



Tomorrow's Doctors, Tomorrow's Cures®

# Beyond the Basics: Strategy that Goes Beyond the “Plan”

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Learn

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Serve

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Lead

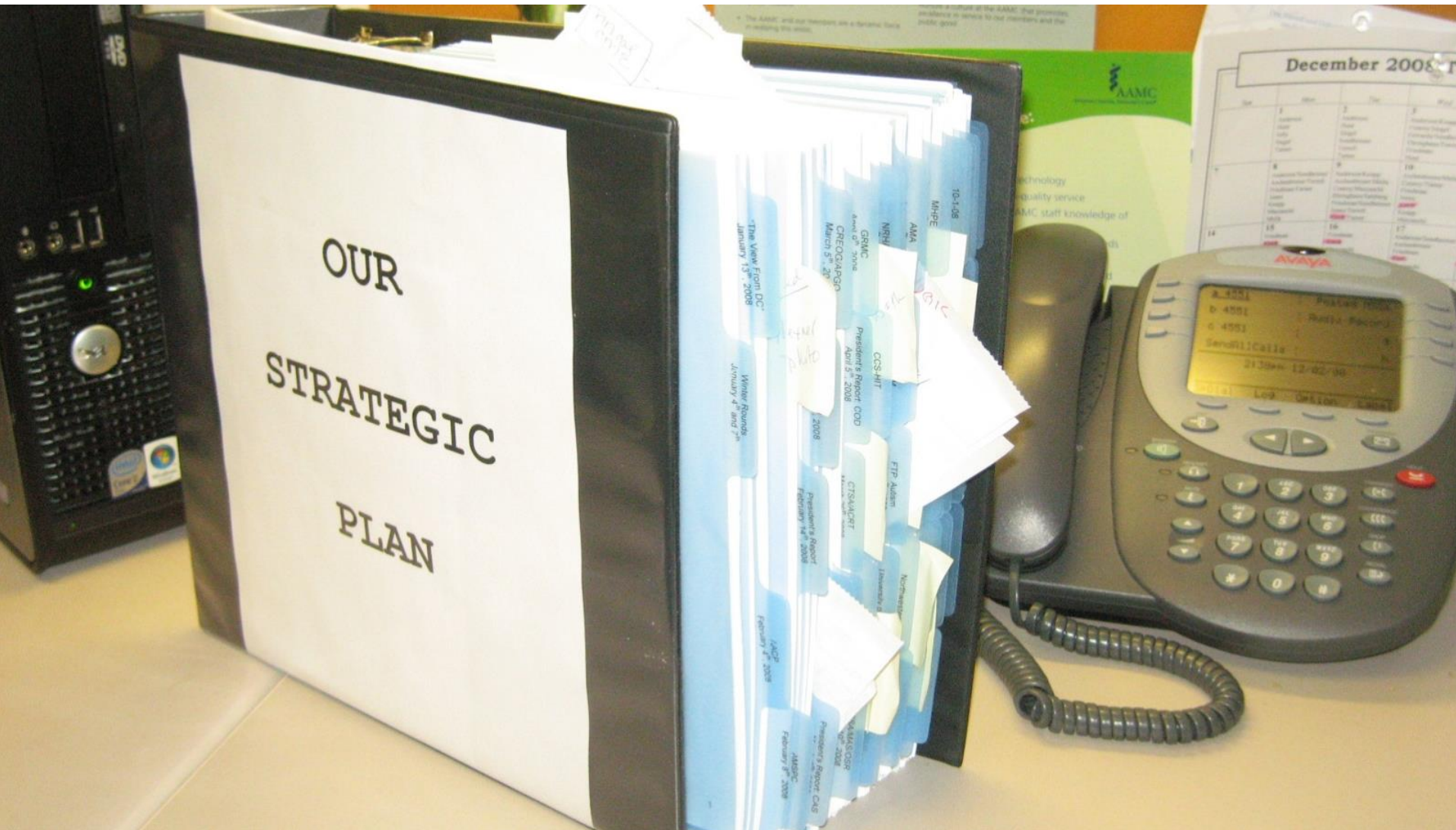
Group on Institutional Planning  
2013 Creating and Implementing  
Strategic Plans Workshop

