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Preface

This report has been prepared by Navigant in its capacity as strategic planning consultants to the UVA SOM. The intent of the report is to provide a record not only of the outcomes of the planning process initiated in 2014, but also to offer the contemporary context and process-related detail necessary for those reviewing this material in the future to understand it more fully.

In the following 20 pages, Navigant offers such context and details in a subjective voice, contributing experience-based insight in an effort to improve subsequent planning efforts at UVA SOM, which was one of the objectives of this consultation.

The balance of the material, including much of the extensive Appendix, presents unfiltered outputs generated directly by UVA SOM faculty and staff within the consultation design and process.

In total, this report is a snapshot in time – UVA SOM’s strategic planning status as of end of June 2014 – and ongoing implementation and strategy refinement efforts will add much to this initial phase of work into 2015 and beyond.
UVA SOM “Plan on a Page”

The graphic below summarizes the outcome of the strategic planning process in a graphical form; note that it is not meant to replace this report or work group outputs but rather intended to provide a succinct, “at-a-glance” depiction. The RISE values (Respect, Integrity, Stewardship and Excellence) and the School’s twin goals – biomedical research focused on the betterment of human health and training leaders in medicine and science – together create the framework in which the SOM’s strategic plan was developed. The strategic pillars of Collaboration, Integration and Innovation emerged out of the process to serve as guide posts for strategic decision making about the future of the School. This graphic also represents the key enabling themes of Fund, Improve, Align and Connect. These themes are found not just in the Steering Committee and mission work group recommendations but also in all of the recommendations by the tactical work groups.

The pillars and themes underpin the initiatives listed below\(^1\) which enumerate specific actions the SOM will take to achieve its goals.

\(^1\)These initiatives represent the highest level of summarization, for further detail please see Appendices A and B.
Selection of Representative Strategic Initiatives:

These listed examples each include overlapping aspects of all three strategic pillars (Collaboration, Innovation, Integration) and each may address more than one of the SOM’s missions (Research, Education, Academic Clinical Practice).

1. Invest in innovative, collaborative and integrative research, education and clinical programs.
   A. Facilitate small-scale innovation across missions
   B. Strategically hire developing clinical investigators to bridge research and provide mentorship
   C. Strategically hire across departments (“Institutional Hires”)
   D. Implement the Be Smart program as an academic extension to the Be Safe patient safety program
   E. Strategically invest in integrative areas of existing strength and new opportunities

2. Foster a culture that contributes to the vitality, success, and diversity of faculty.
   A. Align recognition and professional development models with SOM values and strategic goals.
   B. Establish an Office of Faculty Affairs to oversee P&T, Faculty Development, and Compensation Redesign

3. Integrate clinical and research enterprises through data sharing and management.

4. Broaden funding base and develop appropriate support infrastructure.

5. Address major barriers to research.

6. Implement curricula specialization, in collaboration with Schools across Grounds, such that UVA graduates are differentiated

7. Promote innovative and distinctive clinical programs and models of care

8. Improve operational efficiencies and organizational capacity
   A. Simplify, standardize, centralize and automate processes where feasible
   B. Create a more distributed functional, transparent and accountable decision-making administrative structure

9. Invest in Information Technologies that could be leveraged to differentiate the SOM

Below is an example of how to visualize the relationships between the initiatives as listed above, the strategies (Collaboration, Integration and Innovation) and the specific tactical steps required to implement them.
Statement of the Problem / Rationale for Strategic Planning Now

In July 2013 the School of Medicine at the University of Virginia sent out an RFP for Strategic Planning Consulting Services. There were many reasons for the timing of this request. Externally, the school faced mounting pressures including declines in NIH budget, challenges to clinical enterprise margin, and threats to federal and state education funding.

Internally, the University and School were both in a period of significant change of leadership. Dr. Nancy Dunlap was appointed as Dean of the Medical School in May 2013 and took over full time duties in August 2013. The CEO of the Medical Center announced in October 2013 his retirement effective July 2014. In early 2014 the CMO of the Medical Center stepped down.

