

Strategic Public Relations Plan for
The Carolina Ear Research Institute

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Phase I: Formative Research

The first phase of this plan focuses on formative research, which includes defining the public relations situation, analyzing the organization, and analyzing the publics affected by this situation.

Public Relations Situation

Defining the public relations situation includes situational background, parties involved, the significance of the situation, and the likely duration of the situation.

The Carolina Ear Research Institute's (CERI) current situation is not being able to identify a sufficient amount of specific knowledge gaps in local and regional Otolaryngologists, Primary Care Physicians, Neurologists and Neurosurgeons in order to focus offered Continued Medical Education (CME) activities on, thus equipping them to better serve and provide for their patients. According to the Accreditation Council for Continuing Medical Education (ACCME), a knowledge gap is "when there is a gap between what the professional [physician] is doing or accomplishing compared to what is 'achievable on the basis of current professional knowledge,' there is a professional practice gap" (www.accme.org).

CERI must offer multiple CME activities addressing physician knowledge gaps in order to keep its accreditation title. This situation is of high priority for CERI's planning committee, as well as for the Board of Directors at Carolina Ear & Hearing Clinic (CEHC), which owns and runs CERI.

If CERI's publics can see CERI as a relationship-focused organization, holding the opinions and ideas of its publics with high value and then implementing those opinions and ideas, this situation can be resolved to the mutual benefit of everyone involved.

Situation

The CERI planning committee meets annually to discuss organizing educational activities to meet the objectives derived from the needs of its target audience (observation, April 9, 2017). According to the Accreditation Council for Continued Medical Education (ACCME), organizations offering CME-accredited programs must host a required amount of four activities

in a two-year period in order to hold its accreditation title (www.accme.org). However, CERI has had difficulty in reaching that goal, only offering two activities in the past two years.

This is the first time CERI has dealt with this situation. Since the creation of CERI in 1993, it has had no issues offering multiple CME-accredited courses. With the help of commercial support, it has hosted many popular and well-received activities each year (observation, April 9, 2017). However, since 2015, ACCME has changed its rules and regulations, no longer allowing commercially supported CME activities (www.accme.org). Due to this change, CERI has since had difficulty offering the amount of activities it's been previously known for. In the past, CERI hosted some of its activity topics based on the suggestions of commercial support. Now that it can no longer accept commercial support, where most of the activities were based on the recommendations of commercial support, the organization doesn't know what effective topics to focus CME activities on.

Parties Involved

This situation involves CERI's relationship with the local and regional doctors that rely on CERI to host CME-accredited activities, as well as CERI's relationship with ACCME.

The Situational Significance

If CERI isn't able to achieve hosting four or more CME-accredited activities in a two-year period, CERI will lose its accreditation, thus local and regional Otolaryngologists, Primary Care Physicians, Neurologists and Neurosurgeons will lose a vital resource in their community to continue their medical education and provide improved healthcare to their patients. Not only that, but CERI will lose its credibility, as will CEHC. The reputation of CERI and CEHC could potentially be at stake.

“The CME mission of the Carolina Ear Research Institute is to educate Otolaryngologists, Primary Care Physicians, Neurologists, and Neurosurgeons in the areas of hearing health, chronic ear disease, vestibular dysfunction, Cochlear implants, hearing aids, facial nerve injury, and otolaryngology. The [CERI] CME committee is charged with the responsibility of organizing educational activities to meet the objectives derived from the needs of our target audience. Activities will include, but not be limited to hands-on temporal bone surgical dissection courses, journal club roundtable discussions, and didactic symposiums” (carolinaear.org). So this situation is extremely crucial to the organization’s mission.

Likely Situational Duration

This situation is ongoing. CERI will need to implement the solution to this situation every year in order to host a sufficient amount of CME activities and hold its accreditation with ACCME.

Analyzing the Organization

Analyzing the organization will focus on CERI's internal resources, including communication and budget; the organization's vision; reputation; previous actions; competition; and its external environment.

Internal Organizational Resources

CERI has a state-of-the-art laboratory and conference room on-site of CEHC. Every surgical dissection course, updated clinical guideline lecture, journal club roundtable discussion, and didactic symposium has filled up quickly and been well-received. CERI offers high quality opportunities to local and regional doctors to receive CME credit and the benefit of gaining knowledge in all facets of hearing healthcare for their patients (observation, April 9, 2017).

Available Communication Resources

Communication resources available include the blast email lists of doctors and healthcare providers who have attended CERI's activities in the past, as well as word-of-mouth and face-to-face interpersonal communication opportunities at commercially-supported non-CME activities. CERI's website is another outlet for its publics to reach them, but CERI does not pay for it, CEHC does (observation, April 9, 2017).

