

ASSOCIATION OF ACADEMIC HEALTH CENTERS

# LEADERSHIP PERSPECTIVES INTERNATIONAL

Adapting Your Management Team in Times of Crisis



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# PERSPECTIVE



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The COVID-19 pandemic has had a huge impact worldwide, as we all have been witness to personally or through various forms of media stories and articles. Of course, what we see on the news may not always be as objective as we would wish. The webinars, meetings, and publications provided by AAHC and AAHCI bring together the real stories of academic health center leaders. And, the open, honest climate within AAHC and AAHCI make these experiences even more important and relevant.

In this issue of AAHC's *Leadership Perspectives International*, three academic health center leaders from different parts of the world offer commentaries on the challenges of adapting their management teams in times of crisis, especially during the COVID-19 pandemic.

At the University of Arizona, Dr. Michael Dake described how his leadership team brought experts from different disciplines together to work in teams to solve the challenges of dealing with the pandemic. Working through the pandemic proved to be a dynamic process that inspired pivoting to consider accelerating online and hybrid education models.

Dr. Ova Emilia at Gadjah Mada University noted that the "new normal" of the pandemic stimulated their academic health system to work more closely together along three pillars: education, clinical and community services, and research. "We learned from our emergency response that, with proper coordination and communication, managing the crisis due to COVID-19 can become more focused."

Dr. Pierre Gfeller at McGill University Health Centre highlighted their leadership adaptability. There was a very good climate to work together to solve the issues. He emphasized that leadership and infrastructure are crucial and that regular activities should remain protected. Worrysome to his team's

crisis management are the consequences of many young people seeming to feel immune during this pandemic.

All these institutions implemented taskforces or command centers at a central level to be able to adapt quickly to changing situations. COVID-19 has made clear the importance of collaboration, engaging in scientific research together on a global level. The pandemic has made clear that we should collaborate in a broad span of disciplines. What is also clear is that normally very slow processes now move more quickly, such as clinical trials.

In Maastricht we had the same experience in our hospital. Ethical decisions about research normally can take some time. During the pandemic, these decisions often needed to be made within a day. It would be fantastic if we could keep that speed post-pandemic to stimulate our research findings to move more quickly to the patient and society.

“...the pandemic has made clear that we should collaborate in a broad span of disciplines.”



**Michael D. Dake, MD**

Senior Vice President for  
Health Sciences  
University of Arizona

The COVID-19 pandemic is without a doubt the most seismic event in our lifetime. In that context, being a health sciences university with five colleges within a larger university created unique challenges for us to adapt to. Our leadership response to the crisis included pulling experts from various disciplines and coordinating the make-up of teams around education, basic and applied research, and testing.

The university created an incident command center team and brought in individuals with corporate and military experience. Because some team members were external to our basic faculty, it was important to develop strong collaborative relationships so we could rely on their expertise in logistics and management of crisis situations. This took a rebalancing of our current faculty, staff, and administrators as they were working in new situations with individuals with whom they had not had previously worked. Each of the various task forces and working groups had elements of finance, HR, communications, and public relations, and we broke down these larger teams into smaller teams that could effectively carry out the work that needed to be done.

Many of the things that we were asked to do came from our relationship with the university. Of those, perhaps the most telling was our role in testing—not only of our campus students, but also testing of faculty, staff, and citizens in our state. Initiating a monumental state-wide antibody testing program, which, to date, has tested over 30,000 citizens, took a great effort by a large number of people within health sciences, and perhaps constituted the largest single change in operations that we have undertaken during the pandemic.

At the same time, of course, many other dimensions of our operations were clearly affected, including education and research. We convened special task forces to look at the role of basic and clinical research in the time of the pandemic. Likewise, bringing our medical students, nursing students, pharmacy students, and public health students back to the

campus—and determining how that would be done and how we would blend online education with in-person clinical rotations—all required a concerted effort from which we learned a lot.