At the University level the reinstatement of University President Teresa Sullivan in 2012 was a recent milestone and there were subsequent University-level changes in leadership – a new COO – and reporting structures. One of the reporting structure changes was the creation of the position of Executive Vice President of Health Affairs to which the Dean of the School of Medicine and the CEO of the Medical Center would both report. This position was filled by Dr. Richard Shannon in November 2013.

No school-wide exercise to define strategic directions had been undertaken in more than a decade. There was also no explicit alignment of strategic execution across UVA SOM missions – research, teaching, clinical. Coordinated planning across missions had not occurred for at least several years. In this period, the School had no guiding plan. The Medical Center undertook a strategic planning process in 2011. The University’s strategic planning effort resulted in the Cornerstone Plan in 2013. UVA SOM’s 2002 “Decade Plan” was a dozen years old when the RFP was circulated.

With the environment facing the School evolving rapidly, the findings from the School’s previous decade-long planning cycle were long obsolete. Within her first 90 days, the Dean sought to accelerate the process of strategic assessment and response and broaden the engagement of faculty in this process to promote nimble decision making in a challenging market.

Upon review of submitted proposals, two things became clear: First, no single proposing firm demonstrated deep, long-standing expertise from regular strategic planning with varied SOMs across all missions. Second, the ideal process outcome for the School would be both a strategic direction and a faculty with the capability for strategic planning and implementation.
Methodology and Process Structure

Informed by these two findings, the School contracted with Navigant in an innovative partnership that began in December 2013, with a to-date process report expected in July 2014.

Unlike a consultant-led process, Navigant was engaged to team with the School of Medicine as it developed a strategic direction. The School provided the expertise on UVA, across grounds, and involved a wide range of faculty and staff with vast combined experience at UVA and elsewhere. Navigant provided planning process expertise, with a focus on facilitation, coaching of UVA process leaders and the provision of tools, templates and other resources involved in establishing an internal strategic planning capacity.

The School’s Strategic Planning Liaison, dedicated almost full-time to the planning process for its duration, was Thea Grover-Patrick. She and the Navigant consultants worked together as the Planning Support Group which coordinated by phone at least weekly and typically more frequently on issues of engagement management and working sessions. Thea personally attended more process-related meetings than any other individual. She represented the Planning Support Group by offering guidance to process leadership and others that was carefully coordinated across the UVA/Navigant team.

To foster the capability of strategic planning within the faculty, it was imperative to craft as inclusive a process as practical. Inclusiveness primarily involved participation in a series of groups and attendance at various forums, summarized below. In this environment information was disseminated and absorbed as the School crafted a strategic point of view and coalesced around a strategic direction and preliminary recommendations. This meant the creation of numerous groups and arenas for participation in the course of the short process timeframe of March through June 2014.

1. Steering Committee

   The 17-member Steering Committee was constituted to reflect a perspective that stood apart from existing administrative and leadership hierarchy to whom they reported. The goal was to assemble a diverse group of UVA SOM faculty and staff who were looked to by their peers as unofficial leaders. No medical school deans were involved in the Steering Committee. The Committee Co-Chairs were each department chairs (Public Health Sciences and Pharmacology) and the Chair of Family Medicine was also on the committee. The Dean of the School of Nursing, the Library Director, the head of Graduate Programs, the GME DIO, the Directors of the Cancer Center and the Virginia Center for Translational and Regulatory Sciences were other committee members with titled leadership roles at UVA. The group also included a representative from the Faculty Senate, two department administrators, representatives for UME, a fourth-year
medical student, and three other faculty members. All three missions (research, education and clinical) were represented on the Steering Committee. Members were chosen by the Dean with recommendations from the Senior Associate Deans.

2. Work Groups
Thirteen Work Groups developed input for the Steering Committee’s review, including three Mission Work Groups and ten Tactical Work Groups.

The Mission Work Groups were:
- Research,
- Education, and
- Academic Clinical Practice.

The Tactical Work groups were:
- Operational Efficiency
- Community
- Faculty Development
- IT
- Philanthropy
- Reputation
- Communication/Leadership
- Legislative Relations
- Partnerships
- Diversity

In addition, the two faculty compensation committees were pulled into the planning process as was a clinical trials management system task force.

