

FROM  
THE HEART

## On the Frontlines of the Coronavirus Disease 2019 (COVID-19) Crisis—The Many Faces of Leadership

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*Don't follow where the path may lead. Go instead where there is no path and leave a trail!*

**Ralph Waldo Emerson**

**During this past month** as a patient-facing, frontlines “soldier” during the apex of the coronavirus disease 2019 (COVID-19) crisis at a tertiary academic medical center in New York City, New York, I learned a lot about leadership. As physicians, we find ourselves in leadership roles every day irrespective of seniority or proximity to medical school graduation. Whether it is leading a goals-of-care discussion as a freshly minted intern, leading a large clinical team as an experienced attending physician, or developing administrative strategies as a department chairperson, a substantial component of what we do every day involves leadership.

But the compelling necessity of strong leadership is heightened during a pandemic and a conscious awareness of leadership roles is magnified. This form of advanced deliberate leadership throughout our hospital during the surge made a monumental difference in the tangibles, including patient outcomes and staff safety, and intangibles, such as overall staff and physician morale.

Almost overnight I went from relying heavily on my knowledge and technical skills as an interventional cardiologist to assuming a leadership role on a COVID-19 infectious disease service, attempting to treat a new and devastating viral illness. I was at a crossroads, wondering how I could lead my team with quiet confidence while treating a lethal disease completely unknown to me, but I was also a silent benefactor of the leadership examples surrounding me within my own division, department, and university. Applying the qualities of those leading me to my new role became my survival mechanism.

As I recall the last month of death, loss, and isolation, it is clear that with excellent colleagues who exhibit key crisis mode leadership qualities that can be emulated, it is possible to see the light at the end of the tunnel and begin to feel whole again. I watched my institution's housestaff and my senior colleagues learn to adopt the following 5 essential qualities as they each fulfilled their specific leadership roles.

1. **Availability:** Perhaps the most important quality a leader adopts during a time of crisis is availability, both physical and emotional. My institution's senior attending physicians were available to support me at any time, and I in turn tried to do the same for the housestaff. I quickly realized that it was the emotional availability and vulnerability of those leading me that especially struck a chord, such as not being afraid to shed a tear when expressing grief and candidly discussing the overwhelming challenges that lied ahead.

Witnessing this human side of leadership among my senior colleagues helped me overcome my internal struggles and subconsciously transition from the standard cerebral and calculated clinical approach to one that incorporated more emotion and empathy.

2. **Communication:** The constant communication through various platforms was not only productive to disseminate valued information, but also served to expose individual concerns and create a sense of community when many team members were isolated working under the cloak of personal protective equipment (PPE), fear, exhaustion, and anxiety. Not all communication was clinically driven but rather also addressed our bruised and battered emotional well-being. Video chats with colleagues allowed us to keep alive the tradition of supporting each other and laughing together, perhaps when we needed it more than ever.
3. **Adaptability:** We are all comfortable with structured activities in our daily schedules. But the norm is antithetical to a crisis-driven environment in which being amenable to and embracing constant change must become the new norm. With increasing numbers of physicians and staff becoming sick and new pop-up intensive care units opening almost daily, the housestaff were the foot soldiers subject to constant reassignment to different services and hospitals within our network. This meant instantly adapting to a new system, attending physicians, and service of patients, and required accepting these changes with a sense of confidence and grace. Part of this adaptability meant instantaneous integration of housestaff and attending physicians from markedly different subspecialties and creating a cohesive, highly functional unit caring for patients with severe illness with optimal efficiency. The ability of the housestaff to adapt to newness and the attending leadership to organize and mentor eliminated the standard territorial behavior and instilled a sense of unity, purpose, and a common goal: the “we're all in this together” mentality. Moreover, despite the waxing and waning availability of adequate PPE, a concept previously foreign to many of us, housestaff and attending physicians alike worked together to revise previous rounding structures and efficiently use available resources. Those in senior leadership roles also adapted to the growing list of issues, devising creative solutions to obtain necessary supplies and even making personal deliveries of PPE to the floors and units. From my standpoint, adaptability to optimize teamwork has been a key aspect enabling us to achieve small successes during this pandemic.
4. **Humility:** The across-the-board humility exhibited by leaders during the COVID-19 pandemic has been

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notable and set an example for everyone. I am fortunate to be at an institution with many world experts in various disease processes, but I watched as these leaders identified their gaps in knowledge and expeditiously arranged for myriad platforms to learn from physicians across our institution, country, and world. We were humbled by this disease, so humility became a weapon to achieve greater collaborative knowledge as we armed ourselves to become more effective physicians. I learned to emulate those leaders around me as I humbly leaned on coattending physicians and housestaff to fill my own knowledge gaps while treading unfamiliar waters.

5. **Gratitude:** Lastly, through the last month of clinical service caring for patients with COVID-19, I have learned the importance of explicitly expressing the gratitude we often feel but rarely verbalize. This became especially imperative during crisis situations when people are most vulnerable. I noted senior leaders taking the time to personally call and express their gratitude to their teams, ensuring they felt valued and respected. These actions were very effective in boosting team morale. Words of apprecia-

tion from housestaff, nurses, patients, and leadership often kept me going, and I quickly realized the importance of consciously and consistently verbalizing my own gratitude towards the members of my team that were so heroically caring for patients.

Thus, in an era during which leadership has been a controversial topic, it is important to look within our hospital systems and recognize the exemplary leadership exhibited by so many individuals at all levels to fight perhaps the most challenging medical battle of our time. A lot has changed for me in the last month. I went from my biggest worry being optimizing every stent strut and precisely shaping my coronary guide wire so I could efficiently cross a subtotal occlusion to stepping back and gaining perspective as I was reminded that I am a physician first and a specialist second. The last month has allowed me to feel more connected to my fellow physicians as we have come together to take care of these patients under the most adverse of circumstances. I learned, as John F. Kennedy once said, "Leadership and learning are indispensable to each other." Perhaps most importantly, I now realize that we must not only continue leading each other to heal patients, but also to heal ourselves.

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