

Organizational Culture Theme Theory and Analysis of Strategic Planning for a New Medical School

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Analyses of planning and organizational culture are understudied within the social sciences. With an applied anthropological perspective on strategic planning and organizational change, we advanced a methodology for cultural theme theory and analysis. This methodology is applied to an analysis of the evolution of a new medical school over the past twenty years. Most cultural themes formulated in 1996 are recurrent narratives in 2015, continuing to inform goals, faculty hires, curricula, community programs, and organizational structures. Cultural theme longitudinal analysis indicates that strategic planning has an important role in directing organizational culture change. In terms of organizational theory, this analysis shows the power of cultural themes in guiding the emergence of organizational structures and programs. The categories and definitions of continuous, elaborated, transformed, diminished, or new themes provides an empirical way of assessing culture change as organizations emerge, elaborate, and transform. These categories operationalize cultural theme and schema theory (Opler 1945; Strauss 2007), facilitating the identification of themes as powerful social forces. This study provides a methodology to replicate and validate cultural theme theory in future studies.

Key words: organizational culture, strategic planning, theme analysis, medical schools

Introduction

A foundational principle of anthropology is that every interacting group of people has a culture. This principle can be applied to any organizational culture, enabling us to explain recurrent sociocultural processes with social science theories and methods (Jordan 2013; Van Maanen and Barley 1985). However, planning and organizational culture are understudied areas within the social sciences. Yet, analysis can yield insights into how organizations emerge, elaborate, and transform based on

the original intentions. Academic culture, like any culture, is a changing and dynamic process in which interacting individuals elaborate on cultural content by devising innovative interpretations and strategies for action. By leading the strategic planning process, the applied anthropologist can direct culture change through the concept formation, writing, editing, and production of the descriptive and futuristic descriptions of programs (Wiedman 1998). These pattern and structure the participants' interactions and interpretative processes; thus, the shared experience adds to the group's cultural patterns. The self-studies and plans produce shared experiences, but they also structure concept formation and organize knowledge about the group's goals and objectives into written form. During these processes, a series of events occurs that patterns and structures participants' interactions and interpretive processes, affecting their identities and the organizational culture (Wiedman 1992).

The purpose of this article is first to present an applied anthropological perspective on strategic planning and organizational change through a methodology developed for cultural theme theory and analysis, and second, to apply this longitudinal culture theme methodology to evaluate the case of a medical school over a twenty-year period. We asked if the current mission, organizational structures, curriculum, and enrollment of a medical school reflect the importance of the themes envisioned twenty years earlier. More specifically, do they reflect the importance of social and cultural aspects of

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health that were envisioned in 1996? Do the cultural themes formulated in 1996 continue to be recurrent narratives nearly twenty years later?

Interpretive concepts, especially those codified into symbolic phrases such as “diversity,” “service to underserved populations,” “community care,” etc., become themes to pattern future actions. Morris Opler’s (1945:198) cultural theme theory asserts that “in every culture are found a limited number of dynamic affirmations, called themes, which control behavior or stimulate activity.” These activities, prohibitions of activity, or references become fixed, and everyone responds without significant variation. More recently, Claudia Strauss’ (2004) Schema Theory contends that short phrases, or schema, motivate a person to action and guide their daily lives. Recurrent words and phrases are not only symbolic expressions of an organization’s cultural themes as predominant schema, they stimulate, guide, and pattern future behaviors. Morris Opler’s (1945) theorizing of the power of cultural themes as social forces is now the theoretical basis for the growing interest in theme analysis in major research methods textbooks (Bernard, Wutich, and Ryan 2017; Ryan and Bernard 2003). This present research advances culture theme theory by articulating its principles in ways that can be applied to understanding organizations in general and by developing a methodology that operationalizes and validates its assumptions.

Written documents such as plans and policies form a repository of cultural traditions that can be transmitted over space and preserved over time (Goody 1986). Even though written plans with mission, goals, and objectives may not be read until they are updated again, the cultural themes, orally restated in committee meetings, informal conversations, job descriptions, etc. become dynamic forces of culturally accepted behavior. A member of an organization using these cultural themes can effectively communicate their ideas with a few words and in a short amount of time, increasing their power to influence other members, critical decisions, and policies (Wiedman 1992). The impact of strategic planning in higher education has yet to be systematically evaluated using a generalizable and empirical methodology (Albon, Iqbal, and Pearson 2016). In this article, we present the results of an empirical methodology to evaluate the impact of strategic planning on medical education. We developed a methodology for longitudinal cultural theme analysis to evaluate if the cultural themes formulated in 1996 recur nearly twenty years later. Using computer assisted qualitative data analysis (CAQDAS) of words and phrases, we document organizational development from the original conceptualization to fully implemented and operational. This longitudinal cultural theme theory and methodology detailed in the methods and analysis section can be transferrable to the evaluation of strategic planning efforts in a wide array of organizations. Through this analysis, we contribute to anthropological perspectives on cultural themes, directed organizational culture change, and strategic planning (Weidman 2001).