Many of these changes that we instituted will prepare us well for similar challenges in the future. One of the lessons we learned was that working through the pandemic is a dynamic process. With testing, for example, we started with antibody testing but soon realized that we needed to pivot to viral diagnostic testing. As of this writing, we performed more than 50,000 antigen and PCR diagnostic tests on students and employees. Another major lesson is that we have learned a lot about the role of simulation in education during the pandemic. In some ways, our experiences in the pandemic accelerated our thinking about adopting more online and hybrid modalities. A third lesson was that, even as we worked hard to address the challenges of the pandemic on a day-to-day basis—including absorbing budget cuts, it has been imperative that we also sustain planning for initiatives that we intend to resume once the pandemic ends.

The pandemic also underscored the inherent value that health sciences institutions like ours can bring to bear in national emergencies. The environment that we work in—with multiple colleges in the health sciences that include medicine, pharmacy, nursing, and public health—creates a rich palette. In showing the value of our expertise in areas such as epidemiology, testing protocols, and delivering health services under challenging conditions, our institution has demonstrated how public health can contribute to meet the challenges of a pandemic.

Medicine, nursing, pharmacy, and public health all have their respective roles, but when you combine them and draw experts from each field to work collaboratively on a common public health challenge, that is indeed powerful. The fact that we could draw upon people from our various colleges who may have had actual pandemic experience in other countries, or with diseases similar to COVID-19, has proven to have considerable and invaluable benefits.

“ Our leadership response to the crisis included pulling experts from various disciplines and coordinating the make-up of teams around education, basic and applied research, and testing. ”



**Ova Emilia, MMedEd,  
SpOG(K), PhD**

Dean, Faculty of Medicine,  
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The COVID-19 pandemic brings both challenges and opportunities for cooperation and collaboration between Academic Health System (AHS) Universitas Gadjah Mada (UGM) members and partners. The new normal convinced us that working together in the AHS concept can achieve many goals faster. We learned from our emergency response that, with proper coordination and communication, managing the crisis due to COVID-19 can become more focused. The implementation of countermeasures is more effective, efficient, and harmonious on a priority scale.

A taskforce, SATGAS COVID-19 AHS UGM, adapted the AHS in its role of leading coordination and communication among all stakeholders—internal and external (the university, AHS affiliated hospitals, private hospitals, the government including alumni, professional organizations, NGOs, and volunteers). In line with the Tridharma (three main pillars) of Higher Education, we focused on various innovations in the fields of education, research, clinical care, and community service—including health services.

**Education**

AHS UGM initiated a joint decision between faculty and academic hospitals to apply a protocol of clinical learning in responding to the challenges of education to ensure the learning process continued for medical students and specialist residents without compromising their safety. We also involved residents in assisting COVID-19 clinical service in our academic hospital as part of their clinical learning while minimizing the risk of infection and exposure for doctors, students, patients, and their families, as well as in their work environment. We designed a health protocol covering regulation for zonal areas, working hours, mobility restrictions for clinical rotation students, and regular health assessments of students and academic staff.

**Clinical and community services**

AHS UGM also played a role in disseminating information and knowledge sharing related to COVID-19 to the public and professional groups. Transdisciplinary media teams (Health Promoting University and INAHEALTH Channel) worked in synergy—compiling the latest COVID-19 information and issues, creating evidence-based information media, and disseminating this information through various media. Dozens of webinars and online courses have been conducted and attended by more than 11,000 participants from clinical groups in referral services, primary care providers, cross-sector health workers, managers of health institutions, and policy-making groups. This knowledge management approach enabled the Indonesian health system to manage the COVID-19 outbreak..

Some collaborative activities have been conducted to increase hospital and regional surge capacity in dealing with the coronavirus and to activate the disaster management system in hospitals and the health system.

“ Academic health systems can achieve many targets faster than usual, especially in extraordinary and unpredictable situations requiring coordination, communication, integration, and synergy. ”

