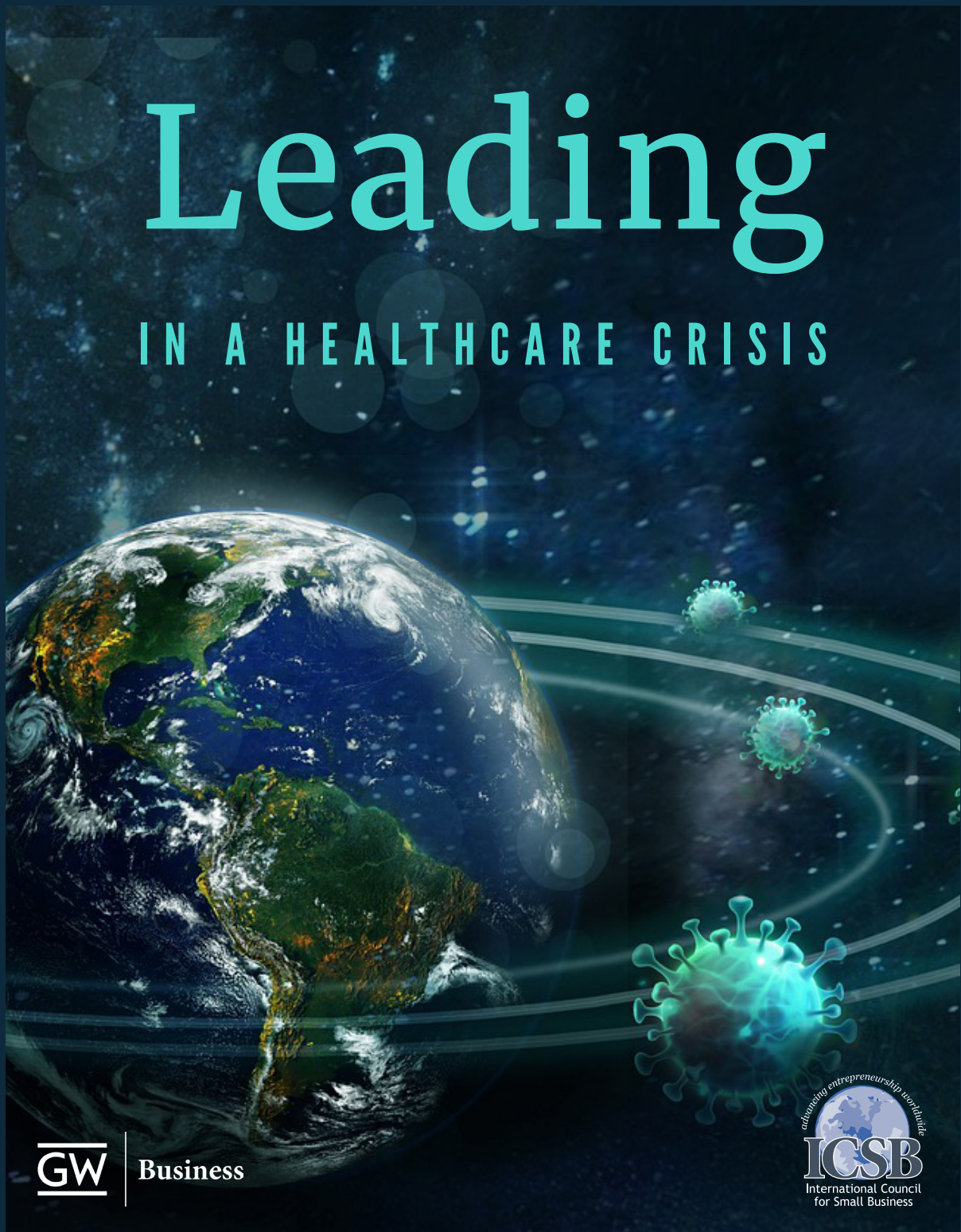


SUMMER 2020

# Leading

## IN A HEALTHCARE CRISIS



GW

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**ICSB**  
International Council  
for Small Business

DEVELOPING A TOOLKIT FOR LEADING  
THROUGH UNCERTAIN TIMES

# Contents

–

5

**Executive Summary**

8

**Opening Keynote Session**

10

**Section 1: Leadership**

Effective Leadership at the Local and Regional Level in a Healthcare Crisis **11**

Effective Leadership Requires Making People Feel Safe **15**

Leading with Emotional Intelligence during a Healthcare Crisis **19**

21

**Section 2: Teams, Technology and Future: Applied Frugal Innovation**

Telemedicine and Telehealth in Response to COVID-19 **22**

Leading Change in Medical Education **24**

Ad Hoc Crisis Team Formation **27**

29

**Closing Session**

31

**Conclusion**



**33**

**References**

**36**

**Appendix A: Contributors**

**39**

**Appendix B: Presenters**

**42**

**Appendix C: Safety Survey Conducted during Effective  
Leadership Requires Making People Feel Safe Session**

**46**

**Appendix D: WE CARE Strategic Leadership Model Toolkit**

**48**

**Organizer and Speaker Bios**

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*Editorial Review: Ayman El Tarabishy,  
Deputy Chair, Department of Management,  
GW School of Business  
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# Letter from the Conference Chair

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A truly incredible and first-ever event, the Leading in a Healthcare Conference, hosted by the students of the George Washington University Healthcare MBA program and ICSB, was exceptionally pertinent this year. Given the global climate, every individual is playing a significant role in our healthcare system, which makes the concept of leadership within this reality both pressing and essential. Because of the subject's specificity and immediacy, we saw seen an incredible response to this conference.

*Developing a toolkit for leading through uncertain times.* We all have a greater understanding and appreciation for planning. Upon being confronted with such confusion and variability, our typical leadership styles might not have held up as they did during previous, predictable times. This conference brought to you by not only leading experts but, even more significant, by the finest healthcare professionals from around the United States, is one of its kind. It set the precedent of confronting our new reality. When the uncertainty becomes the norm, how do we lead?

It was beyond impressive to see the grandeur of exchange and discussion that can happen when we intentionally gather for a greater good. I hope you all take the time to review this comprehensive summary of the day to let it guide and inform your future leadership styles.

Thank you again for the incredible work of the students in the George Washington University Healthcare MBA program. We are all deeply indebted to you and entirely grateful for setting the stage for this necessary discussion.

*All the best,*  
Dr. Ayman El Tarabishy



Dr. Ayman El Tarabishy is the deputy chair of the Department of Management at the George Washington University School of Business and President & CEO of ICSB.



A dark, sepia-toned photograph of Marie Curie in her laboratory. She is shown from the waist up, wearing a dark, long-sleeved dress. She is looking down and to the left, focused on her work. Her right hand is near a piece of scientific equipment, possibly a balance scale or a similar apparatus. The background is dark and indistinct, suggesting a laboratory setting. The overall tone is somber and historical.

# Executive Summary

*“Nothing in life is to be feared, it is only to be understood. Now is the time to understand more, so that we may fear less.”*

The words of Marie Curie, spoken over 100 years ago, are probably even more applicable in this new millennium and especially the year 2020. Pandemics apply a unique strain on leadership and, unlike local disasters that have a more limited impact, this global pandemic has affected and will continue to affect systems at every level. As communities and nations throughout the world grow more divided socially, many leaders find themselves in unprecedented circumstances. Therefore, leaders must take a closer look at their own behavior and consider their own role in the perpetuation of fear, especially that resulting from the media frenzy caused by the perpetual, 24-hour news cycle. The healthcare system needs entrepreneurial leaders who are prepared to foster increasing innovation through creative disruption following a pandemic, ultimately revealing many potential business relationships and opportunities, especially those relating to small and medium sized enterprises.

To only further exacerbate the difficulties that leader faces today, the ability to effectively and appropriately respond while navigating the psychological impacts in most regions and communities has become even more difficult. Actions are nearly always predicated on emotions and pre-existing belief systems, but many people are not educated on how to vocalize their emotions nor express them. An effective crisis response must consider the broader impact that such events can have on individuals, organizations, and society. Addressing needs during an emergency requires coordinated action, hinging on appropriate information acquisition and distribution, resource identification and allocation, and innovation. This may involve subject matter experts, government, public agencies, media, & businesses coming together at various levels to achieve shared goals.

During times of crisis, the responsibilities of leadership are more intensified. Leaders, spanning from hospital system CEOs to regional coordinators to international leaders, must apply their skills to maximize their coordinated response and save lives. Crises, such as the current pandemic, require fundamental leadership knowledge, practical experience, and a focus on purposeful and humane leadership that benefits all stakeholders, including customers, employees, suppliers, communities, and shareholders. Inspiring leaders can create a renewed vision for healthcare organization, development, and strategy implementation as well as to mobilize and motivate employees.

At the onset of natural disasters or outbreaks

of disease, institutions often employ crisis management teams. Success is best achieved when information is freely shared, teams' structure non-hierarchically, and individuals are able to be flexible in adapting to changing circumstances. Teams must be encouraged to challenge one another, learning to work together while problem-solving quickly with limited resources. At times, this may mean bypassing personal recognition or decision-making power for the benefit of the greater group—a significant commitment needed from team members early in team formation. Past crises can inform future success, as the possibility of another crisis is always imminent. Learning organizations must be able to pivot and align their actions that provide practical strategies in crisis management.

Although this global turmoil has provided the international community with much worry and concern, it has also brought with it a new wave of innovation as individuals, organizations, and nations respond with adaptive solutions. Much of the focus has been on the healthcare system, where teams of providers and medical professionals work on the front lines to save the same lives that have been jeopardized by this pandemic. Telemedicine encompasses an entire field of technology awaiting its widespread adoption and investment. Academic medical centers, non-academic centers and outpatient practices have been slow to adopt telemedicine models due to the prohibitive and regulatory requirements, start-up costs, and lack of provider buy-in. These impediments quickly faded when the organizations were forced into the arena with to COVID-19. From common to complex,





technology is limited to the entrepreneurial orientation of the organization and its scaling needs. This pandemic has changed the outlook of small and medium enterprises by opening up to a new frontier for entrepreneurs who will now look to do more than survive, now, they will thrive as successful examples of opportunity in the face of what most would consider limitations.

# Opening Keynote Session

Leaders should be able to “listen, help channel the fear into action, demand data drive decisions, see all people, [and] avoid the false choice [of faking] a new normal.”

The opening session of Leading in a Healthcare Crisis, presented by the International Council for Small Business (ICSB) Global and George Washington University (GWU), began with introductions from conference chair, Dr. Ayman El Tarabishy, Deputy Chair, Department of Management of the George Washington University (GWU) School of Business, and Dean Liesl Riddle, GWSB Associate Dean of Graduate Programs, GWU. Registrants of the conference spanned 33 countries, 16 hospitals, and 21 universities. GWU is known for having launched the first fully online MBA program and one of the first healthcare MBA programs in the world. This conference brought together current students, graduates, and members from both healthcare and business communities.

