Strategic Plan
2019-2024
# University of Michigan Medical School
## 2019-2024 Strategic Plan

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INTRODUCTION

The University of Michigan Medical School (UMMS) serves as the academic engine for Michigan Medicine, one of the largest health care organizations in the world. Founded in 1850, UMMS has a strong tradition of leadership in American academic medicine and is a point of pride for the University of Michigan. Through the rigorous pursuit of education and research, we are committed to creating the future of health care through discovery.

As the health care landscape continues to shift and change, our future success requires an organizational commitment to innovation, collaboration, and fiscal stewardship. Together we will bring to life new ideas, systems, and technologies that enable us to improve the health of communities near and far. With the input of a multidisciplinary team of faculty, staff, and learners, we have developed a strategic plan founded on five strategic pillars required for long-term growth and vitality: People, Discovery, Education, Care, and Service. We will pursue these pillars in a vibrant and inclusive learning community, equipped with the resources and infrastructure necessary to enable their successful implementation and sustainability.

This strategic plan will be our ‘roadmap’ as we pursue our mission. Our goals, strategies, and tactics will be nimble, allowing us to adapt to the unexpected. This plan will align our strengths, inform our business decisions, and guide where we will invest our energy and resources.

Mission

To transform health through bold and innovative education, discovery, and service.

STRATEGIC PILLARS

People  Recruit, develop, and retain the best faculty, staff, and learners who work together for the greater good.

Discovery  Create transformative knowledge that advances science and improves health.

Education  Cultivate a learning community that engages all in bold and innovative education for the advancement of science, health, and health care delivery.

Care  Deliver outstanding patient care and improve health for local, state, national, and global populations while caring for each other.

Service  Engage and collaborate with our institutional, local, state, national, and global communities to advance health and science.
PEOPLE

Recruit, develop, and retain the best faculty, staff, and learners who work together for the greater good.

The people pillar promotes laser focus on our most important asset: our people. Our constituents include faculty, learners, and staff, working within all three areas of our tripartite mission of education, research, and patient care. The aspirations and needs of each constituent group and each individual are varied and require flexibility for customization. The four strategic objectives of this pillar provide a foundation in the areas of culture, retention, professional development, and recruitment. This pillar aims to provide a framework for our organization to develop a broad people strategy and resourcing where economies of scale can provide the most benefit, while also allowing for grass-roots creativity to establish tactics which work best in a particular unit or for a specific constituent group. We prioritize focus on diversity, equity, and inclusion in all elements of our people strategy, as we strive to create an environment where every individual is valued, and can therefore meet his/her greatest potential.

Strategies

1. We will build a supportive and inclusive culture where all people feel valued and thrive.
2. We will develop outreach, recruitment, and hiring action plans to attract excellent and diverse talent to our organization.
3. We will invest in our people by providing professional development opportunities and support to help each person reach his/her greatest potential.
4. We will develop a strategic, consistent, flexible and proactive approach to the retention of our team members.
People

Recruit, develop, and retain the best faculty, staff, and learners who work together for the greater good.

Strategies and Tactics

Strategy 1 We will build a supportive and inclusive culture where all people feel valued and thrive.

Tactic A. Incorporate Michigan Medicine mission, vision, and values into our organizational processes, such as performance management, rewards and recognition, learning and development, and promoting more engagement.

Tactic B. Develop a robust onboarding plan to support new members of our team.

Tactic C. Increase activities for civility and wellness across our organization and address burnout.

Tactic D. Continue our efforts with civility and diversity, equity and inclusion activities, and expand to integrate efforts to mitigate sexual misconduct and sexual harassment.

Tactic E. Encourage convening of positive/healthy culture teams to align positive culture efforts.

Tactic F. Develop dashboard metrics to assess the overall organizational culture.
PEOPLE

Recruit, develop, and retain the best faculty, staff, and learners who work together for the greater good.

Strategies and Tactics (cont’d)

Strategy 2  We will develop outreach, recruitment, and hiring action plans to attract excellent and diverse talent to our organization.

