Don’t Guess, Test: Positive Change from Qualitative Member Research and Radical Empathy

November 10, 2022 | 12:45 – 1:45 PM

American Society of Anesthesiologists
Maureen Geoghegan, Chief Membership and Communications Officer
Gonzo Schexnayder, CAE, UXMC, Director, Member and Product Experience
Jen Minarik, Sr. User Experience Researcher
Interface Guru
Cia Romano, Founder / Researcher
Today, We Will Talk About

- What is “Lifecycle & Ecosystem Research”?
- Quantitative vs. qualitative research.
- How we identified the member cohorts.
- How we interview members.
- How we share the findings with staff/members.
- How we use the findings.
- How we measure success.
About the Lifecycle & Ecosystem Research

- The catalyst:
  - Identify the stages and transitions of an anesthesiologist’s career, from the moment they chose to be an anesthesiologist to their retirement.
  - Learn the products and services that support each stage to build lifelong value, loyalty and membership.

- A note about executive sponsorship/championship:
  - It’s really important.
  - It secures budgets.
  - It provides talking points.
  - Validate that support in your reporting.
# The L&E Journey

<table>
<thead>
<tr>
<th>Year</th>
<th>Activities</th>
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</thead>
</table>
| 2018 | - User Research Workshop to Identify Cohorts  
- User Research – Career Transitions/Multiple Cohorts |
| 2019 | - Anesthesiology resident group interviews*  
- Residency Journey Mapping  
- User Research – Residents |
| 2020 | - Usability Research to inform Information Architecture and Navigation Design  
- Continuing Medical Education (CME) Service Design Workshop  
- Resident Self-Study Interviews  
- Residency Program Directors Interviews |
| 2021 | - User Research – Early Career Anesthesiologists  
- Committee Nomination platform user interviews |
| 2022 | - User Research – Medical Students  
- User Research – Lapsed ASA Members  
- User Research – Independently Managed Practices |

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Audience focus as organization-wide strategy
Why Do We Do This?

- Spoiler alert: Your members may be medical professionals, but they're humans first.
- There is a fear of listening to your members.
- Quantitative can mislead across multiple digital experiences.
- Quantitative tells us “what”; Qualitative tells us “why.”
  - The why eliminates false attribution.
- ASA needed to know why.
Quantitative vs. Qualitative

Your Physician Assistant is Quantitative:
- Blood pressure
- Pulse
- Temperature
- Weight
- Height
- # of drinks a week
- Documents the problem

Your Physician is Qualitative:
- Reviews the data and problem
- Asks more probing questions
- Sees the data in context of your unique life
- Makes recommendations
The Case for User Testing

Until you talk to your users, *you cannot understand their experiences*

<table>
<thead>
<tr>
<th>WHAT</th>
<th>Purchasing a course</th>
<th>Taking a course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analytics (Quantitative)</td>
<td>Shopping cart abandonment</td>
<td>Low course completion rates</td>
</tr>
<tr>
<td>WHY</td>
<td>User testing (Qualitative) with <strong>objective</strong> participants</td>
<td>“The payment screen field labels are confusing”</td>
</tr>
</tbody>
</table>
The User Testing Process

Identify all member types

Find their key tasks
- Become a member
- Take courses
- Claim credits
- Find guidelines
- Register for events

Test user cohorts based on greatest need
How We Conduct User Testing

- User testing is **one on one**
  - … **not** a focus group
  - Both structured and open-ended
  - Anonymous, “safe space”; no right or wrong answers
- We recruit participants by user cohort
- Tests are designed, conducted and tabulated by independent third party to avoid bias
  - Tests are observed by ASA stakeholders
  - Exit interview is conducted by ASA
- Strict adherence to confidentiality
What We Learn From User Testing

– How to think like your users

- Key stressors (work-related or not)
- Career influences
- Career transitions (past and future)
- Work environment and business model impact
- Motivations
- Communication type and preference ratings
- Resources (available, desired)
What We Learn From User Testing

- Their labels and self-identification (not ours)

“I’m an anesthesiologist in my second year of residency.”

“I’m not an anesthesiologist yet – I’m a resident. Why would I need ASA?”
Interface Guru’s Approach: Usable Times 5

1. Orientation
   “Where am I?”
2. Permission
   “Did I ask for this?”
3. Relevance
   “Is this useful to me?”
4. Interactivity
   “What can I do?”
5. Speed
   “How long will this take?”