Dr. Rahul Shah, MD, MBA, Chief Quality and Safety Officer at Children’s National Hospital spoke of the importance of

connecting as a leader, which can be more challenging in times of crisis. Disregarding the accuracy of a given decision, decisiveness is critical. Leadership must make strategic decisions quickly and with purpose throughout times of crisis. Continuous learning is “more important than ever,” and he encouraged leaders to “be consistent and predictable, [as] everyone is watching.”

Alena Hammond, SVP Clinical Trials at Covance discussed her company’s strategy during the early days of the pandemic. Covance quickly pivoted to protect patients, employees, and the integrity of clinical trials by “driving innovation [to] meet evolving needs.” Plans centered around project leadership, clinical operations, business continuity and enterprise wide resilience. Setting priorities, resource planning, risk mitigation, and transparency were important for her team and those that she managed. Decisions communication included all





# Opening Keynote Session

stakeholders and resulted in the successful creation and execution of a “roadmap to recovery” which included specific ad hoc teams for recovery processes.

Bill Oldham, entrepreneur, investor, and consultant believes that stakeholder reactions must be considered in the actions that organizations make. Although organizations may be diverse, many face similar challenges in regard to financial uncertainties and fear that COVID-19 brings upon society. Oldman necessitates the importance of “meeting people where they are in [their] social construct, not where we wish they were.” He remarks that leaders should be able to “listen, help channel the fear into action, demand data drive decisions, see all people, [and] avoid the false choice [of faking] a new normal.”

# Leadership

## Section 1:





# Effective Leadership at the Local & Regional Level in a Healthcare Crisis

Several select healthcare leaders at the local and regional levels presented their experiences in leading during the pandemic. More than just focusing on theories, each of these individuals displayed their practical applications of these fundamental leadership skills for successful regional coordination of healthcare delivery.

From the Nashville response to Covid-19, Dr. Jahangir identified four building blocks that contributed to their effective response to the pandemic. These foundational practices allowed the response team to gain trust in their community, contributing to effective leadership in this pandemic:

- 1. Developing a team of relevant stakeholders by establishing a collaboration between public and private enterprises;*
- 2. Formulating a public policy that is communicated clearly and consistently;*
- 3. Addressing community uncertainties with calm reassurance;*
- 4. Continually provide updates the leadership of the response team.*

Planning and implementation required understanding of the available public and private resources as well as creating a broad

representative coalition. It was crucial to foster trust and collaboration between disparate stakeholders, who are typically, at baseline, competitors; to implement a plan highlighting the strengths of each organization; and skillfully blending resources to mitigate individual weaknesses.

Successful implementation of public policies such as ‘safer at home’ and ‘mandatory masks in public’ were the direct result of buy-in from each member of the response team. Consistent messaging was augmented by constituent organizations leveraging their existing relationships within the community to encourage compliance with public policy. This experience demonstrated the importance of collaboration between public and private enterprises in a healthcare crisis, reinforcing Kotter’s concept that successful change is dependent on buy-in from all stakeholders.

Dr. Eskandanian reviewed the response from Children’s National Hospital in Washington DC. She noted that their early regional response was possible because of longstanding strategic planning with an emphasis on clinical excellence, research, and innovation, as well as its commitment to community health to improve health



outcomes for all children. They were able to collaborate with international partners across the world that were initially affected, to assess the impact of the COVID-19 pandemic on children instead of relying on the confusion promoted in the United States. This allowed them to remain at the forefront of knowledge about Multisystem Inflammatory Syndrome in Children (MIS-C) and its relation to COVID-19.

By collaborating with previously established partners, they were prepared to mitigate some of the challenges faced during the pandemic. Their connections to leaders

from the engineering industry through their Entrepreneurs in Residence program helped with PPE and testing supply shortages. Their efforts were also bolstered through local alliances with major research universities, access to funding through grants from the National Institute of Health, and the ability to utilize facilities from the former Walter Reed Memorial Hospital. They had experience and skills which they were able to re-deployed in order to serve the new needs of the pandemic in marketing, licensing, and operations management. This level of innovation and preparedness, with the addition of well-coordinated infrastructural systems and





# Effective Leadership

networks in place regionally, nationally, and internationally prior to the pandemic crisis, helped to enable effective leadership management throughout their organization during this pandemic outbreak.

Dr. Budhrani emphasized key elements for effective leadership in business, which are especially pertinent during a pandemic. He spoke to the need for healthcare leaders to know their business's weaknesses and acknowledge gaps as opportunities for improvement in coordination of care. He also emphasized the importance of cultivating a strong team that complements personal skills sets to help fill gaps, brainstorm strategies, and pivot if there are threats to existing business plans. Teams should possess a diversity of thought, backgrounds, and ethnicities, especially when addressing





disparities and potential impact on vulnerable communities. Dr. Budhrani stressed the importance for leaders to create actionable plans to incorporate innovation, intuition, and flexibility—an essential framework for both non-crisis and crisis situations.

Another discussion point included frugal innovation, encouraging business leaders in all industries to improvise wisely by using limited resources to create innovative solutions for supply chain deficiencies, utilizing all opportune affiliations and established relationships, and in being mindful of all stakeholders involved. Together, public and private sectors, small, medium, and large-scale businesses can work collaboratively to bricolage sustainable systems that are more resilient to weather the current pandemic crisis.

# Effective Leadership Requires Making People Feel Safe

Leaders need to help others feel safe during uncertain times (results from an audience poll on perceptions of safety can be found in Appendix B).

Dr. Ridgely Salter, chair of the Wellbeing Council at WellSpan Medical Group, reported success in establishing an Incident Command (IC) very early on in the pandemic, which included systemwide communication to all physicians, behavioral health services, and a 24-hour available to all staff to help ensure psychological safety. They specifically used an application, called myStrength Mobile App, to promote emotional health.

Dr. Janice Blanchard has done extensive work on healthcare disparities in different racial and socioeconomic groups. She emphasized the need to make healthcare workers feel psychologically safe in their work environment by improving “physical” safety and reducing the stigma of accessing mental health services amongst providers, noting that these issues may be even greater within providers of color. She also recommended investing in the health of the surrounding community in order to build resiliently to the pandemic.

Dr. Peter Pronovost has written extensively on the safety of teams. He reported that with the high urgency and high-risk situation brought on by the pandemic, the “us vs them” mentality

was accentuated in many organizations. He encouraged leaders to communicate the practical reality, balanced with the science available to date. Additionally, he emphasized the need for organizations to be quickly adaptable and to celebrate successes. Dr. Pronovost encouraged not only authentic communication, but authentic “listening” and “realistic but optimistic” communication.

The WE CARE Toolkit (Appendix D) was developed to help guide best practices for promoting psychological safety during crisis and uncertainty and was based on the insights from our speakers.

## 1. Welcome

As leaders, the most important asset is people. One of the most important things that a leader must do during times of crisis is to provide support. A welcoming environment needs to be part of organizational culture even prior to a crisis. Leaders of welcoming environments possess humility and self-awareness, and they consistently welcome feedback from their teams, practice active listening, and show empathy in order to help their teams feel psychologically safe.

## 2. Empower

To empower is to give someone the authority or ability to act. To effectively empower, a leader must first engage their teams and





provide direction and protection. Engagement, which is derived from a welcoming culture, needs to be authentic and respectful. To be successful in times of crisis, a leader must have trust in the team and vice versa. During times of crisis, adaptability is crucial, and the most successful organizations are capable of being adaptable because leaders have already installed an empowering culture during times of stability.

### 3. Communicate

Communication must be frequent and consistent. Having a clear communication cadence based on the stage of crisis is

important in developing trust. Early in crisis communication when information is changing rapidly, great leaders must demonstrate agility and adaptability. During this time, more frequent communication is essential. Daily structured check-ins are an extremely important tool to use as a leader, particularly during the early stages of a crisis. Check-ins should provide an update on physical and psychological stability, redeployment strategies, equipment, capacity, and safety. It should focus on shared values and goals as well as current status and future needs. A section on the internal home page with a hot button or app should be used to maintain

all relevant communications and information in one place for easy access. This can also be a place for questions to be entered that can be answered for everyone's benefit. Communication should also have a focus on education in order to correct knowledge gaps and dispel fear-inducing myths.

#### 4. Act with Authenticity & Anticipate

Leaders should demonstrate authenticity in every action that they take. This is intimately related to creating a welcoming culture that is engaging and empowering. Leaders must act despite the uncertainty of any crisis. Creating an Incident Command team is a critical early step in the action plan. Members of the team should include representatives from key stakeholders, such as administrative, staff, information systems, consumers, marketing, supply chain and operational specialists and human resources. A mental health provider must be part of the command team and all action plans should include strategies from the outset for mental health, providing employees with a crisis-specific survival kit.

Organizations should maintain an updated map of training, skillsets and willingness to deploy across specialties. Where expertise is lacking within the organization, effective leaders should network with organizations that have such expertise in order to learn from the successes and failures of others. Action plans should also include a continuous process of forecasting which is key to developing proactive strategies. Where

possible, all action plans should include metrics for determining success or failure as well as thresholds for action.

#### 5. Reassess, Reconfigure & Redirect

A leader's role is to ensure that their team has all of the knowledge and resources needed to be successful. To be effective, leaders need to evaluate successes and failures with a focus on what should be stopped, modified, continued, started, or intensified. This metric should be reassessed at regular intervals, and successes should be celebrated. In addressing deficiencies, reassessment is not successful if not followed by reconfiguration and redirection to address the ongoing problems with realistic solutions. If resources are not available, alternatives or substitutes can be considered, and flexibility must be present for innovation to advance.

#### 6. Empathy

Empathy is what helps leaders understand their teams and is crucial to engaging the team as well as forecasting the effects of any decision or action. It allows leaders to build trust and loyalty within the teams that they serve. Without empathy, leadership creates an "us and them" mentality which is erosive to team functionality. This is, most likely, the most important element to leadership in any environment.







# Leading with Emotional Intelligence during a Healthcare Crisis

Leading with emotional intelligence is more than just displaying “emotion.”

Leaders must be comfortable in developing a robust profile of emotional intelligence (EI). It is important to identify tools and techniques for improving EI while considering the interplay of emotions and logic and maintaining control of the three levels of thinking—negative, positive, and critical. Visionary leaders with high-levels of competency in EI can assess where they are, develop a vision for the future, all while having a keen awareness of how to improve the overall experience for both clinician and consumer—whether that be via new standards (telemedicine), recognizing limitations such as with ventilator scarcity, or innovating to improve quality even with staggered schedules for both staff and patients.

