

**WSAE Online Education Spoke
A Conversation with Tara Withington, CAE and Mike
Scorzo, EdD of Executive Director Inc.**



Tara Withington is Vice President of Executive Director Inc. (EDI) and serves as the Executive Director of the Society for Immunotherapy of Cancer (SITC). Mike Scorzo, also at EDI, is Director of Online Education for SITC. Members of WSAE's Online Education Spoke talked with them about their recently-launched online education portal connectED.

Tell us about your online education programs at SITC...

[TW] SITC connectED is our online education portal, with a variety of online learning resources from our member experts and from partner organizations. The portal provides access to activities such as courses and webinars, as well as enduring materials such as pdfs, videos and Powerpoints from previous live meetings. The enduring materials are housed in a library on CONNECT, our website.

We launched CONNECT in January of this year, and connectED in May, with a goal of 25,000 users in year one, and 50,000 in year two. Our users are mostly scientists, but include researchers, doctors, students and pharmacists, and we are adding material for nurses and patients. Continuing education credits are offered for physicians, nurses and pharmacists who complete activities.

The catalog on connectED is a curated collection of SITC material plus material housed externally, including on Medscape's site. SITC is going into its fourth year of

a partnership with Medscape; we co-develop 20-40 education activities per year. The content for these activities is created by SITC members and reviewed by SITC. These activities are housed on Medscape's site, and SITC links to them through connectED.

What was your association's vision for this program? Were there any obstacles to developing a shared vision throughout your organization? How did you address those obstacles?

[TW] We started looking at doing something like this in 2005, but the entry point was around \$300,000, and we didn't have the budget for it. We just kept putting it back in the parking lot. Then companies such as Higher Logic and Blue Sky started doing online education – they've made huge strides since 2005. Another obstacle was the fear in the association world that digital education would mean people wouldn't come to meetings. Online education has waxed and waned, and there's been a resurgence the last 5-7 years. We kept waiting for a system to meet our needs.

In 2010, we made the decision that we would capture all of our live education on video. It seemed like a waste--almost irresponsible-- to not get enduring material. So we started a library, but had no delivery vehicle. We just linked to the material on our website. We talked with Higher Logic for almost five years, but just didn't have the money or internal bandwidth to move forward.

Pre-launch, it was pretty easy for leadership to get the idea. Listservs had been around for a while so it was easy to explain the value of connections. There are so few immunotherapists that the idea of them talking with each other got our leadership excited. We tested the idea with members via surveys. A bigger challenge was getting people outside of our membership to support it. We did a big "SITC University" presentation to a funder in 2012, but it didn't go forward. We also had written three grants that did not get picked up.

In 2015, we finally had enough in reserve that we made the commitment to make the initial investment. We wanted the best of both worlds--access to enduring material, and a way to communicate after live meetings. The vision was connected education, and Mike made it a reality. We launched CONNECT on January 9th of this year, and connectED on May 20.

[MS] When I first came on board, I spent a lot of time just trying to get up to speed. We had an internal slogan: SITC is the hub of all things immunotherapy. But SITC doesn't have to be the author or owner. We wanted to help doctors, nurses, etc. find what they were looking for, and we wanted a seamless user experience.

We also wanted to try to build adaptive learning to personalize the selection of resources available for learning. We wanted to be more interactive, provide precursors to our live education, and be different than the typical online course that mimics in-person learning, and is didactic. This was key to the success.

For example, we took a risk and used an avatar of a local doctor (from University of Wisconsin - Madison) and also used his voice, then allowed learners to interact with the content that he helped us create. Users can move cells around, and see if they chose the right connector, and whether a cancer cell was killed.

Finally, if this was going to be the hub for all things immunotherapy, we needed communities. Communities can be very difficult to keep active. You really need to think this part through and have a plan to drive conversations.

Please describe the business model(s) for your online education program.

[TW] To date, we have financial support from funders for connectED, but not for CONNECT, our website. When we began to describe connectED as a site that curates content, including content from other organizations, we got funding. There is no other single place where this information is available. Other organizations felt their education would get more uptake if they supported this endeavor, and that they would get extra leverage for the education efforts they had already invested in.