Available Budget

The budget for CERI's CME-accredited activities is slim to none. CERI is a nonprofit, so all revenue to host any activity is supported by exhibitors and donors. CERI also used to receive grant funding; however, ACCME nixed that from their allowed protocol with commercial support, so CERI can no longer receive any more grant funding.

CERI's only way to reach its publics is through public relations. There is no marketing budget. It's all about the relationships and credibility CERI has built over the years with doctors,

clinics, hospitals and corporations. Without that, there would be no CERI. However, CERI is allowed to accept in-kind donations.

Organizational Vision

The goal of CERI is to host activities that “provide a forum for physicians to continue and enhance their medical education” (carolinaear.org). Without being able to host activities, there would be no use for CERI.

Organizational Reputation

CERI is well known to doctors of otolaryngology and neurotology in all the major hospitals and private practices in the Triangle area of North Carolina. They are aware of the Institute because its Founder and Director, Dr. John T. McElveen, Jr., is well known in the area for leading new and experimental innovations in the ear subspecialist healthcare industry. However, to Primary Care Physicians, CERI is less well-known (observation, April 9, 2017).

CERI’s opportunities aren’t highly visible because they are only now twice per year. When CERI does host a CME-accredited activity, it usually fills up quite quickly (observation, April 9, 2017).

CERI’s reputation is one of high-standing in the hearing healthcare community of the Triangle. While CERI doesn’t host as many activities anymore, it is still of high quality and of high demand every time (observation, April 9, 2017). The public perceives CERI as an organization of need that offers opportunities doctors wouldn’t be able to get elsewhere. CERI’s leadership is very satisfied with its reputation. It would be ideal to continue having CERI’s reputation of high standing, of high quality, and of high demand for its opportunities.

Previous Organizational Actions

CERI has already met with ACCME to reconfirm that they are no longer accepting grant funding and commercial support for any CME-accredited activity it hosts. CERI has also promised ACCME that it will host more activities this year and the next in order to meet requirements and keep its accreditation title (observation, April 9, 2017).

CERI has also collected surveys from the last CME-accredited activity in 2016 where attendees provided feedback about the quality of CERI and the activities it hosts. Feedback was well received (observation, April 9, 2017).

Organizational Competition

- **Large Hospitals in the Region:** Major competition for CERI would be the large hospitals in the area, like Duke-Raleigh and Rex-UNC, that have a long-standing history with large budgets, as they are for-profits, that offers multiple courses a month for all different healthcare niches. Hospitals Duke-Raleigh and Rex-UNC have fluctuating reputations like most hospitals do. However, they offer CME-accredited activities in a wide range of practices and specialties, so in regards to the competition they put up for CERI, their reputations are well received. These hospitals also have large budgets set forth for CME (observation, April 9, 2017).
- **American Academy of Otolaryngology-Head & Neck Surgery (AAO-HNS):** Another large competitor of CERI is the American Academy of Otolaryngology-Head & Neck Surgery (AAO-HNS). AAO-HNS has an outstanding reputation. Every otolaryngologist, neurologist and head and neck surgeon has heard of AAO-HNS and has attended its national conferences. Because this organization is a national society, it has many branches and large budgets with advocacy, foundations, humanitarian efforts and

international outreach, as well as CME-accredited courses, webinars, and conferences (www.entnet.org).

- A more regional competitor of CERI is North Carolina Society of Otolaryngology and Head & Neck Surgery (NCSOHNS). This organization offers otolaryngology-specific business practices workshops and seminars with CME credit. “The NCSOHNS represents 300 otolaryngologist-head and neck surgeons in North Carolina who diagnose and treat disorders of the ears, nose, throat, and related structures of the head and neck” (ncoto.org). NCSOHNS has a reputation of high standards. The subspecialty society offers multiple activities annually in high demand with the North Carolina Medical Society parent organization, which upholds all medical standards for all healthcare providers in the state of North Carolina (ncoto.org). NCSOHNS was founded on offering CME, so its budget is of great value; however, not as grand as the national organization, AAO-HNS, because this organization only focuses on the state of North Carolina.
- One last thing to consider in regards to competition is time. Doctors are always very busy with limited free time, so while CERI may offer an activity with a topic of high demand, not every doctor who would like to attend may do so (observation, April 9, 2017).