The theory and foundation of crisis management can utilize EI in many different ways. In order to adequately prepare for potential scenarios, strategic protocols must be aligned. The development of certain protocols can help decrease the need for a more robust EI response, particularly in leaders who are dealing with their own personal turmoil while leveraging EI. Some

of the potential options to consider in the strategy and alignment stage might include the creation of governance committees (i.e. task force, cross-functional teams), procedural scenario drills, and disaster relief training. The use of emerging technology and innovative, non-traditional approaches to healthcare (i.e. iPhone apps, contact tracing, clinical trials, using data analytics) can also play a role in preparedness.

Former US Marine Eric Rittmeyer was able to convey and illustrate the importance of assessing one’s own personal abilities and skills in relation to emotional intelligence. Simulation and training exercises for the development of EI are extremely useful. Improving skills from structured simulations and scenarios can create a culture of EI within healthcare leadership, political leadership, and even throughout the general population that can prepare others to be more proactive in future crises that resemble the current strains of the present. The SMILE technique that Rittmeyer described, which includes Showing respect, Making it important to me, making me feel Important, making me Laugh, and Earning my trust, is both easy to remember and very simple to implement in day-to-day workplace relationships. The



importance of the relationships that develop between the leader and those whom they lead is based heavily on the ways in which a leader is perceived from the employees' perspective. Taking extra time on a regular basis to make members feel crucial to the team's success by gaining trust, showing respect, and relaying the importance of their contributions strengthens the team relationship and can make the organization more productive. The recognition of our individual triggers, which often impact an emotional response, can be used to better control how one reacts, and can majorly prevent an emotional hijack.

## Section 2:



## Teams, Technology & Future: Applied Frugal Innovation



# Telemedicine and Telehealth in Response to COVID-19

The emergence of COVID caused care systems to reevaluate how to best treat patients. The utility of telehealth emerged as the solution to the social distancing construct and to allay the fears of crowding during the crisis. Quickly, organizations needed to ramp up their innovation and technology to meet the needs of their patients and providers.

The COVID crisis and rise in telemedicine shows that good patient care can be delivered remotely, while augmenting traditional medicine and in some cases improving care through better coordination and monitoring. This session explored the various roles that telehealth can play in an organization. Although telehealth has been around for many years, the traditional uses revolved around store and forward, meaning that most studies have been performed in one place and sent to another for interpretation by specialists. Others used it to connect distant providers with patients in clinic locations. Many hospitals considered telehealth as part of their future vision, but few created a sound structure for widespread implementation. Telemedicine implementation was historically difficult with technological and clinical roadblocks; however, those obstacles were overcome with strong, unified teams and innovative mindsets.

The health and well-being of the providers and care teams was paramount in crafting

the telemedicine response. Telemedicine applications enabled providers to deliver much needed care, while protecting them from exposure. When resources were scarce, telemedicine obviated excessive use of PPE. By creating new access points with telehealth, continuity of care was maintained, patient satisfaction improved, and quality healthcare delivered. In addition to virtual office visits, additional applications for telehealth were created. At Children's National in Washington, DC, telehealth enables providers to treat patients in the ICU while maintaining social distancing practices. Paramedics connect to sick patients in their homes with emergency providers at a hospital. Patients are able to monitor their own health and share data with physicians.

As a global pandemic, worldwide sharing of information was required to best adapt care plans to the evolving crisis. Telehealth created a platform for providers, scientists, and health experts to collaborate and distribute expertise worldwide. Removal of barriers through regulation changes and funding enabled organizations to ramp up quickly. The Coronavirus Preparedness and Response Supplemental Appropriations Act provided emergency funding to centers to implement novel care practices during COVID-19. Licensing regulations loosened to permit providers to utilize telemedicine technology



across states. Insurance companies changed reimbursement structures to include telehealth and organizations were able to capitalize on these to implement telehealth within their care models. Despite the plummet in the major source of reimbursements related to planned procedures, elective surgeries, and direct consultations, telehealth created new revenue streams through virtual visits during the crisis. The COVID-19 crisis forced healthcare delivery to innovate.

# Leading Change in Medical Education

The COVID pandemic disrupted medical education due to social distancing protocols and health concerns for students. Therefore, leadership were required to implement dramatic changes to student structure practically overnight. Leadership at Beaumont Health were surprised by how quickly they were able to pivot to distance learning for students during the pandemic and noted their surprise in the encouraging results of this change. In response to the pandemic, students were pulled out of didactic and clinical training. Lectures were replaced with self-directed distance learning that was supported by the faculty and librarians who quickly curated and provided relevant material to students. In person clinical experiences were replaced with virtual clerkships and simulated patients that could give medical students the ability to demonstrate the competencies necessary to graduate. Medical students could also participate as members of the care team using telephone & video to gather patient histories. At the national level, the Accreditation Council for Graduate Medical Education waived formal educational requirements for medical centers, and residents could be graduated based on the recommendation of the clinical competence committee and program directors. As the curve flattened and personal protective equipment reserves were shored up, students were allowed to return to

the clinical environment. Communication and the timing of this communication were key factors discussed during the session.

Change management processes help ease transitions and allow stakeholders to comprehend, commit to, acknowledge, and embrace the change in their current environment. Kotter's 8-step change model was adopted by the medical education leadership team at Beaumont Health as a strategy to effect meaningful change. Remote services such as telehealth proved capable of fulfilling services for patients during the pandemic and met the needs of trainees to continue their education remotely. Small group classes, virtual conferences, and online interactive courses provided robust and effective learning, demonstrated by an increase in exam scores during the pandemic. In addition to the innovations bringing technology to education, curriculum innovations, including crisis preparedness courses, are taking place in leading medical schools like the Vanderbilt University School of Medicine, now teaching a course called Pandemic Medicine. Communication and change management principles are being applied not only to the medical curriculum but also to continuing medical education to keep experienced practitioners engaged. Mandatory crisis medicine continuing education is





expected to emerge, just as pain management and opiate abuse related continuing education mandates grew as a result of the opiate crisis. It is hopeful that these changes throughout the education system will help ensure better & more coordinated responses to future health crises.

Drs. Ledford and Fringer both spoke about effective and early communication as key in crisis management and disaster preparedness.

These are both key principles that organizations should employ and understand when making decisions in a rapidly changing environment, such as the COVID-19 pandemic. As much as one might try to prepare for events, such as a pandemic, preparedness is never fully realized, adaptability is critical as circumstances evolve.



# Ad Hoc Crisis Team Formation

The construction of crisis management teams can take various forms, but diversity and team composition are critical to success. Defining roles, team communication norms, and hierarchy are made more challenging in a crisis where normative team formation processes must occur at an accelerated pace. Creating a capable ad hoc crisis team requires an intimate knowledge of the individual team members, the organization, and the broader environment. Taking the time to better understand these concepts can only help to better prepare leaders for the pearls and pitfalls of ad hoc crisis team development.

Ad hoc teams must function well quickly, but the formation of such teams can be difficult. These teams sometimes struggle for balance, an important characteristic for effective teams. Teams may have different goals such as tasks and maintenance, or the harmony and belonging. One positive outcome from crisis situations is that team members may “rally around the flag.” The differences that might normally be hindrances may be put aside for a unified goal. Micro, small and medium-sized enterprises (MSMEs) face particularly unique considerations in the development of ad hoc teams, however limited resources may lead to frugal innovation and developing new relationships with different organizations. Crisis can be the spark that incites human ingenuity and frugal innovation. Sometimes

the best management strategy is to leave a team alone, especially when working in a highly technical field.

There is no single framework for the composition of an ad hoc crisis teams, and many operate without formal structure or authority within organizations. Ad hoc teams are often composed of various members from diverse backgrounds who are likely unfamiliar with other members’ roles and responsibilities. This diversity can be one of the greatest strengths but can also prove very challenging. Roles must be assigned based on individual expertise and skill set but also the broader team’s needs. Optimizing team makeup & size are critical early steps. Structured team forming and norming activities may be disrupted during crises; however, teams can still be successful. Early preparation and strategy in the development of teams are essential to overall team success. It is also important to identify a clear goal and vision. Resource availability, time, and individual team member’s strengths must be assessed early and utilized strategically. Teams must expect conflict and determine how best to make decisions. While consensus building is ideal, it can also take the time that may delay decision making in times of crisis. Not all teams will be successful and the team’s response to setbacks and failures must be captured as valuable learning opportunities.





During the COVID-19 pandemic, Dr. Lundy Campbell traveled with a team to New York-Presbyterian, a hard-hit area early in the epidemic with hospital intensive care needs beyond capacity. Teams were only successful because of their camaraderie, strong sense of purpose, acceptance of help, and frugal innovation, given lack of resources. Challenges included logistics, overemphasis on resources allocation for some assets and not others (i.e. ventilators), and a difficult integration into the initial system. Teams learned to use only available items in an emergency, despite frustrations when certain resources were overemphasized at the expense of others.

Dr. David Robinowitz summarized his experiences of the challenges and strengths that ad hoc teams face. Demonstrative leadership with a consensus-building focus was the preferred leadership style, however, there were times where a more authoritative leadership style was needed to move the team toward their directed outcomes. The creation of subgroups allowed parallel development; and communication and outputs were structured for the larger group. Finally, he described how organizations can succeed despite having failures. While challenging, failures should not lead to the end of a working team, but rather create an opportunity to change focus and vision.

# Closing Session

In order to study and understand crisis management, it must be clear that every crisis is different and, therefore, warrants a different leadership style. The traditional approach in a global pandemic is significantly different than times of stability. In fact, it is well-known that our societal ability to tap into those with relevant experience differs in these situations. In a sustained crisis, a collaborative style is necessary so that others feel empowered. People face uncertainty and are scared for their financial security, as well as the physical and mental health for themselves and their families. “Strong and directional” leadership can aid in coping with uncertainty in this environment, but leaders also need to be skilled with managing emotions and acting as an “energy giver and a stress absorber.”

Telework, or work-from-home, will likely be given significant normalcy moving forward. There are many that cannot wait to return to the office despite their previous desires to work remotely (pre-coronavirus). The difficulty in reconciling the two desires comes from the separate identities of office and homelife clashing. It is a fundamentally different experience when interacting face to face versus virtually. Social interaction

is vital to human survival. Future analysis should include research on how to make telework a more palatable opportunity.

Leadership is best described as “an emotional relationship.” Emotional intelligence must be emphasized as a critical factor in crisis leadership. The social nature of interactions with leadership is important. Given this, it would be expected that charisma would be considered an important trait for leaders to have. However, in a global crisis, an authoritative style may be more productive in certain situations. Even though it can be easy to teach and prepare individuals basic accounting and finance principles, teaching one “how to lead” can be a daunting task, particularly in the face of panic and anxiety. When a leader works from a vantage-point that is too broad, it is much harder to evaluate the success of that individual and their contribution. Traditional assessment tools won’t be useful in the post-COVID era as they may not accurately reflect successes and failures. However, one thing that will remain true is that leaders won’t be remembered for where they lead, but for how they make people feel.