- Tactic A. Create consistent faculty and staff recruitment and hiring processes and implement across the organization.
- Tactic B. Evaluate the current state of recruitment and utilize the human resources recruiting team to help develop standardized processes for outreach, interviewing, and hiring talent across our organization, including education and training, to evaluate talent for desired knowledge and behavioral competencies.
- Tactic C. Continue to utilize best practices for faculty searches to support a more robust and diverse candidate pool, and address barriers that exist to allow expanded and diverse engagement for participation in the recruiting and hiring process.
- Tactic D. Utilize existing outreach activities to recruit learners and expand as opportunities arise.
PEOPLE

Recruit, develop, and retain the best faculty, staff, and learners who work together for the greater good.

Strategies and Tactics (cont’d)

Strategy 3  We will invest in our people by providing professional development opportunities and support to help each person reach his or her greatest potential.

Tactic A. Create a plan to broaden and support our talent development strategy for faculty and staff which and align it with our expected leadership competencies and operational needs.

Tactic B. Develop and embrace a coaching curriculum and a coaching academy which develops leaders as coaches, leverages internal coaches to support the organization, and looks to identify ways to make coaching part of leadership responsibilities.

Tactic C. Evaluate, develop, and execute level-specific development strategies in support of career progression for our faculty, staff, and learners.

Tactic D. Standardize our approach to the annual performance “valuation” process and incorporate the use of an annual individual development plan, to ensure every team member, whether they be faculty and staff, receive ongoing feedback.

Strategy 4  We will develop a strategic, consistent, flexible and proactive approach to the retention of our team members.

Tactic A. Evaluate and expand current reward and recognition programs across our organization.

Tactic B. Fully embrace and utilize the annual surveys for faculty, staff, and learners to develop strategies to embrace our talent and allow for professional growth.

Tactic C. Develop dashboard metrics and processes open to all to evaluate if our strategies are working, and to inform future strategies.

Tactic D. Gain a better understanding of why our people choose to stay or leave through the process of “stay-interviews,” and “exit interviews.”

Tactic E. Improve the overall faculty promotion process.
DISCOVERY

Create transformative knowledge that advances science and improves health.

The Discovery pillar is focused largely on our people assets, who remain our greatest resource. As such, we aim to increase our faculty's competitiveness and their ability to pursue major scientific questions in a rich and diverse environment that leads to discoveries that inspire new preventions, treatments, and cures.

The blueprint of this pillar is predicated on five strategies directed at increasing the societal impact of our research and the intellectual vibrancy and rigor of our scientists. The execution of this next phase in our research strategy will drive ideas into action and shape the legacy that will define the Medical School research enterprise for the next decade. To achieve our aspirations, we must create a sustainable investment model for the research enterprise that entails an aggressive, integrated philanthropy strategy for the research mission; establishing a strategic research investment fund; diversifying our sponsor portfolio; aiding faculty in being most productive; and increasing the cost effectiveness of the research operations.

Strategies

1. The University of Michigan Medical School will be the destination for world-class research faculty, staff, and learners with active development across all stages of their careers.
2. Our integrated research ecosystem will foster collaborations across disciplines, the University, and external partners, stakeholders, and communities.
3. Our pioneering research will enable innovative, high-risk, and transformative biomedical discoveries.
4. The clinical research enterprise will be best in class, executing investigations of the highest quality and impact that improve clinical care, value, access, and outcomes.
5. Our vibrant research environment will facilitate scientific excellence through cutting-edge infrastructure and expert services.
DISCOVERY

Create transformative knowledge that advances science and improves health.

Strategies and Tactics

Strategy 1  The University of Michigan Medical School will be the destination for world-class research faculty, staff, and learners with active development across the lifespan of their careers.

   Tactic A. Cultivate the competitiveness of our researchers.
   Tactic B. Demonstrate that our faculty are valued.
   Tactic C. Recruit world-class faculty, staff, and learners to ensure a vibrant, productive learning community.

Strategy 2  Our integrated research ecosystem will foster collaborations across disciplines, the University, and external partners, stakeholders, and communities.

   Tactic A. Provide large-scale grant support.
   Tactic B. Identify areas where the power and synergy of the University of Michigan can be brought to bear to advance science and health.

Strategy 3  Our pioneering research will enable innovative, high-risk, and transformative biomedical discoveries.

   Tactic A. Identify research areas where Michigan Medicine has unique strength, critical mass, and/or differentiation where we are poised to lead nationally and globally.
   Tactic B. Complement conventional research by creating a dedicated component of funding for daring, radical biomedical research that is so ambitious that investigators will more likely learn from failures than successes.
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DISCOVERY

Create transformative knowledge that advances science and improves health.