The Dean recognized the need for the SOM to take action on certain operational issues, for example developing a plan for legislative advocacy on healthcare issues. The tactical work groups were created so that mission groups would not lose focus on higher level strategic direction.

Work groups were made up of volunteers. The Dean invited participation in the Strategic Planning work groups and those interested were able to select or rank their work groups of preference. Some members were “volunteered” by chairs or other leaders. Volunteers included faculty and staff. The Research and Education work groups each had two co-chairs, while the Academic Clinical Practice group had a single chair. It was difficult to find a chair for the Academic Clinical Practice group; six individuals were asked and turned down the offer before a chair was found.

3. Large Group Meetings
In addition to participation in the Steering Committee and the Work Groups there were other forums provided to gather input and share updates.
• **Town Hall Meetings** occurred where the Dean would present for 30 minutes on various topics including the strategic planning process, funds flow, innovation and others. This was followed by 30 minutes of questions. These meetings provided opportunities for faculty to air concerns around the process, provide suggestions and make connections directly with Work Group leaders.

• **State of the School** meetings were held January 28 and May 6, 2014 wherein the business of the School was conducted (passing updated bylaws, approving graduates) and the Dean provided updates on the strategic planning process and goals. These meetings also provided time for questions and discussion after the Dean’s presentation.

• **A Strategic Planning Plenary Session** was a school-wide meeting conducted in early in March 2014 near the outset of the process at which the Dean focused on explaining the need for the strategic planning process, how the process would unfold and the goals of the process. The “case for change” based on the external environment was taken as granted and most of the time was spent on internal needs and capabilities. Specific tools for capturing thinking and focusing discussions were presented and the Dean discussed her construct for strategic planning at the School going forward beyond the initial planning process, drawing analogy with a flywheel which takes enormous energy to start moving but returning energy when underway. The President of the University recorded remarks which opened the session and the Provost and Executive Vice President each also spoke. After the Dean’s remarks there was a question and discussion period.

• **The Strategic Planning Retreat** was a large, all-day, offsite meeting with 150+ participants, which followed the Strategic Plenary by a day and focused on orienting key leaders, the steering committee, mission work group chairs and members, and tactical work group chairs to the process and timeline. In the meeting, frameworks and other tools for strategic planning were introduced and applied in practice discussions. These tools included (1) Jim Collins’ framework for visioning, (2) Michael Porter’s Five Forces framework, and (3) a SWOT (Strengths, Weaknesses, Opportunities and Threats) exercise. After the initial work with the tools, a case study on the Health Sciences Library was presented. Other presentations included an overview of collaboration software the library was considering and an aspirational idea exercise conducted over lunch. In the
afternoon discussion revolved around the strategic planning process, the roles of the different groups and the calendar. Live voting was conducted on how the retreat participants felt about strategic planning at UVA SOM. The retreat concluded with a discussion of key learnings of the day.

Engagement in the School’s strategic planning process also occurred in the course of existing standing meetings, in focus groups, interviews and specially called meetings. Navigant and the Dean met regularly to provide and solicit feedback. Throughout the process, the Dean and primarily the Steering Committee Co-chairs (among many others) kept the EVPHS, Executive Committee, Chairs, Center Directors and other UVA leaders apprised of progress through less formal touch points.

**Process Summary: Current Assessment**

In interviews with key faculty and administrative leaders and through a review of documents related to existing UVA and SOM planning, Navigant developed an initial perspective on a current assessment of UVA SOM. Navigant interviewed all Senior Associate Deans, Basic Science Chairs, many Clinical Chairs, other key faculty leaders and all members of the Steering Committee. In total more than 60 people were interviewed. Typical interviews lasted approximately 60 minutes and included a review of the anticipated strategic planning process. The majority of interviews were conducted in the first four weeks of the engagement (January 2014). Three focus groups were held to gain insight from alumni as well as current medical and graduate students.

Navigant reviewed existing strategic plans including the Decade Plan (UVA SOM), the Cornerstone Plan (UVA) and the Clinical Enterprise plan. Additional documents reviewed included the 2012 Faculty survey, reports on individual centers within the School and documents from the LCME self-study report. Also reviewed were results of an operational assessment conducted by Posada Consulting at the end of 2013 (final report December 2013) which reviewed the Dean’s Office and associated Funds Flow and proposed opportunities for improvement. Other documents were reviewed as provided over the course of the project.

