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COVID and a call to reinventing medical education

Last year, at a late stage in my career, I had the opportunity to partake in the inaugural *Surgical Leadership Program*, offered by Harvard Medical School.

In this unique 1-year course, through a combination of in-person workshops, virtual learning, and small group projects, I, along with 130 surgeons, with varied backgrounds and specialties, from over 30 countries worldwide, learned the “A-to-Z” (and then some) of the *business* of medicine, and in particular as it relates to surgical practice.

Whether it was thought-provoking leadership discussions with the Dean of Harvard Medical School, challenging business case studies with the Dean of Harvard Business School, or the numerous other engaging interactions with world-renowned faculty, professors, CEOs, innovators, scientists, and entrepreneurs, we literally were exposed and had direct access to the world's best and brightest. And it was through these interactions that we, surgeons, learned how to write business plans, negotiate skillfully, market our strengths (and weaknesses), balance hospital budgets, hire and fire effectively, manage complex teams; resolve conflicts, brand our images as both physicians and leaders, and so much more.

As the course came to an end, last September, I thanked the Director, Dr. Sayeed Malek, for the opportunity to have attended this course and expressed my gratitude for the profound learning I had gained.

I then went on to say, to his astonishment, that there were also two things that I did *not* like about the course!

First, I relayed my unhappiness that the course ending meant a missed opportunity for continued formal learning in such relevant and important *nonclinical* subjects. Second, I shared my wishes that the course had been offered 20 years earlier, at a time when I needed these skills the most.

Now as the COVID pandemic has caused a disastrous upheaval to our professions, business, families, educations, and essentially to all aspects of our lives, I realize more than ever before that when it comes to navigating myself in a pandemic such as this, mastering the skills I learned in my recent course—that is, the business and politics of medicine—are equally as important as the highly technical and complex cardiac surgery skills that I acquired long ago.

The bottom line is that working as a physician, on the frontlines of the COVID-19 pandemic, requires knowledge and know-how in dealing with the financial, administrative, and political sides of medicine in addition to the clinical skills needed to treat the disease. And, the issues of budgets, negotiation, hard financial choices, team management, reallocation of workforces, and so on. have proven to be as important as the diagnoses and treatment of such a complex disease.

Our lack of training and knowledge in the business and politics of healthcare,¹⁻³ has marginalized physicians' roles in healthcare leadership and often even excluded us from important leadership roles in our profession. The systemic absence of such education and acumen may be due to the taxing demands of current medical educational models or to an erroneously peripheral categorization of nonclinical subjects.⁴

Moreover, our disengagement from the business aspects of medicine has kept many physicians out of leadership roles in our own hospitals, and consequently, many of the “C-Suite positions” have ended up being held by nonphysicians. And to be fair, many have served our profession with honor and distinction and deserve our full gratitude and appreciation.

Now, as we witness the magnitude of the problems resulting from the current pandemic, one cannot help to wonder how much of the current chaos is due to the disease itself versus the “disconnect” between the ethical and clinical responsibilities of the providers and the authority and policy regulation by the politicians and business leaders in medicine. We, as physicians, are responsible for the health of the nation, but, unfortunately, we have little-to-no authority to make any truly influential policy decisions.

As this pandemic struck our nation and the rest of the world, we, physicians, along with our nursing and other healthcare colleagues, found ourselves with an unprecedented need to rise to the occasion and take full responsibility for caring for the sickest patients, assaulted by a disease, that we knew very little about. Then, to further complicate an already complex situation, we as an entire nation witnessed firsthand how collectively ill-prepared our divergent healthcare systems, hospitals, public health departments, medical suppliers, and local, state, and federal governments in fact were to handle the literally hundreds of thousands confronted with this new disease. As healthcare workers, we were rightfully tasked to do our jobs of caring for these sick patients, struck by a highly infectious disease; however, we were soon confronted with severe shortages of essential medical supplies, medications, and personal protective equipment. Sadly, we, the frontline healthcare workers, have had to face the tragic reality that this grave unpreparedness has costed many of our colleagues the ultimate price—their own lives.

As physicians, many of us particularly those working in nonacademic institutions, have been relegated to simply become providers of healthcare under the control of the nonclinical business and corporate decision-makers whose interest may not have always been in line with that of the medical professionals.⁵ At this time of crisis, it has become readily apparent that there is a pressing need to address such inequities in healthcare management with a mindset that medicine has become a

business.^{6,7} To accomplish this, we need to create a continuing education system to enable physicians to learn what medical schools do not teach. Physicians should be both familiar with and competent in becoming leaders, negotiators, skilled business managers, and principals capable of creating their own brand. Moreover, it is imperative that we master essential nonclinical skills like balancing budgets, effective hiring practices, and negotiating contracts to truly succeed in today's medical world. Overall, I am convinced that to be an excellent physician, you must also become an effective leader, who is versed in politics, finances, and the business of medicine.

As I reflect on the important idea of expanding our knowledge and skillsets beyond the clinical scope of medicine, I am reminded that cardiac surgeons historically have been pioneering, innovative, and often have led the way in establishing evidenced-based standards for the medical profession. One important example was the launching of the STS Adult Cardiac Surgery Database, in 1989; which to this day remains the world's premier clinical outcomes registry for adult cardiac surgery and contains more than 6.5 million cardiac surgery procedure records.⁸

In summary, the ultimate question is: Has the time come for us to learn and teach one another what medical schools did not teach us about the business of medicine and what it takes to be fully active and engaged in the political and administrative decision making that directly affect our healthcare environments?

As you reflect on your own unique experience, as a physician or healthcare worker dealing with this COVID pandemic, I encourage you to explore this very important question. In the meantime, I, too, shall answer the question.

Let the learning begin.

Someone may ask: How does the learning begin and how do we, the physicians, reinvent medical education?

Furthermore, shall we wait for others to create plans and programs for us, or shall we take the initiative and lead the way?

Here are my recommendations to launch a "Leadership Academy", with midcareer physicians in mind as the first group of targeted learners:

1. Identify physicians/thought leaders who wish to examine the problem and partake in a process of solution building. Extend invitations to those thought leaders to join.
2. Create a core group that takes upon itself to build curricula of talks, lectures, and webinars on topics such as management, brand building, balancing budgets, effective hiring practices, negotiating contracts, and more.
3. Call for a meeting for the core group and agree on a "road map" forward.
4. Identify institutions and organizations that may have an interest in offering new learning opportunities to its members. Engage them in conversations that may appeal to their interest by offering a new opportunity that they have not offered before; teaching the business of medicine to complement the clinical continuing medical and surgical teachings they offer.

5. Solicit learners to sign-up to attend online lecture series.
6. Charge modest fees for the starting class.
7. Start an online lecture series given by invited speakers, as well as by participating learners.
8. Seek CME credits, from an authorized friendly medical organization, to be given for participating learners.
9. Consider partnering with an academic institution, at a future time, to give certificates for learners who complete a predefined curriculum.
10. Reassess the progress.
11. Grow the "Leadership Academy" as a not-for-profit organization dedicated to teach physicians the business of medicine.

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