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Pearls in Communication: Keys to Successful Joint Sponsorship

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Forging meaningful partnerships in CME is often advocated and is a recurring need in the CME world. However, as necessary as these relationships are touted to be, they are equally frustrating for accredited and nonaccredited entities in CME. Virtually all CME entities and interests have experienced at least one disconcerting encounter in joint sponsorship, and such incidents have soured many groups from working with one another to produce quality CME. But with omnipresent threats of cutbacks in industry and other traditional sources of CME funding, as well as the increasingly limited availability of physicians to participate in CME (ie, increased competition for audiences), the need to ensure optimal use of resources through effective partnering is more pressing and real than ever.

Unfortunately, both accredited and nonaccredited sponsors have traditionally encountered formidable obstacles to forging meaningful and lasting—and necessary—relationships to produce quality CME. Too often, misunderstandings about each party’s respective roles and responsibilities in activity development and execution plague joint sponsorship relationships and prevent healthy partnering. Communication is the cornerstone of improving these relationships. Although effective communication will not solve all problems that riddle joint sponsorship, it is an important first step in successful partnering. It allows both sides to establish a solid working relationship that enables them to overcome obstacles during activity development or execution.

Communicate Early

While the ink of revised Essential 7 has yet to dry and the complete overhaul of the Accreditation Council for CME (ACCME) Essentials and Standards lingers on the horizon, one thing is certain: "integral involvement" is paramount in joint sponsorship!

Thus, a preliminary planning meeting, at the idea stage of an activity and before any planning occurs, is critical. Agenda items to include are timelines, administrative requirements (ie, paperwork), introduction of the key players from each side, and financial issues.

Communicate Directly and Honestly

For preliminary and subsequent planning meetings to be effective, each side must fully disclose its objectives and explain its anticipated role and expectations of the other sponsor up front. This initial disclosure will help prevent assumptions that lead to untimely breakdowns in the relationship and adversely affect the activity and the quality of the physician's learning experience. Formalizing a verbal understanding of each party's role in activity design and execution with the development of a detailed, written joint sponsorship agreement is essential. The agreement should outline each organization's roles and responsibilities, any financial issues, and an activity timeline. And, of course, it should be collaboratively drafted and signed by both organizations prior to activity planning.

A special note to accredited sponsors: Clearly communicate your organization's rules and regulations concerning all aspects of CME activity development, implementation, and evaluation, as well as the rationale for those systems, before any activity development occurs. If the nonaccredited sponsor is unable or unwilling to cooperate with some aspect of your CME program, you must provide all of the information that they will need to make this decision before time and money have been committed to forging a relationship.

A special note to nonaccredited sponsors: Understand that each accredited organization has its own unique approach to planning CME activities and documenting compliance with ACCME regulations, and respect it. Compliance with ACCME guidelines, documentation requirements, and level of involvement of the accredited joint sponsor will vary among accredited sponsors. You must be comfortable working within the rules and regulations of the particular accredited sponsor you have called, opt to work with another organization, or choose to develop a non-CME activity.

Communicate With an Open Mind

Leave stereotypical assumptions at the door! These assumptions, made by either side, prevent the nurturing of a healthy joint sponsorship relationship. No matter how trying the situation or unbelievable or intentional an error seems to be, remember that not all accredited sponsors are guideline dervishes leading the nonaccredited organization through a quagmire of randomly enforced rules and regulations. Likewise, not all nonaccredited providers are unaware, uncommitted, or unwilling to learn the ACCME guidelines. If a problem occurs, focus on solving the immediate problem and minimizing its adverse effects on the activity. Assigning blame is a waste of time; fixing the problem is a priority.

Communicate Often

A regular schedule of check-in or update meetings should be established when the joint sponsorship agreement is signed, and these communications should occur periodically throughout the activity development period. This will ward off lapses in communication that too often result in one side taking more initiative than both parties had agreed on. It will also help keep both parties on target with the established timeline. An exit meeting to review meeting evaluations should also be scheduled and formalized in the agreement. This fosters mutual accountability for activity strengths and weaknesses and creates a sense of true partnership that results in future collaboration on CME and non-CME activities.