# Conclusion

Any natural disaster or global pandemic can have far-reaching consequences that should be assessed, evaluated, and interpreted in order to be better prepared for similar events in the future. The COVID-19 Pandemic of 2020 has given the entire world many unique opportunities to study and analyze various response systems and better prepare for similar events in the future. A healthcare crisis on a global scale can disrupt the normal functioning of the healthcare system and the economy at large. The healthcare industry needs entrepreneurial leaders ready to address these disruptive incidents around the world.

During moments of crisis, the ideal leader is directly related to the type, length, and intensity of the crisis at hand. Strong and directional leadership is required during these times. As humans are social beings, leaders must work off the human need to connect. This must not be forgotten, especially in moments of unpredictability. While highlighting the importance of caring for and protecting one's team, customers or patients, community, and environment, a leader can act empathetically

first and foremost, while still being able to make critical decisions with a clear mind. This is a new time of sustained crisis, where the ideal leader will be a hybrid who can work comfortably in a collaborative style during long-term uncertainty while having the capacity to simultaneously guide a team into their new reality.

It is difficult to imagine a recovery plan when the present is still overwhelming; yet, the ability to think futuristically, even in times of trouble, is a key attribute of an effective leader. The ability to practice “systems thinking” will help ensure that all processes flow in concert, despite their multifaceted nature. Recovery necessitates a “many solutions” mindset. Developing platforms for future innovation requires acknowledgment that the status quo is changing and that it will never be the same again. Our current preparedness will define our future preparedness. The ability to respond and guide teams through crisis situations will be determined by leadership readiness. It is critical to first acknowledge a crisis in order to be better equipped to respond to it.



*It's not  
over yet.*

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### **Ad Hoc Crisis Team Formation**

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# Appendix A: Contributors

1. Dr. James Brandes, Chief of Operations, Anesthesia Consultants of Marin, Healthcare MBA Candidate at the George Washington University
2. Wendell P. Alexis, Director, Corporate Partnerships, RWJBarnabas Health, GW HC-MBA candidate
3. Dr. Jason Patregnani, Director of Pediatric Cardiac Intensive Care, Maine Medical Center, Health Care MBA candidate, The George Washington University
4. Christina Berman, MHRM candidate, The George Washington University
5. Dr. Diana Rodriguez MD MPH FACOG, MBA candidate, The George Washington School of Business
6. Dr. Elizabeth Muhiire-Ntaki, Medical Director for Quality and Innovation, WellSpan Medical Group, MBA candidate, The George Washington School of Business
7. Dr. Robert Maximos, MD, FACC, Healthcare MBA Candidate at the George Washington University
8. Rafael E. Torres, MD, FACEP, Director of Emergency Medicine, White Plains Hospital, MBA candidate, The George Washington School of Business
9. Paula Seth, MD FACC, Deborah Specialty Physicians, Healthcare MBA Candidate, GW School of Business.
10. Dr. Zhoobin Khorgami, MD, Health Care MBA Candidate, The George Washington University
11. Luis M. Argote-Greene MD FCCP. Assistant Professor at Case Western Reserve University, Healthcare MBA Candidate, The George Washington University.
12. Lenita Y. Gipson, Sales and Marketing Professional - Medical Devices, Healthcare MBA Candidate, The George Washington University - GW School of Business
13. Heinro van Zyl, MD, Director of Emergency Medicine, Greenview Regional Hospital, Health Care MBA Candidate, The George Washington University.



14. Thomas F. Johnson, Group Facility Administrator, DaVita Kidney Care, MBA Candidate, The George Washington University
15. Rachael Nambusi, MD. Flight Surgeon at Joint Base Andrews Air Force Base. Healthcare MBA Candidate, The George Washington University.
16. Theodore A Hufford, MD, FACS; Director of Advanced Bariatric Surgery - Brookdale Hospital and Medical Center; MBA Candidate at The George Washington University.
17. Ashley Kinder, MD Medical Director for the Saint Agnes Health Institute; Healthcare MBA Candidate at the George Washington University
18. Abbie Fougeron, Practice Administrator, Healthcare MBA Candidate at the George Washington University
19. Ali Shams, MD, Emergency Medicine Physician at TeamHealth, Healthcare MBA Candidate at the George Washington University
20. Cameron Cartier, MD Pain Medicine subspecialist and Anesthesiologist, Healthcare MBA Candidate at the George Washington University
21. Daniel Cotterell, EEG Supervisor, Healthcare MBA Candidate at the George Washington University
- 22.. Ike Eriator, MD, MPH, Professor of Anesthesiology at the University of Mississippi Medical Center, Healthcare MBA Candidate at the George Washington University
23. Jennifer Massengale, MD, fellowship trained Breast Radiologist, Healthcare MBA Candidate at the George Washington University
24. Sagar Damle, MD, Cardiac Surgeon, Healthcare MBA Candidate at the George Washington University
25. Candice Dawes, MD Pediatrician and Associate Medical Director, Healthcare MBA Candidate at the George Washington University
26. Jessica Colyer, MD, Pediatric Cardiologist, Healthcare MBA Candidate at the George Washington University
27. K. Benjamin Lee, MD, General Surgery Chief Resident, Healthcare MBA Candidate at the George Washington University
28. Dr. Ayman El Tarabishy, Deputy Chair, Department of Management, GW School of Business, President and CEO, International Council for Small Business

# Appendix B: Presenters

## Opening Keynote

Dr. Ayman El Tarabishy is President & CEO of the International Council for Small Business (ICSB) and the Deputy Chair of the Department of Management for The George Washington University School of Business.

Dr. Liesl Riddle is the associate dean of graduate programs and an associate professor of International Business and International Affairs at the George Washington University School of Business.

Dr. Alyssa Abo, MD is the Director of Strategic Innovation in the Division of Emergency Medicine at Children's National Hospital in Washington, DC. In addition, Dr. Abo is an Associate Professor of Emergency Medicine and Pediatrics at the George Washington University School of Medicine and Health Sciences.

Linda Acholonu is the 2020 recipient of the Dr. Erik K. Winslow award at the George Washington University School of Business.

Dr. Rahul Shah serves as Vice President, Chief Quality and Safety Officer at Children's National Hospital. Shah is recognized as a leader in patient safety and quality improvement within otolaryngology and is active within the American Academy of Otolaryngology-Head and Neck Surgery with these initiatives.

Alena Hammond currently holds the position of SVP, Head of Global Clinical Development Operations, and is responsible for the operational delivery of full service outsourced clinical trials, Phase IB through IV. This portfolio comprises more than 500 active clinical trials across the top 40 Pharma and emerging Biotechs in a broad variety of therapeutic areas.

Bill Oldham, MBA is an entrepreneur, investor, and consultant with more than 25 years of experience as an entrepreneur, investor, and consultant supporting growth industries and high-value clients across health, technology, financial and energy industries, and leading cutting-edge and dynamic companies in a broad range of industries.

### **Effective Leadership at the Local and Regional Level in a Healthcare Crisis**

Alex Jahangir, MD, MMHC is a practicing orthopedic surgeon at Vanderbilt University. He received his Doctor of Medicine degree from the University of Tennessee in 2003. Subsequently, he completed his residency at Campbell Clinic in 2008 and a Fellowship in ortho-trauma at Hennepin County in 2009. He also received a degree in Management in Health Care from Vanderbilt University Owen Graduate School of Management in 2012. He currently leads the Nashville Coronavirus Task Force.

Dr. Kolaleh Eskandarian is Vice President and Chief Innovation Officer at Children's National Hospital. She oversees the Office of Innovation and Technology Commercialization, the Sheikh Zayed Institute's R&D operations, and has a leadership role in the development of the Children's National Research and Innovation Campus (opening 2020).

Dr. Sunil Budhrani, MD MPH is Chief Executive Officer and Chief Medical Officer of Innovation Health, a uniquely successful joint venture between Aetna, a CVS Company, and INOVA Health System. Dr. Budhrani guides the continued success and expansion of Innovation Health with a focus on member growth and access to quality health coverage.

### **Effective Leadership Requires Making People Feel Safe**

Dr. Janice Blanchard is the Chief, Section of Health Policy and a Professor of Emergency Medicine, Health Policy and Management at the George Washington University School of Medicine and Health Sciences. Her research interests include the access to care, mental health, opioid abuse and the impact on emergency department utilization.

Peter Pronovost, MD, PhD, FCCM, is the Chief Clinical Transformation Officer at University Hospital health system. He is a world-renowned patient safety champion, critical care physician, a prolific researcher, publishing over 800 peer review publications, and a global thought leader, informing US and global health policy. Dr. Pronovost was elected to the National Academy of



Medicine in 2011, is an advisor to the WHO's World Alliance for Patient Safety and regularly addresses the US Congress on patient safety issues. He is a founder of Doctella, a health information platform for quality of care.

Dr. Ridgley Salter is a family physician and the Medical Director for Quality and Innovation for WellSpan Medical Group. He has been a leader for dealing strategically with the psychological impact of COVID on the WellSpan workforce.

### **Leading with Emotional Intelligence during a Healthcare Crisis**

Eric Rittmeyer, Mental Toughness Speaker, Psychological Performance Trainer, Author of "The Emotional Marine," is a former U.S. Marine, an author and an expert in the field of mental toughness and emotional intelligence (EQ). He speaks to audiences all over the country, teaching executives and professionals how to overcome the limits brought on by fear and emotions, and replace them with clear, concise critical thinking that gets results.

### **Telemedicine and Telehealth in Response to COVID-19**

Dr. Alejandro Lopez is a Pediatric Cardiologist currently serving as Medical Director of Telemedicine at Children's National Hospital in Washington, DC. Dr. Lopez received his medical degree and pediatric specialization in Mexico in 1992. His focus on Pediatric Cardiology came from his experiences at MGH and Boston Children's where he spent many years early in his career.

Mr. Jason Silverstein, MBA is the Director of Innovation & Transformation at White Plains Hospital and Director of Operations for East Post Road Ventures. He has more than 10 years of experience in healthcare operations and strategy while serving as a technology consultant and is a former startup cofounder. Jason has a BA in Finance from the University of Maryland and an MBA from the NYU Stern School Business.

### **Leading Change in Medical Education**

Dr. Cynthia Ledford, MD is the Associate Dean for Clinical Education at Oakland University William Beaumont School of Medicine. Dr. Ledford is trained in adult and pediatric medicine as well as an internationally recognized innovator in medical education. Throughout her 20-year career she has developed innovative methods and outcome measures related to teaching clinical reasoning and lifelong learning as well as professionalism and professional identity formation.

Dr. Ryan Fringer is a Professor of Emergency Medicine at the William Beaumont School of Medicine. He currently serves as the director of GME and was previously the program director of the emergency medicine residency program at Beaumont Health. He started his medical education at Wayne State University and specialized in Emergency Medicine at Hennepin County Medical Center.