Methods and Analyses

The Florida International University (FIU) Herbert Wertheim College of Medicine (HWCOM) has its roots in the mid-1990s. At this time, Dennis Wiedman, a medical anthropologist, was the lead academic planner coordinating the university-wide strategic planning to transform the university from a regional college to a top public urban research university. Identifying strengths, weaknesses, opportunities, and threats based on extensive research was new to the university (Wiedman 2013, 2016). After five years, the resulting 1996 plan, “Reaching for the Top,” included the conceptualization of a new medical school with a vision of training culturally responsive physicians to meet the health needs of the diverse multicultural South Florida community (FIU 1996). Breslin and Roller (2016) provide historical details of the ten years of political and economic challenges faced at the local, state, and national levels in order to gain approval for the new medical school in 2006 by the State of Florida. In 2007, one of the first medical school faculty hired was an anthropologist, Iveris Martinez, who helped develop and implement the social and cultural curriculum, including ethics, social determinants of health, and interprofessional teamwork. Martinez eventually served as the Chief of the Division of Medicine and Society. In 2009, the first students enrolled and graduated in 2013. In 2015, the medical school finalized its new strategic plan, “Strategic Plan: 2015-2020,” that envisions the school’s priorities and goals for the next five years (HWCOM 2015).

Using NVivo software, we compared the 1996 university strategic plan, “Reaching for the Top,” which contained the first details of the proposed medical school, with the 2015 medical school plan, thereby providing a view of how this new organization was initially conceptualized and eventually fully operationalized. Careful selection of the units of analysis was necessary to compare the two texts. The 1996 planning document emphasized five academic themes to focus the future development of the University’s educational and research programs: international, urban, environment, health, and information. For analysis, the text in the “Health Theme,” served as the primary unit of analysis. This section presents the overall intentions of the University regarding the future directions of the health programs. All eight paragraphs express foundational concepts related to the future medical school, with one paragraph specifically detailing the training of physicians. This text contains a total of 775 words, of which 313 were unique. For the medical school 2015 plan, we limited our analysis to the section containing the mission, vision, and goals, containing a total of 1,012 words, of which 339 were unique.

Word frequencies, coding phrases, and graphic visualizations represent an empirical way to document how the organization is similar or different from that envisioned. In a second section, these findings are triangulated with evidence from historical records, enrollment data, published interviews of administrators and faculty, publications, and participant observations. These document the development of the curriculum, organizational structure, and special

Table 1. Definitions of Longitudinal Cultural Theme Categories

#	Category	Definition
1.	Operational	Structures and personnel required for proper functioning of any organization
2.	Continuous	Clearly and consistently articulated over time
3.	Elaborated	More detailed and specific using similar words within original meaning
4.	Transforming	Contemporary words and concepts with similar meaning replace original words
5.	Diminishing	Original words used less frequently, deemphasized or absent
6.	New	Emphasis outside of original themes, meanings, or intentions

programs. A brief literature review contextualizes recent trends in medical education. According to Morris Opler (1945:200), "...[A] theme which is expressed many times in a culture, especially in a variety of contexts, is likely to be more fundamental and to exert more influence than one which is expressed infrequently." We used content analysis to compare the frequently used words in the two time periods, producing a quantitative rank order reflecting the importance of these concepts at the two times. Word frequency lists and word clouds help us identify the rank order of the words in each of the planning documents. "In Vivo" coding of explicit phrases in their natural context identifies the words or short phrases of the actual language used by the participants themselves (Saldaña 2016). Many phrases did not explicitly express their meanings; therefore, a manual coding process was necessary to identify these implicit phrases. This coding process produced a list of words and phrases: 94 in the 1996 plan and 183 in the 2015 plan.

"Domain Coding" grouped similar words and phrases together, forming categories and subcategories of similar meaning, placing the words and phrases into a limited number of major categories with many subcategories (Saldaña 2016). "Theming the Data" built upon the major coding categories, creating a descriptive phrase that identifies what the major category is about and what it means. In this way, a theme is an abstract entity that brings meaning and identity to a recurrent pattern, capturing and unifying it into a meaningful whole (Saldaña 2016).

Both content analysis and theme identification transformed qualitative words and narrative statements into major categories that NVivo produced visually in quantitative tables and charts. Comparative analysis of the 1996 and 2015 plans identified change processes of increase, decrease, or constancy of the cultural themes through time (Saldaña 2016). Six categories emerged to portray the cultural theme change over time. We labeled these based on their characteristics: (1) Operational, (2) Continuous, (3) Elaborated, (4) Transforming, (5) Diminishing, and (6) New themes.

