

HOW ARE MSAS APPROACHING COMMUNICATIONS?

Approaches and reflections shared by various MSAs

- Learn the individual styles of communication for your physicians and work with them that way. It has never been a one size fits all!
- Use multiple avenues/channels to communicate such as face-to-face meetings, e-mail, phone, grand rounds (biggest crowd), department meetings, website, branded e-newsletter, word of mouth and printed handouts, information distributed through mailboxes and at meetings.
- Form a communications sub-committee and invite a department head or physician representative from each department to join. Sub-committee members then take on a role of communications liaison for their physician group to spread the word, send out e-mails on behalf of the MSA/ physician society and encourage physicians to attend events.
- Despite leveraging our website and sending once a month updates, word of mouth is the most effective.
- Ask department representatives on working group to share information; and leaders to forward e-mails onward “like a tree.”
- Share an anonymous count of physician responses/attendees from departments showing which have been most responsive, to encourage others to do the same.
- Send e-mail correspondence to personal emails rather than health authority emails with permission.
- Ask Medical Office or Departmental assistants to help share information and filter e-mail.
- Post regular updates on a display or e-bulletin board in or outside the physician's lounge, with background info, new initiatives, announcements, engagement stories, etc.
- Have physicians involved in first round of funding activities share their experiences first-hand at a member event, and prior to additional planning for rounds of funding.
- Appeal to a higher purpose, what is important to physicians, what they value, and have meaningful takeaway messages after meetings.
- Use a communication expert consultant to centralize marketing and communication.

MSA QUESTIONS AND ANSWERS: COMMUNICATIONS

Who does all the communications work in an MSA?

It depends on the extent of your needs, size of hospital, size of team and budget. Usually, a combination of the following: a project administrator, physician leads, a subcommittee which may include physicians, individual team members, and at times, an external consultant as needed. Here is general list of functions to be fulfilled:

Communications strategy

- **Identify needs, challenges and a plan:** Collaborative effort often between the MSA working group, its administrator and/or project manager, and sometimes an external consultant.

Tactical functions:

- **Content coordination / liaison:** Collect information for newsletters and other communications, and have communications drafts approved by working group for distribution
- **Writing:** Newsletters, information documents, website and brochure content
- **General content preparation:** PPT presentations, posters, brochures
- **Graphics:** Design important documents from scratch, prepare visual graphs and charts, take photos, or find stock photos or images, create newsletter templates
- **E-mail distribution:** Create an e-mail list, set up e-mail templates or systems, send out final e-mails or newsletters, pass on e-mails, monitor responses
- **Postings:** posters, bulletin boards, physician mailboxes
- **Websites or other digital platforms:** Planning, technical setup/ production, graphics, content coordination, writing, channel maintenance and postings

How can the Facility Engagement team support sites?

You can make a request through your Engagement Partner (EP) to get advice and support from the provincial communications team as listed below. Unfortunately, the provincial team is not able to provide hands-on tactical support such as writing, preparing newsletters, creating graphics, or developing websites. However, we can link you to consultants, writers and developers to perform those functions if you do not have those contacts.

- **Communications orientation:** One-on-one general counsel by phone with sites about how to plan general communications.
- **Communications needs diagnosis:** A session with an MSA/ physician society to help get planning on the right path by ‘diagnosing’ local communications strategic needs, and making general recommendations about steps and budget needed, and if needed, connections with external consultant/s, writers and developers if requested.
- **Template and tool development:** Upon request by EPs, some graphic or content template development for key needs can be provided if is universally applicable to share with the rest of the MSAs around the province. We also collect and share tools and good ideas from MSAs themselves for materials such as MSA orientation, at knowledge.facilityengagement.ca.
- **Sharing MSA stories:** Writing and editing support to share your MSA success stories on the [FE knowledge sharing portal](#) and other provincial channels.

What can the health authority provide?

- **The health authority communicator assigned to your hospital or region** may be able to help to identify local distribution channels, newsletters, announcements, story sharing, and site leadership or health authority executive communications channels.

Is there a Talking Points template for the Working Group and Board?

Yes. You can find the [template](#) and customize with your local information.

Is Facebook or Twitter a good communication tool?

It depends on your goals. Social networks may be appropriate and effective for activities such as recruiting physicians or communicating about events or subjects that are not confidential in nature.

However, Facility Engagement work that seeks to engage and collect feedback from physicians, or support project work, is generally not appropriate for external audiences; therefore the usual public-facing social networks are not appropriate collaboration spaces.

Alternative options, such as closed Facebook pages and other password protected networks such as WhatsApp or Signal chat groups, may be an option. When exploring the use of online collaboration networks, your physician group should consider physician privacy and security, content ownership, and online engagement pros and cons. Contact your Engagement Partner to get advice.

Are online forums a good option for collaboration?

They can be, if physicians or project participants feel the discussion is worthwhile to take time to participate. To be successful, forum subjects need to be compelling with active conversations. Forums need to be monitored and moderated by a dedicated individual.

A forum like [Slack.com](https://slack.com) is easy to set up and very user friendly. Again, please consider the privacy and security, confidentiality of online engagement for physicians.

Are there provincial resources for setting up a website?

There is a desire to have websites to post information about events and activities that physicians can access from anywhere.

The Specialist Services Committee and Doctors of BC do not have dedicated websites or support for MSAs/ physician societies. This is because (unlike divisions of family practice) the MSAs fall under the health authority umbrella as an entity.

As a website can be time-consuming and incur costs, ensure you explore your MSA strategic goals and communications goals first, and get some communications advice on how a website would best support those goals. Keep in mind that with so little time in a day, physicians tend not to visit websites regularly unless there are practical resources for them to access, so you also need to create a compelling and useful reason for them to visit yours.

Creating a simpler website as a 'home base' for MSA content is a common practice across BC MSAs. If you want to create a dedicated website for your own MSA, contact your Engagement Partner to get connected to advice.

No matter which way you go, you'll need to organize a group to consult and plan the website strategy/ needs (the most time-consuming step), a developer to build a website (or add to an existing one), and a writer or project manager to gather and maintain content.

E-mail: How can I track whether or not my e-mails are being read? What cloud-based e-mail options are best? What is the difference between Campaign Manager, Constant Contact and Mail Chimp?

[Campaign Monitor](#) (used by Doctors of BC groups and Divisions) is a cloud-based service to which you subscribe on a monthly basis for a reasonable cost. They enable you to send e-mails to your member lists (with their permission) in bulk. You can try a free version before committing.

This service provides feedback and analytics about the effectiveness of your e-mail communication: you can see who has opened it or not, what e-mails are bouncing, and what content links people are clicking on.

[MailChimp](#) is another platform often used because it is free of charge for some templates and functions. However, the Doctors of BC Technology Office has privacy concerns about this channel, especially the free version, for your consideration. Contact your Engagement Partner to get connected to advice.