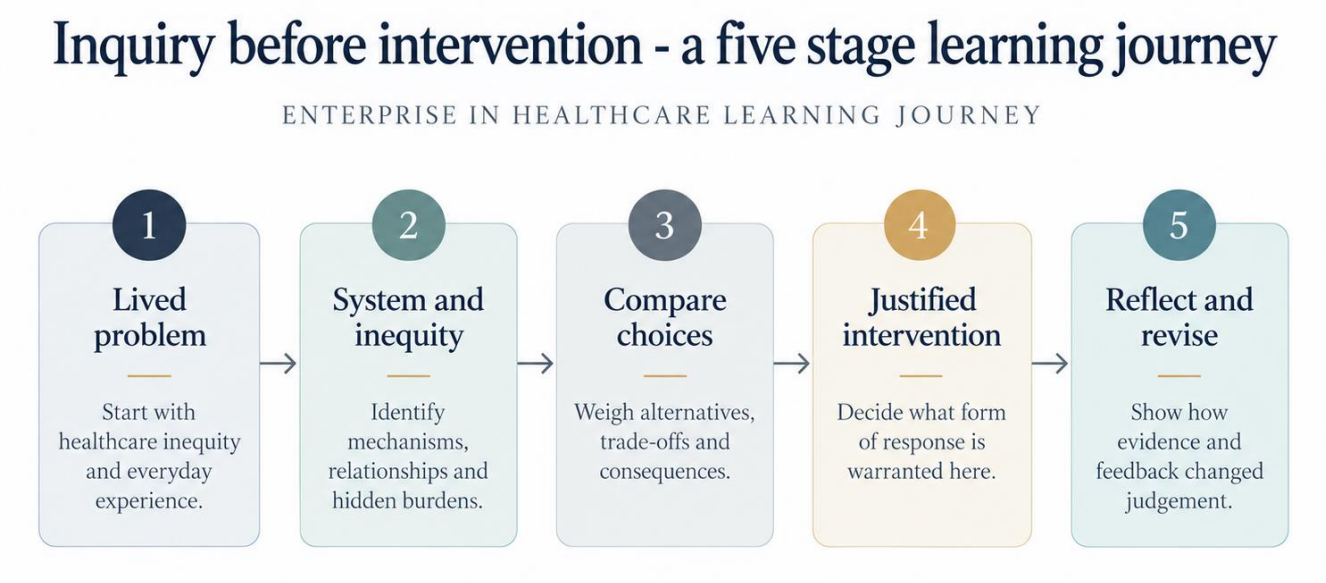
The challenge

Enterprise education can easily reward a polished solution before students have fully understood the problem. That is especially difficult in healthcare, where apparently simple gaps may be produced by fragmented pathways, workforce constraints, cultural assumptions, unequal access to information and hidden work carried by patients and carers. Our question was therefore not simply how to teach students to design better ventures, but how to help them judge what kind of intervention is justified in a particular system.

What we changed

Enterprise in Healthcare is a final-year interdisciplinary unit drawing students from different academic backgrounds. The curriculum was reordered so that inquiry came before intervention. Students began with healthcare inequality and inequity, explored lived experience and hidden burden, mapped the system mechanisms sustaining the problem, compared alternative responses and trade-offs, and only then developed an intervention. Entrepreneurship remained one possible pathway, but students could also arrive at service redesign, partnership, community action or another institutional response.

Assessment was redesigned as a connected learning journey rather than a set of isolated outputs. A problem-framing task required students to explain who was affected and what mechanism produced the inequity. Later work asked them to compare intervention choices and make trade-offs explicit. A final reflective portfolio used selected artefacts and feedback to show how and why their judgement changed.