**Initial Findings**

Lack of productive involvement by faculty was identified in interviews and other sources as an important barrier to developing a School-level, cross-mission strategic direction. A recent history of little communication between leadership and the “rank and file” faculty was
mentioned consistently. Confidence in the existing management structures was weak, and partially as a result, mundane issues were being elevated to the Dean’s office for decisions regularly. While most of those interviewed recognized the need for change, there was little experience directly or indirectly affecting change at UVA SOM. This “learned helplessness” was exacerbated by bureaucratic challenges and decision-making processes that were not perceived widely as transparent.

Strategic efforts existed at the level of some School subcomponents, but were focused on near-term, small-group priorities competing for support in a perceived zero-sum environment. Opportunities to garner support often were reportedly viewed as potentially the last chance to “get” something.

That the School was not set up to foster collaboration was in general agreed upon, but most could name individual instances of successful collaborative work. Few of those bright spots, however, were commonly recognized, i.e., examples of collaboration mentioned by different individuals did not intersect, indicating that existing proto-type models of broader collaboration at the School were not well known.

The School also lacked institutional direction in research. Most interviewees cited research as noted strength of UVA SOM, but many struggled to identify concrete evidence in support of that perspective. In particular, concerns were expressed about the lack of research faculty awards and recognitions (e.g. Lasker, Howard Hughes, etc.), which had been a past strength, and the lack of young faculty stars. Many cited these facts, coupled with recent losses and failed recruitments, as evidence that UVA SOM had been living on its past reputation. The clinical strategic plan was seen as separate from and almost inapplicable to efforts of most research faculty. Tensions at UVA SOM between basic research and clinical research were expressed by many. Few saw the time, opportunity or venues to accommodate collaboration across missions, in some cases referencing increases in clinical productivity demands.

Many of the interviewees had been at UVA for more than ten years and this was characteristic of faculty and leadership as a whole. While this created deep institutional knowledge, it also created a risk-averse culture, a perception of no room for advancement and memories of past slights and errors in judgment that were large and small.

Significant infrastructure limitations also were apparent early in the process. There had been minimal investment in technology over the past ten years resulting in “people-based” processes that could easily bog down or bottleneck. Specific frustrations centered on HR processes, the high load of mandatory training, and contract and grant processing. Information technology
needs were also urgent given that the school and medical center functioned on two different calendaring and email platforms that made cross-institution logistics and communications extremely difficult.

Not all initial findings were negative. There was substantial pent-up demand for change which translated into robust participation in the strategic planning process. The culture at UVA SOM was characterized as extremely collegial, and many cited culture as one of their primary reasons for coming to or staying at UVA.

The strategic planning process at UVA SOM began in earnest in January of 2014 (fewer than 10 initial interviews were conducted in December 2013) and concluded in June 2014. During this period the Steering Committee met approximately every other week. Constituting the Work Groups took longer than expected and was a rate limiter in the scheduling of the plenary session and retreat since the Work Group participants were a substantial part of the retreat invitee list. The retreat took place in the first week in March of 2014. Initial work group meetings were scheduled for the last week in March and the bulk of their work occurred in April and May. Final reports from the work groups were submitted to the Steering Committee during the final week of May. The Steering Committee reviewed the final work group documents and compiled its report to the Executive Committee in June 2014.

The process was structured such that the Steering Committee acted as a hub where mission and tactical work groups interacted. Members of the Steering Committee also provided support for work group co-chairs and communicated progress to and collected guidance from the executive committee, the Dean and other leadership. This complex web of interaction was represented by the graphic presented below.
The process was proposed originally (by Navigant) to have five Steering Committee meetings between January and June. At the initial Steering Committee meeting, however, the members expressed a desire for more regular interaction so “interstitial” meetings were scheduled approximately every other week. Navigant team members attended all originally scheduled meetings and contributed to but did not attend all the interstitial meetings. The interstitial meetings provided good opportunities for the Steering Committee to self-govern as part of building strategic planning capabilities at the School.