"Operational Themes" are goals and planning statements related to the structure and personnel required for proper functioning of any organization. These may not

be detailed in strategic plans prior to an organization's formation but are important for an organization that is currently operating. "Continuous Themes" are clearly and consistently articulated in both plans. "Elaborated Themes" identified in 2015 use similar words and concepts but are much more detailed and specific than in 1996. "Transformative Themes" in 2015 do not use the 1996 words, rather they consist of contemporary words, concepts, and phrases with similar meanings. These reflect current trends in the national discourse about medical education and health care. "Diminishing Themes" are those present in 1996, that are deemphasized, not as frequent, or absent in 2015. "New Themes" are those that emerge in 2015 and are absent in 1996.

When evaluating the medical school's 2015 plan, a greater proportion of "Continuous," "Elaborated," or "Transforming" themes would demonstrate the influence of the 1996 planning on the new organization and the power of cultural themes. A predominance of "Diminishing" and/or "New Themes" would be evidence that the cultural themes created in the 1996 strategic plan had little influence on the development of the organization and that innovations emerged that deviate from the original cultural themes.

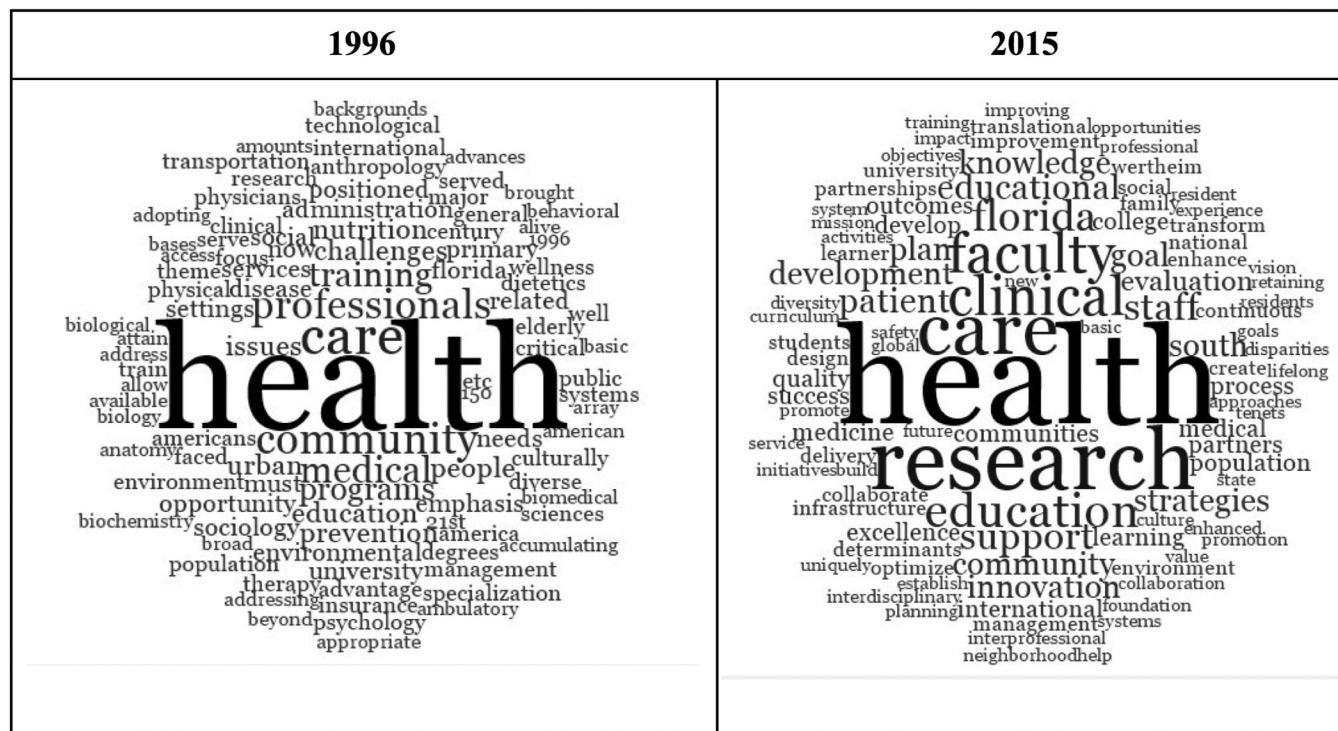
Results

The results are organized in two main sections, beginning first with the content and longitudinal theme analysis. The second section explores the triangulation of evidence from sources external to the strategic plans: historical records, enrollment data, published interviews with administrators and faculty, medical school faculty publications, and engaged participant-observations.

Content Analysis

Comparing the frequency of the words used in the two time periods produced a quantitative ranking of the importance of concepts. Figure 1 portrays word clouds with the most frequent words in the center in larger font. The most frequent word used in 1996 was "health" with forty-four occurrences and "care" with thirteen occurrences. The next

Figure 1. Word Cloud Comparison of 1996 and 2015 Most Frequent Words (Source: NVivo generated word clouds showing most frequent words)



group of words with five to nine occurrences included: community, professionals, medical, training, and programs. When we place these in a meaningful phrase, it would read “To train health care and medical professionals with community-based programs.”