Organization’s External Environment

CERI’s external environment isn’t all that competitive because CERI offers otolaryngology/neurotology-specific education, which is a subspecialty of ENT healthcare, while the other organizations that also offer CME are not as subspecialty-specific with its CME-accredited activities (observation, April 9, 2017).

The organizations mentioned as competitors of CERI also compete on this issue of holding its accreditation and hosting CME-accredited activities to fill practice gaps in local, regional and state healthcare providers.

The American Medical Society (AMA), health insurance companies and the US government are quite strict when it comes to doctors adhering to updating their credentialing and medical knowledge annually (observation, April 9, 2017). If not, doctors could potentially lose their licenses to practice medicine. Therefore, any and all organizations that offer CME-accredited activities are in high demand (observation, April 9, 2017). With that being said, CERI's competitor's performance levels are also of high quality and in high demand.

There is nothing in the environment that can limit the effectiveness of the public relations program. However, ACCME indirectly hinders CERI's mission because it has limited CERI's resources in offering CME to its publics, thus offering the possibility of CERI losing its accreditation (observation, April 9, 2017).

The environment in which CERI is operating is currently growing. With the knowledge and innovation of medicine and technology growing, the possibilities of topics for CME are limitless (observation, April 9, 2017).

Analyzing the Publics

Analyzing the publics will focus on the affected publics of this situation and mention media currently available to the organization. Analyzing the publics will also focus on hindering publics, influential publics, and formal opinion leaders. Lastly, it will touch upon key publics, which includes demographics, motivation, expectations, personal media usage, what the organization offers this key public, the perception of the organization through the lens of this key public, the loyalty this key public holds, and how aware this key public is to the public relations situation.

Affected Publics

- CERI's planning committee, investors and donors.
- CEHC, including all its employees and patients.
- Local and regional Otolaryngologists, Primary Care Physicians, Neurologists and Neurosurgeons that rely on CERI's CME-accredited activities, which are CERI's primary customers.
- CERI's secondary customers, which are indirectly the patients of the doctors who attend CERI's activities.
- The exhibitors that attend CERI's activities and display their products/services. Exhibitors could potentially lose the vital channel of reaching their own publics through CERI.
- Producers of CERI, which are the planning committee and CEHC's Board of Directors.
- Opinion leaders among CERI's customers, which include a handful of key doctors that have led the otolaryngologic and neurologic industry in the Triangle area.
- Colleagues of CERI, which include the donors, investors and exhibitors.

- Regulators of CERI, which include CEHC's Board of Directors and ACCME.

Available Organizational Media

The only media available to CERI is its website and any printed material of past activities.

Hindering Publics

ACCME can stop CERI and has already slowed down CERI's operations (observation, April 9, 2017).

Influential Publics

The corporations, such as Johnson & Johnson (J&J), Stryker, Smith & Nephew, are in a position of influence with CERI's key publics. Other publics that may significantly influence CERI's key publics are ACCME, AMA, the US government and health insurance companies.

J&J, Stryker, Smith & Nephew and other corporations have spoken on behalf of CERI in the past. However, now that CERI can no longer accept commercial support from corporations like them for its CME-accredited activities, it is not as likely that they will push to speak for CERI to their own publics (observation, April 9, 2017).

Formal Opinion Leaders

- Dr. John T. McElveen, Jr.: He not only founded and directs the Institute, but also leads the Triangle into new and innovative medical technology and knowledge in regards to otolaryngology and neurotology. It is not only very likely, but already assumed that Dr. McElveen will speak on behalf of CERI.
- Dr. Kevin Doyle: Also known in the Triangle area for his influence on the otolaryngology and neurotology industry. It just so happens that he is also on CERI's

planning committee, so he is as invested in CERI as Dr. McElveen is. It is very likely that he will speak on behalf of CERI.

- Dr. Marc Brown: Also known in the Triangle area for his influence on the otolaryngology and neurotology industry. It just so happens that he is also on CERI's planning committee, so he is as invested in CERI as Dr. McElveen is. It is very likely that he will speak on behalf of CERI.

Key Publics

There is a small public of doctors that do not attend CERI's activities, but are aware of CERI. CERI has a large active public of doctors that are not only aware of CERI, but actively seek out to attend CERI activities, even asking when the next one will be so they may plan ahead.

Demographics

- CERI's activity doctor attendees (observation, April 9, 2017)
 - Average age: between 50-60 years old.
 - Location: in the Triangle area, which includes Raleigh, Durham and Chapel Hill, North Carolina.
 - Socioeconomic status: very high with high income, high education and high psychological competency.
 - Cultural traits: very meticulous and fast-paced.
- Corporations, donors and investors (observation, April 9, 2017)
 - Cultural traits: professional and promotional in every way.

