Reimagining proactive strategic planning toward patient-centered care: processes and outcomes in a medical school's department of family and community medicine

Received 13 March 2020
Revised 21 April 2020
Accepted 21 April 2020

Julie Aultman
Department of Family and Community Medicine, Northeast Ohio Medical University, Rootstown, Ohio, USA
Diana Kingsbury
College of Public Health, Kent State University, Kent, Ohio, USA, and
Kristin Baughman, Rebecca Fischbein and John M. Boltri
Department of Family and Community Medicine, Northeast Ohio Medical University, Rootstown, Ohio, USA

Abstract

Purpose – A detailed strategic planning process is presented that entails several beneficial and effective strategies and goals for interdisciplinary academic, clinical and/or service departments. This strategic planning process emerged due to the need to adapt to organizational and structural changes within an institution of higher medical education.

Design/methodology/approach – A strategic planning framework was developed, along with an inclusive process that used an appreciative inquiry methodology, to examine past and present strengths and potentials in a diverse, interdisciplinary family and community medicine department.

Findings – The success of this strategic plan and relevant approaches is evidenced by the development of a community medicine course, student-run free clinic to meet the needs of underserved patients, an increase in primary care research and increase in student choice of family medicine as specialty choice.

Research limitations/implications – The described strategic planning process serves as an illustration of the benefits and limitations of identified approaches and outcomes useful for other departments and organizations undertaking similar efforts.

Originality/value – The integration of multiple goals and a shared vision in a strategic planning process leads to successful program development and meeting the needs of future healthcare professionals and the patients and communities they serve. The authors have provided a model for such success.

Keywords Medical education, Primary care, Organizational development for effective clinical governance, Organizational learning, Family medicine, Health professions, Clinical leadership

Paper type General review

"He who fails to plan is planning to fail" . . .this old adage is often attributed to Winston Churchill, Benjamin Franklin, Henry Ford, Helen Keller and many others. However, in spite of who it was that said it first, it is a maxim that remains as true at present as it was the first time it was uttered and especially so now that health care and higher education are being buffeted by waves of consumerism (Cordina *et al.*, 2017; Grube and Crnkovich, 2017). Academic medicine is in a state of constant transformation fueled by dramatic

We thank the Department of Family and Community Medicine for participating in the Strategic Planning Process and for continuing to build relationships and programs for our patients, students and community.

International Journal of Health Governance

2059-4631
DOI 10.1108/IJHG-03-2020-0017

advances in modern medicine coupled with uncertain economic and market forces (Schafer *et al.*, 2005). Advocates for proactive strategic planning, especially in academic and clinical settings, maintain that strategic planning promotes solidarity, and it serves as the best means to develop well-crafted vision and mission statements, uniform and focused commitments to core values and identifiable and measurable outcomes (Levinson and Axler, 2007; Schafer *et al.*, 2005). Also, strategic planning, in any one of its distinctive forms, or any amalgam of them, helps build camaraderie, trust and a better understanding of the work to be done by staff, faculty and management. This is especially so if four impediments can be overcome: (1) an unpredictable external environment, (2) a rapidly changing internal environment, (3) skepticism among faculty and (4) the culture of medicine itself (Bryson *et al.*, 2018). Within medical schools, strategic planning has helped align school and department priorities with those of the broader university, health professions institutions and residency programs (Levinson and Axler, 2007). By charting a course through the strategic planning process, academic departments can more successfully achieve goals related to three equally important and relevant clinical, teaching and research agendas (Fabrizio, 2008).

Currently, it is imperative that healthcare settings use proactive strategic planning, which includes attention to the needs of its consumer-patients (Grube and Crnkovich, 2017). This is because patients have rapidly transitioned from passively accepting health provider decisions to demanding that they be included as active decision-making partners in any and all matters that affect them, including, but not limited to, access to data, services and conveniences not readily available to them in the past (Schafer *et al.*, 2005).

This work describes the strategic planning process undertaken by a department of family and community medicine and can serve as example for other academic, clinical and/or service departments that aim to build or re-examine their vision, mission, values, goals and overall infrastructure. A very detailed process with many strategies is described, which have led to positive outcomes and benefits to the institution, as well as some proposed goals that were unattainable due to factors external to the collective contributions and deliberations of the members of the department. Nevertheless, this paper may serve as an example for the need to integrate multiple goals, the benefits of valuing the history and needs of the faculty and staff and the fortitude to move important goals forward that can greatly impact students, patients and the overall community.