Darrell G. Kirch, M.D.  
September 19, 2013



Association of  
American Medical Colleges

# The Document



# The Dilemmas We Create

*How do 141 medical schools  
fit in the top 20?*

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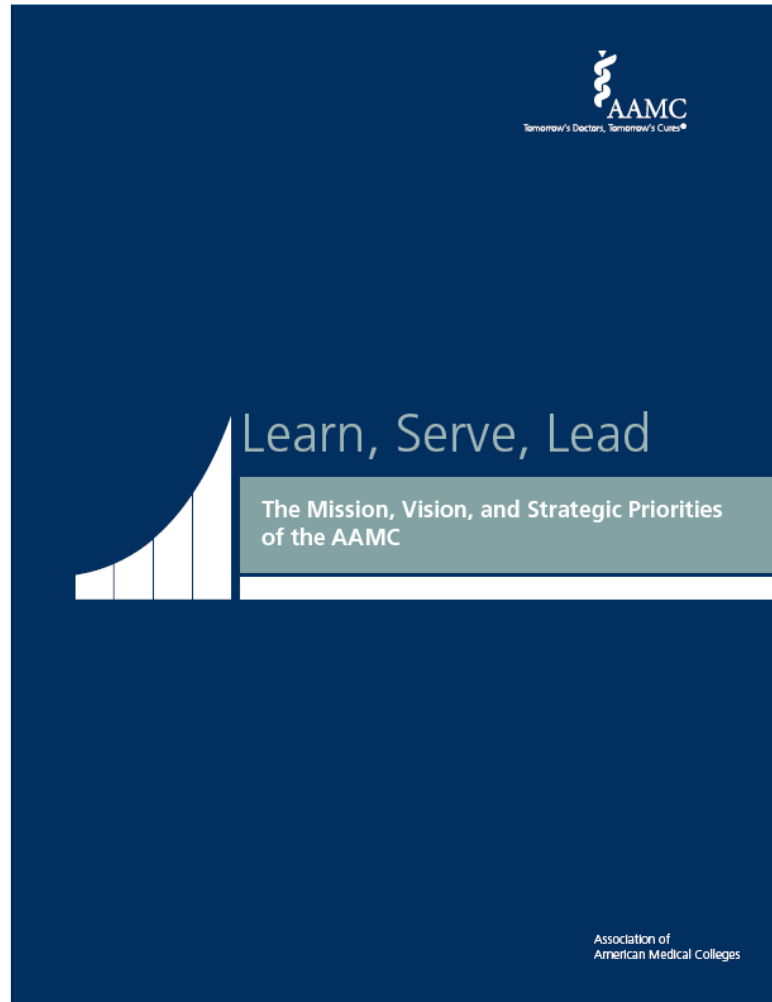
# Today's Focus

## Strategic thinking as a process

The role of institutional culture

Critical success factors for implementing strategic thinking

# The Process



# AAMC Strategy Map

**Mission**  
*Why We Exist*

**Areas of Impact**  
*What We Achieve*

**Impact Strategy**  
*What We Do*

**Operational Strategy**  
*How We Work*

The AAMC serves and leads the academic medicine community to improve the health of all

Medical Education  
Care Delivery  
Research  
Diversity and Inclusion

Policy & Advocacy  
Learning & Leadership  
Integrated Service Programs  
Member Capacity Building

People  
Culture  
Finances  
Infrastructure

# Creating a Sense of Ownership



## A Word From the President



### Strategic Thinking and Positioning: Charting Our Course for the Future

As you read this column, a copy of *Learn, Serve, Lead—The Mission, Vision, and Strategic Priorities of the AAMC* may already be in your mailbox. Approved by the AAMC Executive Council in September, this document is the result of our Strategic Thinking and Positioning (STP) process—a yearlong series of conversations with our governance, membership, staff, and external stakeholders regarding the association's focus as we move forward.

It has been extremely gratifying to see this inclusive and very rich process unfold. More than 400 constituents from AAMC councils, organizations, and professional development groups participated through small group discussions. The sense of ownership that has emerged from this broad and deep participation is simply remarkable, and will serve us well in the years to come.

To me, the overarching lesson of this process is that the AAMC is a strong organization firmly headed in the

be<sup>®</sup> as we serve our members and the public good. Like the preceding eight priorities, the emphasis on culture and core values has always been a vital part of our association, but now this emphasis is fully integrated into our strategic plan as well.

Some might read *Learn, Serve, Lead* and ask "so what is new?" In many respects, the process of bringing so many people together served to sharpen our focus and build strong consensus on many important issues. Importantly, it revealed three critical, cross-cutting themes that are essential to our association's future effectiveness: the need for better alignment within and among the missions and structures of our institutions as well as at the AAMC; the need for the AAMC to provide leadership on multiple fronts; and the role the AAMC should play in fostering collaboration throughout the academic medicine community.

Although we are now shifting to implementation, I want to emphasize that strategic thinking and positioning will remain an ongoing process at the AAMC. *Learn, Serve, Lead* is intended to be a living, dynamic statement that we will periodically revisit, and its true test will be how well it helps us achieve alignment, foster collaboration, serve our members, and exercise leadership in the years to come.

(Editor's Note: For a copy of *Learn, Serve, Lead*, please visit our Web site at <http://www.aamc.org/about/learnservelead.pdf>)

*Darrell G. Kirch*

Darrell G. Kirch, M.D.  
AAMC President

# Today's Focus

Strategic thinking as a process

## The role of institutional culture

Critical success factors for implementing strategic thinking



# The Role of Culture

**Culture** eats strategy for lunch every day

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*Andy Grove  
Former Chairman of Intel*