Students as contributors, not just respondents

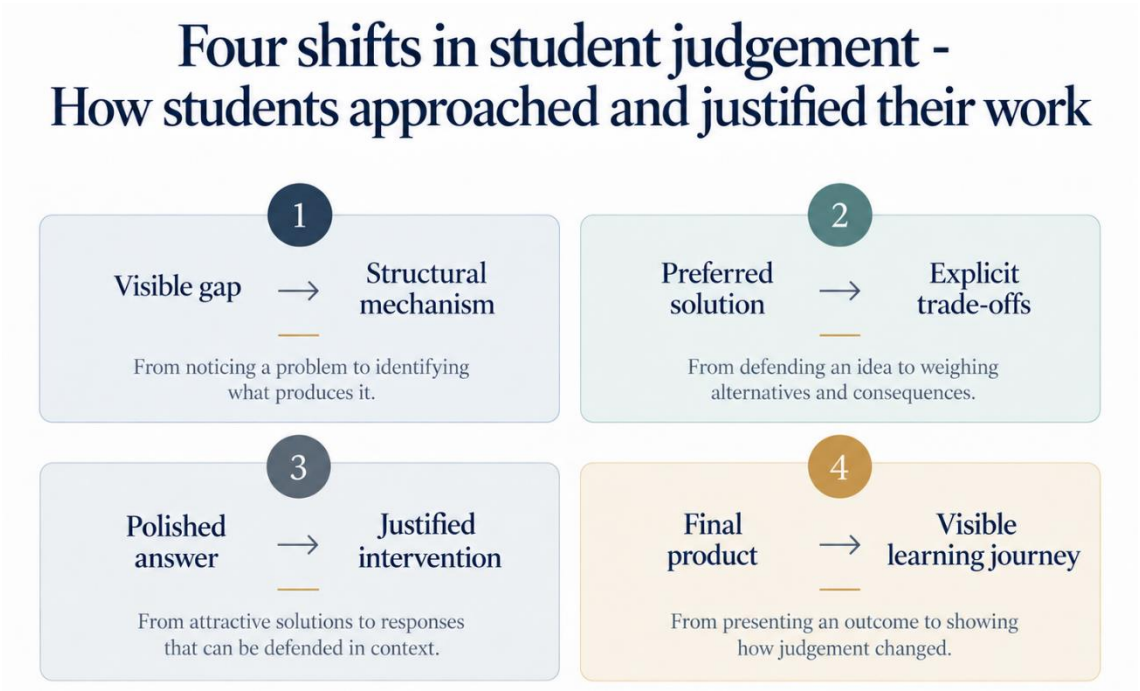
Student voice shaped the redesign before, during and after delivery. Two focus groups with six students from the previous cohort helped identify what should change, while a separate discussion with two prospective students tested how the proposed curriculum and assessment made sense to learners encountering it for the first time. During the redesigned delivery, three pulse surveys provided snapshots of where students were being productively stretched and where the teaching design itself was creating confusion. Two exit focus groups with seven current students then explored the learning journey in depth.

This mattered because students were not simply asking for an easier course. They valued being challenged to rethink problems and abandon comfortable answers, but they also identified avoidable complexity: unfamiliar terminology, too many artefacts and uncertainty about why a particular tool mattered. Their feedback helped us distinguish productive uncertainty in the problem from instructional uncertainty created by teaching design.

Reach, value and emerging impact

The redesigned unit involved 28 students. Evaluation drew on three pulse surveys, two current exit focus groups, 15 reflective portfolios, classroom fieldnotes representing 12 students, earlier and prospective student co-design, later written student commentary and the institutional unit evaluation. The evidence was interpreted as a layered practitioner study rather than as a claim of uniform attainment gain.

Across the evidence, four shifts were especially visible: students moved from visible healthcare gaps towards more precise structural mechanisms; from preferred solutions towards explicit trade-offs; from polished answers towards interventions justified in relation to system conditions, affected groups and consequences; and from presenting a final product towards making the learning journey visible and revisable.



One student, for example, began with delayed access and diagnosis for young women experiencing severe menstrual pain. Storyboarding exposed the hidden burden of trying to contact a GP surgery at 8am while in

pain, on zero-hour work and with little privacy. Systems analysis then showed how a capacity-constrained booking model rewarded time, flexibility and persistence. This changed the intervention from simply offering more consultation time towards flexible access routes and structured symptom validation, with attention to avoiding further digital exclusion.

What we learned and what comes next

The central lesson is that good enterprise education for complex public challenges should not assume the destination in advance. A strong response is one that has earned its place through inquiry and judgement. We describe this as a justified intervention: a response that can be defended in relation to evidence, lived burden, system conditions, existing provision, trade-offs and likely consequences.

The project also revealed a scaffolding paradox. Tools such as storyboards, systems maps and trade-off exercises helped students notice what they might otherwise miss, but became restrictive when students felt they had to make the problem fit the artefact. Our next iteration will therefore use fewer competing artefacts, clearer explanations of purpose and stronger worked examples. The guiding principle is simple: scaffold attention, not conclusions.