Special circumstances launched strategic planning

Northeast Ohio Medical University (NEOMED) has three colleges (Medicine, Pharmacy and Graduate Studies), and one of its signature missions is the education of students using an interprofessional approach. In keeping with that mission, NEOMED's College of Medicine (COM) merged three departments, Family Medicine, Behavioral Sciences and Community Health Sciences, to form a new Department of Family and Community Medicine (DFCM). This merger brought twenty-six (26) faculty and six (6) staff members together under one department. As important, it brought together 26 professionals representing ten disciplines: behavioral sciences, social sciences, community health sciences, bioethics, family medicine, geriatrics, palliative care, preventive medicine, public health and the health humanities. DFCM faculty and staff quickly embraced strategic planning as a collaborative, evolutionary process that would help them adopt to new internal and external challenges in the current fast-paced, rapidly changing, transparent marketplace.

However, this new multidisciplined, interprofessional department had to quickly face, cope and deal with the following six realities: (1) faculty and staff were functioning in siloes resulting in departure of seven department members within 18 months; (2) family medicine

had to be strengthened within the new department (and with the remaining four realities); (3) medical students had to be recognized as consumers themselves, prepared to practice alongside patients as partners; (4) a new retail-based marketplace based on consumerism and consumer values would be taking precedence over provider convenience; (5) faculty must evolve and apply proactive planning so DFCM could function successfully to be community-informed and purpose-driven; and (6) the best elements of several strategic planning models were needed to address these realities and achieve the DFCM goals (Table 1).

DFCM faculty and staff started their pathway to forge a continuous strategic planning process by engaging an outside consultant to take them through a two-day, off-site retreat. Prior to the retreat, a SWOT analysis and stakeholder interviews were conducted, and vision–mission–values statements were developed. Next, all faculty were introduced to a two-phase process (Figure 1) at a department meeting preceding the retreat and were asked for their open, honest engagement and support through an "appreciative inquiry" methodology by which faculty and other engaged stakeholders move toward a shared vision (Bushe, 2013; Cooperrider and Srivastva, 2005).

In support of holding a retreat, three distinct charges were established: (1) to build a distinct strategic planning framework (Figure 1) with development and implementation phases with identifiable deliverables, documentation of milestones, feedback and progress markers; (2) to create an inclusive process that builds relationships and guides educational

Name	Phases	Pros	Cons
Conventional strategic planning	Update or develop a mission, vision and value statements, especially a purpose	Looks inside the organization. Can set multi-year strategies, develop matching action steps and one-year operational plans	Too confining and linear. Hard to be robust and dynamic in fast-changing world Can easily become obsolete if not revisited and updated
Organic strategic planning	Works well with an organization with a major issue to deal with	Works well for an organization that is evolving and is robust Establishes fact that strategic planning is never finished	Hard to address ambitious goals Harder to get faculty buy-in
Issues-based strategic planning	Can identify current impediments to success using SWOT analysis Can help position all stakeholders for later success	Works well for organizations with limited resources Helps develop a budget Works well for internal development when inward looking	Has little success helping organizations with ambitious goals
Alignment strategic planning	Assures alignment between organization mission and resources	Helps an organization learn why goals are not being achieved	Should do this first, then do strategic planning process
Scenario strategic planning	Stakeholders project different scenarios that could influence the organization	Resources the possibilities to worse, best and reasonable cases	Some participants lag in imagination
Inspirational strategic planning	Starts by allowing more powerful wording in vision and goals. Then focus on a plan that otherwise may not ever have been written	Use when time is of the essence. Excellent tool for brainstorming. And energizing participants	Can be unrealistic at times