For courses on Postgraduate Institute of Medicine's (PIM's) Medscape, SITC submits grants to the funder, and then PIM and SITC jointly develop content. Medscape controls the grants, and SITC members are the content experts and receive a small stipend.

Regarding the partnership with PIM, SITC is not accredited, so PIM provides continuing medical education (CME) credits. Most education is live and then transformed into an enduring product. PIM provides CME credits for the live courses, and gives a small discount for the recorded courses.

[MS] There is a debate about whether to charge fees to view material and take courses. Right now, for live events that are converted into online material, we respect the fact that someone had to pay to attend the live event. So the live event attendee has immediate free access. For members who did not attend the live event, there is a minimal charge, and then the material is available to members for free one to three months after the event. For non-members, the material is free after a longer time period--up to six months.

We want the information to be readily available, and don't want pay to get in the way, but we have to balance access with consideration for people who paid to attend live events.

This approach does not generate enough of a revenue stream to support the program. In reality, a few people will pay \$10 per course if they don't want to wait until material is free, but this is a limited source of revenue.

SITC is experimenting with live webinars (livestreaming) for people who can't attend regional programs. Virtual participants can ask questions and participate in

live events. We charge virtual participants a percentage of the amount they would pay for the live event--SITC doesn't need to provide food and beverage or a seat for them. There is a member discount for these virtual participants.

We also provide webinars at one month and three months post-learning because one-shot learning doesn't work. Learners need continual support.

Once your organization had a vision for your online education program, what was the process to develop and implement it?

[TW] We had been working for years to create a library of enduring materials, and then completed an inventory or audit of the content, organizing and labeling it. We also looked at the shelf life of the material, and identified and removed what had expired.

Our next step was an analysis of how iMIS, our association management software, would interface with the Learning Management System (LMS). We involved the tech services team. This took some time, because we had to find the right vendors.

We made mistakes with vendors. Even now, the course catalog page is not sophisticated enough. We'll have to recreate the catalog with multi-tier search capabilities. So even when you've done the best you can, you'll always have to regroup and there will always be glitches.

[MS] This was a typical project management process. We got the team together--the vendors, and the EDI web services team, the EDI information services team, SITC staff, and vendors. We mapped out what we wanted to accomplish, including what the user interface should look like. We developed flow charts of what happens as users move through the site, starting with CONNECT. We drew up what the pages would look like.

ConnectED was more complicated because it includes catalog, registration, and personalization functionality. There were a lot of conversations about what our vision was, and what we wanted to accomplish. As always, there were hitches and we had to nudge people to keep the project moving and try to coordinate all the pieces coming together.

We also wanted to create an active online community as part of ConnectED. Our members tend to be researchers, and social interaction might not be part of their priorities when they go online. We started with the best practice of "big and open" and created one big open forum. But with just under 5,000 users, people may have hesitated to ask questions of a large group when they didn't know who was in it. So now we are starting to break out communities into groups--nurses for example. We are also looking for community champions to bring trends into the online discussion, and ask what members think about them. In addition, we've created online communities for each live regional program location to connect practitioners with regional and local experts.

The challenge is that we're trying to support post-event learning for a wide variety of attendees: doctors, researchers, nurses, and pharmacists. We keep asking these groups what they need, and have tasked our website committee with assessing how well the program meets learner needs.

[TW] We had experience with Medscape already, and learned lots about how users interact and what they are looking for. We also had Mike's experience and other inputs. We made assumptions about learners that were wrong, though. Even with the CONNECT website, users didn't agree with what we'd done. We had to step back and talk with particular segments of learners. So research that's out there doesn't fit all users. Requirements also vary by generation. We try to find a balance--how can we best serve all learners? We are talking about holding some focus groups to get more feedback.

Did you develop a formal business plan? How would you recommend WSAE members communicate their visions and plans for online education programs?

[TW] We didn't develop a formal business plan, because the grant process took us through the same steps and logic. We put several proposals together and are in the middle of another large grant application.

[MS] I would recommend that anyone planning an online education program put their plan in writing, and also develop an "elevator speech," or 15-second explanation. Trying to explain the vision for your education site verbally can be difficult!