Public Motivation & Expectations

What motivates CERI's customers to take action is when they see CERI is offering an activity in a topic they don't have much knowledge about or have a large interest in. If there is a new and innovative surgical procedure that could alleviate their patients' state of living, they will want to know all about it (observation, April 9, 2017).

CERI's customers want to learn about interesting and innovative topics in their specialty of medicine and healthcare. They need to reach a certain amount of CME credits in order to keep their own credentials in check each year, so they expect CERI will offer CME-accredited activities (observation, April 9, 2017).

CERI's donors and investors expect CERI to offer CME-accredited activities, and CERI's exhibitors want to be a part of its CME-accredited activities because that means they receive more publicity for their own services/products (observation, April 9, 2017).

Publics Personal Media Usage

CERI's customers use email, phone, text messaging and face-to-face communications. CERI's donors and investors use the same as well as their respective websites. CERI's exhibitors also utilize industry publications via print and digital media for advertising and promoting its services/products (observation, April 9, 2017).

The Organization Offers

CERI can offer CME-accredited activities that fill knowledge gaps and interests in its publics, as well as an opportunity to network with other doctors in the area.

Publics' Organizational Perception

CERI's customers, donors and investors know that CERI offers many different activities with CME-credit, such as hands-on temporal bone surgical dissection courses, journal club roundtable discussions and didactic symposiums (observation, April 9, 2017).

CERI's exhibitors know this as well, but are less aware of the actual topics discussed at these activities (observation, April 9, 2017).

Public Organizational Loyalty

This public has a great loyalty for CERI because they rely on CERI to offer subspecialty CME-accredited activity topics (observation, April 9, 2017).

Public Situational Awareness

This key public is not aware of ACCME's change of protocol, limiting CERI's ability to host multiple CME-accredited activities (observation, April 9, 2017).

Phase II: Strategy

The second phase of this plan focuses on strategy, which includes defining the goals and objectives, the action and response strategies, message sources and message structure.

Goals and Objectives

Goals and objectives will be defined in this part as well as the organization's current position, its ideal position, and its key public.

Ideal Position

The Carolina Ear Research Institute best understands and fills the knowledge gaps of Triangle area Otolaryngologists, Primary Care Physicians, Neurologists and Neurosurgeons in the areas of hearing healthcare.

Key Public

This service is for Triangle area (Raleigh, Durham and Chapel Hill, North Carolina) Otolaryngologists, Primary Care Physicians, Neurologists and Neurosurgeons.

Current Position

CERI educates Otolaryngologists, Primary Care Physicians, Neurologists and Neurosurgeons in the areas of hearing healthcare; however, offers limited opportunities for such healthcare providers to improve their knowledge gaps.

Goals and Objectives

- Goal 1: Establish CERI as an organization committed to its relationships with its customers. (Relationship Management Goal)
 - Objective 1: Foster the awareness of 95 percent of CERI's most active customers regarding it becoming a relationship-focused organization before the next activity on June 6, 2017. (Awareness Objective)
 - Objective 2: Generate the acceptance of 65 percent of CERI's most active customers towards CERI's goal by the next activity on June 6, 2017. (Acceptance Objective)

- Objective 3: Collect the input of 35 percent of CERI's most active customers reached before the third activity in October 2017. (Action Objective)
- Goal 2: Increase the amount of CME opportunities/activities offered for CERI customers. (Task Management Goal)
 - Objective 1: Generate 4 ideas from the feedback of the customers by the end of 2017 before the first activity in 2018. (Action Objective)

Action and Response Strategies

Proactive Strategies

The following are the recommended proactive strategies.

- **Organizational performance:** The organizational performance strategy is very consistent with past practices. CERI prides itself on providing continued medical education opportunities to its customers, and it has done so since the beginning in 1993.
- **Audience engagement of audience interest, participation, feedback and triggering event:** The audience engagement strategy has not been very consistent with past practices of CERI. While CERI's customers showed salience and participation, there were no real opportunities to offer feedback to the organization.
- **Special event:** The special event strategy is very consistent with past practices of CERI. A majority of CERI activities in the past have had large turnouts and successful sponsorships.
- **Transparent communication:** The transparent communication strategy is not very consistent with past practices of CERI. When CERI was first told it could no longer accept commercial support for its CME-accredited activities, the organization knew this would limit its activities, yet did not notify its customers of this change. CERI needs to be transparent with its stakeholders, which fosters trust and long-lasting relationships.