# Culture and the Courage to Change

Learn

Serve

Lead

**AAMC President's Address  
2007 Annual Meeting  
Washington, D.C.**

**Darrell G. Kirch, M.D.**  
President and CEO

Association of  
American Medical Colleges

# This All Will Require Transforming Our Culture!

Hierarchical

Autonomous

Competitive

Individualistic

Expert-centered

Collaborative

Team-based

Service-based

Mutually accountable

Patient-centered



**Leaders must base strategic thinking  
on a critical assessment of culture.**

**Most importantly, they should act  
decisively on the results!**

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# Today's Focus

Strategic thinking as a process

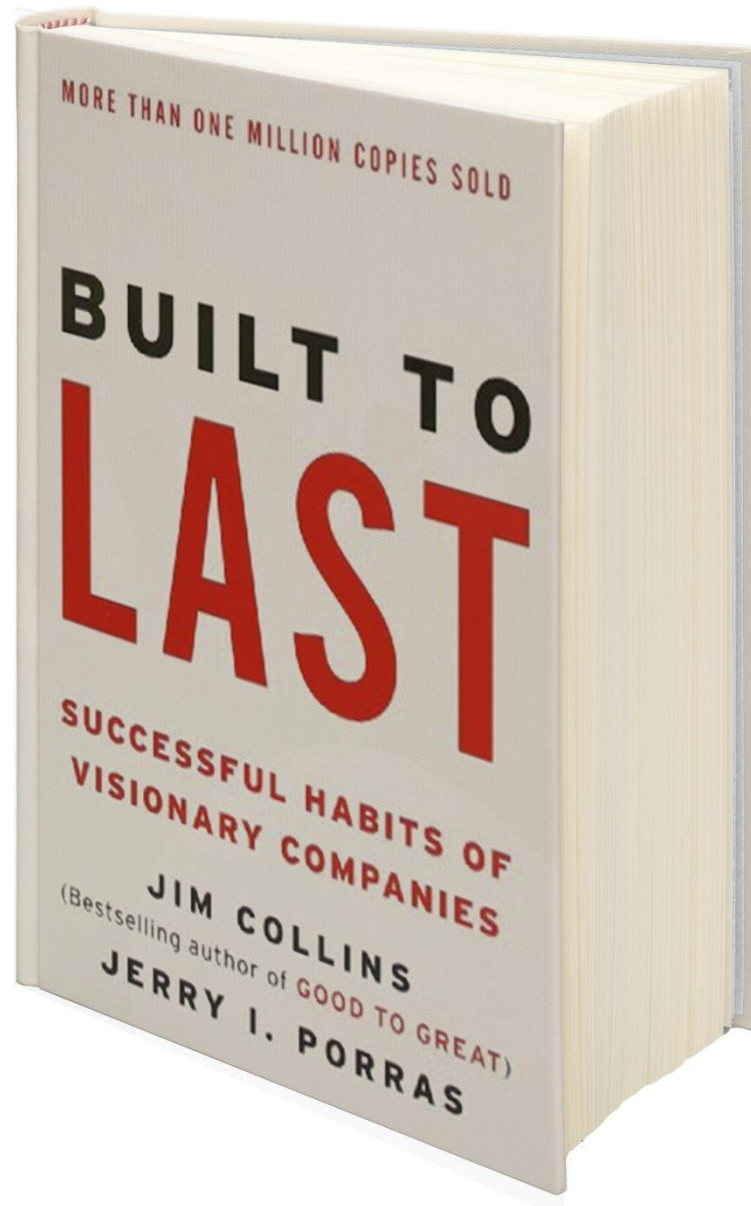
The role of institutional culture

**Critical success factors for  
implementing strategic thinking**

1

**Articulate succinct, highly focused, compelling, and realistic strategic goals!**

# Big Hairy Audacious Goal



# Real Goals from Strategic Plans

Strategy 4	Outcome Measure	Timeframe
Educate and engage senior faculty in fundraising activities and responsibilities	Significantly more faculty involvement in fundraising	2009

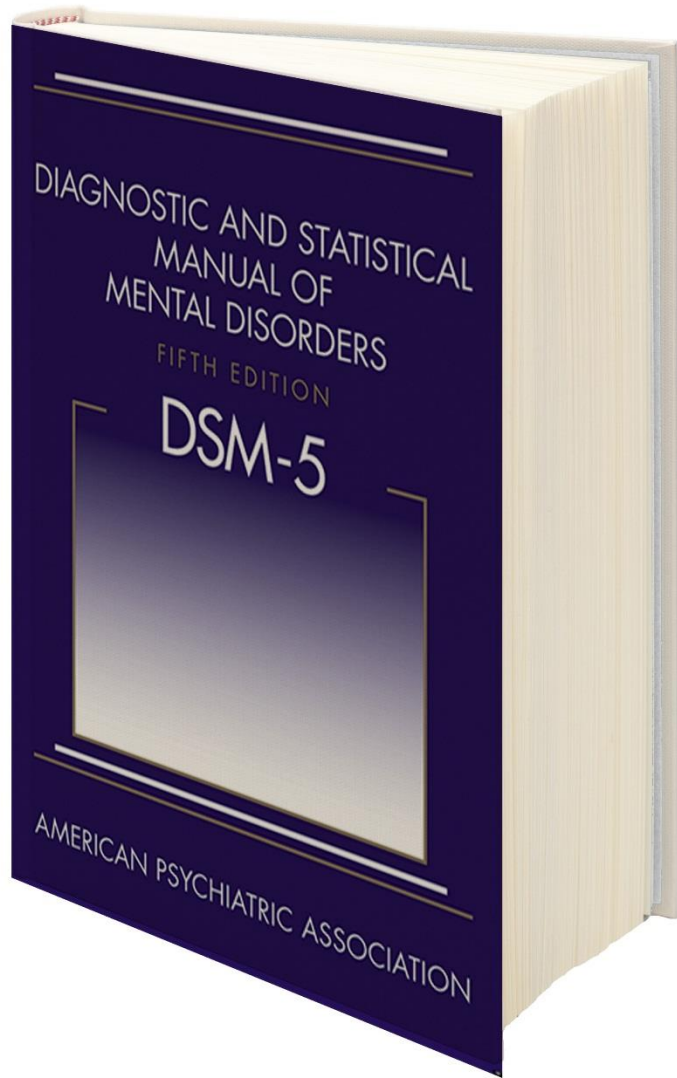
	FY 2011	FY 2012
By 2016, the Medical Center will increase sponsored research expenditures from \$89.7 million in 2010 to \$100 million	\$122,566,264	\$115,609,817
By 2016, the School of Medicine will be ranked in the top 26 public medical schools for NIH Funding	31 (out of 82)	34 (out of 83)
The Medical Center will continue its extraordinary percentage of tenured or tenure-track faculty, currently 75 percent, who are principal or co-investigators on active grants	255 out of 342 tenured/tenure-track faculty (75%)	257 out of 351 tenured/tenure-track faculty (73%)

## *The 2020 Product*

A top 20 medical school that sets the standard for educating physicians, scientists, and teachers to be leaders of change in creating a healthier, better world.



