

University hospitals role in health profession education during COVID crisis



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pour le groupe de recherche Coping*

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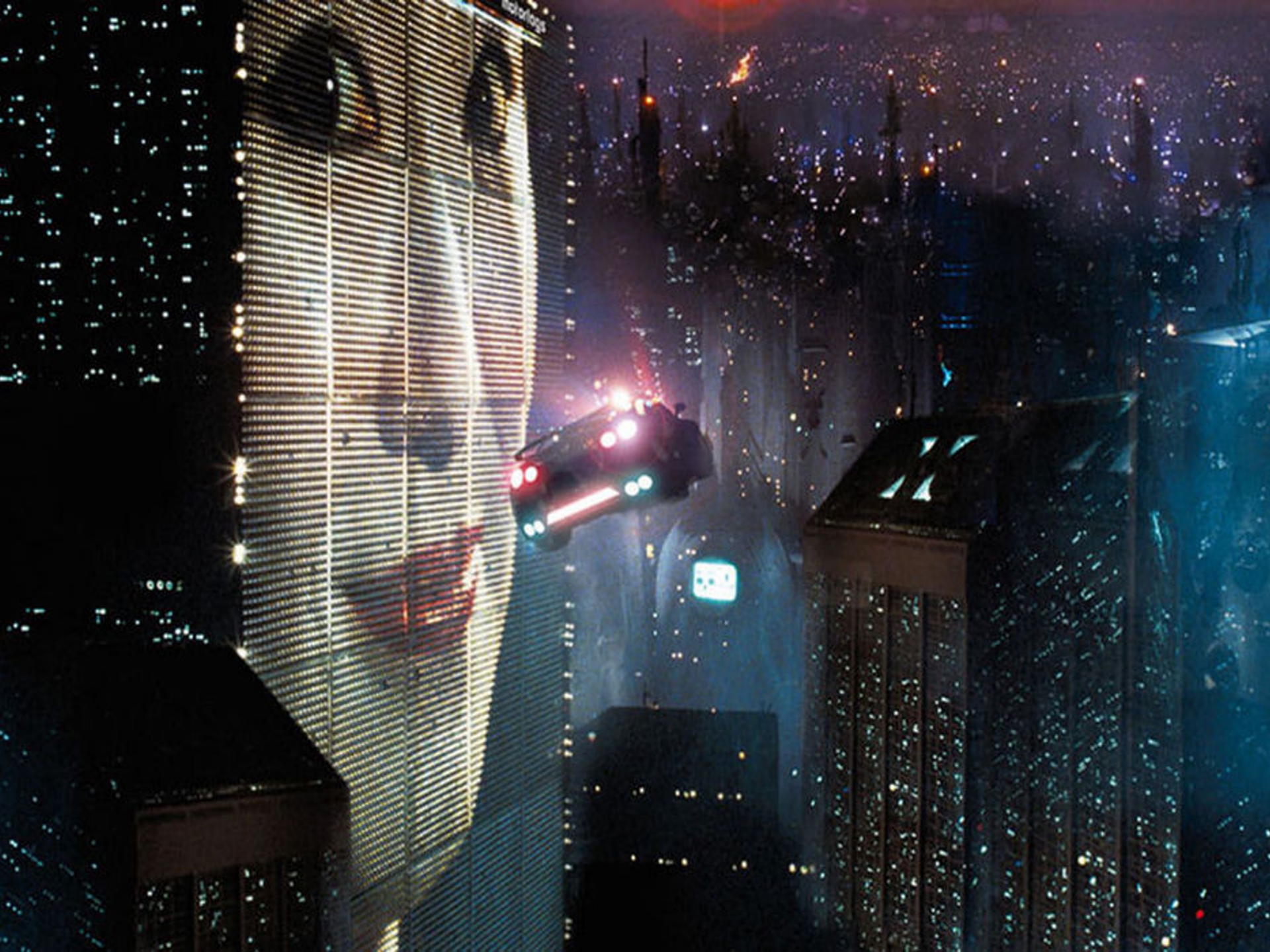
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Context

- The role of university hospitals in health profession education must be considered in the global context of organizational challenges
- The covid crisis has tested the ability of hospitals to behave as high reliability organizations (HRO)



