

The
strategic planning
experience



of the
**Michigan
Chapter**



by
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Deciding that a new strategy to increase membership and relevance to its community surgeons was necessary, the Michigan Chapter held a strategic planning session, moderated by the author of this article, Dr. Corvo, on January 7.

To date, at least 10 chapters have held strategic planning sessions facilitated by ACS volunteer-leaders. Overviews of these strategic planning sessions have been published in the *Bulletin* and presented at education programs for chapter leaders, such as the annual Leadership Conferences in Washington, DC, and chapter showcase sessions at the Clinical Congress meetings. John T. Preskitt, MD, FACS, led the first strategic planning session with the South Texas Chapter in 2006. Since then, several chapters have successfully used the same formula for strategic planning—including the Connecticut Chapter, which had its own session, led by Mary McGrath, MD, MPH, FACS, in May 2010. For a report on the Connecticut Chapter's experience, see the January 2011 issue of the *Bulletin*,* and for a report on the Tennessee Chapter's planning experience, see the April 2009 issue of the *Bulletin*.†

Initiating the process

As with other planning sessions, a conference call was first held with several participants and was run by Dr. Corvo; Rhonda Peebles, ACS Division of Member Services; and Angie Kempainen, Executive Director of the Michigan Chapter. The purpose of the call was to introduce the participants to each other and to set the tone for the planning session. The questions addressed during this call, previously e-mailed to call participants, included topics such as the size of the chapter's membership, history, and organizational structure; the expected outcomes of the planning session; and the chapter leaders' perspectives on strengths, weaknesses, and challenges for the Michigan Chapter.

On the evening before the strategic planning session, a few Michigan Chapter leaders and staff met for an informal, pre-meeting dinner.

*McGrath MH. Chapters use strategic planning as a management tool. *Bull Am Coll Surg*. 2011;96(1):63-66.

†Minard G, Johnson W. The Tennessee strategic planning experience. *Bull Am Coll Surg*. 2009;94(4):39-43.

The information gleaned from the questionnaire and conference call was again quickly reviewed and proved invaluable as starting points for the next day's session.

On the day of the planning session, the members present (see photo, page 14) engaged in an ice-breaker exercise: after introducing themselves, each described their favorite car. This seemed very fitting given the session took place just outside of Detroit, in Novi, MI. As a testament to their dedication, some of the participants drove four hours—each way—to attend this session.

Ms. Peebles and Dr. Corvo led the session and started off with a few ground rules, including the proviso that the meeting was to be a brainstorming session and no reasonable idea was off limits. As group facilitators, Ms. Peebles and Dr. Corvo kept discussions on track, initiated feedback, and provided examples of other chapters' experiences. In addition, during the session they repeatedly stressed that the final, important outcome of the meeting was to be a document—a strategic plan—that the Michigan Chapter would create and own, and hold itself to in the future.

Mission and vision

As with other ACS strategic planning sessions, the first item on the agenda was the development of a mission statement. The team reviewed other chapters' mission statements and then brainstormed about what they provided to their members, what made them relevant, and what they wanted to improve upon. Issues that were discussed included the following:

- The chapter's strong, two-day statewide meeting, as well as concerns that the meeting seemed too resident-focused and lacked relevance for the community surgeons
- The composition of the council, in that there were not many new members in recent years
- The lack of interest in the chapter among young surgeons

Eventually, the chapter produced the following mission statement:

Dedicated to achieving the best practices of surgical care and assisting surgeons in Michigan by promoting and advocating for the highest



The Michigan Chapter strategic planning team.

From left: Ms. Kemppainen; Verne L. Hoshal, Jr., MD, FACS; M. Ashraf Mansour, MD, FACS; Michael K. McLeod, MD, FACS; Allen Silbergleit, MD, PhD, FACS; Vijay Mittal, MD, FACS; Wayne E. VanderKolk, MD, FACS; Dr. Corvo; Gerard M. Doherty, MD, FACS; Ms. Peebles; Kurt A. Kralovich, MD, FACS; Mark W. Puls, MD, FACS; Andrew W. Saxe, MD, FACS; James G. Tyburski, MD, FACS; and John C. Eggenberger, MD, FACS.

standards of surgical education and ethical, quality-driven, patient-centered care.