Strategies and Tactics (cont’d)

Strategy 4  The clinical research enterprise will be first in class, executing investigations of the highest quality and impact that improve clinical care, value, access, and outcomes.

  Tactic A.  Improve efficiency of clinical trials activation by realizing the full vision of the Clinical Trials Enterprise Transformation.
  Tactic B.  Expand clinical research to ACUs and affiliate partners.
  Tactic C.  Be the lead of multi-site clinical trials and develop expertise to become data and clinical coordinating centers.

Strategy 5  Our vibrant research environment will facilitate scientific excellence through cutting-edge infrastructure and expert services.

  Tactic A.  Create a robust research information technology system, providing resources and services that enable cutting-edge research and big data initiatives.
  Tactic B.  Modernize research space to increase collaboration and foster scientific energy.
EDUCATION

Cultivate a learning community that engages all in bold and innovative education for the advancement of science, health, and health care delivery

As an academic medical center, all faculty, staff, trainees, and students are learners. Therefore, the Education pillar serves not only the UMMS community but Michigan Medicine at large. We strive to catalyze a learning community where everyone is committed to bringing out the best in themselves and each other. This includes a community that practices and promotes excellence, humility, and kindness.

Among the challenges facing this pillar is the need to strike a balance between shared resources and best practices with opportunities to make these more context-specific and relevant. Therefore, we will be intentional about providing structures, direction, and expectations centrally while striving for local ownership. Accountability for seeing these enacted will need to be at the unit level, with heavy facilitation from centralized resources.

Strategies

1. All learners will be committed to self-improvement.
2. All learners will be co-developed as teachers, coaches, and colleagues for the teams with which they work.
3. All learners will be leaders who are driven to excellence in maximizing the benefit of Michigan Medicine to the people and communities we serve.
4. Evidence-based education programs that are innovative and transformational will be continuously renewed.
5. The learning community will be linked together and enabled by a robust infrastructure and learning platform that facilitates the creation and implementation of new knowledge.
EDUCATION

Cultivate a learning community that engages all in bold and innovative education for the advancement of science, health, and health care delivery

Strategies and Tactics

Strategy 1 All learners will be committed to self-improvement.

Tactic A. Educate and guide our community of learners on this expectation; develop and share models.

Tactic B. Define how we can obtain ‘attestation’, signaling to those in our community this expectation (i.e. a statement of commitment).

Tactic C. Establish a mechanism by which learners can demonstrate their commitment (see Strategy 5).

Strategy 2 All learners will be co-developed as teachers, coaches, and colleagues for the teams with which they work.

Tactic A. Educate our community of learners on this expectation and why Michigan Medicine leadership believes it is important.

Tactic B. Model and celebrate effective teams as well as team-based learning.

Tactic C. Co-locate resources (including from industry) and evidence of best practices into a repository and ‘home’ where learners can turn for opportunities.

Tactic D. Co-locate assessment tools (individual and team-based); coordinate with other units such as the Office of Clinical Affairs when appropriate.

Tactic E. Establish mechanisms to inspire all learners to engage and have this included in a portfolio that reflects their learning and personal growth (e.g. individual development plans - IDP’s, etc.).
EDUCATION

Cultivate a learning community that engages all in bold and innovative education for the advancement of science, health, and health care delivery

Strategies and Tactics (cont’d)

Strategy 3  All learners will be leaders who are driven to excellence in maximizing the benefit of Michigan Medicine to the people and communities we serve.

Tactic A.  Thoughtfully explore and discuss the concept of leadership and what it means to be a leader (as well as a follower) across the Michigan Medicine community.

Tactic B.  Educate our community of learners on this expectation; this must be inclusive (i.e. not just for those with ‘leadership titles’) and empowering.

Tactic C.  All members of the Michigan Medicine community will be able to define where they have made an impact or demonstrated leadership, see themselves as a leader/change agents, and define who and how they serve.

Tactic D.  Ensure that this reflected in a portfolio or resource on a learning platform more widely visible.

Strategy 4  Continued renewal of evidence-based education programs that are innovative and transformational.

Tactic A.  Establish an ‘innovation movement’ (i.e. initiative, center, or institute).