For the 2015 plan, the most frequent words were “health” with thirty-seven occurrences, “research” with twenty-two, and “care” with nineteen. The next group with nine to eleven occurrences were “clinical,” “faculty,” and “education,” followed by six to eight occurrences of “Florida,” “staff,” “support,” “educational,” “patient,” and “community.” A meaningful phrase from these words would be “Education, research, and clinical care to transform the health of Florida patients and entire communities.” This is very similar to the 2015 HWCOP (2015:7) mission statement:

By providing an environment enhanced by diversity, clinical innovation, and research, Florida International University Herbert Wertheim College of Medicine prepares socially accountable, community-based physicians, scientists, and health professionals who are uniquely qualified to transform the health of patients and communities.

Cultural Theme Longitudinal Analysis

Since the initial strategic planning in 1996, for the first ten years the university negotiated and obtained permission from the State and the American Association of Medical Colleges

to open a new public medical school. Following the approval in 2006, the Dean and founding faculty began building the core structures and functions of the organization. Over the next ten years, these emerged as clinical and research programs, course requirements, curriculum content, and student education support systems. As categorized in Table 2, we now elaborate on how the words, themes, and meanings remained continuous, diminished, or how new themes developed over this twenty-year period.

Operational Themes

The 2015 Strategic Plan is more of an operational plan than a strategic plan in that it offers greater detail in two areas: (1) organizational structure and financing of the medical school, and (2) faculty recruitment and development. The 1996 operational vision was limited to interdisciplinary programs, the absence of a teaching hospital, and state funding for the new medical school. The 2015 plan set goals for administration, advancement, as well as faculty and staff development, recruitment, retention, and qualities. There were no specific details on faculty qualities in the 1996 plan. Even though Operational themes encompassed 25 percent of all the coded themes in 2015, the meaning of these did not fall outside the parameters set by the 1996 plan. Operational language regarding buildings and physical infrastructure is absent in 2015.

Table 2. Longitudinal Analysis of Major Cultural Themes From 1996 to 2015

- 1 Operational: Structure and personnel for proper functioning of any academic organization
 - A Organizational Structure and Financing
 - B Faculty Recruitment and Development

 - 2 Continuous: Clearly and consistently articulated
 - A Community Care
 - B Diverse Student Body: Educating Minorities and Disadvantaged
 - C Research

 - 3 Elaborated: Much more detailed and specific with similar words and meanings
 - A Individuals, Families, and Communities
 - B Student Education

 - 4 Transforming: Contemporary words and phrases with similar meanings
 - A From Primary Care to Population Health
 - B Community-based Training to Partnerships
 - C From Culturally Competent Physicians to Community-Engaged Physician

 - 5 Diminishing: Not so frequent, de-emphasized, or absent
 - A Biomedicine

 - 6 New: Outside of the original themes, meanings, and intentions
 - A Residency Programs
-

Continuous Themes

Community Care. The 1996 strategic plan set forth the argument for the creation of a school that would serve the multicultural local community. The 2015 plan continues this theme as the major foundational concept in its mission, goals, curriculum, and special programs. In 1996, the word “community” was used nine times, making it the third leading word following “health” and “care.” “Urban community” is used most often in the context of the university’s advantage of serving the “surrounding” urban community and the “underserved,” in the context of the “family,” and in the “home.” More specifically, it is training physicians to practice in “diverse community” settings at the “primary care” community level. This would be accomplished through a network of hospitals and other community-based ambulatory, managed care settings. In 2015, the word “community” occurs six times in the text, while the related word “communities” appears four times. When combined, these ten occurrences place this concept among the top six words. When referring to “communities,” these all occur in the introductory paragraph, the mission, and vision. All four instances of “communities” focus on improving or transforming the health of individuals and communities of South Florida. “Community” appears in the “overarching areas of strategic focus” and once in four out of the five goal statements.

The word “community” is stated throughout four of the five goals of the 2015 plan. It is in the context of expanding the community-based and professional curriculum to encompass students, residents, faculty, and the community. The second

goal of the 2015 plan is titled “Health Care Innovation and Community Health.” In the third goal on “Research and Evaluation,” the term “community” is the context and target population of the research. Finally, the fifth goal forges and strengthens partnerships that provide optimal learning environments and research to create value for the community and university. Only goal four does not mention “community” because this goal focuses on internal operational aspects of faculty and staff success. Notably, the use of the phrase and emphasis on “urban community” is stronger in 2015 than in the 1996 plan.

Diverse Student Body: Educating Minorities and the Disadvantaged. Providing access to an affordable medical education to local minorities and the disadvantaged was at the core of the 1996 Strategic Plan:

FIU is located in a diverse multicultural community comprised of persons of a variety of ethnic backgrounds and countries of origin. This rare mixture presents an incredible array of health challenges not seen in other areas of Florida, an opportunity not available at other SUS institutions. Training culturally responsive health care professionals for the underserved through a state-funded medical school would allow economically disadvantaged minorities to attain medical degrees without accumulating very large amounts of debt.

