

Amid COVID-19 crisis, tips for medical schools from corporate America

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For natives of the corporate environment, the need for crisis management is frequently staggering. As a retired executive with a resume that includes stints with Verizon Communications Inc. and Mastercard Inc., Ed McCaw knows that all too well.

“We are kidding ourselves if we don’t think a crisis is overwhelming,” McCaw said. “As leaders, we all have to deal with stuff that we aren’t prepared to do.”

Medical education—like much of American life—was handed a once-in-a-lifetime disruption when the COVID-19 pandemic hit. As institutions continue to confront atypical educational conditions, McCaw spoke recently with faculty leaders from member schools of the AMA Accelerating Change in Medical Education Consortium about his keys to operating and communicating during a crisis.

Have a plan

During his tenure in corporate America, McCaw was part of companies that had to deal with natural disasters and workplace violence. To confront those situations, they had a structure established in case the worst happened. When it did, they were prepared.

In a survey of webinar participants, McCaw asked about the existence of an in-place crisis plan at their institutions. The overwhelming majority said no.

Such plans should be “extremely robust,” McCaw said. “There’s a chain of command. Everybody knows what is going to happen. Telephone lines are up and stay up 24 hours a day. It’s valuable to have something you refer to so you are not starting from scratch.”

Prioritize decisions

But many medical schools found themselves without such a plan when the pandemic forced changes in medical education. When a crisis arises, understanding which issues are most pressing and which can wait is useful, McCaw said. McCaw advised developing a decision-making hierarchy: deciding what needs to be decided and when.

“In a crisis, it’s really important to prioritize by actually calendaring out what your decision-making needs to be,” he said. “What happens is, initially, you are overwhelmed. You have so many decisions and things to think about. In the corporate world, we calendar out the decision making.”

Limit workloads

There is a temptation in a crisis to try to take on too much. That must be avoided, McCaw said.

In his career, he often worked under what he called “the 10% rule.” That rule stipulated that, each year, each employee would look for at least 10% of their work responsibilities from the prior year that they could eliminate in favor of something new. The idea was to keep the organization fresh and able to pursue new ideas.

In a crisis, the situation is different. Instead of a 10% rule, companies must “make it more like a 30% rule.” That means organizations should limit activities to those that are most essential. This creates bandwidth to add the work of responding to the crisis directly. As an example, McCaw pointed to hospitals that limited or canceled elective surgeries to keep up with potential patient demand brought on by the virus. Educators are consumed by the need to rapidly re-design learning experiences, so it is wise to consider what other activities or projects could be temporarily set aside or ceased.

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.