Table 1.
Six common models of strategic planning

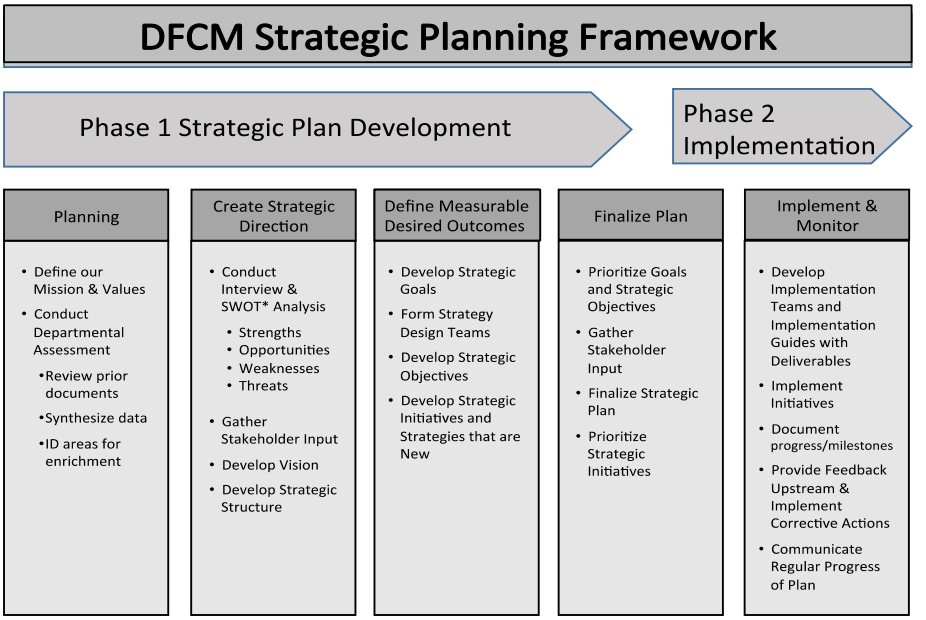

Figure 1.
DFCM strategic planning framework

commitments to serve underserved and underrepresented populations around local and state communities; and (3) to implement a logic model to evaluate the outcomes of strategic planning.

The strategic planning retreat

The retreat, facilitated by an invited expert and organized by a Steering Committee, was a highly interactive and dynamic process consisting of small- and large-group activities fostering open discussion and exchange of ideas (Table 2). The retreat format and agenda were presented in draft form at a department meeting preceding the retreat for input and comment. This provided the opportunity for including everyone's ideas and garnered support for the process and later outcomes. The retreat started with a brief history of the department and appreciative inquiry into the contributions of current faculty members to the department and university. According to Rouleau *et al.* (2018, p. 427), appreciative inquiry is a "framework for analysis, decision-making, and the creation of strategic change within organizations (Rouleau *et al.*, 2018). Specifically, it is a framework for examining organizational and system practices from the standpoint of what works, by examining past and present strengths and potentials (Rouleau *et al.*, 2018)." Using appreciative inquiry in the strategic planning process allows departmental stakeholders to focus on what works well and to highlight past successes in order to chart the course for the future. It is a method of fostering organizational change that supports a dialogue among stakeholders that results in a common vision that reflects what is done well and how (Cooperrider and Srivastva, 2005; Johnson and Leavitt, 2001). Appreciative inquiry was an important element of the retreat because it fostered an understanding of each person's valued contributions to the DFCM and University and helped to break down barriers that lead to siloing, thus cultivating a more collaborative approach to shared goal setting. Through appreciative inquiry a positive atmosphere was created to foster sustainable teamwork and comradery.

Department goals
1. Increase student choice of family medicine
2. Develop a primary care research focus area
3. Open a student-run free clinic
4. Design a family and community medicine course
5. Develop new and existing graduate studies programs

