Expanding Community Engagement, Alignment, and Environmental Scanning to Improve a Large Sponsoring Institution's Strategic Planning Process

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Introduction

Graduate medical education (GME) evolves continuously, and sponsoring institutions (SIs) must navigate this landscape, making strategic planning essential for compliance, aligning educational outcomes with health care needs, fostering innovation, and ensuring financial sustainability. The Accreditation Council for Graduate Medical Education (ACGME) and the Association of American Medical Colleges (AAMC) inform GME priorities,[1] while only the 2023 AAMC Group on Resident Affairs GME Leadership Competencies[2] explicitly mentions strategic planning and the Group on Institutional Planning offers a related suite of resources.[3]

Recent literature highlights the importance of GME strategic planning for health educators engaged in organizational improvement. Lazarus et al[4] discuss the role of strategic planning and strategic thinking in motivation, awareness and change, while Varaklis et al[5] describe how strategic alignment advances GME toward desired outcomes. This Perspectives piece describes a strategic planning process developed de novo at a large SI with broadened stakeholder input and alignment with key directives.

Our university-based SI trains more than 1500 unionized trainees in 126 ACGME-accredited programs, 4 non-standard training (NST) recognized programs, and 87 non-ACGME fellowships across 20 clinical departments within a school of medicine (SOM) and multiple training sites (online supplementary data Appendix A).

Strategic planning by GME leadership has evolved toward inclusivity since 2017, when our GME Office directors were asked to develop action items focused on GME leadership-identified priorities. In 2019, planning included other GME Office staff as well. In 2020, each GME Office director's team completed a SWOT analysis (strengths, weaknesses, opportunities, and threats) for a larger internal planning committee that identified 6 core values. These core values were vetted by GME leadership and used extensively over 3 years to direct and contextualize GME's work (FIGURE 1).

Strategic Planning Process

In addition to the 2023-2029 strategic plan work product itself, GME leadership approached development by reflecting together on the limitations of previous approaches, which included the following needs:

1. *Align with institutional and clinical enterprise priorities* through proactive GME involvement. Decisions to expand procedural programs or service lines without commensurate plans for additional clinician workforce often result in service imbalance for trainees, faculty, and administrators.
2. *Align with accreditation timeline* through a 6-year plan to balance ongoing workload with demonstrable progress during the SI's ACGME self-study (2026) and site visit (2028), to incorporate findings for future strategic planning.
3. *Widen community input* by engaging the broadest group of GME stakeholders possible, to account more accurately for GME's "end users."
4. *Read the external landscape* by drawing on plans, guidelines, or requirements (key directives) to increase the credibility and relatedness of our strategic plan work product.
5. *Broaden messaging and visibility* beyond the GME Office team to University of Washington (UW) Medicine colleagues who will be affected during implementation, from whom buy-in would enhance success.
6. *Remain flexible*: At the outset of GME strategic planning, the SOM and health care system were planning their own strategic planning processes. After leadership consultation, we proceeded independently, open to revisiting our plan as needed.

DOI: http://dx.doi.org/10.4300/JGME-D-24-00493.1

Editor's Note: The online supplementary data contains further data and information from the article.

