Center for
Applied
Research

Philadelphia, PA
215.320.3200 tel
215.320.3204 fax

Cambridge, MA
617.576.1166 tel
617.576.3015 fax

info@cfar.com

Briefing Notes:
An Active and Collaborative Approach to Strategy in Academic Medicine

Until recently, academic medicine has been served well by individual and unit entrepreneurship. Many challenges academic medicine faces today, however, require new kinds of collaboration—collaboration across traditional boundaries (e.g., departments with emerging centers and institutes) and between the business and scientific/medical sides of the house (e.g., administration and chairs). A shift is needed to increase the possibility of collaboration and partnership across these complex boundaries, and strategy processes will need to take this into account.

Andrew Schafer, the Chair of Medicine at University of Pennsylvania Medical School, recently wrote, "The driving force for the organization of a school or department should be to optimize the interaction and productivity of its constituents, not historical territorial imperatives."[*] If this is true of organizational structure, then it must also hold true for the processes that are used to set the structure's future. Both will need to adopt a systems approach over one of pure entrepreneurialism. Both will need to think past the rigid boundaries that have built up over time.

But how do you devise a strategic-planning process that enables collaboration in an environment filled with skeptical faculty and other stakeholders? How do you engage those whose first response to strategic planning may be, "Oh no, here we go again."

Key Principles

CFAR has developed an approach to strategic planning that embraces action and collaboration. The following principles guide the approach:

[*] Schafer, Andrew I. "The Fault Lines of Academic Medicine." *Perspectives in Biology and Medicine*, 45(3), Summer 2002, pp. 416 – 425.

- *Let the issues drive the work*—Traditional strategy processes usually start with mission, vision and values, then transition into identifying key issues, and finally move to strategies and tactics. Here, the process can be turned upside down. Many leaders are well aware of the key issues they face. In such cases, strategic planning can start with a prioritized list of the most critical issues (either solely from top leadership or from a broader stakeholder group), develop strategies and tactics, and then link them to mission, vision and values.
- *Work across boundaries*—Many issues facing academic medicine have implications for multiple divisions as well as other schools and departments and even beyond (e.g., industry, philanthropy). We encourage those taking up the strategy work to think actively about these connections and to build them into their strategic recommendations.
- *Use a steering committee*—A steering committee is a powerful and effective way to help manage complex projects. This five- to six-person group should represent a cross-section of key constituents and serve as a sounding board for leaders throughout the strategy process. This group plays a major role in the strategic-planning process. As such, it should include individuals whose voices will be needed in the longer term and who are good strategic thinkers. Do not limit the steering committee to the *usual suspects*, particularly if you feel others may have more to contribute. You might consider emerging leaders or those you expect to be in the top leadership team in the next ten years. You may also want to invite others to temporarily join the steering committee during specific meetings if and when their perspective is particularly important.
- *Create action*—The strategy process should be governed by action. Do not wait to roll out a plan that has been developed under a shroud of secrecy. Instead, actively engage stakeholder groups to tackle strategic issues from the beginning. Modeling speed sets the tone that real change is possible. For example, you might convene small teams to work the most challenging issues as they emerge. These teams would scope the issues, collect data and develop implementable recommendations. The depth and breadth of their involvement would depend on the issue at hand. For example, in some instances an individual may be responsible for an issue, while in others two – three or more people may be responsible.
- *Seek out "found pilots"*—The future is already showing up in "pockets" within and around your institution. You can look to these "found pilots" as models for the rest of the institution and perhaps even beyond.
- *Respect time constraints*—Given the very real time constraints of those likely to be involved in the process, it is important to engage all stakeholders in a way that maximizes their contribution and minimizes their time commitment.
- *Look outside as well as inside*—Strategy cannot be done in a vacuum. It is important to think not only about what is happening inside the organization but also about what is taking place outside its walls.

Leaders in academic medicine want more from their strategy than a list of areas of research excellence or a thick document that will sit untouched on the shelf. Instead, they want something that will support practical, collaborative, action-oriented steps to address their most challenging issues. A process that enables this type of strategy can take many shapes (see Appendix, for an example), but the principles described here are useful for informing a structure that best meets the unique needs of any institution.

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