Message Sources

The part of message sources will focus on possible spokespeople, the key messages they would present, and the rational appeal behind said messaging. This part will also mention the structure behind the messaging.

Possible Spokespeople

- Dr. John T. McElveen, Jr.: While Dr. John McElveen is also the President and Director of CERI, the Triangle community look up to him for new and innovative medical technology. Dr. McElveen is usually the first otolaryngologist and neurotologist in the Triangle to participate in new and innovative studies and then once it passes along to become procedures practiced in clinics or operating rooms. He is a credible source with a similar background and education compared to CERI's customers and would be an excellent spokesperson. Dr. McElveen has the expertise, competence and status of being a credible spokesperson. He is also very familiar with CERI's customers and has a sense of control over the medical industry when it comes to hearing healthcare. If there is a certain practice that Dr. McElveen is skeptical of, he will let other doctors know and they will then also become skeptical of that particular medical practice.
- Dr. Kevin Doyle: He is also on CERI's planning committee and leads the industry in innovative medical practices in the Triangle area. Other Otolaryngologists, Primary Care Physicians, Neurologists and Neurosurgeons look to them for all hearing healthcare questions and new procedures. Dr. Doyle has a great sense of charisma and competence when it comes to hearing healthcare. He also has authority when it comes to the topics CERI will focus future activities on.
- Dr. Marc Brown: He is also on CERI's planning committee and leads the industry in innovative medical practices in the Triangle area. Other Otolaryngologists, Primary Care Physicians, Neurologists and Neurosurgeons look to them for all hearing healthcare questions and new procedures. Dr. Brown has a great sense of charisma and competence

when it comes to hearing healthcare. He also has authority when it comes to the topics CERI will focus future activities on.

Message Appeals

- Key Message 1: “The CME mission of the Carolina Ear Research Institute is to educate Otolaryngologists, Primary Care Physicians, Neurologists and Neurosurgeons in the areas of hearing health, chronic ear disease, vestibular dysfunction, Cochlear implants, hearing aids, facial nerve injury and otolaryngology.”
- Key Message 2: “The Institute’s CME planning committee is responsible for organizing educational activities to meet the objectives derived from the needs of the Triangle’s physicians, like you, and to meet the requirements set by the ACCME.”
- Key Message 3: “The Institute has taken it a step further in order to provide more high-quality CME opportunities. We want to hear from you.”
- Key Message 4: “We value your thoughts and opinions. Tell us how the Institute can improve to offer many more CME-accredited opportunities for Triangle physicians. What knowledge gaps can the Institute fill for you?”
- Key Message 5: “The goal of our activities is to provide a forum for physicians to continue and enhance their medical education. Our educational mission is to meet your needs thus equipping you to better serve and provide for your patients.”
- Key Message 6: “The Carolina Ear Research Institute is committed to improving our services. Please let us know how we can better serve you by speaking up at the next Institute activity, or by visiting our website at www.carolinaear.org.”

Rational Appeal

These messages use a rational appeal. More specifically, a factual proposition, in the sense that the status of CERI and its goal is explained. These messages also use a value proposition because it is explained that CERI values its public's thoughts and opinions.

Message Structure

These messages present only one point-of-view and a conclusion that reiterates this program's main idea. CERI's public will find these messages clear, simple and understandable, because they use powerful language; however, they do not use pretentious, exaggeratory, dishonest or defamatory language.

Phase III: Tactics

The third phase of this public relations program will focus on tactics, which includes interpersonal communication tactics, organizational media tactics, and implementing the strategic plan.

Interpersonal Communications Tactics

Interpersonal communications tactics will touch upon information exchange tactics, such as seminars, workshops and training sessions; meetings and speeches, and forums. This part will also mention how these tactics achieve the strategic plan's objectives and what resources, including cost and time, these tactics will require.

Information Exchange: Colloquiums

One educational gathering CERI has not done yet, and could foster a stronger two-way communication bridge between CERI and its public, is a colloquium, which “are educational meetings in which specialists deliver formal addresses and then conduct a public discussion of the topic” (Smith 2013).

Information Exchange: Seminars, Workshops and Training Sessions

Currently, CERI hosts seminars, which “bring together peers who discuss issues among themselves;” symposiums, which are “educational meetings in which specialists deliver short papers;” and workshops and training sessions, which “have a more practical, applied focus, often with an interactive presentation style” (Smith 2013).

Meetings and Speeches

The tactics of meeting and speech go hand-in-hand. CERI has hosted symposiums before with keynote speakers which have been well-received. If CERI were to host a colloquium meeting with a keynote speaker that focuses on vital knowledge regional doctors lack, it could also be well-received and offer the public a channel to communicate back to CERI (Smith 2013).