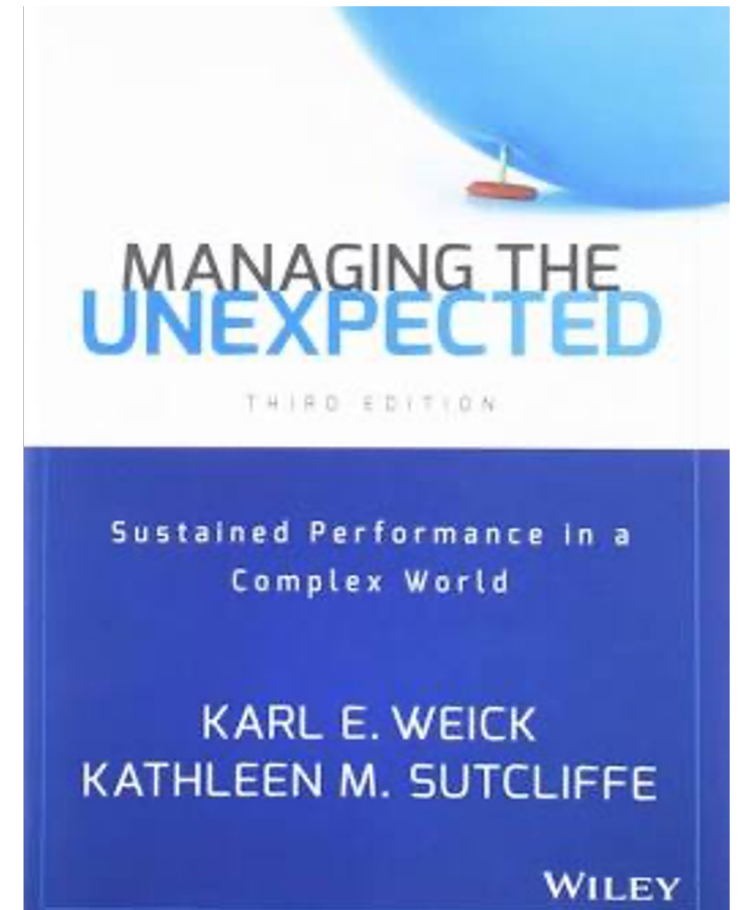
Context was
moving

Difficulties were
for some news
and
for others
exacerbated by
the crisis

Managing the Unexpected?

→ 5 features of HRO (2001)

- Preoccupation with failure,
- Reluctance to simplify interpretations,
- Sensitivity to operations,
- Deference to expertise,
- Commitment to resilience



Understanding resilience

$$S_t \text{ (total security)} = S_r \text{ (regulated security)} + S_m \text{ (managed security)}$$

**Observed
security**

=

NORMS / QUALITY

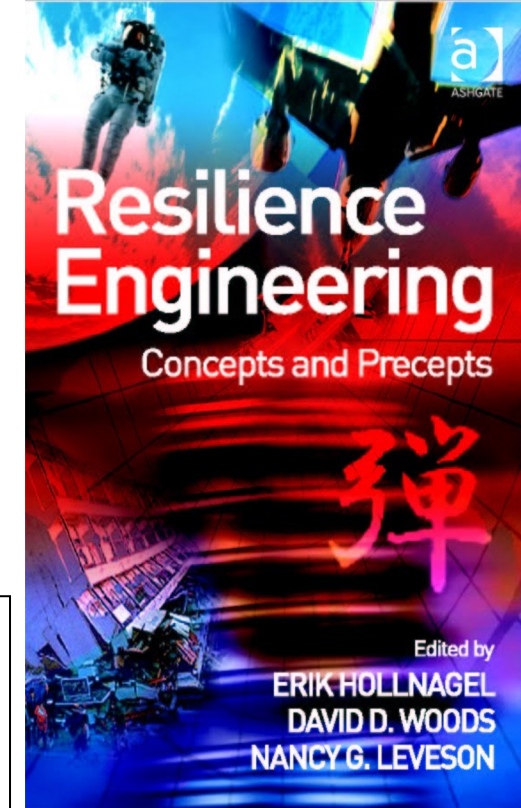
Failure avoidance
Planned
Normative security

