ASSOCIATION OF AMERICAN MEDICAL COLLEGES
2450 N STREET, NW, WASHINGTON, DC 20037
PHONE 202-828-0400 FAX 202-828-1125
HTTP://WWW.AAMC.ORG

PLANNING IN ACADEMIC MEDICINE

Context:

Planning is classically described as a staff resource, assisting line executives in performing their responsibilities to set direction and establish an agenda for change. This classic definition fails to capture the variety of ways in which planning is carried out in modern organizations, or the variety of staff and management roles a "planner" may be asked to perform. This paper is intended to illuminate the full scope of the planning role in an Academic Medicine setting. The focus is on those whose primary responsibility is planning, but the observations have relevance to the planning segment of any manager's portfolio.

Academic Medicine refers to the array of organizations which contribute to the education of physicians and biomedical scientists, and which contribute new knowledge through their research programs. Patient care is a third element of mission for many of these organizations.

Academic Medicine includes medical schools and teaching hospitals, but it includes many other types of organizations as well; and the number and variety of organizational forms is expanding rapidly. Planning in Academic Medicine may also occur in an academic medical center, within a consortium of teaching hospitals, within an HMO or IPA, within a faculty practice plan, within a university-affiliated research institute, etc. This document is intended to capture the common elements of planning in all these settings.

Most Academic Medicine organizations have characteristics that can make planning especially challenging. They are part of a web of complex organizational relationships. For example, a medical school's organizational network may include its parent university, the university's other health and science schools, affiliated patient care organizations, affiliated research institutes, affiliated physician practice organizations, and so on. The relationships among these organizations are often poorly defined and highly co-dependent.

The internal organization of an Academic Medicine organization is no less complex. Most are flat organizations where each executive has a very large span of control. To extend the example of the medical school, it is not unusual for a dean to have 20 or more associate deans and department heads reporting to him or her. Despite this "flat" organizational form, medical schools can also be very hierarchical. The chain of command from dean to associate dean to

department head to division chief to tenured professor and down through the many faculty and trainee ranks can be rigid.

Governance of Academic Medicine organizations is multi-layered. There is normally a complex array of standing and ad hoc faculty committees charged with policy and oversight of academic issues. In addition, there are layers of governance provided by the parent university, including the central administration, trustees, overseers, visiting committees and the like. Organizations which are part of state systems receive oversight from their legislatures as well.

Academic Medicine organizations are also part of local and global communities. They are primarily not-for-profit service organizations, and their teaching, research and patient care missions bring them into the public arena in many ways. Their external constituencies include patients, students' parents, alumni, the cities and neighborhoods in which they are located, donors, funding agencies including the government, the world-wide scientific community, etc. Academic Medicine organizations operate in an industry which is highly regulated, high tech, capital intense, knowledge intense, and constantly changing.

Role and Scope

What do these characteristics mean for planning in these organizations? They mean that planning can be extremely difficult and extremely important. Planning is made difficult by the rapidly changing external environment, the many constituencies, the limited control of the chief executive, and the extensive consensual decision-making processes. But the rapid pace of change and high-stakes investments required for new programs also make planning critical.

Like Academic Medicine itself, planning in one of these organizations must be multi-faceted. Planning involves research and data-gathering about both the internal and external environments. It involves analysis and synthesis - searching for insights into problems and opportunities. Planning involves process facilitation - helping individuals and groups through processes of discovery as they hone in on where they want to go and how to get there. And, of course, planning involves evaluation of both process and results.

Planners in Academic Medicine use these processes in a wide variety of settings and topical areas. Some planning is strategic, dealing with issues of mission and long-range goals at the highest levels. Other planning is targeted at individual departments or programs. Planners must be able to shift focus constantly between the forest and the trees, between the immediate and the long range.

Because of the capital-intense nature of these organizations, planners are often given responsibility for space planning and capital projects. And because these organizations are knowledge intense, planners often have a key role in planning for faculty recruitments. Marketing, especially for patient services, is frequently a responsibility of planners. There is often considerable overlap between the responsibilities of planning and those of public affairs, government and community relations, development and the budget office. Planners may have line responsibility for any of these functions, or others. In addition, the decentralized, entrepreneurial nature of Academic Medicine means that line managers within large programs and departments often have a substantial planning component in their jobs.

Core Competencies for Planners

Planners are first and foremost masters of process. Planners must skillfully employ a variety of techniques to shepherd participants through the steps of visioning, environmental assessment, development of goals, objectives and strategies, and tactical planning for implementation. The skills involved are both substantive and political.

Planners must be generalists with the ability to master new subject areas quickly. One moment, the planner may be called on to facilitate planning for managed care networks, and the next minute be called on to plan for a transgenic animal program. The potential topical areas are nearly limitless, and the planner must be comfortable working with technical material which may be unfamiliar.

The roles which planners are called on to play are even more varied than the many different organizations which make up Academic Medicine. The senior planning position in a large organization, such as an academic medical center, would include all of the elements listed below. Senior planners in smaller organizations, or specialists within a planning group, may have responsibilities requiring some of these abilities, but not all of them.

The menu of skills and abilities required of planners in Academic Medicine would include the following:

- Facilitation of discovery and decision-making by individuals and groups;
- Communication skills: oral, text, visuals, formal, informal;
- Mediation and negotiation skills;
- Research, data-gathering, data analysis, qualitative analysis, modeling, projecting, playing "what if" - often with the aide of computer technologies and databases;

- Proficiency in evaluating resource requirements, including dollars, people, space and capital;
- Ability to lead a facility planning project for concept through occupancy so that it achieves programmatic objectives on budget and on schedule;
- Ability to interpret legislative and regulatory initiatives impacting health care, education and research, and to participate in framing the organization's response;
- Sensitivity to issues of government and community relations and an ability to factor such constituencies into planning and implementation;
- Ability to flag issues requiring a change in institutional policy and participate in crafting and obtaining approval of such policies;
- Ability to define and integrate issues, identify problems and synthesize solution elements into a cohesive action plan;
- Act as a change agent;
- Skills in playing the "conductor" role: organizing and coordinating the work of committees and other types of task groups;
- Skills in running meetings, retreats, workshops, public forums, and the like;
- Self-directed, ability to manage multiple projects simultaneously, flexibility to adapt to changing priorities;
- Ability to deal with ambiguity and with conflict;
- Ability to take responsibility when authority isn't always clear;
- Objectivity and neutrality, ability to bridge parochial interests;
- Skill in rapidly assimilating new technical material and in obtaining advice from technical consultants;
- Ability to manage the work of others, including many who are not direct reports, such as consultants and team members from other units;
- Keen sense of how to get things done in a complex organization.