I spent my first few weeks on the job putting this information into a presentation; this was almost a proof of concept. We went to a large conference, and met with funders there. We've improved over time and learned how to be more succinct. Visuals were very important to get the concept across, as were analogies. Comparing CONNECT to a library and connectED to a classroom was helpful.

Has your education program led to changes in your industry? How do you measure the impact of learning?

[MS] To track impact within each activity, we are using the same evaluation methodology we use for live courses, so we measure whether the users' knowledge has improved, how their confidence has changed, and whether the learning objectives were met.

Sometimes we go back after three months and ask the learners if they have really made changes based on what they learned. We're trying to get to Moore's Level 5¹ [improved performance, or impact on practice]. The grants we write require us to make periodic reports on users, completers and patient impact.

¹ <https://www.ncbi.nlm.nih.gov/pubmed/?term=19288562>

Tell us about the technology you're using...

[MS] It's important to have as few vendors as possible to avoid finger pointing. Higher Logic provides the overarching infrastructure and we contracted with eCONVERSE Media to build the site, manage the community features and train community managers. Fishtree provides the adaptive learning/personalization on connectED and we use Articulate software to build interactive courses. PIM provides certification for both face-to-face and online education--we have ongoing conversations with them about assessment and follow-up. We crafted our own Learning Management System (LMS) by bringing Higher Logic and Fishtree together and integrating with iMIS (our association management software). This created new hurdles for us but it is a live and learn process. Being our own however, we have features you don't typically find in an LMS.

[TW] We found that Google Analytics wasn't enough for tracking usage and response rates, and are switching to Real Magnet to better track the email response rate for targeted messages.

What staff and volunteer resources are needed to support your online education program? How do you make sure the program is sustainable?

[TW] Mike is our full-time Director of Online Education (he has a doctorate in education), we have a full-time manager building some courses and we have an instructional designer. We have a fourth person doing content curation and tagging all our information appropriately. We have other support too: grant writing, Executive Director time and marketing. This is a big part of the responsibilities of our external marketing and digital/community/social media managers. Then there's the whole live education team. Not every association or group will have the resources, monetary or human, to work at this level. The key question now is how sustainable this will be?

How important is it to have an Instructional Designer?

[TW] Mike personally feels that it's important to have an Instructional Designer because there is a science behind how people learn and how a curriculum should be organized. Online, you can't tell if the learner is not getting something until he fails the quiz. You want to structure learning in the best way possible to make sure the learner is successful. Most associations just focus on the delivery of material and the assessment. The Instructional Designer works with the subject matter experts, who may have forgotten the small things; they tease out the details of the course and ensure the tasks needed to get to the goals and objectives for the content are there. Most associations are guilty of just putting on didactic sessions, hoping the content sticks. It is more complicated than that.

Members don't necessarily expect to get the same education they would get in a university setting. But we're dealing with new cancer treatments, and it's important for our learners to understand them and not make mistakes. Whatever we can do to make sure they are learning and walking away with this information is worth the effort.

Please describe any plans for enhancing the program.

[TW] Ultimately, we want to have a certification that our users can work towards. The creation and building of content we are doing now is leading towards being able to offer that. Mike has a vision for how robust this will be.

[MS] There are a lot of activities we still want to do, a lot of opportunities. It is key that we really listen to members and hear what they need. We are forming a Stakeholder Advisory Committee (SAC). My job is to provide the best education in the most timely manner online. The SAC's job is to provide input in order to prioritize our efforts.

Do you have any advice for WSAE members just starting to think about an online education program? What about for members considering how to improve an existing program?

[TW] If you build it, that does not mean they'll come. It all sounds cool, but if you're just giving very busy people one more thing to do, you won't get uptake.

Put a specialized team in place to work on this. Be reasonable about what you can accomplish and don't try to get a home run right away. When we started videotaping content, we didn't think it would take seven years to make it available this way!

[MS] It's critical to keep a pulse on what members are like and what their needs are. What can online education do to help members? How will it help them? Maybe social interaction isn't as important as we think. You have to keep in mind that not everyone is pro-technology, pro-online.

[TW] There should be more sharing of content among Association Management Companies and associations as long as everyone gets the proper credit. If various membership organizations can share information and content, and curate it, we can expand what's available to our members.

For more information on the SITC online education program offerings:

<https://www.sitcancer.org/connected/home>