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# The Tennessee Chapter's strategic planning experience

by Gayle Minard, MD, FACS; and Wanda M. Johnson

Motivated by the presentation by John T. Preskitt, MD, FACS, ACS Regent, regarding strategic planning at the March 2008 ACS Leadership Conference, the Tennessee Chapter's then-President Tony Haley, MD, FACS, and then-President-Elect Dr. Minard determined that the chapter should try the strategic planning process to evaluate and guide its activities. They agreed to have a strategic planning session for Tennessee Chapter leaders early in the 2008 association year. Dr. Preskitt agreed to facilitate the session, and Rhonda Peebles, of the ACS Division of Member Services, agreed to attend and assist.

## **Planning the session**

As a first step, a conference call was held with Drs. Haley, Minard, and Preskitt, along with Ms. Peebles and Ms. Johnson. The purpose of the call was to discuss the following questions: Who should be invited to participate in the strategic planning session? How long should the session last? What materials should be distributed to the participants before and during the session? What is the desired outcome of the session?

- *Strategic planning session participants.* The Tennessee Chapter's governing body is the Executive Council. It is composed of the following:

President, President-Elect, Vice-President, Past-President, six Councilors (two from each of the grand divisions of the state), Chair of the Committee on Trauma, Chair of the Cancer Committee, Young Surgeons' Representative, a Surgical Resident, Governors-at-Large, and the Chairman of the Tennessee Surgical Quality Consortium. Any specialty governors, members of the American Board of Surgery, and others who are involved in national surgical leadership positions are routinely asked to serve on the Council as ex-officio members. Obviously, these individuals would be invited to participate in the strategic planning session.

Some thought was given to inviting other surgeons from around the state to participate, considering that perhaps having a representative from each surgical training program would be helpful, or perhaps including leaders of the surgical specialty societies would enhance the discussion. In the end, it was agreed that a larger group would be unwieldy for this type of meeting and, furthermore, those who had not been involved in the chapter would be less prepared for a strategic planning endeavor.

- *Length of the session.* Whereas some strategic planning sessions are stretched out over a weekend or even a longer

period of time, the group agreed that a determined council could accomplish its task in one day. It was agreed to have dinner as a group the night before the strategic planning session. There was no agenda and no plan to have formal discussions at the dinner; it turned out, however, that the dinner provided a good platform to begin discussions about potential future goals and objectives of the chapter.

- *Session materials.* As the strategic planning session facilitator, Dr. Preskitt provided the session materials. In order to understand the chapter's structure and functions, certain information was provided to him: Executive Council listing, breakdown of chapter membership by specialty, membership trends, and financial summaries.

- *Desired outcome.* Establishing the chapter's vision, mission, and priorities were among the desired outcomes of the strategic planning session. Dr. Preskitt emphasized that these must be summarized in a written document—an operating plan—that would change over time as the strategic planning process continued from year to year.

## **The day arrives**

Dr. Preskitt provided an outline and led a discussion describing the qualities of good chap-

ters. These qualities include sustainable leadership, especially young surgeons; strong administrative structure; strong member enthusiasm; and worthwhile member services. He discussed the characteristics of leadership, noting the importance of having a vision.

Strategic planning was defined as a systematic way of planning to establish goals, set

priorities, allocate resources, assign tasks, and measure success. Dr. Preskitt stressed that it is not a prediction of the future; not a smooth, linear process; and not a substitute for good judgment.

Strategic planning includes developing a mission statement, a vision, conducting a SWOT (strengths, weaknesses, opportunities, and threats) analysis, setting goals, and

agreeing on priorities. A written strategic plan must be developed.

- A mission statement describes what a group does and why it does it. The ACS Mission Statement was reviewed as an example.

- A vision statement describes the future state of the organization as envisioned by the group's leaders.

- The SWOT analysis iden-

## Chapter leadership

by John T. Preskitt, MD, FACS

Having served in all the leadership capacities of the North Texas Chapter, as well as chairing the Governors' Committee on Chapter Activities (GCCA), I have come to respect and admire the necessary leadership skills that are required of many volunteers throughout the College. Volunteer leaders must have vision to guide the College—and the chapters—in order to define, develop, strengthen, and assess new programs and services for our members.

When I served as Chair of the GCCA from 1997 to 2000, the committee agreed to identify the benchmarks of successful chapters, with the view that the benchmarks could help struggling or inactive chapters improve or expand their activities. The benchmarks identified by the GCCA included activities such as providing continuing medical education, having several council meetings each year, ensuring diversity throughout the chapter leadership structure, and so forth.