The recent revision of Essential 7 has been perceived and hailed as a loosening of current guidelines, and the future of joint sponsorship has yet to be formalized by the ACCME in its revamping of the Essentials and Standards. Regardless of short- or long-term implications of the revision of this Essential, the ability to forge productive and lasting relationships will remain a key to successful CME. In the end, the physician and patient will be the primary beneficiaries of these successful partnerships.

Continuous Quality Improvement in the CME Office: Making Knowledge-Based Decisions Using the PDSA Cycle

by Floyd C. Pennington, PhD, President, CTL Associates, Inc.

One principle of quality management is knowledge-based decision making. Understanding how to assess and improve something believed to be improvable requires the application of specific tools and principles. It requires knowledge of the work process.

No two CME programs are the same. No two physicians learn the same or have exactly the same learning needs. Everything has variation; everything is one of a kind. Understanding variation allows you to predict (manage) with some degree of certainty.

There are two kinds of variation. Common-cause variation happens as a normal part of everyday work. Special-cause variation occurs when something unusual happens. If unusual things happen throughout the process, it is said to be unstable.

The first responsibility of a process improvement team is to ensure the stability of the process under consideration. You can’t improve a system in which the unusual and unexpected are the rule rather than the exception; therefore, attempting an improvement project in an unstable system is a waste of time. While you can observe whether improvement has occurred in an unstable system, you cannot attribute the cause of the improvement to an improvement intervention with any certainty. Did the improvement result from what you did to improve the process, or was the improvement the effect of some special cause of variation? In an unstable system you don’t know.

The use of several basic tools of quality lets you assess the stability of a system or work process. Tools such as flowcharts, run charts, and control charts are useful in assessing system stability. In a stable system, only common-cause variations are expected to exist. Special-cause variations are just that—special. They can be explained but you don’t plan for them and you don’t take them into consideration in planning an improvement activity. And you especially don’t build policy or change processes in response to special causes of variation.

Managing a CME office effectively requires some ability to predict what should happen, plan so it will happen, monitor results against expectations, and standardize what works exceptionally well. In an improvement culture, we can learn how well our system is working and improve what we do on a continuous basis. Those familiar with the "quality movement" will recognize the Plan, Do, Study, Act (PDSA) cycle. Continuously applying the PDSA cycle will make a CME office a dynamic learning organization.

System Improvement Learning Cycle
The "Plan" part of the cycle involves the team in describing work process, analyzing the common and special causes of variation, identifying the root causes of variation, and agreeing on what can be done to improve the work process under consideration. Often it is this part of the PDSA cycle that takes the most time.

The "Do" part of an improvement project is a pilot of the improvement theory. It is the test of what you predicted would make a process better.

"Study" involves checking the results based on the prediction. Is the new process operating at a different level of performance? Is the new process stable and predictable? Is there statistical evidence of the improvement? Consider quantitative and qualitative evidence of improvement.

"Act" on what you learn. If the improvement occurred as predicted, you standardize the improvement. If no improvement occurs, you abandon that theory and approach the improvement from another perspective. Continuous improvement and continuous learning about operations and work processes require ongoing application of the PDSA cycle. Repetition of the cycle generates new learning, new knowledge, and new performance in the CME operation.

The PDSA cycle integrates theory and practice. Improvement theories predict practices the staff think will be effective. Improved practices give rise to new or revised theories. This knowledge-building process is a central activity in an improvement culture. It leads to improved performance, consistency of products and services, and efficiencies in operations.

In my next article I will address the importance of planned change in an improvement culture. We will integrate the PDSA Cycle with a seven-step process for process alignment and process improvement. Making data-supported decisions based on the application of the PDSA Cycle lays the foundation for a systematic approach to process improvement and planned change that can be used in every CME operation to improve work and increase customer satisfaction.