Tactic B.  Develop a common understanding of innovation vs. transformation.

Tactic C.  Establish what evidence looks like.

Tactic D.  Develop a pathway for surfacing and advancing innovative ideas.
EDUCATION

Cultivate a learning community that engages all in bold and innovative education for the advancement of science, health, and health care delivery

Strategies and Tactics (cont’d)

Strategy 5  The learning community will be linked together and enabled by a robust infrastructure and learning platform that facilitates the creation and implementation of new knowledge.

     Tactic A. Defined ownership and design-management for a learning platform that can be utilized by all learners.
     Tactic B. Definition of 'key ingredients' for a learning platform (including the need to connect to MiChart and other curricular elements).
     Tactic C. Defined timeline/process map.
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CARE

Deliver outstanding patient care and improve health for local, state, national, and global populations while caring for each other.

The clinical mission is central to the execution of the educational and research missions. The clinical context is a vital educational tool for our medical students, residents, fellows, and other learners. Successful clinical research programs are dependent on vibrant clinical programs.

The Care pillar strategies and tactics are largely defined and implemented by our counterparts in the University of Michigan Health System. To learn more about these efforts, visit https://www.uofmhealth.org/about.
SERVICE

Engage and collaborate with our institutional, local, state, national, and global communities to advance health and science.

As a leader in health care, it is important that UMMS serves the health care needs of regional, national, and international communities, in addition to our local community. To this end, collaboration and engagement with the spectrum from local to global communities enhances our ability to provide unparalleled education, innovative research, and life-altering patient care. We are thus committed to fostering strategic relationships with communities near and far in order to improve health for all.

Service can and does mean different things to different people and communities. From global mission trips, to active engagement in national organizations and national health initiatives, to committee leadership and community service right here at Michigan Medicine, UMMS encourages and celebrates these efforts, which broaden our collective impact. The Service pillar strives to encourage and evaluate these efforts in order to better-understand their impact so that we can continue to advance health for all.

Strategies

1. All Michigan Medicine faculty, staff, and learners will engage in a culture that defines, understands, measures, values, and documents service.
2. Service metrics and evidence-based practices will be developed to demonstrate the impact of service and the value to Michigan Medicine and the communities it serves.
3. Synergistic service partnerships will exist with other U-M schools and centers that will leverage our collective skills and expertise to maximize the advancement of health and science, resulting in enhanced funding resources and a holistic approach to community needs.
4. Faculty and learners will clearly communicate new discoveries, practices, and technologies to the public and to policy makers, increasing their knowledge and engagement in science.
SERVICE

Engage and collaborate with our institutional, local, state, national, and global communities to advance health and science.

Strategies and Tactics

Strategy 1  All Michigan Medicine faculty, staff and learners will engage in a culture that defines, understands, measures, values, and documents service.

   Tactic A. Develop a shared definition and understanding of service at Michigan Medicine.
   Tactic B. Promote a culture that encourages employees to devote time to service by:
      • Allocating a certain number of hours per year for staff to engage in service activities, and adding a new timecode to the timesheet to record these hours.
      • Developing an inventory of service activity funding sources available to faculty, staff, and learners.
      • Developing a value system and pipeline process to encourage involvement in service activities.
      • Providing an index of service opportunities available at the local, state, national, and global level.

Strategy 2  Service metrics and evidence-based practices will be developed to demonstrate the impact of service and the value to Michigan Medicine and the communities it serves.

   Tactic A. Develop a reporting mechanism for existing service partnerships and their outcomes and impact.

Strategy 3  Synergistic service partnerships will exist with other U-M schools and centers that will leverage our collective skills and expertise to maximize the advancement of health and science, resulting in enhanced funding resources and a holistic approach to community needs.

   Tactic A. Form a response unit to address and communicate requests for assistance during times of crises.
SERVICE

Engage and collaborate with our institutional, local, state, national, and global communities to advance health and science.

Strategies and Tactics (cont’d)

Strategy 4  Faculty, staff, and learners will clearly communicate new discoveries, practices and technologies to the public and to policy makers, increasing their knowledge and engagement in science.

Tactic A.  Develop a formal advocacy group to promote faculty and staff involvement on Capitol Hill, with membership including individuals with “on the ground experience” and academic knowledge in specific areas of focus.