Since that time, the GCCA further developed its chapter assessment by identifying "performance indicators," which were based on a research article in *Association Management*\* This research revealed that chapters (or state/local components) that scored high on the four performance indicators were, in fact, successful, energized, and engaged chapters. The four performance indicators are as follows:

- Enthusiastic member involvement
- Supportive administrative structure
- Sustainable leadership
- Worthwhile member services

From my perspective, chapter leaders with vision can support and embrace these performance indicators. Chapter leaders with vision have one or more of the characteristics listed in the box. If you have been a chapter leader or will be one soon, you have been determined to have one or more of these leadership characteristics. Now, more than ever, surgeons and our patients need leaders with a vision.

### Qualities of an effective leader

Character	Passion
Charisma	Positive attitude
Commitment	Problem solving
Communication	Relationships
Competence	Responsibility
Courage	Security
Discernment	Self-discipline
Focus	Servanthood
Generosity	Teachability
Initiative	Vision
Listening	

Source: Maxwell JC. *The 21 Indispensable Qualities of a Leader*. 2nd ed. Hoboken, NJ: John Wiley and Sons; 2005.

\*Hoffman P. Bright Lights, Vibrant Components. *Association Management*. February 2004.

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tifies internal strengths and weaknesses and external opportunities and threats.

- The leadership must agree on priorities and how to accomplish goals and objectives.

By the end of the session, the Tennessee group would have a strategic plan written by one person that ultimately would be reviewed by everyone. From that draft, an operating plan will be finalized and reevaluated every year.

### **Mission statement**

As the mission statement was discussed and drafted, the following concerns were expressed:

- Lack of participation by specialty surgeons and other specialty groups
- The increasing number of surgeons not joining the College
- Development of a strong resident and young surgeon initiative

It was noted that the chapter had interviewed applicants during the annual meeting in an effort to introduce young surgeons to the chapter and ACS very early in their careers so that they would recognize the relevance of membership. This approach required rearranging the chapter's activities throughout the year to meet the College's required deadline for reports on the interviews.

The Tennessee Chapter adopted the following mission statement:

The Mission of the Tennessee Chapter, ACS, is to improve the health of the

people of Tennessee and the Southeastern Region of the United States by promoting the ethical practice of the art and science of surgery.

### **Vision statement**

As the group discussed its vision for the chapter, the following concerns about the chapter were voiced:

- It must be an advocate for patients and for surgeons
- It must be the leader in defining and promoting surgical quality of care and patient safety, especially through the National Surgical Quality Improvement Program (NSQIP) project
- It must promote membership and the relevance of the ACS
- Its leaders should assume the responsibility of promoting the chapter itself and the College to medical students, residents, and practicing surgeons
- The NSQIP Consortium will achieve multiple benefits by establishing the chapter as a leader in promoting quality with the public and among other health care associations
- It should improve its Web site and provide templates for contacting elected officials
- It should take back control of surgical standards of practice [from payors, hospital administrators, and so forth]

The group agreed on the following vision statement:

The Tennessee Chapter is dedicated to

- the promotion of membership
- the provision of advocacy for surgeons and patients

- the education of surgeons and surgical residents
- the ultimate improvement and measurement of patient care and safety

The chapter provides a network for the Fellows who reside in the state and serves as their liaison to the American College of Surgeons.

### **SWOT Analysis**

The third step in the strategic planning process was the SWOT analysis. Following is the SWOT analysis the Tennessee Chapter developed.

- **Strengths:**
  - Leaders
  - Cohesive core group
  - Annual meeting
  - NSQIP
  - Trauma program/system
- **Weaknesses:**
  - Consistent core group (need more widespread participation)
  - Lack of specialty representation
  - Leadership too “academic”
  - Education programs are weak for practicing physicians
  - Not enough participation by young surgeons
  - Perceived lack of relevance
  - Outdated Web site
  - Ineffective lobbying efforts
  - Chapter finances
  - No participation by Regents
- **Opportunities:**
  - Reach out to practicing surgeons to provide information they need such as practice management and responding to changes in emergency room call contracts
  - Educate members about surgeons' worth to a hospital and community
  - Create public education

materials about Fellows

—Use Internet and new technology

—Welcome affiliates, including operating room nurses

—Use Cap Wiz for Tennessee advocacy initiatives

—Focus on leadership in quality care issues and concerns

—Increase revenue from vendors at annual meeting

—Promote general surgery as a career to medical students and promote College membership

—Expand council for specialty representation

• *Threats:*

—Malpractice costs and other damaging personal aspects of litigation

—Splintering of general surgery

—Workforce shortage

—Safety net hospitals and surgeons threatened because of uninsured

—Outside interference in practice

—Hospitals hiring surgeons for emergency department call and other positions

• *Goals*

After considerable discussion, the group agreed on the following goals:

1. Increase membership

—Target young surgeons (residents and those just beginning practice) and practicing surgeons

—Address relevancy issues in areas of education and within the health care community

—Publicize chapter's leading role in quality

—Control the message

2. Promote the chapter as a leader in promoting quality/optimal care

—Promote NSQIP within

Tennessee hospitals and ultimately enroll 30 hospitals

—Make reporting of data part of annual meeting within three to five years

—Publicize the chapter's work with NSQIP

3. Increase advocacy

—Increase subspecialty participation within the chapter and on the council by inviting subspecialty representation (neurosurgery, urology, ear-nose-throat, and so forth)

—Participate with Tennessee Medical Association specialty coalitions and Committee on Legislation

—Create and send a new newsletter (similar to *ACS NewsScope*, with bulleted items and links to Web sites for members of Congress and Tennessee legislators)

—Work toward tort reform by educating legislators this year and plan to draft and/or support legislation within the next two years with the Tennessee Medical Association

—Address and publicize workforce issues such as emergency department coverage

—Educate legislators and the community about patient access problems and reimbursement issues, including care for the uninsured

—Monitor and support legislative activity to maintain the helmet law, to repeal Uniform Accident and Sickness Policy Provision Law

—Work with the Tennessee Committee on Trauma on any issues relating to the trauma system

4. Revamp chapter annual meeting

—Expand program committee

and its functions to redesign the educational sessions

—Keep the positive aspects (fun, family, entertainment)

—Involve program directors with a defined role

—Be more proactive in getting residents to submit papers

—Offer a special residents session

—Sponsor medical students

—Hold the meeting in a city or resort every third year and meet at state parks otherwise

—Continue to invite a College representative to present a "town hall" session

—Add a resident representative to the program committee and one or more of the program directors

—Look for creative ways to increase revenue

—Use SurveyMonkey.com to vet the program content to the executive council

—Eventually publish best practices from NSQIP

—In the future, offer webinars/teleconferencing

5. Improve communication

—Improve Web site by providing more relevant and current information

—Include information about NSQIP and strategic plan

—Appoint an officer-level webmaster

***Follow-up activities/current status***

A plan was drafted and approved by the executive council and work has begun on the assigned tasks.

***Measures of success***

As the year progresses, the council will monitor its progress toward achieving the goals

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that resulted from the strategic planning session. The council will measure its success using the following three benchmarks:

- Improved financial status
- Increased participation in annual meeting
- Increased participation in advocacy issues

### **Conclusion**

The Tennessee Chapter admittedly is brand new to the strategic planning process, and the desired outcomes are certainly not guaranteed. However, the council is already realizing one of the benefits of strategic planning—the cohesive, focused, goal-oriented approach

to fulfilling our responsibilities as chapter leaders.

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*Dr. Minard is President of the Tennessee Chapter.*

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*Ms. Johnson is Executive Director of the Tennessee Chapter.*

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## **ACS leadership to host interactive Webcast Town Hall Meeting**

Michael J. Zinner, MD, FACS, Chair of the Board of Governors, invites all members of the College to participate in an interactive Webcast Town Hall Meeting with the College's lead-

ership on June 5, from 5:00 pm to 6:00 pm (CST). The webcast will feature brief presentations delivered over live streaming Internet video by leaders from the Board of Governors and Board

of Regents. Questions sent via e-mail during the webcast will be answered live by the panel.

Agenda and access instructions will be available in May.

## **ANZ Travelling Fellow selected for 2010**

Nipun B. Merchant, MD, FACS, associate professor of surgery at Vanderbilt University Medical Center, Nashville, TN, has been selected as the Australia and New Zealand (ANZ) Chapter of the ACS' Travelling Fellow for 2010.

As the Travelling Fellow, Dr. Merchant will participate in the annual Scientific Congress of the Royal Australasian College of Surgeons in Perth, Australia, May 4–8, 2010. He will attend the ANZ Chapter meeting during that congress and will then travel to several other surgical centers in

Australia and New Zealand. Dr. Merchant is an academic surgical oncologist who has been building up a clinical and laboratory research program that focuses on colorectal and pancreatic tumor biology.

The application deadline for the 2011 ANZ Travelling Fellowship is **November 16, 2009**. The requirements for the 2011 Travelling Fellowship will appear later this year in the *Bulletin* and will be posted on the Scholarships page of the College's Web site at <http://www.facs.org/memberservices/research.html>.



Dr. Merchant

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