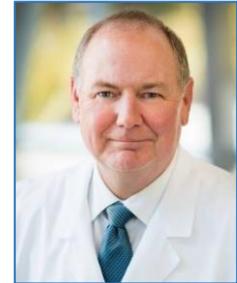


Thomas Buchholz, MD, tells a story about Strategic Planning

Dr. Buchholz served as Chair of MD Anderson’s Dept. of Radiation Oncology and as Division Head from 2011- 2014. He also served as Executive Vice President and Physician in Chief from 2014-2017. In an interview conducted in 2018 he tells this story of building a new residency program for his department. His narrative is presented to encourage discussion of the strategic planning model laid out in *Play To Win* by A.G. Lafley and Roger L. Martin.



A New Residency Program and a New Culture of Education

Because it was such a priority placed by the division head and department chair, it was pretty easy for me to make some significant changes and establish a new culture for education.

There’s a uniqueness to MD Anderson in terms of the portfolio of resources we have for a young trainee. We have incredible opportunities for research, and incredible opportunities for leadership development. We have many of the leaders of our profession here. We have incredible opportunities for great clinical training. Anything that you’d want to learn about radiation, we have at our disposal.

So one of the first things we did, was to identify a mission statement. I worked collectively with our residency program leadership, and the residents themselves, to define why do we have a residency program, what do we really want to achieve? And we wanted to decide, what is our program about? Is it about just training great practitioners, or is there something more? Our residency program mission statement, which still exists today: We’re going to go beyond just clinical training, because we’re really here to train the next generation of leaders.”

The first process is to work collectively and get everybody to buy in that this is a mission statement that they’re happy or consistent with. And once you have people kind of signing off—and these things aren’t so controversial. If you say, “Here we are at MD Anderson. You’re all academic physicians. You’re all proud to be here. You’re a leader in your respective field, and this is why you’re a faculty member in the best radiation oncology department in the world. And you realize that our trainees come here because they have the opportunity to be the next generation of leaders, right? Is everybody onboard with that? Do we have a responsibility? Can we really do something different?” It doesn’t sound so controversial. These are types of truths that are self-evident, almost. And in doing so, then, it’s not that big a jump to gain a consensus. So you have a vast majority saying, “Yeah, this is exciting.” And then you start to put the resources in, and come up with, “What are we going to

Strategic Problem

Winning Aspiration

Where will we play?

How will we win?

What capabilities must be in place?

What management systems are required?

Strategic Problem

Continued...

do?” And, again, it sounds kind of exciting. And it really permeated then into how we ran the residency program, because we could turn back to that mission statement, and we could say to our faculty, “This isn’t about the residents making your life easier by doing the scutwork. If we’re serious about this mission, we’re going to have to take time for leadership training. We’re going to have to take time for the ability to formulate an effective scientific presentation.”

Winning Aspiration

We had a Residency Program Committee, that consisted of a variety of faculty representatives from various sections, whether they be disease site sections, but also then representatives from our biology group and our physics group... that core element helped collectively define the mission statement. We got a lot of give and take, but it started with the core leadership community of the Committee. I couldn’t have done that without the engagement of the faculty having this conversation: why is it that we have a residency program? Is it really so that you don’t have to learn how to use Epic and order lab tests? Why don’t we just hire a scribe for that? Are we in a different generation of education than when you were a resident? Are we serious about our commitment to train the next leaders? Then let’s adhere to our mission statement and make choices consistent with what we articulated as our reason.

Where will we play?

How will we win?

What capabilities must be in place?

When I was running the [recruiting] interviews, we’d have a mission statement, say, “This is how we’re going to guide you. And if you want to be a great practitioner of radiation oncology in your small town of Iowa, as a solo practitioner for your life, we applaud you for that, but you might not get a position. We feel we have not only great clinical training to provide you, but we have a whole bunch of resources, and we do have a number of people in our profession who want to take advantage of those resources. So maybe a different residency program would be better for you.”

What management systems are required?

We were able to really change the program quite significantly. After three or four years most everybody was graduating and pursuing real leadership journeys. And the quality of our program went up and, not surprisingly, the positive reinforcement—do you choose to come to MD Anderson? Well, you come to MD Anderson, you talk to the other trainees, and they’re saying, “This is what we’re all about.”

About This Content

This interview clip was taken from an in-depth interview conducted for the Making Cancer History Voices Oral History Project. This ongoing project currently contains almost 500 interview hours with MD Anderson institution builders.

The transcript has been edited from the original.

The content is available for public use.

Interview link: <https://mdanderson.libguides.com/BuchholzT>

Citations: Please provide the following information

Interview Subject's name, Date of Session, Historical Resources Center, Research Medical Library,
The University of Texas MD Anderson Cancer Center.

**To request an audio file, photographs, or for information about the interview and photo collections,
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