# A Fine Line!



***Delusion:*** A false belief based on incorrect inference about external reality that is firmly sustained despite what almost everyone else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary.

# 2

**Make values explicit  
and use them visibly  
in everyday decisions!**

OPENING PLENARY SESSION

## Characteristics of the Informal Curriculum and Trainees' Ethical Choices

### ABSTRACT

In October 1995, the Association of American Medical Colleges held its first Conference on Students' and Residents' Ethical and Professional Development. In a plenary session and break-out sessions, the 150 participants, representing a wide variety of medical and professional specialties and roles, discussed the factors and programs that affect medical trainees' development of ethical and professional standards of behavior.

The main challenge of addressing students' professional development is the enormous range of influences on that development, many of which, such as the declines in civic responsibility and good manners throughout the United States, fall outside the scope of academic medicine. Nonetheless, many influences fall within reach of medical educators. In a pre-conference survey, participants ranked eight issues related to graduating ethical physicians. The respondents ranked highest the inadequacy of the understanding of how best to influence stu-

dents' ethical development, followed by faculty use of dehumanizing coping mechanisms, and the "business" of medicine's taking precedence over academic goals.

The plenary speakers discussed the "informal curriculum" and the "hidden curriculum" and the need for medical faculty to take seriously the great influence they have on students' and residents' moral and professional development as they become physicians. Whether consciously or not, medical education programs are producing physicians who do not meet the ethical standards the profession has traditionally expected its members to meet.

In three series of break-out sessions, the participants analyzed the nature of the ethical dilemmas that medical students and residents face from virtually the first day of their training, the use of role playing in promoting ethical development, and ways to improve policies and overcome barriers to change.

*Acad. Med.* 1996;71:624-633.



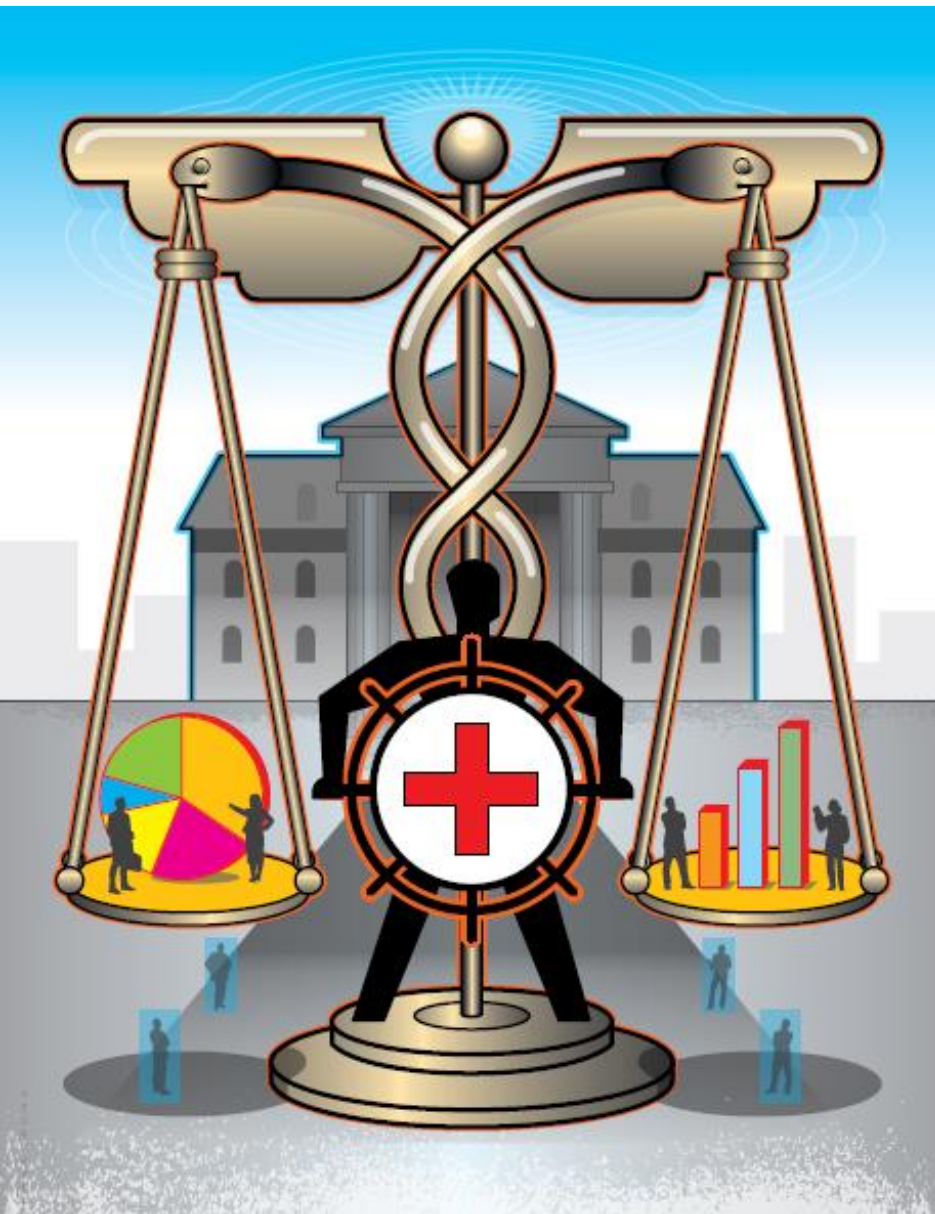
# Are Stated Values Consistently Aligned With Actions?