- Audiences vary, but human factors do not
- Digital is not print – it requires people to process information on multiple levels
How We Share Research (Beyond the Full Report)

<table>
<thead>
<tr>
<th>Membership at Large</th>
<th>• Newsletter article(s)</th>
</tr>
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</table>
| Member Leaders and Staff | • Committee presentations  
• All-staff lunch and learn  
• SharePoint archive  
• Summative report and recommendations |
| Executive Team | • Early Findings Report  
• Executive Summary |
Where We See Results

<table>
<thead>
<tr>
<th>Navigation and Wayfinding</th>
<th>Self-recognition</th>
<th>Participant appreciation</th>
<th>Website Satisfaction Survey</th>
</tr>
</thead>
</table>
| • Users find what they need, faster | • “This content is for me” | • “I’m impressed that you’re even asking us about this” | • Satisfaction increase  
• Better task completion |
Website Satisfaction Increases…

ASAHQ.org Website Satisfaction Scores 2018 - 2022
Very/Somewhat Satisfied (Top 2) vs. Somewhat/Very Dissatisfied (Bottom 2)

<table>
<thead>
<tr>
<th>Date</th>
<th>Top 2 Box Score</th>
<th>Bottom 2 Box Score</th>
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<tbody>
<tr>
<td>6/6/2018</td>
<td>64.1</td>
<td>29</td>
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<tr>
<td>9/6/2018</td>
<td>57.1</td>
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...As More Members Accomplish Their Goals
Don’t Let That Research Sit on a Shelf
Expectation That Insights Are Applied

- Research and insights considered an asset to drive experience (and business).
  - Action plans developed by each functional area, resulting from biennial Member Value/Satisfaction Research.
  - Informs efforts of Marketing and Communications, Membership, Education, Governance teams.
And They Really Are …

- **Focus on driving meaningful engagement (on their terms)**
  - Resident Engagement staff roles
  - Resident email series versioned by year (one size does not fit all)
    - CA1s, CA2s, and CA3s.
  - Program Directors Advisory Group – influencers of key audience

- **New membership offers and packages to build loyalty**
  - Early Career Membership Program (ECMP), customized new model
  - Content and resource development

- **Improve experiences**
  - Website navigation and architecture; search optimization (real language)
  - Journey map product purchase, interface, end-to-end interactions
  - Online Community forum
  - Mentoring strategy and programs

- **Messaging – what's in it for them**
  - Visual: Photography, imagery they can see themselves in, doing the things they love doing
  - Verbal: Written, conversational
    - Copy/messaging frameworks × audience
    - Benefits first; relative to specific needs and challenges
    - Outlawed starting sentences with "ASA"
  - Delivery: Don’t forget about direct mail
The steps you take now can ripple through the rest of your career, Carolyn.

Get the Most Out of Your Membership
Take two minutes to ensure your member profile is as complete as possible. Sharing information about yourself helps us better understand you so we’re able to develop new opportunities that meet your needs.

Tell us more about you →

Stay Sharp with Free Education
Make your transition into CA-2 easier with patient safety courses that offer you up-to-date information, and many of those topics may appear on future exams. The content is aligned to ACGME and other training program requirements.

Get Started Today →

Oral Boards: How to Play the Game
October will be here before you know it. Start preparing for the APPLIED Exam sooner rather than later because it’s not just what you know—it’s also how you adapt, present yourself, and demonstrate good judgment.

Get Tips →

Avoiding Financial Pitfalls (Part 2): Tackling Debt
As you finish training, you will have debt (usually in the six-figure range) from medical school and college. You’ll likely also have debt from credit cards, relocation loans, car payments, and possibly housing debt. Monthly payments can be extremely high, and the interest alone can cost thousands of dollars per year. Read this ASA Community blog article by Dr. Lindsay Rutland to get a strategy for paying off your debt.