### **Ad Hoc Crisis Team Formation**

Dr. Lundy Campbell is a Professor of Anesthesia and Critical Care specialist at UCSF. Dr. Campbell was part of a group of UCSF health professionals that traveled to New York during the peak of the pandemic to volunteer. One focus of interest is supply chain utilization, particularly ventilators. He is a graduate of the United States Naval Academy and prior to his career in healthcare he served in the United States Navy as a fighter pilot.

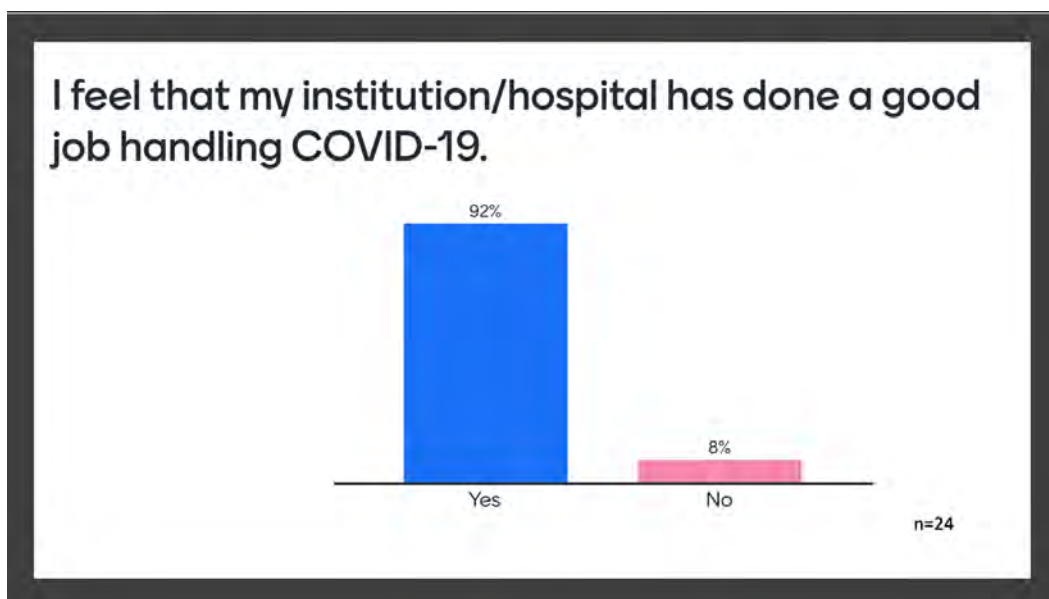
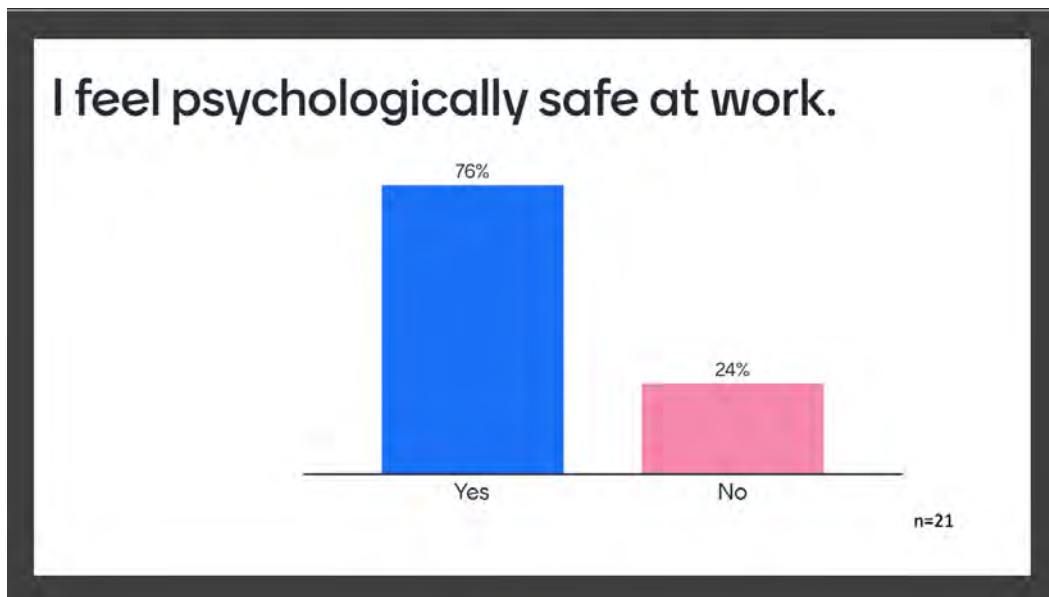
David Robinowitz, MD, MHS, MS is a Professor of Anesthesia, focusing on pediatric anesthesiology at the UCSF Benioff Children's Hospital. He is a graduate of the GWU-SOM and completed his postgraduate training in anesthesia at UCSF. He is an active participant in a variety of national committees and is well-known for his work with electronic health records.

### **Closing Session**

James R. Bailey is a professor of leadership development at GWSB and a fellow in the Centre for Management Development at London Business School. He has taught at the University of Michigan, New York University, IMD, and the Helsinki School of Economics. He is also the recipient of several teaching distinctions, including four GWSB Outstanding Faculty Awards.

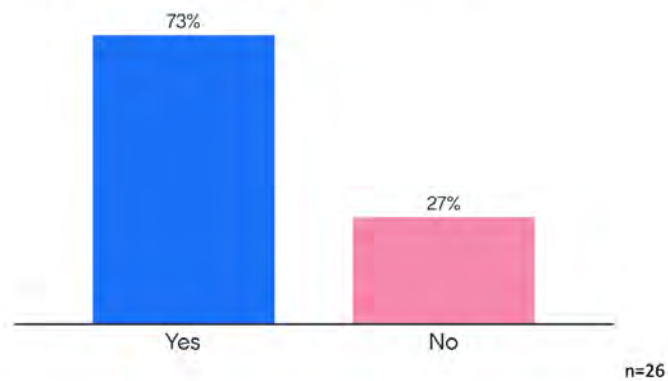
Dr. N. Andrew Cohen is an assistant professor of management at GWSB. He is a former Director of Graduate Leadership and Career Development in the Fowler Career Center, and a former director of MBA Programs and Admissions. Prior to moving into academics, Dr. Cohen held multiple positions in the banking industry in various leadership roles.

# Appendix C: Safety Survey Conducted during Effective Leadership Requires Making People Feel Safe Session

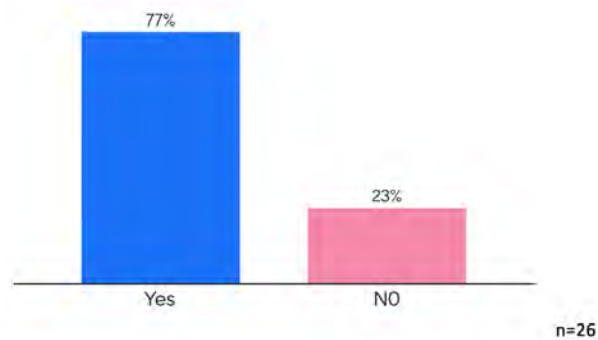




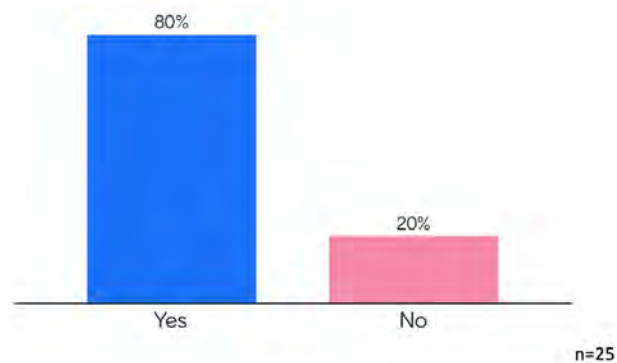
**I feel anxious about COVID-19.**



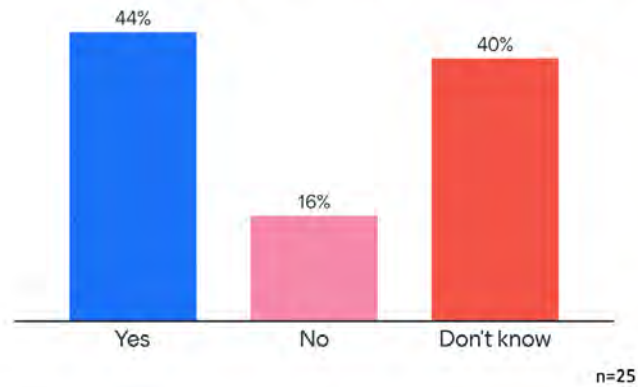
**My managers or leaders have asked how I am doing.**



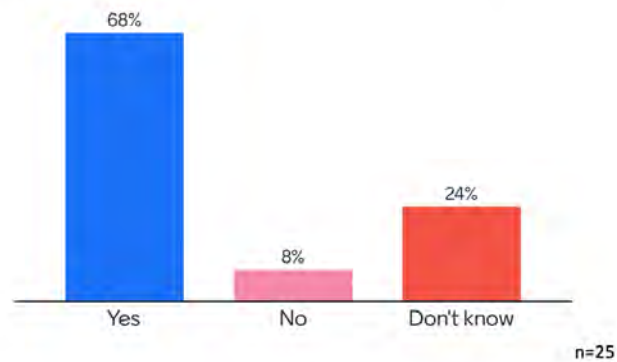
**I feel comfortable sharing my fears, needs and questions with my managers/leaders.**



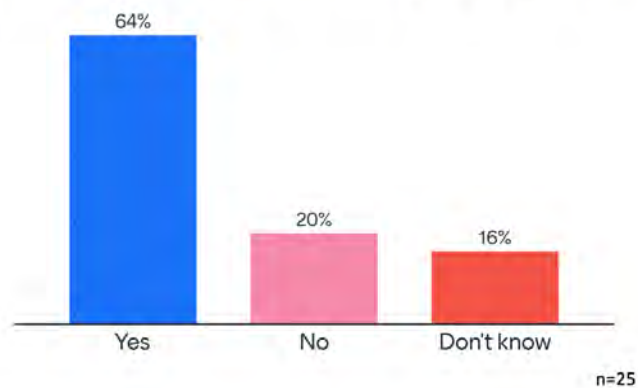
**My staff feels psychologically safe at work.**



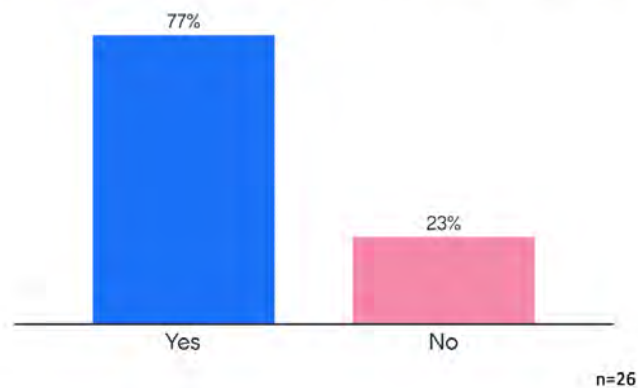
**My staff feels that my institution/hospital has done a good job handling COVID-19.**



