

# Covid and A Call for Reinventing Medical Education

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## Abstract

Covid has blatantly uncovered the disconnect between the healthcare professionals who have the responsibility for the health of the nation but little of the authority, and politicians and business people who have the authority and political power over healthcare, but none of the responsibility for the health of the nation. The time has come to review this dichotomy and to reinvent medical education in order to empower and train healthcare professionals, particularly mid-career ones, to become adept in the business of medicine; including budgeting, management, leadership, hiring and firing, brand building and other important aspects of running complex healthcare entities. It is no longer acceptable for physicians to accept backseat for non-physician managers and concede their rules and regulations without question. The time is now for health professionals to train themselves and take charge of the profession.

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 one-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 (& 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!

Firstly, I relayed my unhappiness that the course ending meant a missed opportunity for continued formal learning in such relevant and important *nonclinical* subjects. Secondly, I shared my wishes that the course had been offered twenty 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 – i.e. 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, etc. 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, 2, 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 non-physicians. 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 (PPE). 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 non-academic institutions, have been relegated to simply become providers of healthcare under the control of non-clinical 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 [7,8]. 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 in order to truly succeed in today’s medical world. Overall, I am convinced that in order 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 skill sets 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 (ACSD), 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.

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 political and administrative decision make 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.

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