Mission Statements: What Do They Tell Us About Family Medicine Training Programs?

Alan K. David, MD

Mission statements are broadly defined statements of purpose that endure, underscore the uniqueness of an organization, specify geographic area and principal services, and identify the organization’s philosophy and values. More concretely, they answer the questions “What is our business? Why do we exist? What are we trying to accomplish?”

In this issue of Family Medicine, Bhat-Schelbert et al examine mission statements of family medicine residency training programs, hoping to elucidate the “business” of family medicine residencies. Their major hypothesis was that program mission statements would reflect the current state of training and help define family medicine. Secondarily, mission statements might illuminate the values that future family physicians should possess, reflect program characteristics, and highlight distinctive differences between programs.

In the book Leaders, Warren Bennis and Burt Nanus say that mission statements articulate a purpose and direction, whereas vision statements describe a future desirable state or goal. Not only the product is useful. In addition, the process of developing vision/mission statements is important in terms of participant input and buy-in. According to Stephen Covey, “Mission statements empower people to take control and thereby gain more internal security.” Mission statements often carry an association with corporate enterprise and may not always be seen as relevant for medical education programs. However, family medicine education is a national corporate enterprise worth more than a half-billion dollars per year. Shouldn’t this enterprise and its individual components define values, purpose, internal and external stakeholders, and outline clear strategic goals?

The most recent edition of the Residency Assistance Program (RAP) Criteria for Excellence, a blueprint for developing outstanding family medicine residencies, says that we should. The criteria state that “Programs should have a strategic plan that defines core values [and] rationale for existence and should have vision and mission statements that are periodically reviewed and validated by participants in the program and the external stakeholders.” Not only should the statements be written, but they should be used to shape day-to-day actions and decisions, rather than merely being displayed on a wall, Web site, or brochure.

Bhat-Schelbert’s group discovered some interesting findings. First, only 63% of programs had a mission statement on their Web site or one that could be obtained from the program director. This means that more than one third of the programs did not have an identified mission or did not wish to share their statement with others. Since mission statements are integral to strategic plans, it is unlikely that the programs without such statements have an active strategic plan.

Second, mission statements that were available did not differentiate one program from another. While the statements included eight categories of values derived from the literature, and 31 values from specific statements, the authors found no differentiation when comparing program characteristics against the content of their mission. This suggests that while family medicine strenuously declares that it is “different,” its residency programs are all different in the same way—in other words, they are indistinguishable.

Third, research was absent from two thirds of mission statements. The most commonly mentioned core value categories were, in descending order, academic mission (80%), community (79%), and quality health care (71%). Within the academic mission category were six subcategories, four relating to education, one to evidence-based medicine, and one to research and scholarship. The words “research” and “scholarship” were specifically listed in only 33% of the mission statements. The definition of “academic mission” in most family medicine residency programs, then, is education.

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From the Department of Family and Community Medicine, Medical College of Wisconsin.
Perhaps an academic mission devoted to education is appropriate, because residency programs are designed primarily to provide patient care and education. On the other hand, it may also represent a reflection of the confusion about the scope and purpose of family medicine research. This issue was raised in *Lancet* in a March 2003 article and in a more recent *Lancet* article articulating the need for research in primary care. Bhat-Schelbert et al. noted no difference in the frequency with which research appeared in mission statements between university-based and community-based programs. They suggest that this may reflect a divergence in opinion (or values and direction) between leaders of family medicine (who note the importance of research) and residency educators (who emphasize education) about the role of research in our academic enterprise.

It may also reflect a belief that research should be done “there,” in the academic center, but not “here” in the clinical education setting. This tension is palpable at certain meetings of family medicine organizations but is not well articulated nor are interventions presented in our literature.

The fourth disconcerting finding was that community seems to have replaced family in the heart of the profession. Community was noted in 79% of mission statements and included three subcategories—community service, community health promotion, and community leadership. Family as an independent value was noted in only 34% of mission statements. This is consistent with some data from the Future of Family Medicine (FfM) study, in which only 59% of family physicians noted “family” as an important part of the definition of family medicine. Our residency programs may identify more with their communities and teach the conceptual importance of community to their residents in preference to the concept of family as a key value. Indeed, residency programs are required to have community medicine curricula and rotations, reinforcing the preference for the term “community.” However, these offerings are often limited in scope, experimental, and frequently are not highly valued by residents. Bhat-Schelbert et al. found the community commitment reassuring and a potential way to distinguish family medicine from other primary care disciplines. Still, we wonder what it means when a program lists community but not family as an important value. And, what does it mean when a program emphasizes a value that may not be shared by its trainees, whether that value is family or community? How appropriate are the names “family medicine” and “family physicians’?” Is family medicine about communities or families, both, or neither? And, where do individuals fit in the mix?

The study by Bhat-Schelbert et al. is thus thought provoking and generates more questions than it answers. There is no information about the process programs use to define a mission statement; whether or how they use it; or methods to review, revise, and measure the influence of their mission statements. It is clear from experience and the literature that organizations can create vision and mission statements that are obvious, relatively meaningless, and never used. This study contributes to a picture of mission statements that may not be very program specific, somewhat perfunctorial, and thus may not carry out the important work they are capable of performing.

With appropriate leadership, organizations can develop vision and mission statements as part of strategic planning. The process of defining mission statements can be as valuable as the actual statement it generates. A mission statement empowers people, engenders feelings of respect and being listened to, invites creative discussion and bonding, and stimulates buy-in among stakeholders. Creating mission statements also provides a mechanism for input into organizational operations and gives leaders valuable information to guide decision making. The mission statements produced in this process are used to provide a guide for allocating resources, including time, people, place, and money. Mission statements can be a measuring stick for the organization’s success in its day-to-day and year-to-year activities.

The most revealing finding in Bhat-Schelbert et al.’s study, however, may be that 37% of residency programs had no or provided no identifiable mission statement. Whether this is a cause of or a reflection of the current sense of lack of direction in family medicine is moot. As the philosopher-poet Seneca said, “If a man does not know to what port he is steering, no wind is favorable to him.”

The lack of mission statements—and the absence of powerful, program-specific mission statements—may reflect the kind of training or lack thereof in this area for leaders in family medicine. It is time for the discipline to take a closer look at not only where our leaders will come from and what they need to learn but how they can become effective leaders. Qualities should include the ability to conduct strategic planning, lead a group toward defining vision and mission statements, and keeping the group focused on its ultimate purpose, goals, and values. The first step? Articulating a compelling, ethical answer to the question “Why do we exist and what are we trying to accomplish?”—ie, the vision and the mission for family medicine nationally.

The authors of this article have just begun to shed some light on this interesting process as well as how we see ourselves and define the entity called family medicine. Further
work should be encouraged. Research in this area could illuminate not only how our discipline sees itself today but what it might look like in the future.

Correspondence: Address correspondence to Dr. David, Medical College of Wisconsin, Department of Family and Community Medicine, 8701 Watertown Plank Road, Milwaukee, WI 53226. 414-456-4243. Fax: 414-456-6523. a kdavid@mcw.edu.

REFERENCES