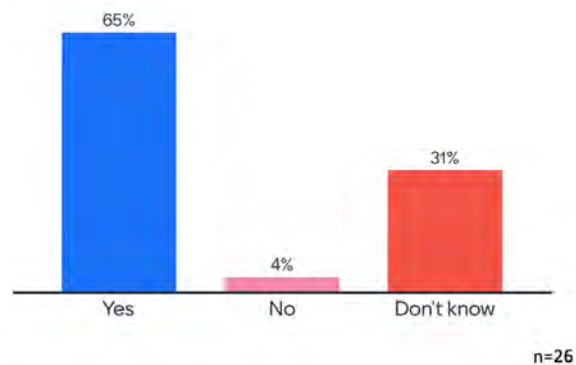
**My staff feels anxious about COVID-19.**



**I regularly ask my staff how they are doing.**



**My staff feels comfortable sharing their fears, needs and questions with me.**





# WE CARE Strategic Leadership Model

**W**elcome, **E**mpower, **C**ommunicate with, **A**uthenticity, **A**ct, **R**eassess,  
**R**econfigure and **R**edirect with **E**mpathy as the Guiding Principle

The WE CARE strategic leadership model should form the foundation for any action plan during crisis. The details of your action plan will look different based on your local resources (one size does not fit all). We recommend utilizing the WE CARE strategies to inform your tactics because people feel safer when WE CARE.

## 1. Establish Incident Command at the organizational level & be visible (Walk the floor).

*Appoint core team to lead and coordinate the response.*

*Who? Team leaders of those impacted, Mental health, Communications/Public Relations, Information Technology, Human Resources, Supply Chain, Operations.*

*Determine necessary expertise (internal and external) to help the response team.*

## 2. Situational awareness: Where are we currently?

*Everyday data collection should focus on people, equipment, capacity.*

*People*

*Don't forget to ask your teammates, "How are you doing"?*

*Always follow up on previous conversations.*

*Equipment and Capacity*

*What do we need? Do we have enough? What will we need?*

*Do we have an adequate safety stock?*

*Diversion plan (Internal and External) for overcapacity.*

*Periodic survey: Focus on collecting data to determine what do we need to stop, start, continue or intensify?*

## 3. Forecast and be proactive: What do we think will happen and where do we wish to go?

**How will we know that we got there?**

*Expand behavioral health services in anticipation of an increased need.*

*Hotline for 1:1 counseling*

*Leverage technology that can be used for employees to check in or to access crisis-related information (MyStrength App, Crisis-specific Communication Hub on Hospital Home Page)*

*Develop or utilize a Pandemic Survival Kit for your employees (individualize for your institution and local services).*

*Decide on metrics for measuring successes and failures and how often to measure. Include this into the initial and ongoing action plan.*

*Communicate and celebrate successes.*

*Reconfigure and redirect after failures.*

*Be flexible to change but don't overreact to noise or isolated data points.*

*Redeployment strategy.*

*Map out credentialing, training and willingness. This should be an ongoing process even before and after crisis to ensure availability of a deployable workforce.*

*Establish criteria for redeployment and communicate any redeployment plans to affected parties as early as possible.*

*Keep plans doable within your current resources. Broken promises erode trust.*

*Allow employees control over variables they can control without compromising the mission.*

#### **4. Communication strategy: Must be part of the action plan from the beginning.**

*Authentic communication AND listening. Be REALISTIC but OPTIMISTIC. Always act and communicate with empathy.*

*Hot button on main page to direct employees to appropriate resources and the most up to date information on the crisis. Allow staff to submit questions or concerns.*

*Communications should: Update staff, remind staff of shared goals, celebrate successes, communicate how deficiencies are being addressed.*

*As uncertainty increases, communicate frequently and regularly via multiple venues and be visible to your healthcare professionals.*

*Frequency: varies by stage of crisis. More frequently early on.*

*Use both Multilevel and Multichannel communication strategies:*

*Multilevel: staff, providers, managers, community partners*

*Multichannel: 1:1 or team discussions, check-ins, debriefs, Q&A sessions, emails, newsletters, home page.*

*Empower managers at all levels to communicate and check in with them to ensure they are doing so.*

*Communicate changes (including rationale) as early as possible to allow for preparation.*

#### **RECHARGE:**

**Remember to give yourself a moment to recharge in order to be most effective.**

# Organizer and Speaker Bios



**Dr. Ayman El Tarabishy**

*President/CEO, International Council  
for Small Business (ICSB), and Deputy  
Chair of the Department of Management  
for The George Washington University  
School of Business*



**Alena Hammond**

*SVP Clinical Trials*

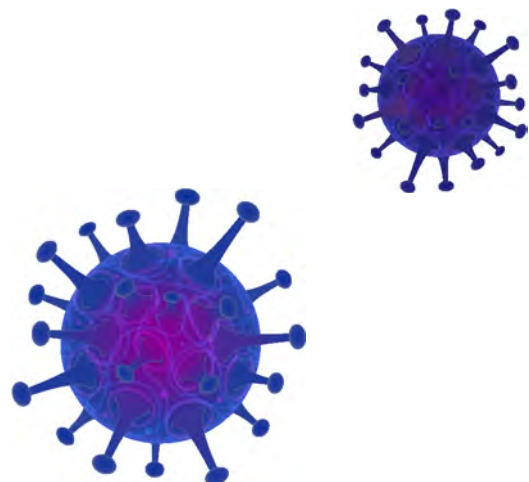
Ms. Hammond currently holds the position of SVP, Head of Global Clinical Development Operations, and is responsible for the operational delivery of full service outsourced clinical trials, Phase IB through IV. This portfolio is comprised of greater than 500 active clinical trials across the top 40 Pharma & emerging Biotechs in a broad variety of therapeutic areas. In this role, she leads a global team of over 1,000 people.



**Dr. Rahul Shah**

*President/CEO, International M.D.,  
MBA, Chief Quality and Safety Officer at  
Children's National Hospital*

Rahul Shah, M.D., MBA, serves as Vice President, Chief Quality & Safety Officer at Children's National Hospital. Shah is recognized as a leader in patient safety and quality improvement within otolaryngology and is active within the American Academy of Otolaryngology-Head & Neck Surgery with these initiatives.







**Dr. Alyssa Abo**

*MD, FAAP, FACEP, FAIUM*

Dr. Alyssa Abo, MD is the Director of Strategic Innovation in the Division of Emergency Medicine at Children's National Hospital in Washington, DC. She is an experienced physician-innovator whose passion is to bridge the gap between technology and medicine through creativity & innovation. In addition, Dr. Abo is an Associate Professor of Emergency Medicine & Pediatrics at the George Washington University School of Medicine and Health Sciences.



**Alex Jahangir, MD, MMHC**

*Nashville Coronavirus Task Force*

*Director, Division of Orthopedic Trauma  
Vanderbilt University Health System*

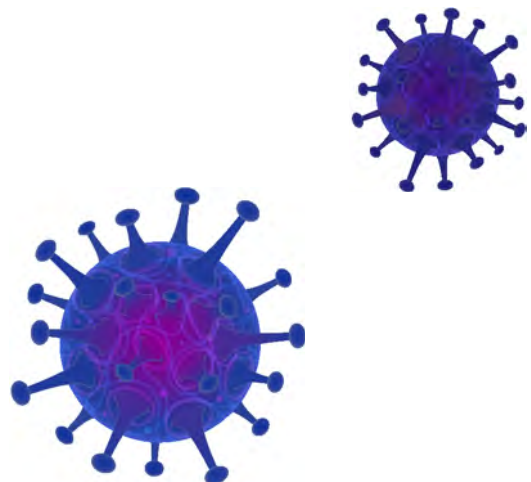
Dr. Jahangir is a practicing orthopedic surgeon at Vanderbilt University. He received his doctor of medicine degree from the University of Tennessee in 2003. Subsequently, he completed his residency at Campbell Clinic in 2008 and a Fellowship in ortho-trauma at Hennepin County in 2009. He also received a degree in Management in Health Care from Vanderbilt University Owen Graduate School of Management in 2012. He currently leads the Nashville Coronavirus Task Force.



**Linda Acholonu**

*Sr. Project Manager*

Linda Acholonu is a seasoned professional and expert in the area of clinical drug development & pharmaceuticals. She is also a 2020 graduate of the George Washington University Healthcare MBA program with a concentration in entrepreneurship. Linda is the 2020 recipient of the Dr. Erik K. Winslow award at the George Washington University School of Business.





**Dr. Kolaleh Eskandanian**

*Ph.D., MBA, PMP, Vice President and  
Chief Innovation Officer at Children's  
National Hospital*

Kolaleh Eskandanian, Ph.D., M.B.A., P.M.P. is Vice President and Chief Innovation Officer at Children's National Hospital, reporting to hospital's Executive Vice President, Physician-In-Chief and Chief Academic Officer. In this capacity, she oversees the Office of Innovation and Technology Commercialization, the Sheikh Zayed Institute's R&D operations, and has a leadership role in the development of the Children's National Research & Innovation Campus (opening 2020).



**Dr. Sagar Damle**

*MD, Cardiac Surgeon*

Dr. Sagar Damle, MD is a Cardiac Surgeon in Atlanta, GA. He has been a practicing surgeon for over 7 years and specializes in the surgical treatment of heart failure including left ventricular assist devices and transplants. He graduated from the University of Virginia School of Medicine in 2002 and subsequently completed his residency and training in general surgery and thoracic surgery at the University of Colorado Health Sciences Center.



**Dr. Janice Blanchard**

*Chief, Section of Health Policy Professor  
of Emergency Medicine, Health Policy  
and Management*

Dr. Blanchard is originally from Chicago. She completed her B.S. at Stanford and her M.D. and M.P.H at Harvard. She completed her residency in emergency medicine at George Washington. Following residency, she was a Robert Wood Johnson Clinical Scholar at UCLA and RAND. In 2006, she obtained a PhD from RAND Graduate School. Her research interests include the access to care, mental health, opioid abuse and the impact on emergency department utilization. She has extensive skills in qualitative & quantitative research methods.



**Dr. Ridgely Salter**

*MD, Family Physician at Quality and  
Innovation for WellSpan Medical Group.  
Chair, Wellbeing Council*

Dr. Ridgely Salter is a family physician and the Medical Director for Quality and Innovation for WellSpan Medical Group as well as the chair for the Wellbeing Council. He has been a leader for dealing strategically with the psychological impact of COVID on the WellSpan workforce.