The original 1996 plan portrays diversity as a challenge and an opportunity. The 2015 Plan is not explicit about the diversity of the student body but instead discusses “providing an environment enhanced by diversity...” and recruiting and retaining faculty and staff “who embrace diversity.”

Research. Research is given a similar emphasis in the 2015 plan when compared to the 1996 plan. It is the largest category in the 2015 plan. The 1996 plan identified more specific research topics and focused on the relative strengths and needs related to environmental issues, sanitation, disaster preparedness, and transportation. In terms of health research, the 1996 plan emphasized wellness, rehabilitation, environmental health, and disease prevention. The 1996 plan also envisioned the importance of understanding the role of social determinants of health, stating:

Future practitioners must possess a broad understanding of all the determinants of health, such as the environment, socioeconomic conditions, and the cultural, psychological, physical, and behavioral dimensions of health (Florida International University 1996:10).

By contrast, a large proportion of the 2015 plan is dedicated to building the research infrastructure and aligning goals with the broader university. There is also mention of translational research and aligning research with community needs. The college aims to “integrate research efforts with FIU Health and strategic partners to enhance health promotion, health prevention, health care delivery systems, and health outcomes” (HWC0M 2015:15). The research direction continues to emphasize translational and clinical research for health promotion and prevention with the intention of improving the health of the local community.

Elaborated Themes

Individuals, Families, and Communities. There is an elaboration in the language regarding the care of individuals and families from the original 1996 plan to the 2015 plan. Both plans speak to the care of individuals within the context of families and communities. The 1996 plan aims “to promote wellness through lifestyle modifications in the context of the family, community, and environment.” The 2015 plan refers not only to the individual patients but also family-centered care and a focus on households. The 2015 plan also introduces a patient-care focus, including patient safety and informatics, along the continuum of care. This likely stems from the patient safety movement that was initiated in the late 1990s (Institute of Medicine 1999). Both plans consistently emphasize community orientation, especially focused on South Florida.

Student Education. Student education was more explicitly elaborated in the 2015 plan and the fifth most frequent category in the 1996 plan. The 1996 plan sets a broad goal:

With the national de-emphasis on highly technical specialty training, and reemphasis on prevention and primary care at the community level, FIU has the opportunity to be a unique innovator of curricula and interdisciplinary programs which groom health professionals and physicians to focus on the general health and primary care needs of people, especially those in underserved urban community (Florida International University 1996:11).

The 1996 strategic plan highlights the need for medical education to focus on the health care needs of populations, identifying specific areas such as chronic and degenerative disease and aging populations. The 2015 plan placed a greater, and more specific, emphasis on student outcomes and curriculum design, introducing goals for residency education separately.

Transforming Themes

From Primary Care to Population Health. The 1996 strategic plan explicitly mentions three times that the new medical school would produce primary care physicians with the goal of “practicing in diverse communities,” targeting health promotion and prevention at the community level and in an “underserved urban community.” This goal disappears in the 2015 plan; however, it is restated in a broader goal of training in “clinical care” with a focus on population health. Prevention is mentioned only once and in relation to research. Instead, population health management and outcomes are a goal of education and clinical care for the community. The 2015 mission is to prepare “socially accountable, community-based physicians, scientists, and health professionals.”

From Community-based Training to Partnerships. The 1996 plan stipulated that there should be no teaching hospital for the medical school. In 2015, the medical school faculty and classroom teaching are on the main academic campus of the university. Community-based practice and training settings envisioned in 1996 are transformed to “external partnerships” in 2015. In fact, strategic partnership is an explicit goal in 2015, aimed at providing “optimal learning environments for students, residents, and faculty” as well as creating research opportunities. Traditionally, medical schools have relied on teaching hospitals for their clinical training and research.

From Culturally-competent to Community-engaged Physicians. Interestingly, in 2015, “culture” refers exclusively to the “culture” of the school and not the community. “Cultural competence” is also absent from the 2015 plan. In 1996, cultural competence was mentioned five times. “Training culturally responsive health care professionals for the underserved through a state-funded medical school...” was a priority then (Florida International University 1996:11). This transformation in terminology to community engaged physicians is evidenced by the emergence of the NeighborhoodHELP™ program described below.

Diminishing Themes

Biomedicine. Biomedical sciences, de-emphasized in both plans, was mentioned six times in 1996 and only twice in 2015. Words commonly associated with biomedical education used in limited ways in the 1996 plan were not mentioned at all in 2015. Biomedical terminology such as anatomy, biology, biochemistry, biomedical, biomedical engineering, microbiology, pathology, and physiology are mentioned once each in 1996. These terms are in the list of

degrees that the University already offered. None of these appeared in the text defining the future medical school.