Committees	Strategies	Outcome
Recruitment Committee (targeting goals: 1, 2, 3)	(1) Complete pipeline program needs assessment and determine available stakeholder resources	Achieved
	(2) Increase the number of students with characteristics associated with choosing primary care	Achieved
Advancement Committee (fostering collegiality and a shared identity)	(1) Develop and award departmental awards, expand university recognition, identify and acknowledge expertise of department members	Achieved
	(2) Promote camaraderie and support among department members	Achieved
Department Course Development and Implementation Committee (targeting goals: 1, 2, 3, 4)	(1) Construct DFCM-based overall concept and curriculum map and conduct SWOT analysis	Achieved
	(2) Integrate multidisciplinary content within/across courses with high-quality primary care experiences; primary care providers, related specialists, residents and senior medical students as instructors; linkages to NEOMED free clinic; primary-care-related curriculum tracks; engagement of primary care student interest groups in curriculum development; direct involvement with scholarship in primary care	Partially achieved
Primary Care Research Committee (targeting goal 2)	(1) Hire research director	*Not achieved
	(2) Development targeted teams focused on 1) grants, 2) training and education	Achieved
	(3) Apply for relevant funding opportunities	Achieved
	(4) Publicize departmental research and establish research center	Partially achieved
Rural Program Development and Implementation Committee (targeting goal 1)	(1) Research existing rural programs, establish evaluation and assessment processes, create longitudinal and integrated curriculum, develop sites	Achieved
	(2) Identify, recruit and enroll students likely to enter primary care	Achieved
	(3) Establish faculty development program and student support system	Achieved
Primary Care Student-Run Free Clinic Committee (targeting goals: 1, 3, 4)	(1) Establish site, LLC, policy and procedure manual	Achieved
	(2) Establish criteria for accepting patients, establish a payment method to assist transporting patients, develop procedures for patient flow, develop procedures for care and follow-up	Achieved
	(3) Create budget, raise funding	Achieved
	(4) Create a new fourth-year elective, create a system for credentialing faculty providers	Achieved

(*continued*)

Table 2. DCFM-prioritized department goals, committees, implementation strategies and outcomes

Department goals
1. Increase student choice of family medicine
2. Develop a primary care research focus area
3. Open a student-run free clinic
4. Design a family and community medicine course
5. Develop new and existing graduate studies programs

Committees	Strategies	Outcome
Graduate Studies Committee (targeting goal 5)	(1) Develop new relevant certificate, master's programs and continuing education programs	Achieved
	(2) Grow enrollment in existing and developing programs by engaging internal and external stakeholders	Achieved
Physician Assistant (PA) Program Development Committee (targeting goals: 1, 5)	(1) Conduct and present feasibility study	Achieved
	(2) Recruit and select program staff	**Not achieved
	(3) Apply for accreditation	**Not achieved

Note(s): *Due to the high costs of an external search and additional senior faculty line, a research director was not hired; the department has been able to achieve or partially achieve research goals due to efforts from the Chair and senior faculty *in lieu* of a director hire. **PA program was not achieved, since our feasibility study indicated that it would neither be financially prudent nor valued given the oversaturation of similar programs in our area

Table 2.

Guiding further discussion and goal setting, the COM Dean made a brief appearance to share his vision for the COM and endorse the department strategic planning process. The retreat built upon the framework established during the preretreat activities, and through multiple group activities, a greater understanding of the diversity of the expertise and shared values emerged.

Goal setting from a strategic planning retreat

The two-day DFCM Strategic Planning Retreat produced five new department goals to be operationalized within five years (Table 2). These five goals are: (1) increase student choice of family medicine, (2) develop a primary care research focus, (3) open a student-run free clinic (SRFC), (4) design a community and family medicine course, (5) develop new innovative programs. To assure operationalization of these goals, every faculty and staff member agreed to serve on one or more of seven subgroups with quarterly meetings with the expectation to present an annual progress report to the entire faculty. Additionally, at the request of the Dean and the University President, an eighth subgroup/committee was added to conduct a feasibility study for developing a physician assistant (PA) program to be added to the university's offerings.

To encourage participation at department meetings, the World Café Method was implemented to identify those actions that would best fulfill shared goals (The World Café Method, no date). For example, using the World Café Method during one departmental meeting, 85 activities were identified that could foster the goal of growing more student interest in family medicine. These 85 were pared down into 63 relevant and achievable activities and placed into one of three "pillars." Each activity was then ranked, using a Delphi technique, and the top ten then given to a faculty member to champion; this resulted in 19 activities winning a priority vote among all faculty. Since then all but six have been achieved.

Outcomes of strategic planning

Since the retreat in the Fall of 2014, along with follow-up departmental and programmatic meetings, including a half-day retreat in 2016, the original five goals have significantly evolved. There have been some major successes as outcomes of the strategic planning as detailed further, including an underserved patient experience for medical students, an accelerated family medicine tract and a social justice pathway.

Increase in family medicine students

There has been a significant increase in students choosing medical careers in family medicine – an increase from 8 to 12.5% during the past four years. And while the initial goal was to recruit and retain students in family medicine, through ongoing collaborations across clinical departments within and external to the university, promoting primary care more broadly emerged as a central goal for COM admissions and for many educational programs and pathways housed in the DFCM.