# 3

**Align governance, leadership, and management across the organization, creating shared accountability for the mission!**





# Higher Education in the Age of Obamacare

BY DARRELL G. KIRCH

## TAKEAWAYS

TWO YEARS AGO, THE NATION WAS ON HOLD, WONDERING if the 2010 Patient Protection and Affordable Care Act (ACA), commonly known as Obamacare, would be repealed by Congress or overturned by the U.S. Supreme Court. Neither occurred, and today we face the most sweeping changes to our nation's health-care system in our lifetime. Virtually no sector of society will be left out, including higher education. Health-care reform is creating a dramatic new landscape that will require college and university leaders and their governing boards to analyze their health-care spending, rethink organizational strategies, and restructure benefit programs.

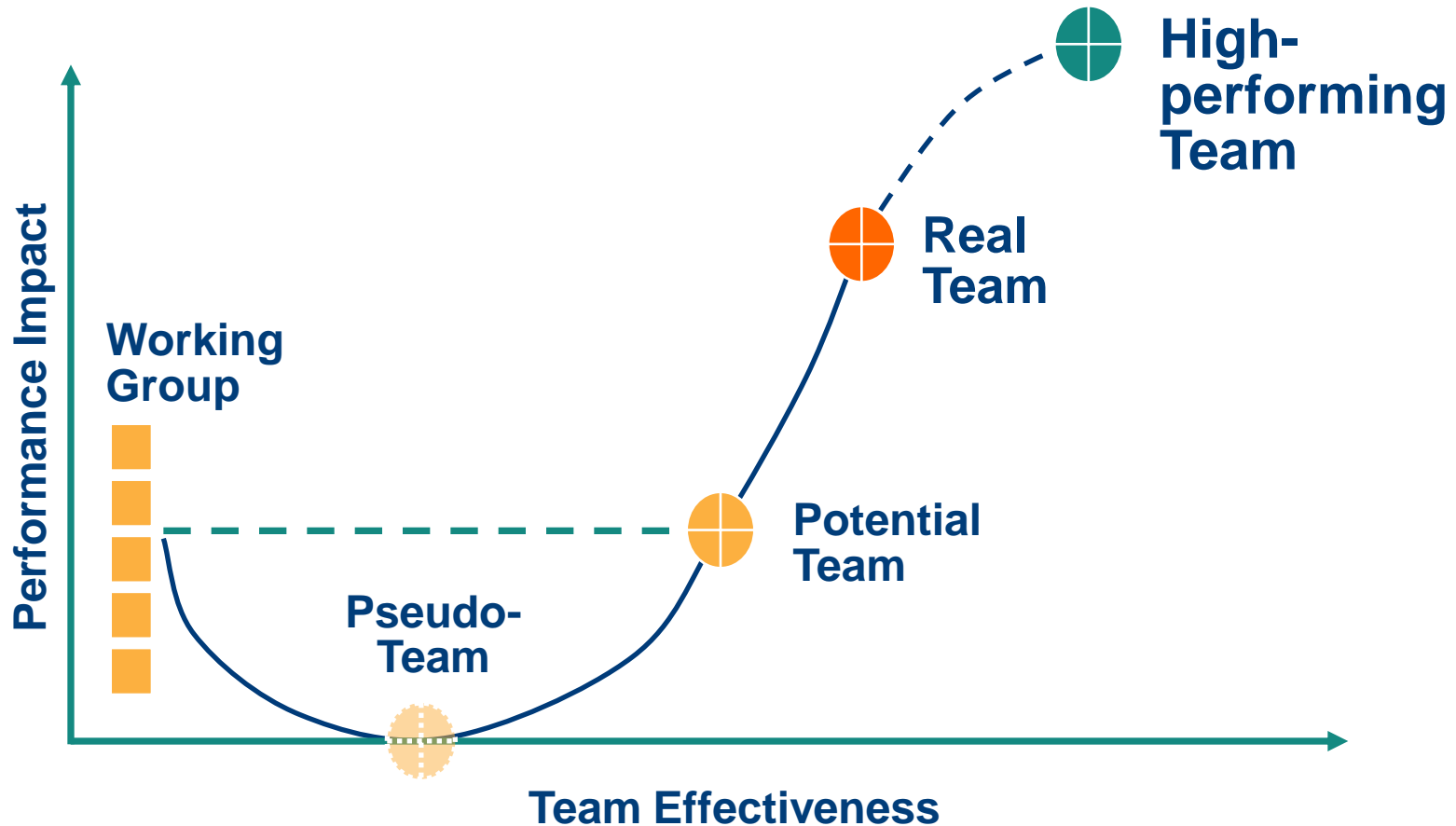
- 1 In evaluating their choices concerning health-care coverage for employees and retirees, boards must balance both fiduciary considerations (controlling costs) and strategic responsibilities (ensuring the health and well-being of faculty and staff).
- 2 Health-care plans and incentives should address an institution's particular health and wellness needs. Benefit redesign will require value-based decisions, including whether to take into consideration employee income and behavior (e.g., smoking, exercise).
- 3 Boards of institutions affiliated with medical centers are well-positioned to develop strategies to lower employee health-care costs while improving outcomes and quality of care by providing greater support for health-professions education and medical research. They can also enact new or different governance structures for academic medical centers.