**Dr. Diana Rodriguez**

*MD MPH FACOG, Maternal-Fetal  
Medicine Specialist*

Dr. Rodriguez is a Maternal-Fetal Medicine specialist currently completing an MBA at GWU with a certificate in Management Leadership. A graduate of Harvard Medical school and School of Public Health, she has dedicated her work to ensuring high quality & safe care for all pregnant women. She is a strong patient advocate and has served as the Director for Practice Standards & Safety. Her mentorship and teaching have been recognized with numerous awards. Dedicated to lifelong learning, she believes that having a growth mindset is vital for continuous process improvement.



**Eric Rittmeyer**

*Mental Toughness Speaker,  
Psychological Performance Trainer,  
Author of "The Emotional Marine"*

Eric is a former U.S. Marine, an author and an expert in the field of mental toughness and emotional intelligence (EQ). He speaks to audiences all over the country, teaching executives & professionals how to overcome the limits brought on by fear and emotions, & replace them with clear, concise critical thinking that gets results.



**Robert Maximos**

*MD, FCCP, DAABIP*

Dr. Maximos is a Pulmonary Diseases and Critical Care medicine physician. He is the Director of Interventional Pulmonary Medicine and Bronchoscopy at the Washington, D.C. Veteran Affairs Health System & an assistant professor of medicine at The George Washington University School of Medicine and Health Sciences.



**Dr. Paula Seth**

*MD, FACC, Director, Deborah First  
Responder Health Assessment and  
Director, DSP Echocardiography*

Paula Seth, MD, is a board certified Cardiologist, with more than 15 years of private practice experience, specializing in preventative cardiovascular and women's heart disease. She earned her medical degree from the Drexel University School of Medicine, Philadelphia and completed her residency at Mount Sinai Medical Center, New York.





**Alejandro Lopez Magallon, MD**

*Pediatric Cardiology Division of Cardiac Critical Care Medicine Medical Director, Telemedicine Children's National Hospital*  
Alejandro Lopez, MD is a Pediatric Cardiologist currently working at the Division of Cardiac Critical Care Medicine as well as Medical Director of Telemedicine at Children's National Hospital in Washington, DC. Dr. Lopez received his medical degree in 1986 from Escuela Medico Militar and he completed his pediatric residency at the Hospital Central Militar in Mexico in 1992. He did his Pediatric Cardiology fellowship at Massachusetts General Hospital and Boston Children's Hospital from 1994 to 1997.



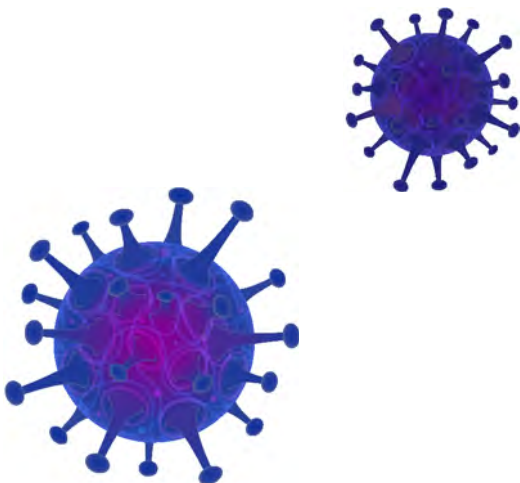
**Jason Silverstein, MBA**

*Director of Innovation & Transformation at White Plains Hospital and Director of Operations for East Post Road Ventures*  
He is responsible for the hospital's telemedicine and virtual health strategy and supports a variety of other technology initiatives. He has more than 10 years of healthcare operations and strategy experience working at health systems, as a technology consultant & is a former startup cofounder. Jason has a Bachelor of Arts in Finance from the University of Maryland and a Masters in Business Administration from the NYU Stern School Business.



**Dr. Cameron Cartier**

*Pain Medicine subspecialist & Anesthesiologist, Medical School Clinical Assistant Professor in Bellevue & Seattle, WA*  
Dr. Cartier has expertise in a wide range of pain-management therapies, including prolotherapy, epidural steroid injections, radiofrequency neurotomy, & many more treatments. In performing regenerative, non-surgical procedures, Dr. Cartier often treats the elbow, foot or ankle, hand or wrist, hip, knee, shoulder, spine, cervical spine, lumbar spine, and thoracic spine.





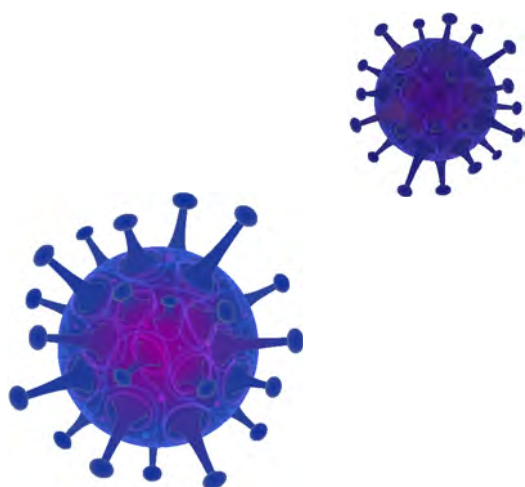
### **Dr. Ryan Fringer**

*Professor of Emergency Medicine and Director of Graduate Medical Education*  
Dr. Fringer has tremendous experience in graduate medical education. He currently serves as the director of Graduate Medical Education at Beaumont, overseeing 10s of residency and fellowship programs, as well as 100s of training physicians. Previously Dr. Fringer was the program director of the emergency medicine residency program at Beaumont health. Dr. Fringer received his medical education at Wayne State University School of Medicine, followed by his residency in Emergency Medicine at Hennepin County Medical Center.



### **Dr. Cynthia Ledford**

*MD, Associate Dean for Clinical Education at Oakland University William Beaumont School of Medicine*  
Dr. Ledford received her bachelor's degree from the University of Cincinnati and her Doctor of Medicine degree from The OSU College of Medicine. She completed her combined Internal Medicine and Pediatrics residency at Cincinnati Children's Hospitals and Medical Center and University Hospitals at the University of Cincinnati. Dr. Ledford is an internationally recognized innovator in medical education with more than 20 years of experience. Throughout her career as a physician educator, she has developed innovative methods and outcome measures related to teaching clinical reasoning and lifelong learning as well as professionalism and professional identity formation.



### **Ike Eriator**

*MD, MPH*

Ike Eriator, MD, MPH is a Health Care MBA student at the George Washington University. He is a professor of Anesthesiology at the University of Mississippi Medical Center.



### **Dr. Lundy Campbell**

*MD, Clinical Professor of Anesthesia and  
Critical Care Medicine, UCSF*

Dr. Lundy Campbell is the Chief of Cardiothoracic Anesthesia and an Intensivist at the University of California, San Francisco. Dr. Campbell was part of a group of UCSF physicians and nurses that traveled to New York during the peak of the COVID-19 pandemic to offer their services, where he worked in the COVID-19 ICU for a month.



### **Dr. David Robinowitz, MD, MHS, MS**

*Pediatric anesthesiologist at the  
University of California, San Francisco  
Benioff Children's Hospital*

He serves as the Vice-Chair of the University Committee on Academic Computing and Communications, and the physician lead of Perioperative & Anesthesia informatics for UCSF. He is a national leader in electronic health records and anesthesia, which is the most data-dense clinical area in medical record keeping. He is a consultant to Epic, one of the leading electronic health record vendors for which he designed the anesthesia platform that is part of their EHR package throughout the country.



### **Abbie Fougeron**

*Practice Administrator*

Abbie Fougeron is the Practice Administrator for a large Pulmonary, Critical Care, and Sleep Medicine private practice in Lincoln, Nebraska. She is pursuing an MBA in Healthcare from GW University.



### **James R. Bailey**

*Hochberg Professorial Fellow of Leadership  
Development; Professor of Management*

James R. Bailey is a professor of leadership development at the George Washington University School of Business (GWSB) and a fellow in the Centre for Management Development at London Business School. He has taught at the University of Michigan, New York University, IMD, and the Helsinki School of Economics. Dr. Bailey is the recipient of several teaching distinctions, including four GWSB Outstanding Faculty Awards.





### Dr. James Brandes

*Anesthesiologist, GW MBA student*

Dr. Brandes is a practicing anesthesiologist and executive board member of Anesthesiology Consultants of Marin, in California. He is currently completing a Healthcare MBA at GWU. He previously was on faculty in the Department of Anesthesia and Perioperative Medicine at the University of California, San Francisco, where he established the Orthopedic and Regional Anesthesia clinical service at Moffit-Long Hospitals, and also taught at the UCSF anesthesia simulation center.



### Dr. Luis Argote-Greene

*MD FCCP*

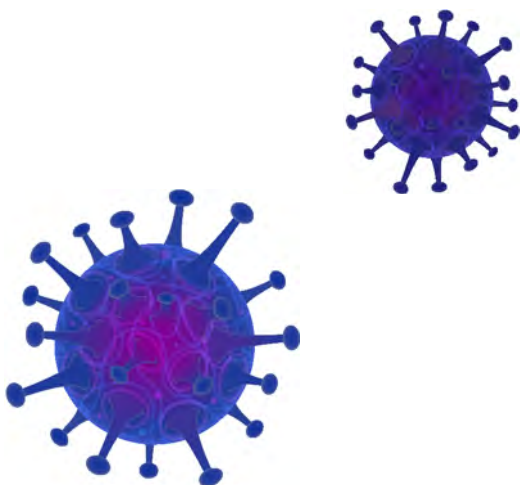
Thoracic and Esophageal Surgeon and Assistant Professor at University Hospitals in Cleveland, OH. He is a Candidate in the Healthcare MBA at George Washington University School of Business. Former Chief and Professor of Thoracic Surgery in the National Institute of Medical Sciences and Nutrition in Mexico City. Trained at the Brigham and Women's Hospital, and Harvard School of Public Health. Serves as medical and business advisor for non-profit and business start-ups. Member of National and International editorial boards. Believes transformational leadership can empower teams to catalyze the economic, personal and social well-being.



### Dr. Heinro van Zyl

*MD*

Dr. Heinro van Zyl is an Emergency Medicine physician in Bowling Green, Kentucky. He has been in practice for the past 12 years. He received his degree in medicine from the University of Tennessee & subsequently completed his training in Emergency Medicine at Vanderbilt University.





### **Jason Patregnani**

*Attending Physician, Children's National Hospital; Assistant Professor of Pediatrics, The George Washington University*

Jason Patregnani is an attending physician in the Pediatric Cardiac Intensive Care Unit at Children's National Hospital in Washington DC. In addition to caring for patients, he performs research on preventing blood clots in children who require heart surgery.