Primary care collaborative research

Primary care research continues to grow within the department despite the need for resources to build a solid infrastructure (e.g. research staff, research project support, faculty experts). However, what has effectively transformed since the retreat is a deeper appreciation of the collective expertise in educational research – the type of research projects that have yielded increased grant funding, stronger collaborations and more interest in primary care among students, faculty, administrators and stakeholders. Primary care research efforts have included areas such as infant mortality, advance care planning, opioid addiction and treatment, respecting the role of caregivers as healthcare team members, primary care practices, the social determinants of health and how best to meet the needs of underserved communities. The DFCM has successfully connected medical students to these research efforts as summer research fellows, research interns and graduate research assistants. Students have advanced their research skills and have collaboratively and independently presented and published nationally and internationally with the guidance and mentorship of research faculty and staff.

Student-run free clinic (SRFC)

The SRFC at NEOMED was opened in October 2016, one Saturday a month, staffed by medical students and pharmacy students, with on-site supervision by primary care physicians and licensed pharmacists. The Department of Family and Community Medicine has been the primary partner since its inception and provides physician oversight. Initial funding was provided by donations from the University, private donors and local and national foundations. The SRFC provides high-quality no-cost health care to the medically underserved residents of Northeast Ohio. Greater than 70% of the SRFC patients are uninsured and the remainder are underinsured (unable to pay their healthcare bills). The SRFC has grown from one Saturday per month in 2016 to four Saturdays per month in 2020. The number of patient visits has grown steadily from 21 per quarter in 2016 to 87 per quarter in 2019. Employing an interprofessional team-based care model, the SRFC provides medical students, pharmacy students and public health students a wide range of education fostered by NEOMED faculty, community physicians and pharmacists. This education includes not only interprofessional clinical care but also grant procurement and management, strategic planning and outpatient clinical office management.

Funding from the Health Resources and Services Administration (HRSA) (2019–2024) will foster expansion of the SRFC from the current three Saturdays per month to three days per week (every Saturday and two weekdays). This grant will also fund the integration of mental health services including opioid use disorder treatment and referral into the SRFC,

establishment of a telemedicine curriculum at NEOMED, incorporation of PA students from a partner college, working together with NEOMED medical and pharmacy students and integration of the eight dimensions of work–life balance.

Undeserved patient experience for medical students

Working with the COM administration, DFCM implemented two key pathways: the Urban Pathway and the Rural Medical Education (RMED) Pathway. Both pathways focus on care for underserved and underrepresented patients. The Urban Pathway established in collaboration with Cleveland State University graduated its first students in 2016. The Urban Pathway exposes premedical students to underserved populations in Cleveland Ohio, where they complete a majority of their clinical experiences in medical school. Students in the urban pathway are 2–3 times more likely to choose family medicine residency as the standard population of students. The RMED Pathway utilized foundational elements from the Urban Pathway and graduated its first students in 2018.

The RMED Pathway also provides medical students with longitudinal exposure to underserved populations through a Health Coach Program. In the Health Coach Program, RMED students serve as patient advocates for individuals with disadvantaged backgrounds. The patients who are chosen for this program have had a significantly higher utilization of a local community hospital's resources during the past year. RMED students are trained during the first semester M1 year, then visit patients in their homes throughout the second semester, endeavoring to address their social determinants of health. While participating in the program, RMED students work interprofessionally with pharmacy students and receive supervision from an interdisciplinary team at the community hospital. Early data shows that the Health Coach Program improves quality of care and patient satisfaction, while reducing costs incurred by the patients involved. Additionally, RMED students are strategically placed in rural underserved areas throughout their M3 and M4 years. Thus far, RMED students are 4–5 times as likely to choose a family medicine residency, and there are 33 students currently enrolled in RMED.

Accelerated family medicine tract (AFMT)

In 2019, the Accelerated Family Medicine Tract (AFMT) was launched. Students who are certain of family medicine as a career choice apply during their first year of medical school to the AFMT. Students who have been accepted into this tract are selected by a residency program during their first year of medical school and graduate in three years instead of four, eliminating one year of debt as well as the expenses and stress of the fourth-year application process. This track will grow to 10–12 students per class.