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# 4

**Foster collaboration and accountability, accepting nothing short of high-performance teams in all mission areas!**

# A New Model for the Organization – Creating High-Performance Teams

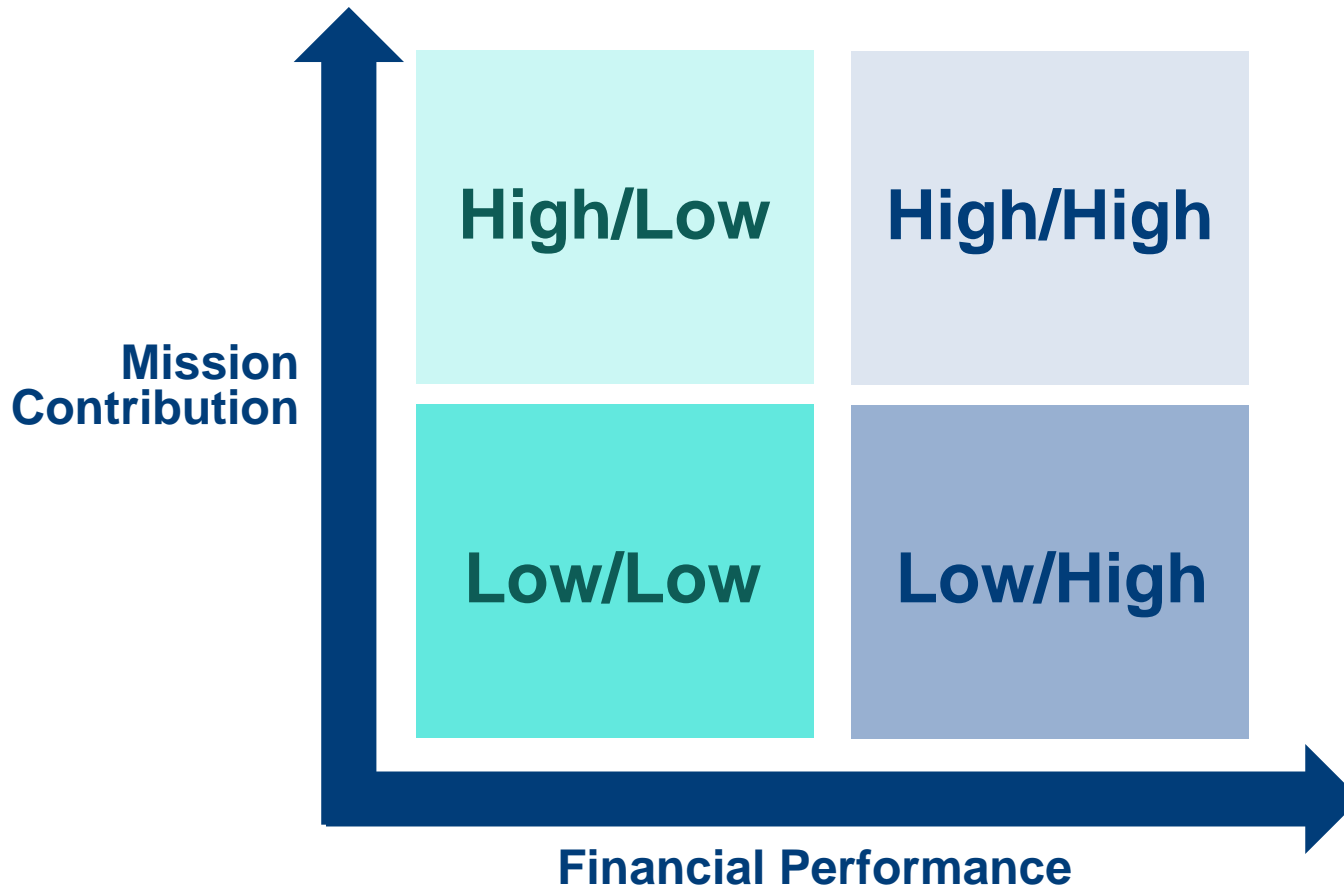




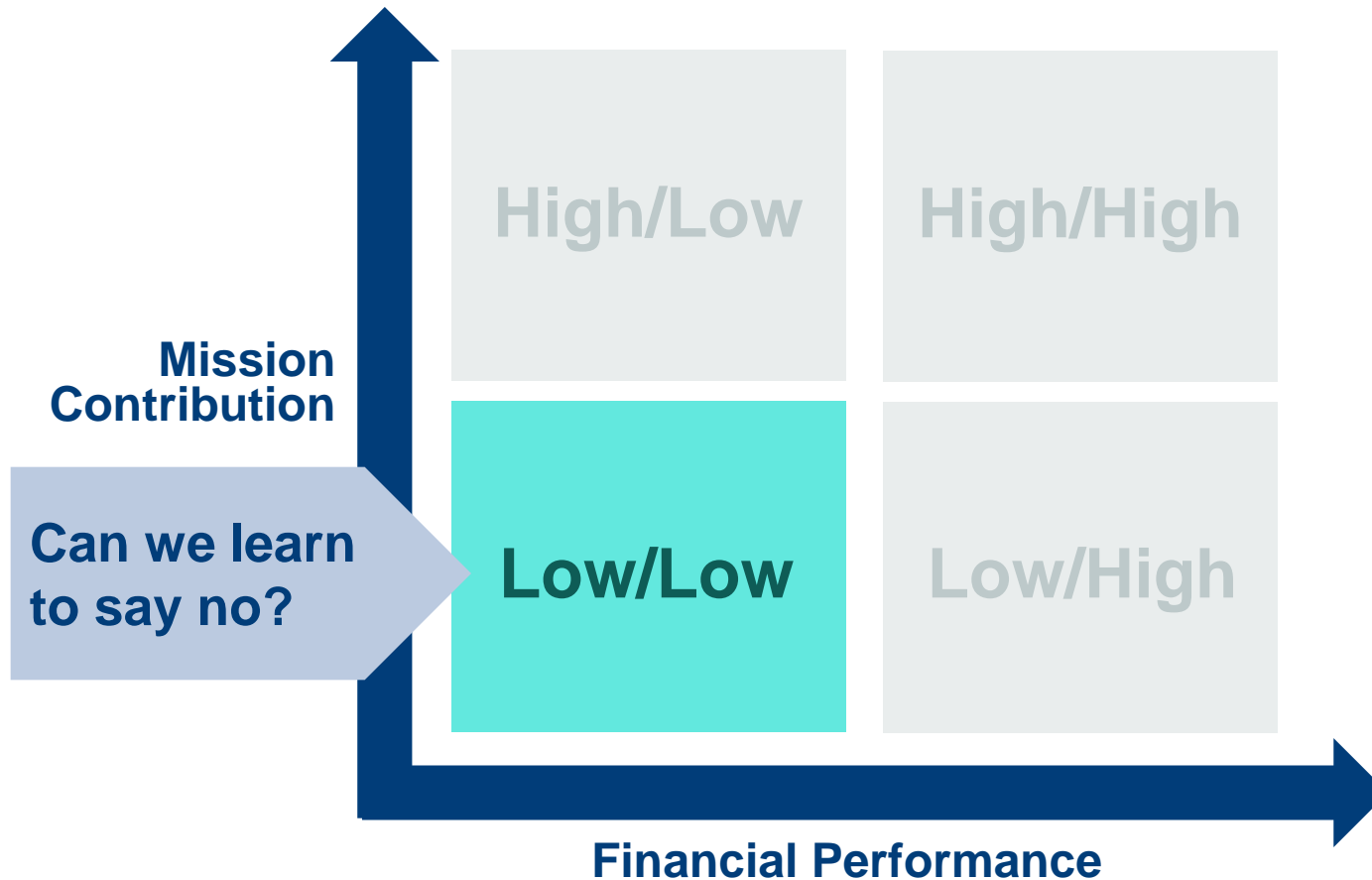
# 5

**Use the tools of mission-based management to realign and maximize resources!**

# Program Assessment



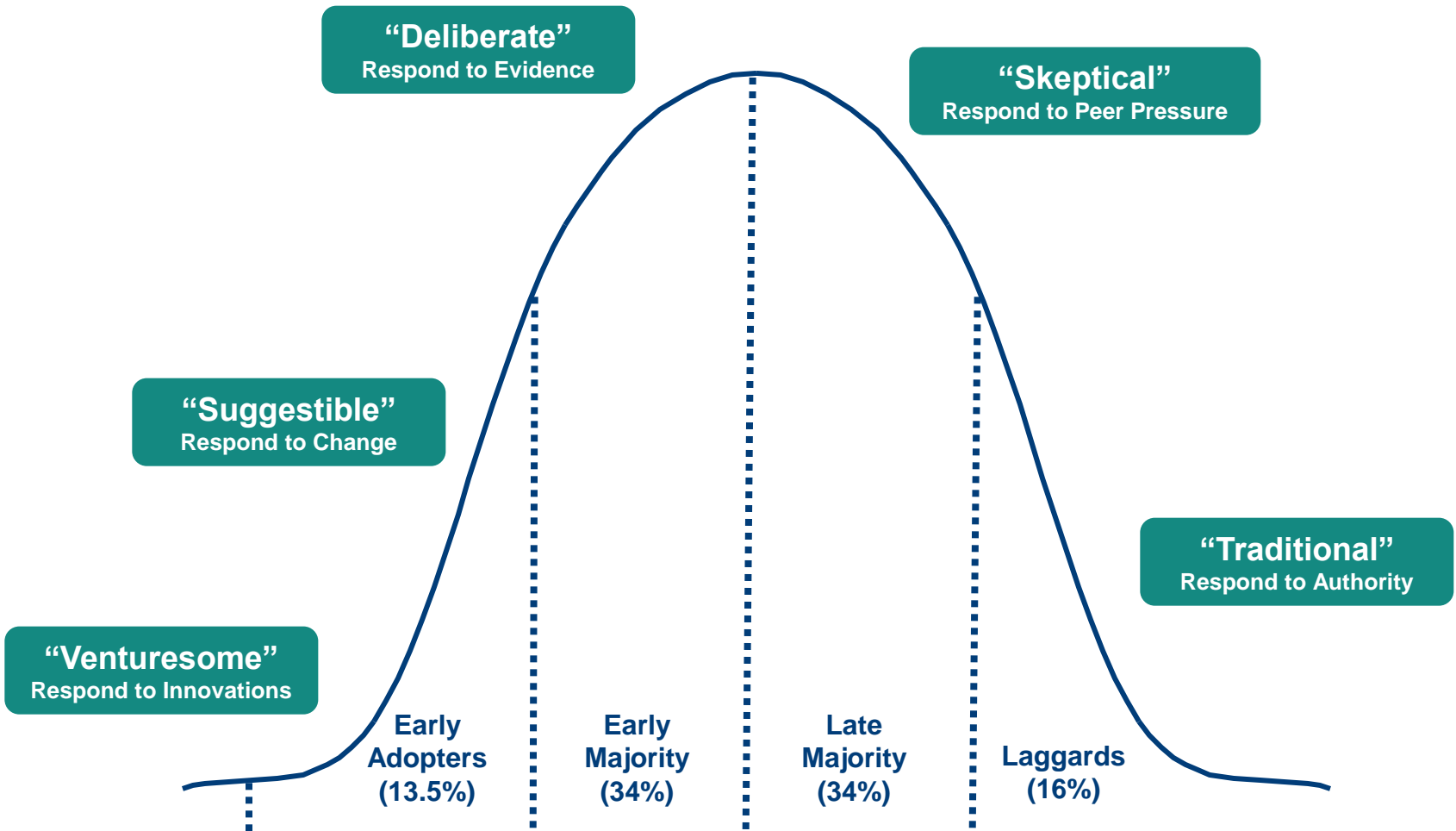
# Program Assessment



# 6

**Seek out and support innovators who will be key to strategic implementation!**

# Implementing Strategic Thinking as a Diffusion of Innovation



7

