Strategic Plan

Updated: January 2018
Timeless Core Ideology (Timeless)

Core Ideology describes an organization’s consistent identity that transcends all changes related to its relevant environment. Core ideology consists of two elements: Core Purpose – the organization’s reason for being – and Core Organizational Values – essential and enduring principles that guide the behavior of an organization.

Core Purpose: To improve patient care by leading the advancement of academic emergency medicine.

Core Organizational Values:

- Knowledge Creation, Translation, and Dissemination
- Professional Development
- Advocacy for Education and Research
- Collaboration, Diversity, Community, and Service

Longer-term Envisioned Future (10+ years)

The envisioned future conveys a concrete yet unrealized future for the organization. It consists of a vision – a clear and compelling catalyst that serves as a focal point for effort and a vivid description of a desired future which is a vibrant and engaging description of what it will be like to achieve the vision.

Vision:
To be the premier organization for developing academic leaders in education and research and for creating and disseminating content with the greatest impact on emergency care.

Vivid Description of a Desired Future:
Through SAEM’s leadership, emergency medicine faculty and trainees are recognized leaders in research, education, and clinical care. SAEM’s programs and services are relevant, accessible, and clearly contribute to the professional success of its members and the development of the future leaders of emergency medicine. All chairs of emergency medicine actively engage in SAEM, as do faculty, fellows, residents, and medical students. Mentorship, supporting diversity of ideas and people, engaging with colleagues, and contributing to the Society are integral to SAEM’s values and mission.

The Society’s journals are recognized for their high global impact within the field of emergency care and academic emergency medicine. Participation in the Society’s annual and regional meetings are considered essential to career growth and keeping up-to-date on the latest research, educational innovations, and state-of-the-art technologies. SAEM is an influential leader in advocating for research funding through federal, foundation, and other sources. SAEM is the preeminent organization for emergency medicine education, training, and innovation.

The emergency medicine community values the work of SAEM in preparing academic leaders, facilitating knowledge translation, and disseminating the latest research to improve emergency patient care and outcomes.
**Goals and Objectives (3-5 years)**

**Goals** represent **outcome-oriented statements** intended to guide and measure the organization’s future success. The achievement of each goal will move the organization towards the realization of its “Envisioned Future.” Supporting **Objectives** further **clarify direction** and describe what the organization wants to have happen; a descriptive statement of what constitutes success in measurable terms.

### Member and Leader Development

**Goal:** SAEM is recognized as an essential contributor to the personal and professional development of the academic emergency medicine community.

**Objectives:**
1. Increase mentorship, networking, and leadership development opportunities.
2. Cultivate the next generation of leaders of SAEM members through increased participation in SAEM.
3. Cultivate the next generation of leaders of emergency medicine through increased participation in SAEM.
4. Enhanced gender and cultural competency and diversity among SAEM members and leaders.
5. Increase the body of knowledge and implementation of evidence-based practices for wellness/resilience.

### Medical Education

**Goal:** Medical educators and learners recognize SAEM as the premier organization for academic EM educational resources.

**Objectives:**
1. Increase engagement of all emergency medicine educators.
2. Increase training in medical education methodologies.
3. Expand the body of knowledge of educational science.
4. Increase the number of medical education publication and dissemination opportunities within SAEM.
5. Increase educational resources addressing new and alternative models of care in emergency medicine.

### Research Impact

**Goal:** SAEM increases the impact, productivity, and visibility of emergency care research.

**Objectives:**
1. Increase the Altmetric scores of the SAEM publications and impact factor of the journals.
2. Increase the Foundation’s portfolio of education and research grants.
3. Increase our resources (funding and products) to support successful emergency care research.

### Virtual Relevance

**Goal:** SAEM’s virtual resources and platforms add value to and are valued by the academic emergency community.

**Objectives:**
1. Increase utilization across all SAEM platforms and resources.
2. Improve engagement among SAEM members on SAEM platforms.
3. Improve personalization of SAEM’s virtual resources and communications.
4. Increase adaptability and responsiveness of SAEM’s digital resources and platforms.
Appendix A

Assumptions About the Future (revised January 2018)

To make progress toward an envisioned future, an organization must constantly anticipate the strategic factors likely to affect its ability to succeed and to assess the implications of those factors. This process of building foresight about the future will assist SAEM to constantly recalibrate its view of the relevant future, a basis upon which to update the strategic plan.