### **Dr. Winslow Sargeant**

*President-elect of the ICSB and Head of Capital Markets for Genaesis, LLC*



### **Elizabeth Muhiire-Ntaki**

*Medical Director for Quality & Innovation for WellSpan Medical Group*

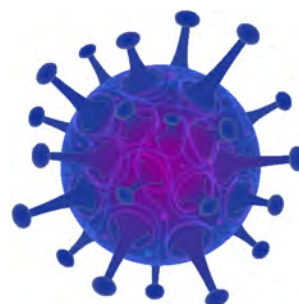
Elizabeth Muhiire-Ntaki is a family physician by trade and work to support the work that physicians do within WellSpan Medical Group.



### **Zhoobin Khorgami**

*MD*

Dr. Khorgami, MD, has expertise in the field of neuroscience. She has extensive research in stem cell therapies for neurodegenerative diseases, including Alzheimer's & Parkinson's diseases, at the University Of Central Florida in Orlando, where she currently resides. Her research includes developing pluripotent human fetal neural stem cells and the effect of sleep disorder on brain functionality. She is also certified on fMRI from Harvard University and blood-borne pathogen diseases. She is pursuing MBA-Healthcare at the George Washington University.





**Dr. Rafael E. Torres**

*Director of Emergency Medicine at  
White Plains Hospital in White Plains,  
New York*

Dr. Rafael E. Torres completed his undergraduate work at Johns Hopkins University in Baltimore, Md., and received his medical degree from the George Washington University School of Medicine, in Washington, D.C., where he received honors for academic achievement. He completed his residency in emergency medicine at New York Methodist Hospital, where he was chief resident and honored as Resident of the Year. In addition to his clinical expertise in emergency medicine, Torres has a professional focus on patient satisfaction, efficiency & quality improvement.



**Christina Berman**

*CGMP, MHRM candidate*

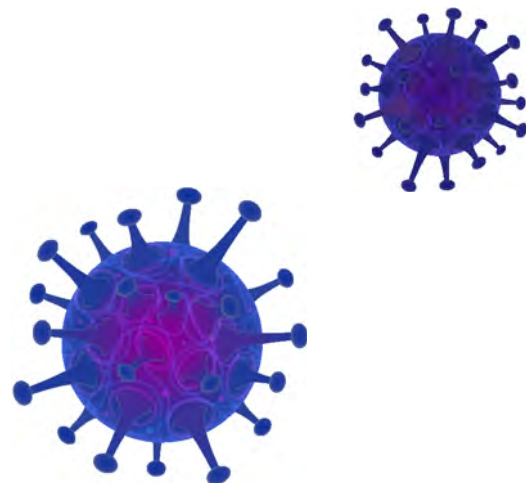
Experienced sales professional with a demonstrated history in the hospitality & tourism management industry (HTM). Certified Government Meeting Professional (CGMP) with approximately a decade of sales and meeting planning experience. Currently in pursuit of Masters of Human Resource Management (MHRM) graduate degree, as a full-time student at the George Washington University School of Business (GWSB), in Washington, DC, with an anticipated graduation date of December 15, 2020.



**Wendell P Alexis**

*President, New Jersey Chapter, National  
Association of Health Service Executives  
(NASHE)*

Proud to serve the communities of the NY/NJ metro region for over 10 years.





### **Theodore A. Hufford**

*Bariatric Surgeon*

Dr. Theodore Hufford is the Division Chief of the Bariatric Surgery department at Brookdale Hospital and Medical Center in Brooklyn, NY. He completed his General Surgery Residency in Chicago and was chosen as the Senior Resident Educator in 2016 and 2017. Following his Fellowship training in Bariatric & Minimally Invasive Surgery, he has subsequently been Board-Certified by the American Board of Surgery. Dr. Hufford has published more than 20 peer-reviewed journal articles and presented at over 30 local, regional and national meetings in General and Bariatric Surgery.



### **Thomas Johnson**

*Group Operations & Clinical Administrator*

Tom Johnson is a multi-site dialysis administrator in the greater Boston area. Tom works to empowers multi-functional healthcare teams to provide personalized and compassionate patient care at the highest standards of excellence and organizational success.



### **Daniel Cotterell**

*EEG Supervisor*

Daniel works as a manager within the Electroneurodiagnostics (END) department of a level IV epilepsy center in Saint Paul, Minnesota. I oversee the daily operations of the END department of our adult epilepsy program.



### **Lenita Y. Gipson**

*Medical Device Professional/GWU MBA  
- Healthcare Candidate*

Lenita Gipson is an experienced medical device and pharmaceutical professional with a background in sales, marketing, product management, and management. She is currently pursuing an MBA – Healthcare at GWU.





**Alena Hammond, BSN**

*Senior Vice President, Head of Clinical Development Operations*

Ms. Hammond currently holds the position of SVP, Head of Global Clinical Development Operations and is responsible for the operational delivery of for full service outsourced clinical trials, Phase IB through IV. This portfolio is comprised of greater than 500 active clinical trials across top 40 Pharma and emerging Biotechs in a broad variety of therapeutic areas. In this role, she leads a global team of over 1,000 people.



**Jennifer Massengale**

*MD*

Jennifer Massengale is a fellowship trained breast radiologist who practices in the Kansas City area. Dr. Massengale completed medical school and her radiology residency at The George Washington University School of Medicine and Health Sciences and is currently pursuing her MBA.



**Dr. Sunil Budhrani**

*Chief Executive Officer; Chief Medical Officer of Innovation Health*

Dr. Sunil Budhrani is Chief Executive Officer and Chief Medical Officer of Innovation Health, a uniquely successful joint venture between Aetna, a CVS Company, and INOVA Health System. Dr. Budhrani graduated with honors from the University of Pennsylvania with a Bachelor of Arts degree in Neuroscience and English. He then completed his medical degree and a Masters of Public Health degree at George Washington University. After completing his residency training in Emergency Medicine at the Tufts University School of Medicine in Massachusetts, Sunil sat as Chairman and directed Emergency Departments and Urgent Care Centers on the east coast for over a decade. He is currently a Clinical Associate Professor of Emergency Medicine at George Washington University. Dr. Budhrani guides the continued success and expansion of Innovation Health with a focus on member growth and access to quality health coverage.



**Dr. Peter Pronovost MD PhD  
FCCM**

*Chief Clinical Transformation Officer  
University Hospital health system Patient  
Safety Expert Founder, Doctella*

Dr. Peter Pronovost is a world-renowned patient safety champion, critical care physician, a prolific researcher, publishing over 800 peer review publications, and a global thought leader, informing US and global health policy. His scientific work leveraging checklists to reduce catheter-related bloodstream infections has saved thousands of lives and earned him high-profile accolades, including being named one of the 100 most influential people in the world by Time Magazine, receiving a coveted MacArthur Foundation “genius grant” in 2008, and regularly recognized as one of the most influential executives and physician executives in healthcare. The life-saving intervention has been implemented state by state across the U.S. Today, these catheter infections that used to kill as many people as breast or prostate cancer, have been reduced by 80% compared to 1999 before the “To Err is Human” report was published. Dr. Pronovost was elected to the National Academy of Medicine in 2011, is an advisor to the WHO’s World Alliance for Patient Safety and regularly addresses the US Congress on patient safety issues. He is a founder of Doctella, a health information platform for quality of care.



**Dr. Ashley Kinder**

*Medical Director for the Saint Agnes  
Health Institute*

Dr. Ashley Kinder is a GW Healthcare MBA student who earned her medical degree from the University of Maryland School of Medicine in 2010, before completing her residency training at the same institution in Internal Medicine and Pediatrics. She serves as the Medical Director for the Saint Agnes Health Institute and her clinical interests include complex care and population health.



**Dr. Racheal Nambusi**

*MD*

Born and raised in Kampala Uganda, Diplomate of American Board of Family Medicine & Flight Surgeon in the United States Air Force at Joint Base Andrews.



**Dr. Candice Dawes**

*Community Pediatrician, Associate  
Medical Director Children's Health  
Center - Anacostia*

Dr. Candice Dawes is a board certified Pediatrician who practices at a community site and is the Associate Medical Director at Children's National Health System in Anacostia D.C. She is currently pursuing her MBA in Healthcare at the George Washington University School of Business. Dr. Dawes is committed to health disparities within the city, asthma, and decreasing barriers to access to quality healthcare in the pediatric population.



**Dr. Jessica Colyer**

*MD*

Dr. Colyer is a pediatric cardiologist at Children's National Hospital. She is an Assistant Professor of Pediatrics at George Washington University. She is Medical Director of Inpatient Cardiology and Medical Unit Director of the Heart and Kidney Unit. Dr. Colyer major interest is on Quality Improvement. She will complete her MBA at GWU in 2021.



**Dr. Benjamin Lee**

*Ph.D.*

K. Benjamin Lee, MD is a general surgery chief resident at the George Washington University. He earned his medical degree from the University of Texas Southwestern Medical Center. Upon completion of his residency, Dr. Lee will return to UT Southwestern where he will pursue additional subspecialty training in vascular surgery.



**Dr. N. Andrew Cohen**

*Ph.D.*

N. Andrew ("Andy") Cohen, Ph.D, is an assistant professor of management at the George Washington University School of Business. He is a former Director of Graduate Leadership and Career Development in the Fowler Career Center, and a former director of MBA Programs and Admissions where he oversaw all of GWSB's MBA Programs, encompassing the recruitment, admissions, curriculum, and academic advising. Prior to embarking on his academic career, Dr. Cohen was an internal Executive Coach at Capital One Financial Corporation, a member of the top management team at Capital One, and divisional CEO of one of Capital One's new business ventures.



### Dr. Ali Shams

*Emergency Medicine Physician, Team Health; Medical Director, Emergency Department, Clinton Memorial Hospital*

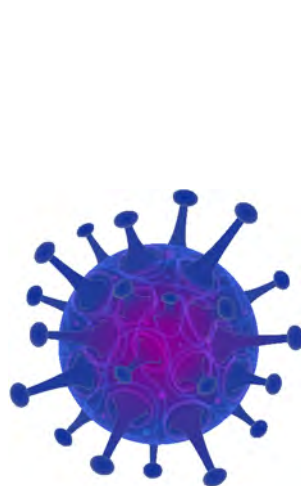
Dr. Ali Shams is a travel Emergency Medicine physician for TeamHealth, he also serves as the medical director of the emergency department at Clinton Memorial Hospital in Wilmington, Ohio as well as the EMS director for Clinton County, Ohio. Dr. Shams is currently pursuing his MBA with a Healthcare focus at the George Washington University School of Business. He received his medical degree from the American University of Beirut and subsequently completed his Emergency Medicine training at Beaumont Health in Royal Oak, Michigan.



### Bill Oldham

*MBA, Entrepreneur, Investor, and Consultant*

More than 25 years of experience as an entrepreneur, investor, and consultant supporting growth industries and high-value clients across health, technology, financial and energy industries, and leading cutting-edge and dynamic companies in a broad range of industries. From bringing fintech to the PBM space to building two \$100m companies from scratch to managing global financial and health organizations.







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