Tactic B.  Conduct a gap analysis of communication tools currently available at Michigan Medicine, and then develop a Communication Academy that encompasses existing tools and expanded tools to address gap analysis. The academy would train faculty and relevant staff on how to educate the public about service activities and outcomes.
APPENDIX A: STRATEGIC PLANNING PROCESS OVERVIEW

Strategic planning is an important business process that enables the organization to establish a vision for the future and articulate measurable goals to realize that vision. It is a valuable tool for both day-to-day operational decisions, as well as evaluating the potential and measurable impact of longer-term strategic initiatives before, during, and after implementation. The University of Michigan Medicine School (UMMS) embarked on its strategic planning process in the fall of 2016.

Refreshing the UMMS Mission Statement and Articulating a Strategic Planning Framework

Although UMMS had a mission statement, it hadn't been revisited in more than a decade and no longer resonated with stakeholders. Therefore, refreshing this mission statement was the first step in the UMMS strategic planning process. The Academic Cabinet met over the course of three retreats to develop a new mission statement for UMMS, with approval by the dean. The new mission statement is as follows:

*The University of Michigan Medical School will transform health through bold and innovative education, discovery, and service.*

In addition to developing a new mission statement, the Academic Cabinet also articulated a strategic plan framework. This framework, referred to as the strategic pillars, provides structure for ongoing strategic planning work. The strategic pillars are People, Discovery, Education, Care, and Service. These five pillars support the mission, and the pillars themselves are supported by robust resources and infrastructure. The plan, in its entirety, will foster a vibrant and inclusive learning community.

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1 The Academic Cabinet is the University of Michigan Medical School’s senior leadership team that advises the dean on various strategic priorities and initiatives. It is comprised of the executive vice dean for academic affairs, the executive vice dean for research, the senior associate dean for research, the senior associate dean for clinical affairs, the senior associate dean for faculty and faculty development, the senior associate dean for education and global initiatives, the associate vice president and associate dean for health equity and inclusion, the associate dean for regulatory affairs, the associate dean for clinical and translational research, the executive director for administration/chief operating officer, the associate chief financial officer, the academic chief of staff, and the research chief of staff/Office of Research director.
APPENDIX A: STRATEGIC PLANNING PROCESS OVERVIEW (cont’d)

Developing Strategic Pillar Vision Statements

With the strategic planning model in place, and given the breadth and depth of each of the strategic pillars, the Academic Cabinet began the work of developing an overarching vision for each pillar. These vision statements are as follows:

**People**  
Recruit, develop, and retain the best faculty, staff, and learners who work together for the greater good.

**Discovery**  
Create transformative knowledge that advances science and improves health.

**Education**  
Cultivate a learning community that engages all in bold and innovative education for the advancement of science, health, and health care delivery.

**Care**  
Deliver outstanding patient care and improve health for local, state, national, and global populations while caring for each other.

**Service**  
Engage and collaborate with our institutional, local, state, national, and global communities to advance health and science.

Determining Strategic Pillar Leads

These vision statements enabled the Academic Cabinet to begin the important work of articulating strategies and tactics for each of the strategic pillars, all with the goal of advancing these pillar vision statements. The various members of the Academic Cabinet paired up and took responsibility for advancing the strategic planning process for their respective strategic pillars, with overall support provided by the academic chief of staff. The pillar leads were as follows:

**People**  
Senior Associate Dean for Faculty and Faculty Development  
Director, Faculty Development

**Discovery**  
Senior Associate Dean for Research  
Research Chief of Staff/Office of Research Director  
Associate Dean for Clinical and Translational Research

**Education**  
Senior Associate Dean for Education and Global Initiatives

**Care**  
Senior Associate Dean for Clinical Affairs

**Service**  
Associate Vice President and Associate Dean for Health, Equity, and Inclusion  
Associate Dean for Regulatory Affairs
Engaging Stakeholders

The strategic pillar leads engaged with their various stakeholder groups to develop strategies and tactics for respective pillars. This engagement process varied from group to group. The engagement process for each of the pillars was as follows:

- **People**: Workgroups and focus groups
- **Discovery**: Workgroups and a retreat
- **Education**: Workgroups and a town hall
- **Care**: Workgroup within Office of Strategic Planning
- **Service**: Workgroup and focus group

In addition to the engagement efforts outlined above, the larger Medical School community helped shape the FY20 work plan by voting on the tactics for each strategy. This vote helped the leadership prioritize the tactics, with the tactics with the highest number of votes serving as the framework for the FY20 work plan.