**Research**

In response to the pandemic, we have adapted the administration of research grants provided by UGM to extend project durations in anticipation of delays due to the pandemic. The adaptation also allows modification of research plans funded by UGM to topics related to COVID-19 response. We have further adjusted the AHS UGM research priority focus to incorporate COVID-19. Accordingly, 53 COVID-19 research projects conducted by UGM faculty have been registered as of August 2020. These include development of RI-GHA, a COVID-19 rapid diagnostic test which was created in collaboration with Hepatika Laboratory Mataram and Universitas Airlangga. RI-GHA is an antibody-based test detecting IgM and IgA produced by the body in response to SARS-CoV-2

infection. UGM, through transdiscipline collaboration, also has successfully designed the COVID-19 detector, GeNose C19 (Gadjah Mada Electronic Nose), which has received permission for distribution and marketing from the Ministry of Health of the Republic of Indonesia. Another important COVID-19 research conducted by AHS UGM is SARS-Cov-2 genome sequencing with high-grade coverage quality from COVID-19 patients managed by AHS UGM hospitals. These SARS-Cov-2 genome sequences have been published in the GISAID data base. Currently, AHS UGM is also in preparation to engage in strategic international COVID-19 collaborative research projects, including establishment of a healthcare worker COVID-19 risk exposure strategy; clinical trials of COVID-19 prophylaxis for healthcare workers; and COVID-19 vaccine trials.

Academic health systems can achieve many targets faster than usual, especially in extraordinary and unpredictable situations requiring coordination, communication, integration, and synergy. Collaboration, coordination, and maintaining alignment of the AHS UGM missions are key.



**Pierre Gfeller, MD,  
CM, MBA**

President and Executive  
Director  
McGill University Health  
Centre

Located in Montréal, the McGill University Health Centre (MUHC) was in Canada's epicentre during the first wave of COVID-19. As a McGill teaching hospital with one of the country's largest research institutes, the MUHC took its leadership role very seriously.

Preparedness planning began in January 2020. When the World Health Organization declared a pandemic on March 11, the MUHC opened its Emergency Measures Coordination Centre (EMCC). While co-managed by the president, associate president, senior administrative directors, and clinical-department leaders, everyone in the EMCC took their cue from Infection Control and Prevention (ICP). At the peak of the wave, meetings occurred twice daily, seven days/week. The EMCC established continuously evolving protocols to address emergent issues and used multiple communication channels to reach all stakeholders.

MUHC teams adapted on a dime: they performed their jobs collegially, assuming new functions and/or shifts, filling in where the needs were greatest; volunteered expertise and assistance to long-term care centers where the prevailing situation was dire and tragic; modified physical spaces with unprecedented speed (negative-pressure rooms, etc.); identified novel equipment sources when supply-chain concerns arose; reduced risks of in-person consultations and group meetings with electronic interfaces; launched numerous research projects (e.g., made-in-Canada COVID-19 tests); and supported the physical and mental well-being of themselves and others with encouraging words and actions.

We learned several lessons in our pandemic crisis response;

1. Pandemics are marathons. Leadership is paramount. ICP experts and senior leaders must be in lock-step, but success necessitates collective cooperation;
2. Communicate clearly to inform stakeholders, but also assuage anxiety and fear...or perish;

3. Facts, data, and science should drive decision-making—or risk confusion, mistrust, and less collaboration;
4. Disease spreads between patients and healthcare workers, but also surprisingly amongst healthcare workers during seemingly innocuous coffee and lunch breaks. It is crucial for healthcare workers to respect physical distancing and all ICP practices even when off duty;
5. Infrastructure is vital. Changes impact the organization's pandemic response in the short-term, but are lasting; and
6. Academic health centers are innovation hubs with a built-in capacity to adapt. Resilience, however, should not come at the expense of their mission; regular activities must be protected.

As Québec's officials focus on flattening the second wave's curve, we are finding that the blatant disregard of ICP measures by a population segment is a significant factor in the alarming spike in cases. This is worrisome. The first wave forced the MUHC to seriously scale back its tertiary/quaternary care, teaching, and regular research in anticipation of managing COVID-19 patients. Furthermore, patients' avoidance of hospitals during the pandemic is expected to produce more later-stage diagnoses, which may result in poorer outcomes.

Ultimately, thwarting the devastating human and economic consequences of COVID-19 must be taken seriously by everyone. However, if actions are any indication, it would appear that many younger people feel immune to COVID-19. All population segments bear responsibility to help bring this pandemic under control, but for some their role in helping end the cycle appears to have been lost in translation between the first wave and the present. Let's hope that it will soon be understood that no one is ever immune to a pandemic and its aftershocks.

“ Academic health centers are innovation hubs with a built-in capacity to adapt. Resilience, however, should not come at the expense of their mission; regular activities must be protected. ”