Read Blog →
Investing in Young Anesthesiologists

Early-career anesthesiologists are navigating tremendous demands:

- Extreme financial pressures
- Time constraints
- Exams
- Imposter syndrome
- Isolation
- Work-life balance

ASA created the Early-Career Membership Program to help you as you transition from training into practice:

- Support and partnership to alleviate many of the time, cost, performance, and emotional demands
## Resources Aligned with Priorities to Foster Engagement

### Year 1
- Passing boards
- Development of evidence-based practice
- Becoming an adult

### Year 2
- Subspecialty skill development
- Career planning
- Quality and advocacy
- Specialty community

### Year 3
- Practice management
- Lifelong learning and MOCA
- Contributing to specialty
Resources Aligned with Priorities to Foster Engagement

- Receive a high-value, super-relevant collection of products, benefits, and resources for each of the 3 years
- Customized and targeted communications and increased engagement opportunities for each of the 3 years
- Content and resources related to:
  - Wellness
  - Career advancement
  - Supervision and people management
  - Specialty skill development
  - Patient safety
  - Payment
  - Personal finances
  - Mentoring

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# Early-Career Education Package

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<tr>
<th>Course</th>
<th>Progress</th>
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<td>ACE 2022 - Issue 19A Electronic</td>
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<td>ACE 2022 - Issue 19B Electronic (coming October 2022)</td>
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<tr>
<td>SEE 2022 - Volume 38A Electronic</td>
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<tr>
<td>SEE 2022 - Volume 38B Electronic</td>
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<td>Opportunity in Clinical Trials</td>
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<td>One-third of a Century of Learning: The Contributions of</td>
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<td>Anesthesiologists to Obstetric Care</td>
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<td>Patient Safety Highlights 2021 - Ellison Pierce Lecture:</td>
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<td>Anesthesia Safety in an Asymmetrical World</td>
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<td>Patient Safety Highlights 2021 - Physician Burnout: Is Resilience the</td>
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<tr>
<td>Only Answer? Identifying and Addressing Stressors, Mistreatment,</td>
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<td>and Harassment</td>
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<td>Patient Safety Highlights 2021 - Is this Malignant Hyperthermia?</td>
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<td>Patient Safety Highlights 2021 - Interventional Neuroradiology:</td>
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<td>Anesthetic Considerations and Crisis Management</td>
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<td>Patient Safety Highlights 2021 - Emergency Manuals in Clinical Uses:</td>
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</tr>
<tr>
<td>Impacts, Uptake, and Tips</td>
<td></td>
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Early-Career Membership Program Media

Awareness postcard (July) mailed to eligible members & nonmembers.

Awareness postcard (October) to eligible members & nonmembers.

Instagram, Facebook, and Twitter pricing/program graphic.

Something seriously, shockingly, unbelievably good. And it's just for YOU.

Zero Complexity. 100% Value.
Allocate the time, financial, and emotional stresses during your first five years in practice with ASA’s Early Career Membership Program:
- Sign-up and for your first three years of membership after training—just $99.
- ACLS, PALS, and EMT certification courses and other premium education—FREE!
- Complimentary registration at our top two events.
- Critical Care,撅etion, and wellness resources delivered just as you need them.

We have your back—now shake off some of that post-training stress.

See what the program has to offer you:
asa.org/ercmp

ASA + YOUR MEMBERSHIP

ASA + YOUR FUTURE
Audience focus as organization-wide strategy

Improved Experiences Driven by Audience Understanding

- Qualitative Research
  - Lifecycle and Ecosystem
  - Audience Understanding

- Quantitative Research
  - Member Value and Satisfaction
  - Product/Program Evaluations

- Transactional and Demographic Data
  - Behavior
  - Purchasing

- Expertise and Resident Knowledge
  - SMEs (staff and members)
  - Product Management

Customer Journey Mapping

CX-Forward/Integrative Experiences

Product Development

Online and In-person Interactions

Messaging
  - Visual
  - Verbal

Membership Offers

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Thank you

American Society of Anesthesiologists

Maureen Geoghegan, Chief Membership and Communications Officer
– m.geoghegan@asahq.org / https://www.linkedin.com/in/maureen-geoghegan-62a8452/

Gonzo Schexnayder, CAE, UXMC, Director, Member and Product Experience
– g.schexnayder@ashq.org / https://www.linkedin.com/in/gonzoschexnayder/

Jen Minarik, Sr. User Experience Researcher
– j.minarik@asahq.org / https://www.linkedin.com/in/jenminarik/

Interface Guru

Cia Romano, Founder / Researcher
– ciaromano@interfaceguru.com / https://www.linkedin.com/in/ciaromano/