



## WOHC 2021 Liaison Guide

This guide aims to be a handy resource for liaisons to refer to during the WOHC plenary session planning process. Below is information on the CME speaker deliverables for WOHC 2021. At the end of the guide is a section called “Tips for Success in the Liaison Role”, which provides suggestions to the liaison for structuring their interaction with the conference speaker.

The Liaison, WOHC Co-Chairs, and WOEMA Program Manager will work together with the subject matter expert to create a high-yield, informative conference session for WOHC conference attendees.

**Role of liaison:** In general, the liaison serves as contact between the speaker and the WOHC 2021 planning committee. The liaison’s most important responsibility is to identify the Practice Gap for the webinar and to complete the CME planning form. It is critical that the liaison communicate both the identified Practice Gaps as well as Learning Objectives to the speaker as soon as possible to make sure both parties are in alignment and make changes if needed. In addition, the liaison is encouraged to discuss with the speaker ideas for audience engagement during the conference session.

### **Overview of ACOEM CME Joint Accreditation Program Planning Form for WOHC 2021.**

List knowledge and practice gaps (this is the gap in knowledge that your session hopes to address). *100 word limit*

Example: Session Title: COVID-19 testing. Practice Gap: Clinicians are not aware of best practices in ordering serologic tests for COVID-19. Reference: The Role of Antibody Testing for SARS-CoV-2: Is There One? Elitza S. Theel, Patricia Slev, Sarah Wheeler, Marc Roger Couturier, Susan J. Wong, Kamran Kadkhoda. Journal of Clinical Microbiology Apr 2020, JCM.00797-20; DOI: 10.1128/JCM.00797-20

1. How was this practice gap determined (please cite any data; feel free to submit relevant articles, research, etc.) *50 word limit*
  - a. Demonstrated Need: based on measurements that go beyond the program planning committee’s own perceptions and experience such as Quality and Utilization reports, chart review, literature review. Please indicate source of demonstrated need:
  - b. Expressed Need: based on information gathered from physicians asking them to identify or suggest educational topics that would interest or assist them in clinical care such as surveys, evaluation forms and focus groups. Please indicate source of expressed need:
  - c. Presumed Need: based on the opinions and experiences of the CME committee or program planners.



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2. At conclusion of this activity, learners should be able to (provide at least three learning objectives):

How to write Learning Objectives: <https://acoem.org/acoem/media/PDF-Library/How-to-Write-Learning-Objectives.pdf>

3. This activity is designed to change: *(Select any one or two or all)*
  - a. Competence
  - b. Performance
  - c. Patient outcomes

**Please provide the answers to these questions in word document to Alex Kerstner by, June 16.**

### Timeline/Due Dates:

1. **February 17:** Initiate contact with potential speaker(s) and invite them to speak at WOHC.
  - a. Formulate layout of presentation and finalize with WOHC Chair and Co-chair (didactic presentation, townhall, “ask the expert”, podcast style, panel session, lightning rounds, focus groups, etc). Must also coordinate with WOHC chairs if the session will be in person/virtual/hybrid.
  - b. Once the speaker(s) accepts the invitation, discuss the session with speaker(s) over the phone including practice gaps, session style, and availability for in person vs. remote vs. hybrid.
2. **March 17:** Confirm date/time/duration with speaker(s), WOHC chairs, and GC
3. **April 21:** Discussion to be made regarding non-CME events (signature event, worksite visits, etc.) and format. Bring your ideas!
4. **June 16:** Gather CME deliverables (practice gaps, etc) and provide them to GC (see above). GC will obtain disclosure forms, headshots, bios, etc.
5. **Sept 29 – Oct 2:** Moderate session(s) with assigned resident (see below under expectations).

### Expectations:

1. If in person session, liaison must be present on date/time of session at WOHC.
2. If pre-recorded, liaison must be available during recording.
3. Liaison will be expected to moderate the session whether that be remote or in-person. Tips to moderate a townhall session/Live Q&A are below. Residents will be assigned to liaisons to assist as best fits the need for the session. Moderating responsibilities will be based on type of session being conducted.
4. If liaison will be moderating any remote/pre-recorded sessions, liaisons must have access to a computer with reliable internet access and it is strongly recommended to use a headset.