Planning Process Calendar
As indicated in the Planning Process Calendar (above), the first meeting of the Steering Committee occurred on January 29, 2014. After an initial welcome from the Dean and introductions, Navigant provided an overview of strategic planning including general constructs and the specific process for UVA SOM. Navigant facilitated a discussion of initial findings from interviews and emphasized the importance of messaging and communication throughout the process as the collective responsibility of all process participants.

The first interstitial meeting of the Steering Committee occurred on February 12 and focused on process refinement, including greater specificity regarding the expected role of the Steering Committee. The second originally scheduled Steering Committee meeting, on March 4th, days before the Plenary Session and Retreat, covered plans for the process post-Retreat and the role Steering Committee members would play at the Retreat.

The Steering Committee next met after the retreat at interstitial meetings on March 19th and 24th to debrief from the Plenary Session and Retreat and discuss how to best connect with colleagues to collect feedback and input.

At the third originally scheduled Steering Committee meeting on April 2, the committee discussed the initial findings emerging from the process and work groups and discussed salient themes from them. During the next interstitial meeting on April 14th the committee confirmed the initial themes and reviewed a preliminary SWOT analysis based on over 30 department and center SWOTs that had been submitted to-date.

### Preliminary Summary SWOT*

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
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<tbody>
<tr>
<td>Historic strength in Research and Education</td>
<td>Internal research funding model</td>
</tr>
<tr>
<td>Wide-spread research excellence perception</td>
<td>Collaboration infrastructure</td>
</tr>
<tr>
<td>Collaboration – energy and willingness</td>
<td>Faculty recruitment and retention → P&amp;T</td>
</tr>
<tr>
<td>Co-location with other UVA schools</td>
<td>Integration across research: basic, clinical and translational</td>
</tr>
<tr>
<td></td>
<td>Internal education funding model</td>
</tr>
<tr>
<td></td>
<td>Technology</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mentoring / development of junior faculty</td>
<td>Clinical productivity expectations and impact on academic missions</td>
</tr>
<tr>
<td>Succession planning</td>
<td>External research funding</td>
</tr>
<tr>
<td>Codify research excellence</td>
<td>– Level, sources and model</td>
</tr>
<tr>
<td>Collaboration</td>
<td>Reliance on university or Health System processes / Infrastructure / relationships for collaboration and outreach</td>
</tr>
<tr>
<td>Interprofessional education</td>
<td></td>
</tr>
<tr>
<td>Clinical research</td>
<td></td>
</tr>
<tr>
<td>Leverage university or health system connections</td>
<td></td>
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</tbody>
</table>

* Prepared by Navigant for Steering Committee review based on 16 different SWOTs: Medicine [10 divisions], Orthopedic Surgery, Surgery, Nanotechnology, Genetics (Pediatrics Dept.), Cell Biology and Neuroscience and notes from Education and Research work groups
Both these meetings and the subsequent interstitial meeting on April 28th involved discussion of how the Steering Committee should interact with the Mission work groups, how input would be incorporated and how guidance would be offered. On April 28th the committee drafted its first round of official feedback to the work groups.

The fourth originally scheduled Steering Committee meeting took place on May 8th, during the height of the Mission work group process. As there was no specific feedback from the Mission work groups to review at this meeting, the Steering Committee discussed how they could craft an RFP process to support innovation. The following two interstitial meetings on May 12th and May 19th focused on the RFP process and refining plans for the Steering Committee’s specific, process-culminating deliverable.

The fifth (and final) originally scheduled Steering Committee meeting on June 5th was an extended five-hour working session. The Steering Committee heard brief presentations from the chairs of each of the Mission work groups and had an opportunity to ask them questions about the report each work group had submitted to the Steering Committee. Based on this input – discussions and work group-submitted documents – the Steering Committee created a first draft of their recommendations for the Executive Committee. This meeting was followed by two interstitial meetings. On June 12th the Steering Committee incorporated infrastructure recommendations from the Mission work groups with the recommendations from the Tactical work groups and reviewed its document for the Executive Committee. One June 16th the Steering Committee revised its recommendations to include feedback from the Executive Committee.