Netiquette: The Fine Art of Communicating electronically

by Karen M. Overstreet, MS, RPh, ELS, Director, Professional Education Services, OCC Inc.

Everyone, it seems, is taking advantage of the information superhighway. The Internet is allowing CME professionals and health care practitioners to access information and communicate in ways never before possible. The following hints regarding "netiquette"—etiquette for the Internet—will help facilitate electronic communication between these professionals.

When to Use E-Mail

Too many users assume the minute they send an e-mail message, the recipient will receive it and read it. Bad assumption. Although e-mail is a much quicker alternative to "snail mail," it can still take several minutes to several hours for a message to reach its destination. It can, of course, take even longer to be read and acted on. Remember, e-mail is designed not for immediacy, but for convenience—if your message is urgent, use the phone.

Don’t Be a Novelist

Messages should be concise and to the point. Think of an e-mail message as a telephone conversation, except that you are typing instead of speaking. No one has ever won a Pulitzer Prize for a telephone conversation, nor will they win one for an e-mail message. Also, remember that some people receive hundreds of messages every day, and the last thing they want to read is a message from a colleague who thinks of him- or herself as the next Charles Dickens.

Too Much Punctuation!!!

Don’t get caught up in grammar and punctuation, especially excessive punctuation. Exclamation points (called "bangs" in computer circles) are just another form of ending a sentence. If something is important, it should be reflected in your message rather than in your punctuation.

Abbreviate Only if You Must

Use of abbreviations is rampant with e-mail. In the quest to save keystrokes, users have traded clarity for speed and confusion. Examples include BTW (by the way), BCNU (be seeing you, not to be confused with the cancer agent carmustine), and RTFM (read the funny manual). It’s best to avoid abbreviations unless they are commonly used and understood by your audience.

UPPER-CASE LETTERS

Using all capital letters is the equivalent of shouting in someone’s ear. Use all capitals ONLY to make a strong point (as I just did).

Smilies

Part of a good one-to-one conversation is the use of visual clues. Facial expressions and body gestures are very important to a conversation—a simple eye movement can mean

the difference between yes and YES. With e-mail, users have developed several simulated facial expressions to aid in comprehension; they are usually found at the end of a sentence and refer to the prior statement. Tilt your head to the left to interpret the "smilies" below:
:-) smiley face
;-) wink (light sarcasm)
:-> devilish grin
:-/ perplexed
:-(frown
;-} leer

Salutations
The question is, "How personal is too personal?" In a non-business situation, it is acceptable to bypass the standard formalities—if you normally address someone by his or her first name, go ahead and start your e-mail with it or omit the name entirely. However, if you normally refer to someone as "Dr. Smith" or "Ms. Jones," it is safest to retain the title in e-mail correspondence.

Signatures
Including "signatures" at the end of e-mail messages is recommended because the originator of a message is not always clear to a recipient. Use your title and institutional name in the signature when sending business messages. Some users include quotes or combinations of keyboard characters with their name as their electronic signature. If you choose to use a creative signature, do so only for personal messages, and choose something short that reflects your personal style.

Save a Tree
The purpose of e-mail is to eliminate (or greatly reduce) the shuffling of paper. It is not necessary to print every e-mail message. Unless you have a very primitive e-mail system, you can probably file your important messages electronically—delete the unimportant ones and print only those that are essential.

Privacy—Are You Kidding?
There is no such thing as private e-mail. With some systems, an e-mail administrator has the ability to read any and all messages, and some organizations monitor employee e-mail. Therefore, you would be wise not to send anything through e-mail that you would not want posted on your department bulletin board.

Submit any recommendations you have for improving communication among CME professionals to Almanac Editor Karen Overstreet at karen.overstreet@occus.com (mailing address: OCC Inc., 301 Oxford Valley Rd, Suite 1301, Yardley, PA 19067).

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