

HEALTHCARE MANAGEMENT COMPETENCIES ACROSS THE GLOBE: **RESPONSES TO COVID-19**

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Commission on Accreditation
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FORWARD





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On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. Challenges not seen in generations were faced across the globe, as the world's advanced healthcare systems searched for the causes, prevention, management, vaccines, and cures. Countries responded to the pandemic using their cultural, technical, and social structures. We all learned on the fly about the effectiveness of these responses.

There is no doubt of the paramount role of healthcare management, community commitment, public health, and the government in the effectiveness of addressing the pandemic. Some countries, such as New Zealand, were identified as successful leaders in battling COVID-19. New Zealand relied on healthcare leadership to develop policies to avoid health systems from being overwhelmed.

COVID-19 devastated health care systems, economies, cities, and nations. The physical pain was not universally shared, as the virus chose to effect people at levels ranging from not even knowing that the person had the virus through a long period of suffering and death. Similarly, economic impact varied based on the industry and the individual. For example, restaurants suffered; online retailers boomed. Economic and health pain were not equally shared.

This white paper addresses how university programs in healthcare management learn and disseminate information to future leaders. How did the great healthcare management programs across the globe use the tragedy of a global pandemic as a lesson to shape the future leaders of healthcare systems?

We assembled five perspectives — leaders from academia and from the International Hospital Federation — on how the pandemic was handled worldwide. Academic institutions, such as the University of Puerto Rico, transitioned overnight to remote learning; and students collaborated virtually to provide insights to the COVID-19 Task Force appointed by the governor. University of Colorado identified an unrecognized dimension of executive leadership after learning that a percentage of healthcare executives failed to perform under the immense pressures of COVID-19. Queens University embedded case studies into the curriculum, allowing future leaders to immerse themselves into the real-life pressures faced by executives. The University of Georgia's (Tbilisi) students contributed to an inaugural international virtual conference, where students presented their theses regarding COVID-19 awareness among the local population and the health system responses. On a global scale, Eric de Roodenbeke, PhD, former CEO of the International Hospital Federation, identified the need to learn from the shortcomings faced during the COVID-19 crisis, to establish efficient and safe responses for population health.

Global competence is imperative for supporting initiatives to improve public health. Future leaders will be defined through the fire of COVID-19. CAHME hopes that these perspectives generate a sense of optimism that together the countries of the world — the citizens of the world — can cooperate to overcome adversity. Through this effort, we recognize that CAHME's role is to share best practices and encourage leadership, in support of our mission to advance the quality of healthcare management education.

THE GLOBAL ACADEMIC LANDSCAPE





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Future research will help us to determine how well global healthcare systems performed during the pandemic, and how well healthcare leaders responded to the crisis at the local, national and international levels. Data will be collected and analyzed to determine adaptive responses and new modalities of treatment. But for now, we need to understand and appreciate how the pandemic has impacted innovation and the global economy, appreciate the need for thoughtful leadership, understand the importance of resiliency and emotional intelligence, implement new HRM configurations/initiatives, address patient safety, improve quality of care, and prepare immediately for new global governance and leadership. The quality assurance indicator for higher education are changing along with criteria for accreditation and managerial performance.

Healthcare leadership requires core knowledge, skills and competencies. The American College of Healthcare Executives (ACHE) has a central focus on developing leadership capabilities and competencies. ACHEs 2021-2023 strategic plan is designed to “drive advancements” and “foster individual learning and development.” The International Hospital Federation (IHF) has been advocating the use of a competency platform as a way of assessing and developing the competencies of current and future healthcare leaders across the globe.

There has been a litany of discussions about what will be the “new normal”. While global solidarity was lacking in many instances around public health and COVID-19, many academic programs were re-examining leadership performance and governance, and adjusting to new opportunities in graduate education. Many graduate programs have students in residencies and fellowships where students have observed firsthand healthcare leadership rethinking of business strategy. Many faculty in other countries are also physicians, and they use applied experiences and clinical data in the classroom to develop new competencies. Preceptors have become important members of the faculty and are teaching graduate students how to adapt to the realities of a pandemic. There are many positives associated with the pandemic that are hard to see, but they are there. For example, we now realize that graduate education and corporate training programs must be more adaptable, flexible and sustainable.

Professionals and academics must collaborate. The pandemic raises the question of universal health coverage and global surveillance. If we want to improve global public health, we need thought leaders who are trained to think “outside the box”. The successful leaders must embrace new partnership models that work in a fast changing environment. The global academic community has been forced to quickly rethink teaching methods, teaching processes, applied research, models of quality of care, governance, and competency development. We must rethink social determinants of health, rural health, behavioral health, and environmental health. Many countries have recognized the importance of these areas in order to improve health outcomes. Social, financial and environmental sustainability is critical to addressing infectious diseases, poverty, pollution and public health in the future.