Based on:
Technology
Regulations
Management

RESILIENCE

Unexpected failure
management
Adaptive Security

Based on:
Human expertise
Flexible and learning
organizations



The COvid Pandemic Institutional maNaGement (COPING) study

- A three-year research-action program funded by the French Ministry of Social Affairs and Health;
- The second-largest University Hospital in France (Hospices civils de Lyon) leading the research;
- 4 Universities (Lyon Institute of Political Studies, Claude Bernard Lyon 1 University, Jean Moulin Lyon 3 University, Conservatoire National des Arts et Métiers - Paris);
- More than 20 researchers and practitioners directly involved (mainly from management science and public health);
- 1st stage of the research:
 - 200+ interviews with practitioners
 - In 4 University Hospitals:
 - Lyon (more than 23 000 employees)
 - Saint-Etienne (more than 7 500 employees)
 - Grenoble (more than 8 500 employees)
 - Clermont-Ferrand (more than 7 000 employees)



Coping mean objective

- To evaluate the process of management of the Covid-19 epidemic by the 4 university hospitals of the Auvergne-Rhône-Alpes region
- in terms of areas for improvement and good practices.
- This assessment concerns the preparation, management and crisis exit phases

COPING: first findings, *solutions*

- Implementation of crisis management cells,
- Management of information feedback allowing continuous learning and responsiveness,
- Balance of powers revised at the level of management with recourse to internal expertise,
- More flexibility and improved decision-making margins at the level of the care units,
- Communication for the creation of a shared representation of work that makes sense for all agents,
- Engagement of professionals despite fear of contamination,
- Quick identification and analysis of reported errors,
- Greater fluidity of hierarchical relationships,
- Reinforced circulation of information,
- Engaging students in an effective and secure way.

Engaging students in a secure way

- The role of university hospital was both
 - To pursue its mission of education
 - To face the needs of human resource shortage and of new tasks to be tackled
- Strong co-leadership of hospital managers and deans and nurse school managers

Verbatims from the 4 university hospitals (CHU)

- “Pharmacy students are given more responsibilities, for example, they made hydro-alcoholic gel. They manufactured, they made the circuit, they recovered the empty bottles, they managed the manufacturing circuit, yes they were very empowered and it worked well” Head of hospital pharmacy, CHU 1
- “We activated everything possible, we offered contracts to nursing or medical students, we asked them to come and work in addition to their studies, to do the job of caregivers for us to help.” Head nurse, CHU 2
- “We had difficulties in enforcing hygiene measures by different professionals but we also have problems with premises; for example, with few catering spaces, there is a risk of a cluster at the medical school; we had a discussion with the management and we decided: the students will eat at the **University hospital** self-service but they must imperatively respect the hygiene measures and the schedules and fortunately we had not disaster” Manager, CHU 3
- “We mobilized 4th or 5th year medical students **and** we were able to empower them. **All** these students were involved in tasks they were not used to, they were gaining autonomy and the results seemed satisfactory given the situation.” Medical head of ward, CHU4

excerpts from crisis unit reports in CHU 1

- March 17, 2020: message for the mobilization of medical and pharmacy students
- September 29, 2020: valuable presence of medical students at the GH Est sampling center
- October 28, 2020: call via the deans to 4th and 5th year students (SAMU medical regulation assistant)
- October 28, 2020: nursing students will be refocused on care. 2nd year available from 9.11, i.e. around 150 people. For training reasons, the 3rd year are not yet integrated and will have a week of reinforcement in December
- November 2: 350 1st year nursing students arrive Monday for 5 weeks
- November 6, 2020: The faculty committee validated that medical students could be hired as nurse assistant under certain conditions (work in pairs, day exercise, on a voluntary basis, participation of elected students in scheduling cells, etc.) Effect early next week. Letter of call for volunteers to distribute
- March 26, 2021: Clarifications given on student reinforcements: presence acquired through internships in the month of April for anesthetist nurse student 1th year (at this stage we are preserving 2nd year), theater nurses 3rd year, discussions to come for stabilize assignments.

Conclusion

- Empathy from managers and supervisors
- Recognition of work done
- Some questions about the effort-to-effect ratio, between the time spent training students and the help provided
- Positive results of scarce evaluations (satisfaction, ability to perform, security feeling, educational benefit)