Forums

Coordinating a face-to-face forum where target audiences may directly address the CERI CME committee with feedback and ideas of their expectations and goals for CERI would achieve this program's objectives.

At future CME activities, CERI should offer the attendees an opportunity to provide feedback on anything they'd like to see in the future or what they'd like to change about CERI's activities. Possible questions to consider: Was the activity of full interest to you?, Was the location and time of the activity ideal?, Did the activity run too short or too long?, Do you feel the material covered was sufficient enough for your thorough understanding of the topic?, Was the keynote speaker sufficient enough in explaining to fully grasp the topic at hand?, etc.

For those who cannot attend a CERI activity, ask why via email (i.e., The topic is not of interest to you, It's not an ideal location or time for you, The last CERI experience didn't reach your expectations, etc.). Then ask follow-up questions (i.e., What are some topics that do interest you?, What would be a more ideal location or time for you?, Why didn't your last CERI experience reach your expectations?, etc.).

Achieving the Objectives

The mission of CERI is to host CME-accredited activities that can close the knowledge gaps of regional doctors regarding hearing health.

The first objective of this program is to evolve CERI's relationship with its customers from one-way asymmetrical form to a two-way symmetrical bridge of communication by generating awareness, fostering acceptance, and increasing the communication between CERI and its publics.

The second objective of this program is to, of course, increase the amount of CME opportunities/activities offered for CERI customers by maintaining the attention of its public and generating its publics to become active and offer their thoughts to CERI on how it can improve closing their knowledge gaps.

These tactics will help CERI achieve its objectives by interacting with the appropriate public in an educational and informative way that offers a channel for its public to communicate back.

Tactical Resources

The resources needed to implement these tactics will include the CERI planning committee, CERI CME-coordinator, potential exhibitor outreach and agreement, venue agreement, and depending on the content to discuss, it could include a potential keynote speaker or multiple industry peer-reviewed journals that require paid subscriptions.

Tactical Cost & Time

Because CERI is a nonprofit, the planning committee volunteers its time, and the CME-coordinator also works for the owner of CERI, CEHC, so no internal employees will need to be budgeted in for this program.

Exhibitors will pay \$3,000 for one activity, and a majority of it will go to the venue, which includes food and beverage, and any medical and technical equipment CERI may require. The venues CERI hosts its activities at are usually upscale private dining restaurants with a reception in the beginning to allow the activity exhibitor, usually a ENT-industry service or product company, to present its service or product. Another common place CERI hosts its activities at is its own on-site laboratory, which usually starts with a lecture and breakfast in

CEHC's conference room, then practice in the lab, and lunch afterwards following a closing lecture. This also runs at \$3,000 for the exhibitor to pay upfront.

If there is a keynote speaker, the exhibitor also covers his/her travel and accommodation expenses, which creates a more exclusive activity for CERI's public so the exhibitor still only is required to pay \$3,000. The CERI planning committee does not actually pay for the subscriptions to industry peer-reviewed journals; CEHC does, so this will not be calculated into this program's budget.

CME-accredited activities are usually planned over a matter of months, but not much time is actually dedicated to organizing these activities in one sitting.

Organizational Media Tactics

Organizational media tactics will focus on publications, such as subscription e-newsletters, and digital media, such as email. It will also focus on direct mail, such as postcards, and social media, such as social networking. This part will also mention how these tactics achieve the strategic plan's objectives and what resources, including cost and time, these tactics will require.

Publications: Subscription e-Newsletters and Digital Media: Email

Under the publications and digital media tactics, utilizing subscription newsletters via email could bring about a new and refreshing avenue for CERI's publics to realize where their knowledge gaps lie and be able to inform CERI of such knowledge gaps. CERI can therefore consider its publics' input and develop future activities targeted on more precise knowledge gaps for its publics. The e-newsletters would include industry-related articles circulating around online. CERI could also take advantage of social networking by sharing the circulating industry-related articles on its Facebook page, thus inviting its publics to start a dialogue with each other and with CERI. CERI can use these posts as input for the focus of future CME-accredited activities.

The e-newsletters would be published quarterly about new medical research, procedures and techniques targeted to doctors. CERI would allow those who attend its next activity to sign-up for the e-newsletter. In the e-newsletter, give the doctors access to contact CERI mentioning if any of the new medical knowledge in the e-newsletter would be of interest to them as a potential focus of a future activity. CERI's target audience are information-seeking publics, so an e-newsletter could prove to keep CERI at the top of their minds as well as provide opportunities for the target audience to offer essential feedback.