The lessons learned during the pandemic can be successfully used in academia to introduce curriculum changes, modify competency models, reconfigure fieldwork opportunities and encourage development of community partnerships that currently do not exist. CAHME accredited programs embrace continuous improvement through the use of outcome data that faculty can use to modify the program and curriculum. By using thoughtful reflection and discernment, disruptive innovation can be used to improve graduate education across the globe. Through this white paper, CAHME hopes to encourage the dissemination of information, stimulate global sharing of ideas, and prepare future health leaders.



GLOBAL PERSPECTIVES





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On March 15, 2020, as the COVID-19 pandemic forced the University of Puerto Rico to an overnight transition to remote learning, the MHA Program responded with a real world integrated learning experience for students displaced from their administrative residency. Designed on the philosophy of a Capstone course, the project, titled “Response to COVID-19 : Lessons from the 1918 Flu Pandemic in Puerto Rico”, was a virtual collaboration to examine lessons of this pandemic and how, a century later, they inform the response to a global disease. The project was driven by Program values, namely resilience, teamwork and professionalism, as these serve as essential drivers to manage disruptive change.

Students collaborated in a virtual workspace to contribute valuable input to the COVID-19 Task Force appointed by the governor. They found that in the absence of medical solutions, public health officials in 1918 implemented measures to reduce exposure to the virus and bend the curve of infections. Measures including personal hygiene, social distancing, use of face coverings and quarantines, are strikingly similar to those employed in the COVID-19 pandemic, with similar public and legal challenges to social and business restrictions. Students then examined the challenges faced by the current healthcare system and generated recommendations on five major areas: decision making, healthcare facilities, economic impact and legal/constitutional issues and public health. Finally, to support real time decision making, they developed an interactive data tool to map the regional distribution of healthcare facilities by type of service and health conditions, and facilitate timely decisions on access to care, especially during emergency events.

Students remain committed to the highest professional and ethical standards, in their own words, “displaying resilience, unity of purpose and passion in moments of crisis”, as they prepare to enter the professional workforce in a transformed healthcare ecosystem.

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COVID-19 shed a new light on the global healthcare environment, and the need to satisfy the high demands of a crisis today. As pressure quickly mounted on healthcare leaders, some failed to meet the field's uniquely high standards. The future demands that healthcare leaders drive higher levels of execution and discipline in their organizations, especially when there is immense need to perform efficiently. Prior to the pandemic, performance assessments rarely evaluated leaders' ability to operate under high pressure, but that situation has changed dramatically.

The ability to lead through any crisis — including a crisis as unprecedented as COVID-19 — is an integral component of successful leadership. Leaders must cultivate the kinds of competencies that are necessary to respond to evolving conditions. After examining poll results from the height of the pandemic, financial projections, and other relevant data, we identified several key competencies that are essential for healthcare leaders to position their organizations strategically during and after the global pandemic:

- Demonstrates emotional stability when faced with extreme job demands
- Is able to pivot priorities rapidly
- Is willing to adapt to new ways of doing things
- Uses self-evaluation as a tool to improve continuously
- Shows resilience
- Understands how to support the well-being of those he or she leads
- Models healthy work habits
- Effectively communicates internal and external challenges and priorities
- Inspires and supports others to strive for excellence

Leaders who exhibit these competencies are more likely to succeed in developing effective plans of action for COVID-19. These competencies need to be assessed among current leaders — and among future leaders as well.



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While we are still amid the COVID pandemic, we can wonder if health leaders have the right leadership competencies to face such an event. Very often when a new situation occurs, new responses are looked for. While the pandemic created a world-wide shock and caused a shortage of staff, equipment and facilities, health leaders with a solid background in competencies responded appropriately. They relied on the following core competencies:

- Mobilize teams toward solutions when facing a situation
- Communicate effectively with all stakeholders
- Demonstrate capacity to drive innovation
- Demonstrate problem solving skills
- Knowing well their organization and its business practices
- Active learning and networking with peers

The World Economic Forum recently published [2020] the list of 15 critical skills for 2025 in a post COVID world and it is no surprise that the core competencies for health leaders are covering these expected skills.

The COVID crisis will teach us how to make best use of the core competencies and what should be changed in the management and leadership practices. The leadership and management practices are influenced by the legal, cultural, and economical environment. Changing these practices does not require acquiring new competencies, but drawing lessons of the shortcomings faced during the COVID crisis for putting in place efficient and safe responses for the health of the population.

It is better to focus and deepen existing core competencies then seeking a new silver bullet because each crisis will be different. However, any crisis requires the capacity to develop responses while increasing preparedness to face uncertainty.



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The COVID-19 pandemic is a serious global health emergency.

“No one is safe until everyone is safe” and thus we, professionals at The University of Georgia (UG), dedicate our knowledge and experience to contribute to our country’s public health response. In the frame of the long-lasting cooperation of the UG and the National Center for Disease Control and Public Health (NCDC), we are working to strengthen national and local capacities for responding to the epidemic supporting national health decision-making.