Securing Leadership Approval

Once the workgroups drafted strategies and tactics, they were brought forward for review and approval by the Academic Cabinet, the Michigan Medicine Leadership Team, and the dean.

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2 Due to Leadership transitions within the Office of the Senior Associate Dean for Clinical Affairs, the Care pillar work was put on hold until November 2018, when the Office of Strategic Planning assumed responsibility for articulating these strategies and tactics.
Communicating the Strategic Plan

In order to promote adoption of the strategic plan across UMMS, a broad communication plan was developed for the rollout phase. This communication plan targeted all impacted audiences and aimed to ensure each stakeholder received the strategic plan message at least twice, using a variety of communication modalities. A summary of the communication plan is below.

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<tr>
<th>Communication Tactic</th>
<th>Audience</th>
<th>Timing</th>
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<td>Research Board of Directors Meeting</td>
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<td>Monthly E-mails from Executive Vice Dean for Academic Affairs Highlighting the Strategic Pillars</td>
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<td>Michigan Medicine Leaders (i.e. Chairs, CDAs, MSA Administrators, Managers, etc.)</td>
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<td>- FY20 Work Plan</td>
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<td>Michigan Medicine Headlines Article and Medical School Tactics Voting</td>
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<td>Executive Faculty Meetings</td>
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APPENDIX B: PEOPLE PILLAR DETAILED PLAN

Recruit, develop, and retain the best faculty, staff, and learners who work together for the greater good.

Strategy 1: We will build a supportive and inclusive culture where all people feel valued and thrive.

We will develop a strategy to socialize and integrate the Michigan Medicine mission and values into organizational processes by March 1, 2019. The strategy will be informed by and include institutional priorities related to diversity, equity, and inclusion, sexual misconduct, civility and wellness, professional development, engagement, and positive culture teams for our faculty, staff, and learners. It will be available in a variety of modalities, and will be evaluated to measure impact.

TACTIC A: Incorporate Michigan Medicine mission, vision, and values into our organizational processes, such as performance management, rewards and recognition, learning and development, and promoting more engagement.

TACTIC B: Develop a robust onboarding plan to support new members of our team.

Related Initiatives:
- Review existing faculty development and Medical School Administration orientation and onboarding programs for continuous improvement
- Encourage attendance at the newly revised Faculty Development - New Faculty Orientation + Kickstarts designed for each track

TACTIC C: Increase activities for civility and wellness across our organization and address burnout.

Related initiatives to support or augment:
- Faculty Development - Civility curriculum and book discussions
- Formation of Wellness Office per task force recommendations
- MHealthy programs
- Runge Breakfast Task Team - Time Management to Address Burnout
- Faculty Physician Health Initiative - led by Drs. Kirk Brower and Jeff Desmond
- Recommendations from Chartis Group
- Medical Group initiatives
- Everfi modules + Linkedin learning online courses dissemination
APPENDIX B: PEOPLE PILLAR DETAILED PLAN (cont’d)

TACTIC D: Continue our efforts with civility and diversity, equity, and inclusion activities and expand to integrate efforts to mitigate sexual misconduct and sexual harassment.

Related initiatives:
- We will implement education and training per Sexual Harassment and Misconduct Working Group
- We will leverage existing education and training developed in partnership with the Office for Health Equity and Inclusion to expand offerings to faculty, staff, and learners

TACTIC E: Encourage convening of positive/healthy culture teams to align positive culture efforts.

About Positive Culture Teams:
In order to leverage existing work and incorporate eliminating sexual harassment and misconduct into existing culture change efforts, we recommend composing a Positive/Healthy Culture team at the school, college, department or unit level depending on size and scope of the aforementioned area. A fully leveraged “healthy culture champion” network enables the alignment of people, strategy, and culture and ensures that all members of the University community feel included and can thrive in an environment free of harassment and incivility.