Direct Mail: Postcards and Social Media: Social Networking

Under the direct mail tactic, postcards could be a great way to remind CERI's publics of upcoming activities, as well as bring traffic to its website and Facebook page. Currently, CERI invites its public to activities via evite.com, which emails an invitation with visuals and information, as well as a channel for its publics to RSVP and comment. This should stay the same, because CERI's publics expect to receive digital invitations as such. When sending out evites for upcoming activities, include the updated website URL in the body of the evite (CERI currently does not do this). This will improve its branding and give another channel for the target audience to contact CERI if need be.

Achieving the Objectives

These tactics will help CERI achieve its objectives by addressing the knowledge gaps regional doctors possess and provide an avenue for interactive two-way communication to foster. In the long-run, these tactics will give opportunities for CERI to focus future CME-accredited activities on.

Tactical Resources

These tactics would require the CERI planning committee and CME-coordinator to keep a watchful eye on innovative industry-related content that will interest CERI's public and perhaps raise questions for them regarding knowledge gaps they didn't know they had that would in turn bring more opportunity for CERI to host more CME-accredited activities.

The CERI CME-coordinator would be responsible for compiling these newsletters via email, as well as posting the content on Facebook. The coordinator would also be responsible for creating the postcards, and CERI would have to allot a small budget for printing and distributing these postcards. There are many interactive and customizable websites that offer printing and

distributing services where you can upload your own content and layout. For instance, Vistaprint.com will print 50 postcards for about \$10 and postage is only 34 cents per postcard, so it would only be \$67 to print and mail reminder postcards to CERI's publics (www.vistaprint.com).

To put up a new page on CERI's website, it would cost \$250 for the creation of it and another additional \$10 every month that CEHC already pays for towards the domain and analysis of its website designer (observation, April 20, 2017). However, CERI would not be responsible for this.

Tactical Cost & Time

The postcards would be the only thing CERI would need to print and pay for. Everything else is digital and paid for by CEHC. Postcards are great to address individuals and remind them of CERI's activities. Postcards can be used to drive traffic to CERI's website, as well. This would directly give CERI's publics another reminder and channel to reach out and give their input.

The newsletter via email would take the most time. However, having CERI already subscribed to so many digital and print industry-related publications helps narrow the research time for supplying content.

Implementing the Strategic Plan

Implementing the strategic plan will focus on the project schedule, budget, and responsibilities.

Project Schedule

- April 24, 2017: Layout and order the postcards from Vistaprint.com. Also, CERI will add a specific page on its website to invite its public to provide their input.
- May 1, 2017: The first postcard will go out reminding those who have not already RSVP'd to do so and to visit our website. The first email news release and a Facebook post will also go out with our key messaging and inviting our public to respond with a link to the new page on CERI's website.
- May 31, 2017: The next planned CERI CME-accredited activity where a peer-reviewed journal roundtable and reception will be held at the Angus Barn in Raleigh, NC, and a forum will be held after, inquiring for input from the attendees.
- June 6, 2017: The second upcoming activity, which is also a peer-reviewed journal roundtable and reception, and a forum will be held after, inquiring for input from the attendees.
- August 2017: Towards the end of the summer, the first e-newsletter will go out to all those who signed-up at the two previous activities with a quick poll at the end inquiring if the information in the e-newsletter was of value to them and if they would like to receive the next quarterly e-newsletter. There will also be a link in the e-newsletter to CERI's website where they will be able to provide their input regarding knowledge gap topics.
- September 2017: Before the third CME-accredited CERI activity in October, which will be a hands-on workshop and training session in CERI's on-site laboratory, CERI will

seriously take into consideration its publics' input and apply what it can to the final planning of its third and final activity for the 2017 year.

- October 2017: CERI's third and final activity for the 2017 year, which is currently still in the planning phase.
- November 2017: After the October activity, CERI will continue to collect input from its public and consider any and all input for planning activities in 2018.
- In 2018: CERI will host a colloquium meeting with a keynote speaker that focuses on vital knowledge regional doctors lack, among other activities based on the input that is received. The next quarterly e-newsletter will also go out if it was well-received the first time around.

This is an ongoing program. If the postcard and e-newsletter bring value and keep CERI on the tops of the minds of its publics, then it will continue to be implemented prior to every activity and emailed quarterly, respectively. The page on CERI's website, providing an outlet for its public to submit their thoughts and opinions, will continue to stay up and collect submissions. It would seem negative if CERI were to ever close that page, implying that CERI is no longer open to hearing its publics' input, which is the last thing CERI and this program aims for.