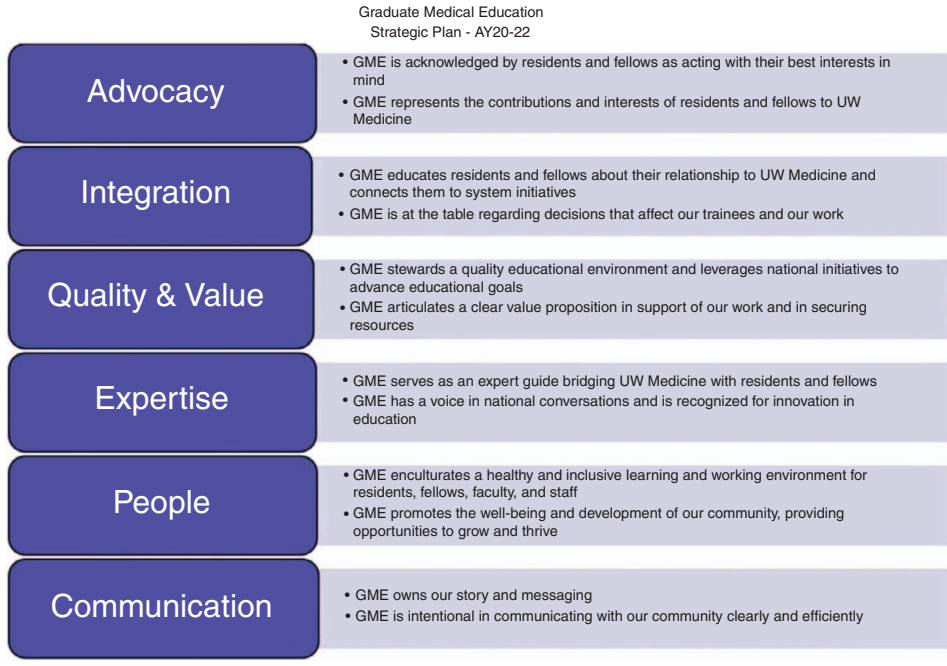

FIGURE 1
Sponsoring Institution Strategic Values and Strategic Plan, Academic Year 2020-2022
Abbreviations: AY, academic year; GME, graduate medical education; UW, University of Washington.

7. *Engage the GME Office team in plan development* to provide a collaborative professional development opportunity for staff contribution, start to finish.

Step 1: Stakeholder Data Collection

In August 2022, we administered an anonymous electronic survey via Microsoft Forms to GME stakeholders: program directors (PDs), program administrators/coordinators (PAs), and residents and fellows. The distribution also extended to SOM and clinical enterprise leadership, department chairs, vice chairs for education, and administration and finance, department staff, Graduate Medical Education Committee (GMEC) members, and all GME Office members. We asked which core values within GME's existing strategic plan warranted additional attention, data, or key directives to consider in developing a new plan, and highest priority areas. The survey requested only the respondent's role (online supplementary data Appendix B). Raw survey responses were extracted into a Microsoft Excel spreadsheet, with tabs for strengths, weaknesses, opportunities, and threats.

Step 2: Thematic Analysis of Respondent Data by Stakeholder Group

Working in teams of 2 to 3, GME Office volunteers used content analysis to code open-text comments into thematic target domains, defined as focal opportunities. Each team was assigned 1 of 4 stakeholder groups (PD/faculty; PA; residents/fellows; and other—eg, chairs, vice chairs, etc). See online supplementary data Appendix C for examples from each step of the process.

Step 3: Triangulating Emerging Target Domains Across Stakeholder Groups

In this step, GME Office volunteers evaluated target domain concordance across stakeholder groups. Within the Excel sheet, target domains were listed on the left and stakeholder groups (PD/PA/Trainees/Other) across the top.

Only target domains present within data from 3 or 4 stakeholder groups, with at least 2 groups citing them as high priorities were captured for processing in Step 4.

Step 4: Mapping Emerging Target Domains Against Key Directives Identified in an Environmental Scan

We next evaluated the target domains gleaned from Step 3 to determine whether and how they were represented within plans, guidelines, or requirements (key directives) identified by our team and survey respondents as linked to future work. These directives were categorized within 4 domains: ACGME,

UW Medicine, other, and existing work priorities. Within the Excel sheet, Step 3 target domains were listed on the left and key directives from ACGME, UW Medicine, and other key groups were listed across the top (online supplementary data Appendix D). Finally, we reviewed each target domain against a list of emerging work solicited from GME Office directors before data collection.

Only target domains present within one or more key directives were included in the final list of target domains utilized in Step 5.

Step 5: Vetting Target Domains With Our Community

A narrower "working" list of target domains important to many stakeholders and represented within key directives was circulated for "resonance" with several important cohorts. The first was GME PDs, followed by a series of focus groups: (1) SWOT survey participant volunteers; (2) departmental vice chairs for education; and (3) trainees and chief residents. Then GME leadership modified the framing of target domains to better align with and reflect groups' input.

Step 6: Situating Target Domains Within Existing GME Core Values

At process outset, GME leadership recognized that the specific values selected for the 2019-2023 strategic plan continued to resonate. To leverage existing adoption of these values within the community, we situated each new target domain within 1 of our 6 core values. Our strategic planning process and timeline is represented in online supplementary data Appendix E.