Global Business and Economic Factors
1. The future of the Affordable Care Act (ACA) is an unknown.
2. Emergency Medicine may become more powerful as a decision maker for admission, observation units, and pre-hospital care.
3. There will be greater use of observation units within hospitals.
4. There will be tighter emergency medical dollars.
5. Research dollars will continue to decline.
6. There will be fewer dollars for graduate medical education and, therefore, decreased learning for residents in training.
7. Emergency physicians and residents will play a greater role in deciding patient care in the first 24/48 hours.
8. There will continue to be growth in emergency care education globally.
9. Corporate medicine will continue to grow.

Social Values and Demographics
1. There will be an increasing aging population among patients both insured and uninsured.
2. There will be an increasing aging population among SAEM members.
3. There will be increased expectations by patients for better and faster service.
4. Work life integration will become more important among emergency physicians.
5. There will be more burnout among emergency medicine physicians.
6. The ratio among woman to men will increase within the field.
7. Younger generations have and will continue to have different ways of learning and working.
8. Personal debt will increase, even into the middle years, and individuals will be more cautious about how they spend their money.
9. There will be increased interest in self-branding.

Technology and Science
1. Technology will continue to impact all communications.
2. Technology will continue to increase a patients’ ability to become more knowledgeable about their own health and the role of emergency physicians.
3. There will be increased accessibility of information.
4. Virtual learning will increase with patients and providers.
5. There will be increased use of “big data.”
6. There will be greater communicating and educating of the public through social media.
7. There will be greater focus on patient satisfaction.
8. There will be an increase in patient portals.
9. There will be an increase of research being criticized faster because patients can access information in real time.
10. There will be continued change in patient documentation.
11. Technology will continue to alter how emergency physicians practice documentation. Because of the EMR systems, there will be greater focus on outcomes measures for dollars and reimbursement.
12. The use of telehealth will increase.

**Legislation and Regulation**

1. The implementation of the Affordable Care Act (ACA) will continue to shape the future of emergency medicine.
2. The Prevention Research Centers (PRCs) and the American Accreditation Council for Graduate Medical Education (ACGME) will continue to focus their efforts at the legislative and regulatory level and compete for federal dollars.
3. There will be greater advocacy at the local and national levels. Large organizations such as the American College of Emergency Physicians (ACEP) will continue to provide a strong advocacy role at the federal level and continue to look to other groups for funding.
4. There will be a greater need to advocate for emergency medicine departments on university campuses.

**Professional Competition and Structure**

1. There will be increased competition for members and for finite dollars among other professional organizations, (i.e., ACEP, AAEM, AMA, CORD, etc.).
2. There will be greater recruitment of emergency physicians into other organizations (i.e. AHA, etc.) because of similar interests and the desire to expand membership and grow. There will also be an increased focus to attract members from overseas.
3. There will be more populations to serve with unique needs and expectations. The older generational folks will have different needs from the students.
4. There will be greater mid-level providers (certified nurse practitioners, physician assistants) providing emergency care in the future. As a result, there will be a diluting or “dumbing down” of expertise to increase membership within various associations.
5. The Chairs will continue to play a significant role in the decision-making process for member’s dollars and engagement level within the association.
6. There will be less dollars for Chairs to support not only their own involvement but also for their department faculty to be engaged.
7. The pressure and demands of clinical practice will eventually supersede the research and academic responsibilities. There will be greater pressure on departments to find more revenue.
8. Academic departments and residency programs will continue to grow. However, the growth will be in physician educators, not researchers.
9. Research projects will increasingly be conducted interspecialty and within different organizations.
10. The concept of emergent care will continue to change (i.e. telemedicine, UC Centers, on-demand care, micro-hospitals, etc.).
11. Sources for research funding will change (i.e. NIH indirects, foundations, and industry).
Appendix B

SAEM future Mega Issue Questions (Created: January 2015)

Mega issues are issues of strategic importance, representing choices the association will need to make in defining the association’s ultimate direction and areas of focus. The mega issues are identified in the form of questions. They can be questions related directly to the profession or to the association. They form a basis for dialogue about the choices facing the organization.

Future Mega Issue Questions (not in priority order):

1. How can SAEM significantly influence the growth of research funding for members?
2. How should SAEM guide/support EM educational efforts globally?
3. How should SAEM respond to the number of members engaging in CORD leadership?
4. How could SAEM respond to its IT needs given limited resources?
5. How should SAEM plan for the future or threat of separation by member segments?
6. How should SAEM respond to the reduction in GME funding?
7. How should SAEM respond to the increasing financial pressure on members to choose between EM organizations?
8. How should SAEM respond to CMS reforms?
9. How should SAEM respond to decreasing physician payments?
10. How should SAEM respond to changing payment methods within medicine?
11. How should SAEM create a more synergistic relationship between the Academies and the association leadership?
12. How should SAEM grow its revenue in response to our mission and goals?