Project Budget

An expense we will need to budget for are the postcards, which will total \$210 for the three activities in 2017. All other tactics only require a computer, Internet, and staff, which CEHC pays for.

The \$9,000 from each exhibitor for the three total activities is actually an asset; however, goes right to the venue of each activity, so CERI doesn't see that money for long. So then the grand total budgeted for 2017 would only be \$210.

As of right now, there is no budget for the 2018 year. As we get closer to the end of the year, it'll depend on the input CERI receives and would like to act upon before we can budget for the 2018 year. However, we can allot \$134 for the first two activity's postcards we know we will send out because CERI needs at least two activities a year per ACCME requirements. We cannot budget out any further because we do not know if we will again host three or more activities for the 2018 year.

Project Responsibilities

CERI's planning committee and CME-coordinator are responsible for this public relations program.

Phase IV: Evaluative Research

The fourth and final phase of this public relations program will focus on evaluative research, which touches upon evaluating the plan.

Evaluation Plan

The evaluation plan will focus on what methodologies to use to measure each objectives, awareness, acceptance, and action, and touch upon evaluating the outputs of this strategic plan.

Objective Measurement Methodologies

The methodologies needed to measure each of this program's objectives are as follows.

- Goal 1, Objective 1
 - Media Tracking: Media tracking specifically on the website and on the Facebook page, which shows solid quantitative data that touches upon all the objectives of awareness, acceptance and action.
- Goal 1, Objective 2
 - Survey: With quantitative data, we can see if after each activity, the public thought it of value and worth coming again.
- Goal 1, Objective 3
 - Content Analysis: Based on the qualitative collection of input CERI receives could prove to be of value and worth to CERI and its publics in future activities.
- Goal 2, Objective 1
 - Judgmental Assessment: If the public appreciates having their voice heard and seeing their input put into action, the objective was successful.

Evaluating Outputs

The outputs will be evaluated based on message production and distribution, the amount of email releases, postcards, evites and e-newsletters sent out and Facebook posts posted. It will also be evaluated based on message cost. Based on our budget, only \$210 will be spent on

messaging for the postcards, which is a total of 150 postcards. The rest is all online and the labor is paid for by CEHC. Therefore, the cost analysis is \$1.40 for each postcard.

Measuring Awareness Objectives

Awareness objectives will be measured based on message exposure, including media impressions, content, analysis, readability and message recall. Roughly 150 people will have received at least the email release, a postcard and an evite for each activity. How much of the message is remembered based on how many people RSVP to each activity, and when they arrive to each activity, reiterate the key messages that were also in the email release will also be measured.

Measuring Acceptance Objectives

Acceptance objectives will be measured based on audience feedback, which includes Facebook views and website page hits and the number of requests for additional information about CERI wanting to know its publics' opinions.

Measuring Action Objectives

Action objectives will be measured based on audience participation, which includes “the number of people who actively responded to the message” on Facebook, in person at the forums, in the polls at the end of the e-newsletter and on the website’s submission form. Audience participation also includes the amount of attendees to each activity, and “implicit in these attendance figures also is a measure of the effectiveness of publicity and promotion that preceded the events” (Smith 2013). Also, another thing to measure is how many people signed up for the e-newsletter and if anyone responded to the first email release.

Action objectives will also be measured based on relative media effectiveness. Those who submitted their input will be asked what made them do so. Was it speaking face-to-face at

an activity, was it the email release, the Facebook post, or the postcard? They will be tallied up and form an average for the most effective use of a medium.

Lastly, action objectives will be measured based on the direct observation of results. If we're able to collect 9 or more sufficient input submissions from CERI's public, we have achieved our objective. If we were able to host three successful activities in 2017, and by the time 2018 rolls around, have planned at least two more activities we know target knowledge gaps in our publics, then we have achieved our goal this program set out to reach (Smith 2013).

References

Accreditation Council for Continued Medical Education. Retrieved from www.accme.org.

American Academy of Otolaryngology-Head & Neck Surgery. Retrieved from www.entnet.org.

Carolina Ear Research Institute. Retrieved from www.carolinaear.org.

North Carolina Society of Otolaryngology and Head & Neck Surgery. Retrieved from
www.ncoto.org.

Observation, April 9, 2017.

Smith, R.D. (2013) “Strategic Planning For Public Relations” Book. New York, NY: Routledge.

Vistaprint. Retrieved from www.vistaprint.com.