Social justice pathway

Finally, a social justice pathway (SJP) is being launched. The SJP is designed for students planning to work in and serve patients and families living in socially and economically disadvantaged communities. Physicians who receive training in community-based and underserved settings are more likely to practice in similar settings, such as community health centers (Phillips *et al.*, 2013). The SJP will provide curricular integration in the SRFC. The SJP is designed to introduce students to contemporary social justice issues that intersect with medical practice and to foster critical thinking on social issues while promoting compassionate care for underserved, marginalized or otherwise socially disadvantaged populations. Incorporating materials and methodologies from philosophy and bioethics, narrative studies, rhetorical analysis, critical race studies, queer theory and the history of medicine, this curriculum will accentuate both the social determinants of health and the

sociopolitical dimensions of healthcare, thereby encouraging physicians in training to approach the provision of care as a simultaneously social, political and bioscientific endeavor. Students in the SJP will participate in an Education-Centered Medical Home, where they will rotate monthly in the SRFC throughout all four years of medical school (M1–M4). This will create more opportunities for students to gain experience in a longitudinal and interdisciplinary underserved primary care training experience and increase the number of primary care clerkships available at NEOMED in addition to integrating behavioral health services that will improve long-term patient health outcomes.

Lessons and limitations

There were a few challenges during the implementation of the strategic plan as is common at many universities and organizations. Both the COM and the university changed their mission statements to no longer include a focus on training primary care students. Although unsuccessful in attempts to lobby against this change, department members remained committed to the goal of increasing the number of students choosing a primary care career. In addition, the university faced several financial challenges due to statewide funding decreases that translated into diminished resources for the department to expand the research focus. Research personnel who departed were not replaced, and despite plans, a research director was not hired. Despite these setbacks, the faculty have been developing new collaborations with other departments (i.e. internal medicine, pediatrics and psychiatry) to leverage existing resources to strengthen the primary care research focus area. Lastly, the university and college of medicine suggested the DFCM focus on the development of a PA program; an additional goal outside the original plan that was deemed important for the university. DFCM faculty and staff conducted and presented an extensive feasibility study; and ultimately senior administration decided not to pursue a PA program based on the abundance of existing PA programs in the state and the potential for competition for limited clinical sites for current medical students.

Conclusion

Strategic planning at the department level can be an important tool to help a department accomplish a number of tasks including: (1) creating a shared mission, vision and a set of shared values; (2) creating a sense of purpose and comradery among department members; (3) determining a set of goals that are widely endorsed internally and externally; (4) establish commitment to and excitement about a department's vision and goals; and (5) creating a culture of teamwork committed to supporting each other and ultimately the success of the department.

The department now has its strategic goals on a pathway that guides the education of the next generation of healthcare providers. Tangible evidence that strategic planning works can be seen in (1) new family and community medicine courses, (2) creation of a successful student-run clinic, (3) an increase in primary care research focus and (4) student choice of family medicine in areas where minorities are underrepresented and where rural and urban areas are underserved (Table 2). The consumer-focused shift in health care is now well defined and very palatable, and it will change the society and how health care is delivered. But most importantly it has occurred in just the past 5–10 years. Typically, it is recommended that revisiting strategic goals and plans should be done every two years. Given the politicization of health care, every two years may be insufficient to stay ahead of what may come, and perhaps an annual examination of goals should be the norm as a prudent reality check. The annual review process is used to track progress on goals and update them as the institutional goals change; applying a process

of continuous quality improvement to the strategic planning and implementation process. While there will always be a demand for medical education, it will be those who are quick to respond, and are bold about it, who will become its leaders and not its followers. Strategic planning built a strong, organizational, inflection point for NEOMED's DFCM to be successful.

As a contemporary example of accepting strategic planning, as the means to be smart and agile in a rapidly changing age of uncertainty, NEOMED's DFCM has been able to successfully meld three departments, not by focusing inwardly, but rather outwardly, and to include in their planning mission those who consume health care and students being prepared to deliver it. The several processes in the strategies did lead to several valuable goals when the value of all faculty involved had the fortitude to integrate and focus on the needs of the community they serve.

References

Bryson, J.M., Edwards, L.H. and Van Slyke, D.M. (2018), "Getting strategic about strategic planning research", *Public Management Review*, Vol. 20 No. 3, pp. 317-339, doi: 10.1080/14719037.2017.1285111 (accessed 28 April 2019).