To foster a maximally positive, healthy, inclusive, civil, and respectful workplace culture, we must:
- Clearly articulate and continuously reinforce our core values in an aligned and consistent manner
- Ensure the embodiment of those core values in the behaviors of all members of the university community
- Provide continuous and accessible consultation, tools, and resources to support the practice of behaviors and actions that support a healthy and civil organizational culture
- Effectively leverage the work of all teams supporting a healthy organizational culture in one way or another throughout the University
TACTIC F: Develop dashboard metrics to assess the overall organizational culture.

Related Initiatives - Leverage existing data sets to create one comprehensive dashboard to assess overall culture
- DEI Dashboard - tool to provide mechanism to measure impact of DEI plan implementation
  - Current state of workforce (what is the demographic composition of my workforce)
  - Applicant pool - who have I hired during the last three years
  - Workforce retention - who have I retained during the last three years
  - Culture - how do people in my work area experience culture
- Data collected for Healthcare Performance Improvement (HPI)
- Medical student evaluations

Strategy 2: We will develop outreach, recruitment, and hiring action plans to attract excellent and diverse talent to our organization.

Through the implementation of specific operational projects (tactics), we will develop outreach, recruitment, and hiring plans using workforce strategy plans and turnover data to develop appropriate and timely strategies to implement to attract excellent and diverse talent to our organization. Timing to complete this objective will be based on each individual operational project (tactics) timeline and successful completion will be measured through recruitment source analytics, sourcing activity, number of employees hired and retained over 12 months, and overall adoption of the new processes by all departments.

TACTIC A: Create consistent faculty and staff recruitment and hiring processes and implement across the organization.

Related Initiatives:
- PIBS Recruitment Strategy - activities targeted towards students from underrepresented backgrounds and active involvement from all constituents
- Michigan Medicine Search Committee and Recruitment Toolkit
- Workshops - STRIDE, Faculty Development – ESSL (???), Kickstart
- When hiring mid and above faculty in instructional track, requiring details including where things were advertised in first round, composition demographically, how was selection made, etc.
APPENDIX B: PEOPLE PILLAR DETAILED PLAN (cont’d)

TACTIC B: Evaluate the current state of recruitment and utilize the human resources recruiting team to help develop standardized processes for outreach, interviewing, and hiring talent across our organization, including education and training, to evaluate talent for desired knowledge and behavioral competencies.

Related Initiatives:
- Bridge funding secured to co-create talent acquisition strategy and design with units, and hire an associate director for/of talent acquisition
- Leverage learners from campus who have engaged a talent acquisition consultant
- Piloting behavior-based interviewing in MSA in partnership with Organizational Learning using the Leadership Expectation Model
- Expand the use of Interfolio - used on central campus for faculty; tracking information in Medical School through PeopleSoft but only at the highest levels of our faculty.
- Socialize Leadership Expectations Model
- Encouraging use of behavioral-based interviewing
- Continuing to refine interviewing guide

TACTIC C: Continue to utilize best practices for faculty searches to support a more robust and diverse candidate pool, and address barriers that exist to allow expanded and diverse engagement for participation in the recruiting and hiring process.

Related Initiatives:
- STRIDE - Medical School has three STRIDE trained faculty who will continue to provide workshops
- DEI, OHEI, ADVANCE workshops and trainings
TACTIC D: Utilize existing outreach activities to recruit learners and expand as opportunities arise.

Related Initiatives:
- Continue to support SIM Fest - recruiting efforts (16 departments going in April 2019)
- Posted ads to expand the pool
  - This is faculty but could be utilized for staff
- Leverage resources from the Human Resources talent acquisition team used primarily for hard-to-fill positions.
  - Encourage Recruitment fairs - provide materials to departments attending
- Expanding out to other areas for pipeline and summer programs.
- Partner with HR who conducts summer program with high school students

Strategy 3: We will invest in our people by providing professional development opportunities and support to help each person reach their greatest potential.

We will develop a strategy to guide faculty, staff, and learners on how to identify their development needs through an assessment that aligns with the Leadership Expectations Model, provides relevant multi-model resources customized by level and support to complete and implement an individual development plan, and includes strategies to have ongoing and productive development conversations with mentor(s), peer(s), and/or supervisors by March 29, 2019. This strategy will include education and training mentors, supervisors, and leaders, how to develop others.
APPENDIX B: PEOPLE PILLAR DETAILED PLAN (cont’d)

TACTIC A: Create a plan to broaden and support our talent development strategy for faculty and staff which is in alignment with our expected leadership competencies and operational needs.