This pandemic will have a long-lasting impact on our world, countries and health-care systems. Moreover, the SARS-CoV-2 virus is novel and many aspects are still unclear. Strategies can only be developed if we are oriented on the modern scientific studies and regularly analyze data. Overall, it is important to support response with evidence-based decisions and recommendations. Thus, studies oriented on COVID-19 and its peculiarities are utmost important. As an advisor for global and public health at the NCDC, I am engaged in continuous assessment and dissemination of data, and promote involvement of our BA and MA students. Different platforms were used for sharing our interesting experience and evidence.





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COVID-19 has presented programs in the area of quality and safety with an opportunity to examine content offered. In Canada, Queen's University delivers Health Quality Programs comprised of a Master of Science in Healthcare Quality (MSCHQ), a joint MSCHQ /Master of Business Administration (MBA) with the Queen's School of Business, and a Doctorate in Health Quality.

In terms of content pertaining to COVID-19, there has been a concerted effort to embed case studies into the curriculum that incorporate the preparation for and management of outbreaks and the oversight of the quality of work environments and the care delivered within organizations. This includes recognition of the burden placed upon patients and families in the care of their loved ones, the horror of dying alone without family, the challenges faced by healthcare providers who must work in protective person equipment for endless hours, the fears we all face, the balance of risk in making daily life choices, and the ethical dilemmas associated with the allocation of scarce resources.

At times like these, working to develop high standards and best practices through CAHME is helpful to share resources from programs around the globe. This ensure that those prepared with graduate degrees in quality and safety have the knowledge to move the quality and safety agenda forward. To prepare healthcare professionals to deal with COVID-19 is to prepare them to care for their co-workers who will be left with immeasurable emotional scars post-pandemic. Health systems must prepare for an anticipated rise in conditions such as post-traumatic stress disorder that will plague care givers long after the infectious aspects of COVID-19 passed.



CONCLUSION



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A wise mentor of mine once told me, “Sharing knowledge creates wisdom — that’s the leadership legacy you want to leave.” What my mentor was saying was that while learning is important, it is what you do with the learning that matters the most. Knowledge is not power; rather, shared knowledge creates power.

Clearly, we have learned a lot through our experiences during the Global Pandemic, individually and organizationally. This whitepaper has shared several key lessons that we all should embrace and share to expand the collective wisdom of our communities.

- **Teamwork matters.**

No one individual can do it all on their own. Leveraging talent helps ensure success.

- **Prepare for the unexpected.**

Most people could not foresee the consequences of COVID-19; however, we can train ourselves and others for a variety of contingencies that more effectively prepare us for the more dire events.

- **Promote innovation.**

A culture that is focused on continuous quality improvement tends to produce more innovative individuals.

- **Leadership is essential.**

A time of crisis tends to either bring out the best in people, and sometimes the worst. Good leaders, through the examples they set, tend to bring out the best in others.



Each of these lessons has been exemplified through the case studies included within this whitepaper. In particular, leadership, in various forms, was noted in all the cases as being essential for the healthcare industry, both in higher education and in practice. Leadership is simply how one influences others using shared values to accomplish desired goals.

We can therefore draw several conclusions regarding the role of leadership, more specifically leaders, based on the lessons learned from the Global Pandemic and the situations faced by our healthcare providers.

- Anyone can be a leader. From the lab technician to the CEO, leaders are defined not by position, but rather by their attitude and values. Leadership truly is a state of being, knowing, and doing the right things. Marvelous things happened during this Pandemic at all organizational levels. As others have mentioned in this paper, communication, active learning, and networking among peers are the core competencies that we should all practice. We must recognize that we need leaders at all levels, particularly in times of crisis.
- Leaders ask hard questions. There is an old expression that says, “If it is not broken, then do not try to fix it.” Leaders, however, ask the hard question: “It may not be broken today, but will it work tomorrow?” Through continuous assessment of existing data, we can recognize potential threats and test strategies to mitigate them.
- Leaders take action. Our healthcare education must encourage students to seize the initiative. Waiting to be told or for others to do something are simply not acceptable choices.
- Leaders should be realistic optimists. It is essential that leaders remained focused on the realities of the situation AND maintain an unwavering optimism that the situation will improve. This can be a conflicting approach; however, people must understand that their leaders recognize the difficulties of the current situation, and yet believe that they can make a difference.
- Leaders grow other leaders. By sharing what we learn, by consistently exemplifying our values, and by encouraging initiative, we can help grow other leaders. A culture that is grounded in solid leadership produces a resilient organization.

During my self-quarantine last year due to COVID-19, I spent time looking at my late grandmother’s photo albums and scrapbooks. She passed away in 2002 at the age of 101. While reading her notes and picture captions, I realized that she survived the Spanish Flu pandemic of 1918-1919 as a young girl in rural America.

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