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- a. Tips: Stay indoors and choose a room that is quiet and distraction free.
  - b. These are also important tips for speakers who will do any remote/recordings sessions, so please discuss this with the speakers as well.
  - c. Turn off all other applications and automatic notifications, close all other browser windows, and silence phone.
5. Communicate regularly with WOHC Chairs and Alex Kerstner about your assigned session(s) even if you are not available during the meetings.
  6. Market your session and speaker via your LinkedIn profile (if you have one) ahead of WOHC.
  7. Engage participants about your session in the day leading to and during WOHC via virtual platform.

### Tips for Success in the Liaison Role

- The liaison role is a great opportunity for mentorship and networking. View the role as an interactive process to provide structure to the subject matter expert for creating a great presentation for our WOEMA community.
- The best qualities for success in the liaison role are diligence and focus. Prior to initial communication with the speaker, try to have a clear understanding of the practice gaps and objectives for the webinar presentation. This step is to encourage direct communication with the speaker to make sure that the education committee needs are aligned with what the speaker will be presenting.
- During WOHC planning committee meetings, ask members what they would like to know about the topic to identify practice gaps. WOHC Chairs, Rosalie Banasiak, Alya Khan and Education Committee Chairs David Caretto and Cody Jackson can help with this as well during meetings or by email/phone.
- If possible, try to have a telephone discussion early on with the speaker to discuss the topic and to share what the committee would like to know about the topic (practice gaps). Ask the speaker about what they view as the most useful information for OEM physicians to know from previous presentations and their clinical/research experience. If not possible, this communication can be accomplished via email.
- If questions, obstacles, or concerns arise, reach out to WOHC Chairs for assistance. You have the complete support of the WOHC Chairs and WOEMA staff.



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- To that point, if at any point during your interaction with the speaker you notice “red flags” that would call into question webinar quality (i.e. issues with professionalism, deliverables, ethical issues, etc.) please inform the WOHC Chairs and we will discuss together how to proceed.
- Take mental notes of excellent presentations that you hear at AOHC, local, university, and regional conferences, introduce yourself, and share contact information. You may have the next great subject matter expert for a WOHC conference!

### Townhall/Live Q&A tips

#### Pre-game

1. Set up a google doc with questions between liaison and resident
2. Suggest following sections: pre-recording questions, live q/a questions, general comments from chat.
3. Share phone numbers, be open to texting each other during the pre-recording and live Q/A. Discuss roles/responsibilities/best ways to communicate.

#### Pre-recording.

1. During the pre-recording, resident monitors the chat and puts any questions to the google doc with the attendees name. Also add any insightful comments from the chat.
2. Liaison monitors for the same information to use as part of the intro/conclusion for live Q/A session.
3. Liaison adds weblinks to the chat for reference materials for audience.
4. At the beginning of the pre-recording, resident or liaison will type a statement to the chat asking that participants write/share their questions, which the resident will put on the google doc.

#### Live Q/A

1. Resident gives brief introduction. Suggest typing a draft and providing to the resident. They may do light editing. Make sure they mention liaison will be moderating as well.
2. Allow speaker to give opening statement
3. Liaison asks questions first. 2-3, best if in a batch on a common theme.
4. Then let resident ask 1-2 questions on a topic, or give reactions from the chat. Then back to liaison for the next set.
5. At 1-2 minutes to close (tight 30 minute block) liaison will close (take over if resident is currently posing questions) and provide "rally cry" summary of the topic, thank speaker, and request that attendees provide remaining questions for the topic via the mobile app/event platform or email to Alex at [woema@woema.org](mailto:woema@woema.org) for follow-up.

#### Miscellaneous

No need to go in order of questions, try to batch them into a topic and go from there. Try to get a sense from the chat what people want to hear and direct the conversation that way.



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When reading a question, do acknowledge where it came from, people want to know that they contributed to the discussion!

### **Communication during Q/A.**

This is crucial and based on what has been piloted during podcasts. Prior to going live, we'll text any questions/concerns/clarifications so that we are on the same page.

Once we go live, liaison will watch the time and make sure the conversation moves along/flows. For example, in the TB talk we had 10 minutes to go and I felt it important to get COVID and treatment questions in. I texted the resident and he gave the mic back so we could get to those questions before time.