Non-Biological Determinants of Health. Non-biological determinants of health are mentioned six times in 2015, including two mentions on social determinants of health and health disparities. It was mentioned twelve times in 1996, including a large emphasis in environmental health.

New Themes

Residency Programs. It is explicit in the 1996 plan that local students trained locally would more likely remain and serve the local population. Once the medical school was established, it became evident that this goal is only attainable with the creation of residency programs since physicians are more likely to remain in the communities where they complete their residencies. Hence, residency programs appear as a new theme in the 2015 plan. In residency programs, medical school graduates receive postgraduate training in a subspecialty of medicine (internal medicine, surgery, psychiatry, etc.), usually at a hospital, under the supervision of an experienced physician, known as the attending physician, prior to being able to practice independently. Residency programs can range from three to seven years depending on the specialty.

Triangulation of Themes with Additional Evidence

This section provides empirical evidence for the major cultural themes within the longitudinal analytical categories.

Continuous Themes

Community Care. The emphasis on training health professionals to practice in the context of the community is evidenced in the curriculum that was implemented. Students in their first year shadow family medicine practitioners in the community as well as rotate through emergency rooms. This is accomplished through a network of family medicine practitioners, specialists, hospitals, and other community-based ambulatory settings. By the end of the first year, students start household visits through NHELP, NeighborhoodHELP™ (Health Education Learning Program). NHELP implements the school's vision to improve health outcomes in local communities while training future physicians in social responsibility by addressing the social determinants of health as part of interprofessional teams of medical, nursing, and social work students. Medical students continue to be responsible for their assigned households until they graduate. The program resulted in a decrease in emergency room visits among student-visited households as well as an increase in preventive health screening (Breslin and Roller 2016; Rock et al. 2014).

Research. The medical school's research emphasizes translational and clinical research for health promotion and prevention with the intention of improving the health of the local community. Students fulfill a requirement for a research project

through the Department of Medical and Population Health Sciences. The National Institute for Minority Health and Health Disparities recently awarded \$9.5 million to develop strategies for preventing and treating obesity, diabetes, substance abuse, and HIV/AIDS in South Florida and the Caribbean (Association of Schools and Programs of Public Health 2016).

Diverse Student Body: Educating Minorities and the Disadvantaged. The original 1996 plan portrays diversity as a challenge and an opportunity. This is in line with the American Association of Medical Colleges (AAMC) efforts to address the lack of diversity in medicine (AAMC 2012a). It is implied that by recruiting students from a diverse community and training them to be "culturally responsive," the diverse local community can better be served (AAMC n.d.; Cohen, Gabriel, and Terrell 2001).

Compared to national averages of medical schools, enrollment data shows that the school does particularly well in the number of Hispanic students (30.4% compared to 8.5%) and has slightly higher percentages of African-American and Native American students. These three groups are considered underrepresented minorities in medical education. HWCOM is also maintaining the original vision of enrolling the great majority of its applicants from Florida (81%) and a large portion from South Florida (46%) (AAMC 2012a).

Affordable medical education is a continuing challenge when overall college tuitions have increased over the past decade. During this twenty-year period, Florida public universities raised tuition to account for state budget shortfalls due to the recession. In 2014-2015, the annual tuition of \$32,738 is slightly higher than the United States average of \$29,875 (AAMC 2015; FIU 2015). However, the fact that 13 percent of enrollees over a six-year period received the AAMC fee waiver (double the national average of 6.6% [AAMC 2014]) is evidence that the school is successfully educating the disadvantaged (15% self-reported disadvantaged status).

Elaborated Themes

Individuals, Families, and Communities. The two plans are consistent in terms of the community orientation of the school, especially in serving the community. Early in the implementation of the medical school, tension existed between the goal of preparing primary care physicians and preparing physicians for specialty care to serve the more specific health needs of the community. Discourse resolved this tension, with a focus on community-based physicians, regardless of specialty. While the school still aims to produce a greater percentage of physicians going into primary care settings, students can also go into specialty practice, hopefully with a community orientation. Interestingly, even though the leadership of the school consists largely of specialists, the school maintains its dominant cultural theme focused on community.

Student Education. The 1996 plan set out to make FIU a "unique innovator of curriculum in interdisciplinary programs that groom health professionals and physicians to focus on the general health and primary care needs of

people...” (Florida International University 1996:11). The curriculum is organized into five major thematic strands: (1) Human Biology; (2) Disease, Illness, and Injury; (3) Clinical Medicine; (4) Professional Development; and (5) Medicine and Society (Dambach, Simpson, and Rock 2010). Courses are organized as four periods corresponding roughly to the four years of medical education. The Medicine and Society Strand incorporates the social and behavioral competencies.