**“Grow your own” through  
broad-based leadership and  
development!**

# Level 5 Hierarchy

**Level 5**

## **Level 5 Executive**

Builds enduring greatness through a paradoxical blend of personal humility and professional will.

**Level 4**

## **Effective Leader**

Catalyzes commitment to and vigorous pursuit of clear and compelling vision stimulating higher performance standards.

**Level 3**

## **Competent Manager**

Organizes people and resources toward the effective and efficient pursuit of predetermined objectives.

**Level 2**

## **Contributing Team Member**

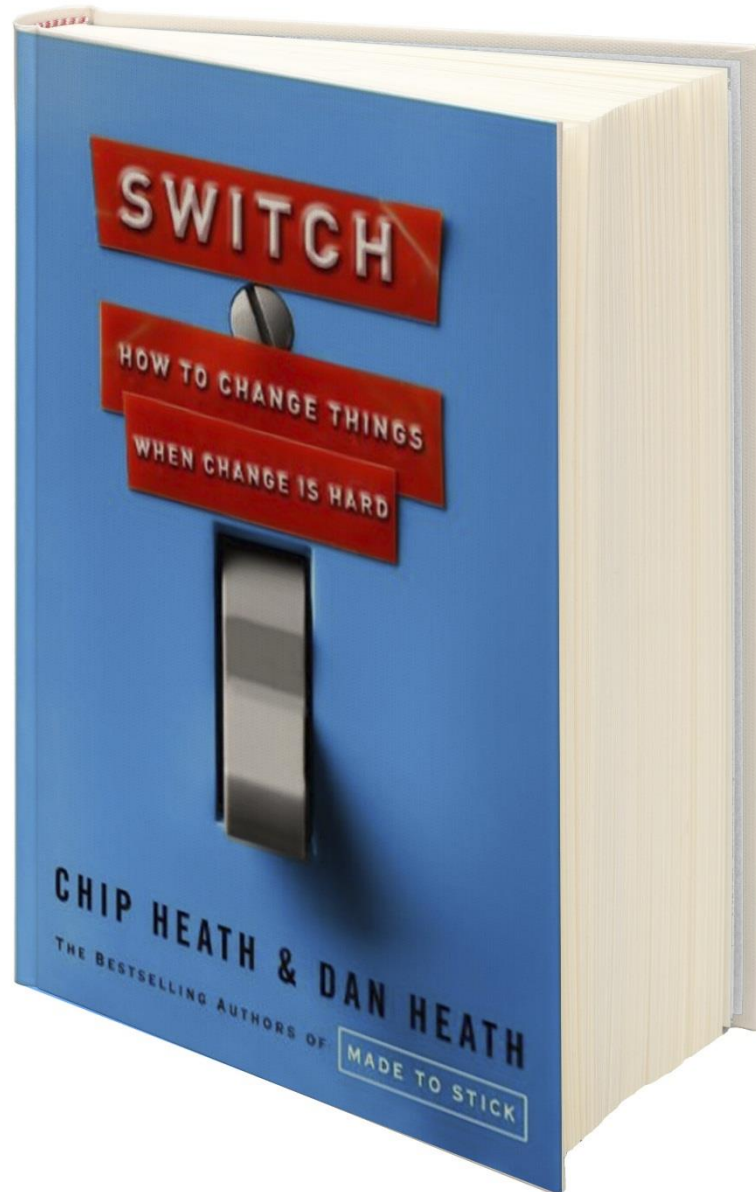
Contributes individual capabilities to the achievement of group objectives and works effectively with others in a group setting.

**Level 1**

## **Highly Capable Individual**

Makes productive contribution through talent, knowledge, skills and good work habits.

# Always Remember: Change Is Hard!



“For anything to change, someone has to start acting differently.”

*Chip Heath & Dan Heath*





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