Related Initiatives:
- Dr. Runge’s Professional Development Team lead by Faculty Development
- Socialize the Learning and Leadership Development Journey - framework for self-directed professional development
- Office of Graduate and Postdoctoral Studies Professional Development programming (Maggie Evans, Ph.D. – Career and PD Coordinator)

TACTIC B: Develop and embrace a coaching curriculum and a coaching academy which develops leaders as coaches, leverages internal coaches to support the organization, and looks to identify ways to make coaching part of leadership responsibilities.

Related Initiatives:
- Leverage Executive Coaching program for certified coaches and for the development of leaders as coach

TACTIC C: Evaluate, develop, and execute level-specific development strategies in support of career progression for our faculty, staff, and learners.

Related Initiatives:
- Learning and Leadership Development Journey - framework for self-directed professional development
- Mapped resources to our Expectations Model by level

TACTIC D: Standardize our approach to the annual performance “valuation” process and incorporate the use of an annual individual development plan, to ensure every team member, whether they be faculty or staff, receive ongoing feedback.

Related Initiatives:
- Learning and Leadership Development Journey - framework for self-directed professional development
- (includes Individual Development Plan)
- Standardized Valuation / Performance evaluation form
- Faculty Evaluations - FY19 evaluation standards from Dean’s Office
APPENDIX B: PEOPLE PILLAR DETAILED PLAN (cont’d)

Strategy 5: We will develop a strategic, consistent, flexible and proactive approach to the retention of our team members.

We will develop a baseline understanding for the current state of our retention for our varied constituents by December 2019. We will use a data-driven approach to develop strategies to improve upon that baseline and our annual overall retention.

TACTIC A: Evaluate and expand current reward and recognition programs across our organization.

Related Initiatives
- Engage Runge Breakfast Task Team - Recognition
- MSA Busted Cards - recognition resources
- Faculty Compensation Task Force – led by Dr. Paul Lee; set up overarching compensation philosophy for Michigan Medicine, create guidelines to influence departmental compensation design and to align incentives
- EVUs – Dr. Joe Kolars working with departments to measure the value of teaching within and outside of the clinical setting

TACTIC B: Fully embrace and utilize the annual surveys for faculty, staff, and learners to develop strategies to embrace our talent and allow for professional growth.

TACTIC C: Develop dashboard metrics and processes open to all to evaluate if our strategies are working, and to inform future strategies.

TACTIC D: Gain a better understanding of why our people choose to stay or leave through the process of “stay-interviews” and “exit interviews.”

Related Initiatives:
- Continue to partner with ADVANCE for departmental climate surveys
- Encourage department exit interviews

TACTIC E: Improve the overall faculty promotion process.
Appendix C: Vibrant and Inclusive Learning Community

Throughout this strategic plan, we reference our “learning community.” It is important to articulate what we mean by a learning community, and why it matters.

At Michigan Medicine, we pursue the pillars of this strategic plan in a vibrant and inclusive community which encompasses our clinics, operating rooms, research laboratories, offices and educational facilities. Throughout our academic medical center, and additional facilities throughout our state, there are opportunities for everyone to learn, every day.

A healthy learning community expands beyond our facilities. It is a place where all of our people, learners, faculty, and staff can meet our greatest potential. We must ensure that every individual can thrive without fear of harassment or mistreatment. We aim for an inclusive environment that insists on respect of each and every person, easily visualized through unwavering professionalism and civility.

We have work to do in this regard. Through various feedback mechanisms, respondents have expressed instances of harassment, mistreatment, or other threatening behaviors. This is not the learning community we envision, nor is it one we will tolerate. In 2018, The Josiah Macy Foundation hosted a conference on “Improving Environments for Learning in the Health Profession.” Participants reached consensus on a vision statement for exemplary learning environments: “Exemplary learning environments prepare, support and inspire all involved in health professions education and health care to work toward optimal health of individuals, populations and communities.” We agree with this statement, and aim to create a learning community which meets this end.

When we consider the breadth of our international reach as Michigan Medicine, as leaders in education, research, and clinical care, our learning community, collectively, impacts hundreds of thousands of lives. We must build and nurture our community, and value the contribution, diversity and impact of every individual, so that we can make the most positive impact on the world.