The Medicine and Society curriculum begins with the Ethical Foundations of Medicine, heavily emphasizing the social contract between medicine and society. It also introduces students to patient-centered care and cross-cultural issues. Ethics is followed by a course on Addressing the Socioeconomic and Cultural Aspects of Health designed and taught by an anthropologist, through active learning strategies, reflection, and linking concepts to the clinical care of patients and interprofessional experiences (Martinez et al. 2015; Martinez et al. 2014; Martinez and St. Prix 2013). Course concepts align with the Clinical Medicine preceptorship in Period 1. Martinez (2015) provides a more detailed description of the integration of anthropology into the Medicine and Society courses and how anthropologists have played a critical role in the development of innovative medical school curriculum.

At the end of their first year (beginning of second period), students begin their home visits during the Community-Engaged Physician (CEP) course where the NHELP household visits take place as part of a required curricular activity. The CEP course continues through years three and four of the medical curriculum. Furthermore, students begin working on their longitudinal Community Health Practicum projects (Wells, Martinez, and Gillis 2014) to address a priority issue within the local community. This experience is led by a faculty member with a doctorate in public health and a master’s in medical anthropology.

Transforming Themes

From Primary Care to Population Health. Ranking medical schools by their social mission, Mullan et al. (2010: 809) found that “the higher social mission score of community-based medical schools suggest that a school’s explicit commitment to educate physicians who will pursue careers compatible with community needs has long-term effects on the career choices of its graduates.” In schools with a social mission, graduates pursuing primary care careers ranged from 19 to 54 percent. For this article, primary care fields include family medicine, internal medicine, pediatrics, and emergency medicine. All of these are patient entry points into the medical system before being referred to specialists. At HWCAM, of the four graduating classes, 47.3 percent of students have primary care residencies, 53 percent in the most recent graduating class. This is evidence that the percentage of students going into primary care places HWCAM among the schools ranked highest on social mission according to Mullan.

While HWCAM is graduating a relatively large number of primary health physicians, this move towards a population

health focus should be understood in the context of larger trends in medical education. The past twenty years have witnessed a newfound interest among allopathic medical educators to incorporate social and behavioral competencies to address the social determinants of population health (see articles in Maeshiro 2008; AAMC 2005, 2011, 2012b; Cuff and Vanselow 2004). This coincides with a renewed emphasis on social responsibility and social accountability, including an emphasis on serving and addressing the needs of local communities (Boelen and Woollard 2009).

From Community-based Training to Partnerships. In the 1996 plan, there is no teaching hospital for the medical school. In 2015, medical school faculty and classroom teaching remains on the main academic campus of the university. For clinical experience, students rotate through a series of local affiliated hospitals, clinics, and physicians’ offices. Physicians at these external locations are designated as visiting professors. Community-based practice and training settings envisioned in 1996 are now a main goal discussed as external partnerships, with an emphasis on developing strategic partnerships for training and research.

From Culturally-competent to Community Engaged Physicians. Transformation in terminology to “community-engaged” is evidenced in the curriculum described above in the “Student Education” section. The anthropologist was instrumental in the conceptualization, development, and implementation of the Medicine and Society curricular strand as well as the focus on the participation of community-members in the oversight advisory board and collection of baseline data for the benchmark study for NHELP (Rock et al. 2014). The language of cultural competence and working with multicultural populations, originally found in the 1996 plan, transformed into language focused on addressing the social determinants of disease and health disparities. This also reflects greater trends in medical education as discussed above.

New Themes

Residency Program. While not a part of the original 1996 strategic planning, once the medical school opened, it became apparent that residency programs would be necessary to retain new physicians in South Florida. Two residency programs affiliated with HWCAM have been accredited in collaboration with local health care institutions. The first is a three-year Family Medicine Residency, with a local hospital accommodating four residents per year. The goals of this residency program are consistent with the themes of community and family-centered care. Family Medicine residents assigned to NHELP families help supervise medical student home visits and the NHELP Mobile Health Centers. They work with FIU medical students at the Family Medicine Center and inpatient medicine and surgery rotations at the hospital.

A second residency program was accredited in Psychiatry in collaboration with a local federally-qualified health center (FQHC), a community-based organization that provides

primary care with federal funding. Accommodating four residents per year, it aims “to create a stimulating learning environment that produces well-trained and well-rounded physicians...residents will amass a multitude of valuable experiences as they treat and interact with patients of diverse cultural and ethnic backgrounds, and socioeconomic statuses” (Citrus Health Network 2014). This is the first psychiatry residency program in the country hosted at a FQHC. Both residency programs fulfill the vision and major community themes of the 1996 strategic plan.

Discussion and Conclusions

The purpose of this article was to, first, present an applied anthropological perspective on strategic planning and organizational change through cultural theme theory and analysis, and second, to evaluate if the current mission, organizational structures, curriculum, and enrollment of the medical school reflects the importance of the themes that were envisioned twenty years earlier. In the process, we developed a methodology for culture theme longitudinal analysis, contributing to anthropological theory on cultural themes, directed organizational culture change, and strategic planning.