The capstone celebration of the planning process took place on June 20th. The session provided a high-level overview of conclusions, the Steering Committee co-chairs presented a summary of overall recommendations highlighting funding mechanisms to seek innovation and recognition and reward as high priority strategies. The Mission work group chairs (Education, Research, and Clinical work groups) each presented a summary of their respective work group’s strategic recommendations as well as highlighting key learnings. The Work Group Chairs were presented with awards for service to the project, a plaque with a working “flywheel” created in Engineering’s three-dimensional printer to represent the rapid cycle change process at work at UVA.

**Navigant Facilitation**

Much of the support Navigant provided to the process took the relatively intangible form of facilitation and coaching. Navigant also developed all of the documents involved in structuring the work of the Steering Committee meeting and created templates and tools to support the
work groups. Work group seed documents included an overview of strategic planning constructs, a meeting-by-meeting example of how to conduct a four-meeting process with suggested agendas and accompanying worksheets to solicit and collect input. Some of the worksheets related to aforementioned constructs introduced at the retreat, others were more general (what metrics would measure success?) and intended to help focus the group efforts, especially during meetings. Provocative prompting questions for each work group to consider were drafted by Navigant. Other materials emphasized approaches to change management and researched depictions of how people have been observed to move through a change processes.

Two tools were used to capture feedback from large groups. A word cloud was developed based on a survey open to all faculty and staff in February, which asked for three words to describe UVA SOM. In this depiction (below), the size of the word was proportional to frequency in the responses. The word cloud was used by the Dean to describe the current state of the school and highlight areas that needed reinforcement and those needing change.

Live polling was also used at the retreat to gauge understandings of the strategic planning culture at UVA and this process specifically. Nine questions were posed to retreat participants and results were captured and displayed in real time with Steering Committee members briefly discussing immediate reflections on each result.

**Cultural Change Indicators**

As discussed in the section on initial findings, a goal emerged early in the planning effort to begin to alter the culture at UVA especially around planning strategically for the future. By June 2014, there were indicators that cultural change was occurring and these included the following:
• Conversations that happened that would not have happened before the process because colleagues had never met and had not been spurred to debate strategic and tactical issues
• Moving away from the “slow no” with an apparent increase in decisiveness especially on what to stop doing and what did not represent shared thinking in work group discussions
• High engagement sustained throughout the process by the work groups and based on the belief input could produce change in the current environment
• Ownership of output as represented by the expressed sentiment that language developed in work group efforts not be changed at all; “this is our plan”
• Thirst for leadership development and training, senior faculty noted the need for succession planning and mentoring of junior faculty to develop “leadership bench strength” which many felt was lacking
• Comments received by the Dean in response to her weekly messages to faculty and staff that were generally positive and encouraging of continued “up-down” dialogue.

Results and Actions

A. Steering Committee Recommendations
    • Outputs generated by UVA faculty were fully formed and many emphasized the importance of conveying these outputs verbatim without further refinement or summarization. These pivotal results and the actions identified are presented in the Appendix of this report.

B. Representative Actions Taken During Process
    • Diversity and Inclusion report
    • UVA SOM revised its process to close out accounts with a nickel or less balance, and is now working with the Office of Sponsored Programs to explore if a higher clearing threshold for grants could be adopted. The benefit of making these changes is to reduce the labor needed to meet the required regular reconciliation of accounts, regardless of amount of balance
    • P&T task force formation
    • Hiring process changes to be more integrative and coordinated
    • Development of Clinical Research process improvement initiative
    • VIVO web application installation commenced with completion by December
    • Cross-grounds, inter-school coordination: first student admitted in the new JD-MD program
    • Legislative workshop held in coordination with Law School
    • Master space planning project
• Library interior redesigned to offer informal gathering space
• Clinical faculty hiring process improvement initiative
• Creation of the Faculty Development and Faculty Affairs Office

C. Select Navigant Observations and Recommendations

• Enhance strategic planning support / infrastructure beyond Strategic Planning Liaison
  o Consider MPH or MBA program interns and Administrative Fellows for support
• Develop comprehensive baseline data that is lacking in numerous areas (e.g., Research, space allocation)
• Assign existing mission-specific groups that have a formal role but are outside the leadership hierarchy (ex. the RAC) responsibility for strategic planning and implementation.
  o If no such group exists, create one
  o If group is larger than 12 people consider forming a subcommittee for strategic planning

Key Learnings – Barriers and Enablers

In the course of facilitating the SOM’s development of a strategic direction and plans, Navigant formed an opinion on key lessons learned. These “key learnings” are outlined below in hopes of informing future such planning efforts at UVA and elsewhere.