The Strategic Plan "Roadshow"

Because the strategic planning process solicited input from many stakeholders, we also broadly shared results. Six slides, each centered on a core value, target domains, and possible strategic initiatives formed the core of the strategic plan "roadshow," preceded by a thorough process overview (FIGURE 2). We presented the strategic planning process and results in several other forums: GMEC, the monthly GME Office "Lunch and Learn," the Medical School Executive Committee, Designated Institutional Official Blog, and a video recording on the GME website. We also used the strategic plan as a framework for a New Resident and Fellow Orientation presentation.

Implementation

The numerical yield of each iterative stage of data collection, analysis, and synthesis (Steps 1 to 5) is represented in FIGURE 3. Time from data collection to roadshow completion was 9 months. With the final product in place, GME Office directors and teams populated a shared Excel implementation table with work products against strategic initiatives. This intentionally inclusive step ensured that GME team members see their efforts represented within overall work and vision. Implementation does not end but flexes and evolves over time. Although much GME work is externally dictated, we have sought a balance between proactive vision and capacity for adjustments within local and national environments. One year following implementation, 30 of 98 specific work products have been completed by the team.

FIGURE 2
Representative Strategic Plan Roadshow Slide
Abbreviations: AY, academic year; GME, graduate medical education.

Final Thoughts

Strategic planning is critical for SIs.[6-8] With proposed revisions to the ACGME Institutional Requirements, navigating deeper integration with primary clinical learning environments renders planning more complex. This SI strategic planning approach, used for a complex training and health care organization, may be adapted for other settings. Limitations of our approach include a potential overreliance on data from small stakeholder samples that may not

FIGURE 3
Yield by Stage of Data Collection, Analysis, and Synthesis

represent the full GME community. In addition, the manual review process was time- and labor-intensive for our large institution. Important factors that facilitated our process include attention to semantic choices preferred from some stakeholders; the relative ease of seeking executive agreement on target domains as compared with specific strategic initiatives; "thinking globally" about target domains to preserve local GME Office director agency; and the benefits of a previously established, values-based foundation.

References

1. Accreditation Council for Graduate Medical Education. Institutional Requirements 2022. Published July 1, 2022. Accessed September 24, 2024. https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements2022.pdf
2. Association of American Medical Colleges. AAMC GRA GME leadership competencies. Accessed September 24, 2024. https://www.aamc.org/career-development/affinity-groups/group-resident-affairs/aamc-gra-gme-leadership-competencies
3. Association of American Medical Colleges. Key resources for strategic planners. Accessed September 24, 2024. https://www.aamc.org/career-development/affinity-groups/group-institutional-planning/key-resources-strategic-planners
4. Lazarus MM, Bush RL, Perkowski L, McNeil S. Strategic approaches for the health science educator: understanding strategic planning, strategic thinking, and continuous process improvement and their impact [published online ahead of print March 21, 2024]. *J Contin Educ Health Prof*. doi:10.1097/CEH.0000000000000551
5. Varaklis K, Parker MG, Peck JS, Bing-You RG. Aligning strategic interests in an academic medical center: a framework for evaluating GME expansion requests. *J Grad Med Educ*. 2019;11(1):85-91. doi:10.4300/JGME-D-18-00730.1
6. Schwartzstein RM, Huang GC, Coughlin CM. Development and implementation of a comprehensive strategic plan for medical education at an academic medical center. *Acad Med*. 2008;83(6):550-559. doi:10.1097/ACM.0b013e3181722c7c
7. Levinson W, Axler H. Strategic planning in a complex academic environment: lessons from one academic health center. *Acad Med*. 2007;82(8):806-811. doi:10.1097/ACM.0b013e3180d08d14
8. Higginbotham EJ, Church KC. Strategic planning as a tool for achieving alignment in academic health centers. *Trans Am Clin Climatol Assoc*. 2012;123:292-303.

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The authors would like to acknowledge that this manuscript describes the collective efforts of the members of the Graduate Medical Education Office, University of Washington School of Medicine.

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