

COVID-19: How military crisis management principles apply to med ed

AUG 27, 2020

Brendan Murphy

Senior News Writer

Both medicine and medical training were approaching a critical mass in early March, with mounting COVID-19 cases. From a medical education vantage point, it was a time for training institutions to rise to the occasion. Initiative and agility were at the heart of the moves to adapt to a national crisis.

As he had for years as a general in the U.S. Army, Mark Hertling found himself in the thick of another all-out crisis. His role differed, working as senior vice president at Florida Hospital, but the lessons he had learned about crisis management—and how to lead in times of uncertainty—remained valuable. Moving from a military career to the health care field, Gen. Hertling has worked to train physicians to more effectively lead, since his retirement.

In a recent meeting with faculty leaders from member schools of the AMA Accelerating Change in Medical Education Consortium, Gen. Hertling offered insight on how health care leadership is taking shape during the pandemic.

How did medical schools make clerkship virtual during COVID-19?

The role of medical educators in a crisis

While physicians are struggling to deliver care, medical school faculty members have an added responsibility: to grow the next generation of physicians. That training goal is one that medical education and the military share.

“How do you develop the next generation?” asked Hertling, who has taught classes on physician leadership for six years. “We have a similar situation in the military. How do I—as a division commander—train my brigade commanders to someday be a division commander? It’s a continuous development. It can’t be in my view a one off. There has to be objective based programs to develop

subordinate leaders.”

For medical educators in normal times, the workload can be heavy. The pandemic has made it even more challenging. To pass along leadership lessons to trainees, medical educators have had to role model concepts of master adaptive learning, systems thinking and continual improvement.

“I see educators as being of primary importance to make sure that young physicians know that there are ways to adapt and be agile when you are thinking about working in a crisis,” Hertling said.

Another potentially applicable leadership lesson that Hertling offered to the faculty members to whom he was lecturing: Keep your energy up.

“What a leader has to do is generate energy,” he said. “When you are working a shift and a half or two shifts at a time, it’s really hard to keep your energy levels high. I have an expression that says leaders don’t have the right to have a bad day, because if a leader is having a bad day, it affects everyone else in the organization and it starts affecting the ability to accomplish the mission.”

But leaders do need space to share and manage their own struggles. Breakout groups during the event provided members of the consortium the opportunity to rekindle one another’s energy for the marathon nature of this crisis.

Learn how a med school in a COVID-19 hot spot deployed early graduates.

Growing from experience

Continuous development is a key to success in both the military and medical fields, Hertling said. He has seen what that looks like for physicians in his recent work.

“The 800 or so doctors I have been dealing with over the past several years in all different specialties are some of the smartest people I know,” he said. “Their expertise is excellent because of the training they have gone through, but they all realize that as you grow in the profession, your ability to be mentally agile, innovate and practice those elements of interpersonal tact contribute to the leadership dynamic.”

This pandemic is a chance for continued development. For that reason, he has advised graduates of his physician leadership course to maintain a journal during the pandemic.

“Write down lessons observed,” he said. “We have to make them lessons learned. If there are things we do in a crisis that we are not doing normally, ask yourself: why not? The things that we do to adapt in a crisis are and have to be deliberate.”



The AMA has curated a selection of resources to help residents, medical students and faculty during the COVID-19 pandemic manage the shifting timelines, cancellations and adjustments to testing, rotations and other events at this time.