• Communication
  o The creation of a strategic planning website (http://med.virginia.edu/asp) was key to widespread, constant engagement. There was significant traffic on the website which included information postings from the Dean, key project documents and contact information for project participants.
  o The Dean’s weekly email messages were also posted on the website and many people posted comments to them creating a true dialogue. These weekly messages were noticeably missed if the Dean was late or on vacation speaking to the breadth and dedication of her audience.
  o There were many forums where the Dean invited questions about the strategic planning process of her and of Steering Committee leadership. At almost every
internal speaking opportunity the faculty could engage in discussion around the process with her.

- Logistics
  
  o Calendaring took considerable time as it involved over 200 participants including 15 or more groupings. Lack of an enterprise-wide standard for email and electronic calendaring - the University and Health System have different IT platforms and domains - compounded complications that might be expected in such an expansive effort to engage faculty and staff. SOM clinical faculty utilize Health System email services while research and education faculty utilized University email services. Only a single person was capable of sending broadcast emails simultaneously across platforms, though almost inevitably some did not think they had received some messages that others had. UVA personnel regularly work around this barrier and doodle.com, a web-based, calendar-polling application, was used on several occasions to reconcile schedules.

  o Other factors, beyond IT incompatibility, meant that a day’s progress on grounds might depend on the personal availability of one or two people, despite the involvement of hundreds. Without dedication of a significant proportion of the time of the Strategic Planning Liaison (TGP) and a predominately dedicated administrative assistant, the process would have halted in its tracks. What was accomplished in all corners of the SOM-wide effort relied to a great degree on the personal commitment, focus and almost hourly efforts of the Liaison for its duration. This is a risk management issue in as much as the institutional process risks breakdown if a single person is removed.

  o Finding adequate meeting room and interview space was a challenge especially at the process’s highest activity periods in April and May. Still, disparate small pockets of sub-optimal working space (often doubling as storage of some sort) could usually be found when more task-specific meeting space was not available.

  o Full initiation of the planning process took longer than anticipated. Assembling and finalizing assignments for a large, diverse range of faculty proved painstaking and necessitated familiarity with individuals at the institution; in other words, not an exercise that an outsider could help accelerate.

    ▪ Navigant’s first visit/interviews/meetings were in mid-December 2013
    ▪ Steering Committee first meeting was end of January,
    ▪ Work groups – Mission and Tactical – commenced in late March

- Timing
The period of leadership change, greater than had been experienced in a decade or more, created a sense of new possibilities but also contributed to uncertainty as the impermanence of any given leader (and related perspectives) was highlighted.

Perceptions of SOM strategic planning as an exercise can be heavily (overly?) influenced by experience with clinical enterprise strategic planning efforts. At UVA such a clinical planning process preceded the SOM’s strategic planning process. Aspects of that effort had left many faculty frustrated and disinclined to participate in new planning. Perceived alienation was especially expressed by non-clinical faculty. Experience suggests that strategic planning is more common and frequent in clinical enterprises (a response to a generation of pressure on the economics of clinical care) than it is more broadly across SOM missions. Consequently, perceptions of strategic planning should be expected to have been framed for many at an SOM by experience with clinical strategic planning specifically. Extra time and effort may be needed to differentiate processes while still adhering to strategic planning tenets such as identifying customer’s needs, recognizing the impact of competitive dynamics (as with Porter’s five forces) and assessing strengths, weaknesses, opportunities and threats (SWOT).

University-level strategic planning also preceded the SOM process and set in motion efforts that impacted SOM issues (i.e., compensation models) but which had little connectivity to SOM planning processes. In situations where University and SOM efforts intersected, it was difficult to tease apart accountabilities – would University resources lead the way, or should SOM-specific resources assert themselves? Answers to such questions were sometimes less than clear. UVA’s academic breadth and historic distinction makes timing and reconciliation across grounds sometimes more challenging than might be expected at a more narrowly focused institution. At the same time, these characteristics offer exceptional opportunities for collaboration, integration and innovation when compared to less expansive academic enterprises.