Bushe, G.R. (2013), "The appreciative inquiry model", in Kessler, E.H. (Ed.), *Encyclopedia of Management Theory*, Vol. 1, Sage Publications, Los Angeles, London, New Delhi, available at: https://beedie.sfu.ca/sms/admin/_DocLibrary/_ic/33eb87a3379d71252e30f48e96c9bc6a.pdf.

Cordina, J., Kumar, R. and Olsen, E. (2017), "Enabling health care consumerism", MiKinsey on health care white paper, available at: https://healthcare.mckinsey.com/sites/default/files/Enabling-Healthcare-Consumerism_R6B.pdf (accessed 6 May 2019).

Cooperrider, D.L. and Srivastva, S. (2005), "Appreciative inquiry in organizational life", in Cooperrider, D.L., Sorensen, P., Yager, T. and Whitney, D. (Eds), *Appreciative Inquiry. Foundation in Positive Organization Development*, Stipes Publishing, Champaign, IL, pp. 61-104.

Fabrizio, N. (2008), *Goals into Gold: Strategic Planning for Health Care Professionals*, Medical Management Group Association, Colorado, available at: https://www.ebookphp.com/goals-into-gold-strategic-planning-for-health-care-professionals-epub-pdf/.

Grube, M. and Crnkovich, P. (2017), "Giving a consumer focus to strategic planning, healthcare financial management association", available at: https://www.hfma.org/Content.aspx?id=56575 (accessed 5 May 2019).

Johnson, G. and Leavitt, W. (2001), "Building on success: transforming organizations through an appreciative inquiry", *Public Personnel Management*, Vol. 30 No. 1, pp. 129-136, available at: https://journals.sagepub.com/action/doSearch?SeriesKey=&AllField=Johnson+Leavitt&SeriesKey=ppmd.

Levinson, W. and Axler, H. (2007), "Strategic planning in a complex academic environment: lessons from one academic health center", *Academic Medicine*, Vol. 82, pp. 806-811.

Phillips, R.L., Petterson, S. and Bazemore, A. (2013), "Do residents who train in safety net settings return for practice?", *Academic Medicine*, Vol. 88 No. 12, pp. 1934-1940.

Rouleau, K., Bourget, M., Chege, P., Couturier, F., Godoy-Ruiz, P., Grand'Maison, P., Henry, M., Israel, K., Kapoor, V., Kurniawan, H. and Lobo, L. (2018), "Strengthening primary care through family medicine around the world collaborating toward promising practices", *Family Medicine*, Vol. 50 No. 6, pp. 426-436. doi:10.22454/FamMed.2018.210965.

Schafer, A.I., Tomasik, J.L. and Gilmore, T.N. (2005), "Crafting an effective strategic plan for a department of medicine", *The American Journal of Medicine*, Vol. 118 No. 3, pp. 315-320, available at: https://www.amjmed.com/article/S0002-9343(05)00003-3/fulltext (accessed 2 May 2019).

The World Café Method (no date), available at: http://www.theworldcafe.com/key-concepts-resources/world-cafe-method/.

About the authors

Julie Aultman, PhD, is a professor of Family and Community Medicine and Director of Medical Ethics and Humanities at Northeast Ohio Medical University. Dr Aultman conducts research on medical education, philosophy of medicine, refugee health and topics related to social justice. Julie Aultman is the corresponding author can be contacted at: jmaultma@neomed.edu

Diana Kingsbury, PhD, is a postdoctoral research associate in the College of Public Health at Kent State University, in collaboration with the College of Education, Health, and Human Services and Akron Children's Hospital. Her research interests include maternal and child health, refugee health and the role of social networks and social support in health.

Kristin Baughman, PhD, is an associate professor of Family and Community Medicine at Northeast Ohio Medical University. She teaches biostatistics, evidence-based medicine and health disparities to medical and public health students. Her research focuses on end-of-life care, medical decision-making and health disparities.

Rebecca Fischbein, PhD, is an assistant professor in the Family and Community Medicine at Northeast Ohio Medical University. Dr Fischbein conducts research on the topics of maternal health and behavioral health.

John M. Boltri, MD, is a Chair and Professor of Family and Community Medicine. He leads the student-run free clinic (SOAR) and conducts research in the areas of medical education and primary care research and is a practicing physician in family medicine.