The overwhelming majority of the cultural themes formulated in 1996 are recurrent narratives in 2015, continuing to shape the goals, faculty hires, curricula, community programs, and organizational structure. This longitudinal analysis revealed a greater proportion of Continuous, Elaborated, and Transforming Themes, demonstrating the influence of the 1996 planning on the emergence and continuation of this new organization. The few Diminishing and New Themes indicate that the current 2015 themes do not deviate from the original conceptualizations, intentions, and meanings. Few innovations occurred during this period outside the original cultural themes. Biomedicine was deemphasized as an organizational theme. The only new theme is residency programs, and the content of these fall within the community emphasis. The predominance of Continuous, Elaborated, and Transforming Themes provides evidence that the cultural themes created in the 1996 strategic plan greatly influenced and guided the development of the medical school.

As planned, over the past two decades, FIU transformed from a regional college with an emphasis on teaching and service, to a research university with an emphasis on research and teaching. The university doubled its number of students from 25,000 in 1996 to over 54,000 in 2015. Most notably, in 2015, FIU joined the top tier of research universities in the United States by achieving the Carnegie rank of R1: Doctoral Universities for Highest Research Activity. This was the major purpose for the enormous amount of time and discussion involved in producing the 1996 strategic plan, “Reaching for the Top.”

This cultural theme longitudinal analysis indicates that strategic planning can play an important role in directing organizational culture change. The purposeful use of cultural theme theory in 1996, to direct organizational culture change, contributed to the content and focus of the medical school.

Strategic planning promotes culture creation and change processes. The analysis of strengths, weaknesses, opportunities, and threats (SWOT) was a new form of management for Universities in 1990, when the Southern Association of Colleges and Schools required the university to implement strategic planning. From 1990 to 1996, hundreds of people, dozens of committees, and every administrative unit in the University contributed to this effort to envision the future university. Over these six years, several major University plans were issued, discussed, revised, and refined, leading to the 1996, “Reaching for the Top” (Wiedman 2016). Building consensus on the specific directions with a future vision of the organization is a major challenge for all strategic planners and organizational leaders (Stutges 2013). The concepts, techniques, and data collection routines of strategic planning were learned and experienced by members of the University community, shifting this academic culture from oral to written traditions and from present to future thinking (Wiedman 1992). Since then, the university has engaged in strategic planning about every five years as managerial strategy.

In terms of organizational theory, this analysis shows the power of cultural themes in guiding the emergence of organizational structures and programs. Breslin and Roller (2016) document the enormous political and economic factors encountered by university leaders and faculty during the ten-year pursuit of medical school approval and during the implementation of the new curricula and programs. Even through these challenges, the cognitive themes—ideas, values, narratives, and future vision—guided and directed development of the new organization. Cognitive themes, evidenced by the verbal and written discourses, persisted even though only a handful of the new medical school faculty and administrators were involved in the initial 1990s planning process. Theoretically, this supports the theory of cultural themes formulated by Morris Opler (1945:198) who asserted, “In every culture are found a limited number of dynamic affirmations, called themes, which control behavior or stimulate activity.” This research provides empirical evidence that the cultural themes conceptualized and written in 1996 continue to be powerful forces in this new organization twenty years later.

Opler (1945:201) notes that “more important than anything else in judging the place of a theme in a cultural whole is the recognition of the restraints which exist to its extreme and impeding expression.” In other words, if certain themes continue to have a strong hold, they serve as limiting factors for new themes to emerge. The absence of other emergent themes indicates that the organization has not experienced chaotic or disruptive periods that Opler (1945:205) predicted would have produced new themes: “There are periods when the system of equilibrium is in flux. There are times when a theme, because of changes which weaken or remove the ordinary limiting factors, becomes abnormally influential.”

This evidence also supports Claudia Strauss’ (2007) use of cultural schema theory to challenge the explanatory power of Individual Agency Theory. Even though the founding faculty, staff, and administrators were building a new

medical school from the ground up, their ideas, curricula, and programs fell within the cultural themes prescribed twenty years earlier. Their individual innovation, agency, and decision making was patterned, constrained, and controlled by the dominant cultural themes and schema. This evidence portrays the limited role of individuals as innovators acting within an organization's dominant schema and cultural themes.

Computer-assisted analysis of words and phrases using longitudinal cultural theme methodology can portray organizational development from the original conceptualizations to fully implemented and operational. The categories and definitions of continuous, elaborated, transformed, diminished, or new themes provides an empirical way of assessing culture change as organizations emerge, elaborate, and transform. These categories and definitions operationalize cultural theme theory, facilitating the identification and analysis of themes and their power as social forces. This study also provides future researchers a methodology to replicate and validate this theory in their own work. Our case illustrates how culture theme theory and method can be of use not only to planners and managers of future medical schools but also to cultural and organizational analysts of various other disciplines as well.

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