The Steering Committee’s period of heaviest work coincided with an LCME mock visit and the kickoff of a safety campaign at the medical center. Both of these activities required significant commitment of time and attention from Steering Committee members, which decreased their availability for strategic planning work. Experience suggests there is never an ideal, unimpinged time to focus exclusively on strategic planning. Throughout the process, the notion that strategic planning would be iterative and persistent was emphasized and soothed concerns that varying contemporary demands across stakeholders
would not prevent their voices from being heard and perspectives reflected in plans.

- Culture
  - Based on experience elsewhere Navigant initially assumed that a “case for change” was needed to ignite the planning process and should be the primary goal of the retreat. Only after a wide range of interviews had been conducted and as the retreat date was soon to arrive, it became clear that the need for change at UVA and other academic medical centers and schools of medicine was widely accepted and that the retreat should instead focus on equipping people to engage in the process of planning to make changes.
  - The culture in the research enterprise was particularly resistant to “picking winners and losers,” expecting success to emerge over time in the competition for resources. This resistance prevented all but the most tentative of lists from being derived in work group and steering committee deliberations to indicate which specific areas of research appear most promising for investment.
  - Organizational infrastructure at UVA was poor and how to improve it became a major strategic focus. Real and perceived hurdles to implementation may have inhibited people from proposing large scale change.
  - Sustaining openness and transparency of the process and emphasizing the iterative nature of planning was important throughout and was represented in the “Plan-Do-Check-Act” flywheel. This approach relieved the short duration of the intensive planning period, April through May, from feeling like a now-or-never exercise and allowed it to be more of a first attempt at strategic focus.

- Work Group Process
  - Work group leadership was very influential on process and output. The temperaments of group co-chairs need to be carefully considered, balanced and counselled to harness input and sustain commitment to successful planning process completion. Work group co-chairs, as individuals, spent more time than any other faculty on the planning in a critical effort to engage and reflect perspectives of diverse fellow faculty. The work group leads passed through a momentary period of during which the work group membership manifest seemingly strong resistance and anxiety before each group began to coalesce around their responsibilities. Coaching of work group leaders regularly and informally was a key to success. Future planning efforts might benefit from a more formal approach to group leader training, including perhaps providing a half-day session on group facilitation and team development. Group leaders
could also benefit from administrative resources assigned specifically to support each work group.

- Desire for a highly inclusive process meant that work groups were made of volunteers and were quite large. This improved the level of engagement but also complicated the path to consensus and made meeting scheduling logistics time consuming. Other approaches, however, such as “deputizing” group members who may not have volunteered, would have brought their own challenges. An ideal would be to have membership that included a balance of volunteers representing certain stakeholders, (i.e., junior researchers) and mid- to senior-leadership.

- Steering Committee Process
  - The Steering Committee was large at 17 people and met approximately every two weeks. While this provided more touch points, it also seemed to dilute the importance of each individual meeting and made it more difficult for all members of the Steering Committee to stay fully engaged throughout the process. The size of the group brought many perspectives to the process but could make it hard for the group to come to consensus and make decisions. When meeting attendance was low, the influence of the remaining participants increased by default and with variable impact.
  - The Steering Committee, leading the first round of strategic planning for the SOM in 10+ years, struggled to envision what form its final deliverable would take until very close to the end of the scheduled process. There were no internal models or templates for them to work from. This contributed to several early Steering Committee meetings being very process oriented. The fact that there were mission and tactical work groups generating most of the content that the Steering Committee was to digest made the SC’s role as integrator across groups less tangible before work group reports had finished their work.
Appendix

Appendix A.  Steering Committee Recommendations & Final Mission Work Group Documents
Appendix B.  Final Tactical Work Group Documents
Appendix C.  SWOTs as submitted by Work Groups, Departments and Centers
Appendix D.  Additional Supporting Documents
Appendix E.  Key to Deliverables from Proposal