The next task the team worked on was the development of a vision statement. While a mission statement describes what the group is about and what the group does, a vision statement describes where the group would like to find itself in the future. During the Connecticut Chapter session, a vision statement exercise was initiated by Dr. McGrath. Dr. McGrath asked the Connecticut Chapter leaders to describe, in detail, a newspaper article about a possible major chapter achievement five years in the future. This same exercise was repeated at the Michigan meeting, and was possibly the most fun activity of the day. The exercise revealed the following about the Michigan council:

- Council members wanted the chapter to be an advocate for patients and surgeons
- Council members wanted the chapter to be an educator for current and future members and patients

This is the vision statement that was created for the Michigan Chapter:

Committed surgeons in Michigan advancing patients' health through education and advocacy.

SWOT analysis

The third activity of the day involved conducting a traditional SWOT analysis—a review and discussion of the organization's Strengths, Weaknesses, Opportunities, and Threats. For this exercise, a large flip chart was used so that the

lists for each component of the SWOT analysis could be viewed side by side. Using a flip chart helps attendees to better visualize how identified strengths could be used to overcome identified weaknesses, and how weaknesses could be turned into opportunities for improvement. It is interesting and important to note that several of the Michigan Chapter's strengths, weaknesses, and threats were similar to those of other chapters, which were revealed during their own strategic planning sessions.

- Some strengths that were identified for the Michigan Chapter included the following:

- Leadership
- Dedicated core group of council members
- Annual meeting and the educational opportunities it provides chapter members
- Some weaknesses included the following:
 - Lack of depth/no leadership succession planning
 - Annual meeting participants were mostly residents who were presenting papers
 - Lack of involvement by young surgeons
 - Lack of relevance to community surgeons
 - Poor communication with members and ineffective branding efforts

- Some opportunities that were identified for the Michigan Chapter include the following:

- Increase the number and participation of the council members by creating new leadership activities and by limiting leaders to one active role. For example, currently, the vice-president also serves as the annual meeting program director. In the future, these duties would be separated.

- Increase involvement of young surgeons by aggressively recruiting young surgeons and residents to participate in council meetings, ACS-sponsored leadership conferences, and the College's Joint Surgical Advocacy Conference.

- Reach out to members by using electronic communications embedded with hyperlinks instead of a printed newsletter.


- Utilize social networking sites such as Facebook and Twitter to better reach young surgeons and residents.

- Create a Michigan Chapter speaker's bureau for local hospitals, similar to the one being created in Connecticut.

- Address advocacy by having meet-and-greets with Michigan legislators and their staff members and spearhead efforts to introduce Uniform Emergency Volunteers Health Practitioner's Act (UEVHPA) legislation in Michigan. (The UEVHPA allows creation of a volunteer database so that physicians can cross state lines to provide help during mass casualties. The intricacies of medical insurance, licensing, and liability currently prohibit this form of assistance in many states.)

Moving forward

At the conclusion of the meeting, the Michigan Chapter had realized its immediate goals of creating new mission and vision statements, and, just as important, listed several concrete objectives that were achievable within a reasonable time frame. The group's next task will be to periodically review their goals to make sure they either stay on track, or adjust their goals according to newly identified issues.

Chapters interested in hosting their own strategic planning session should contact Rhonda Peebles at 888-857-7545 or rpeebles@facs.org. Chapters that need more information or help with advocacy efforts or the UEVHPA in their state should contact Charlotte Grill, State Affairs Associate, at 312-202-5363 or cgrill@facs.org, or Alexis Macias, Regional State Affairs Associate, at 312-202-5446 or amacias@facs.org. 

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