

# Project Management Discipline Keys to Clinical Team Motivation

Using approaches from within the Project Management Discipline

Strategies to keep teams motivated  
Anticipate problems to achieve results  
Recognize opportunities to turn negatives around

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# Welcome to “Project Management Discipline Keys to Clinical Team Motivation”

***Baxter***

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# Before We Begin....

## Submit questions as we go along

- Click the “?” icon at the lower right corner of your screen to bring up Q&A panel where you can type and submit questions.
- There will be time for questions at the end of the presentation.
- We may not be able to answer every question but will focus on the most representative.

## PMI / PDUs

- 1 PDU
- PMI reference number will be sent to attendees in a follow-up email along with a link to download this presentation.

# Our Framework for Today

## Assumption:

You begin with a motivated team

## Context:

When challenges arise the clinical team will know what to do

## Approach:

Proactive planning with the cross functional clinical team will pay off in terms of

Team member buy-in

Decreased reaction time

Higher confidence and strengthened motivation

The path to increased project predictability

# The Theories

## Herzberg's Hygiene Theory

- Dissatisfiers are *Hygiene Factors*
  - Pay, Company Policy, Work Environment
- Satisfiers are *Motivators*
  - Growth & Recognition, Advancement, Interesting work

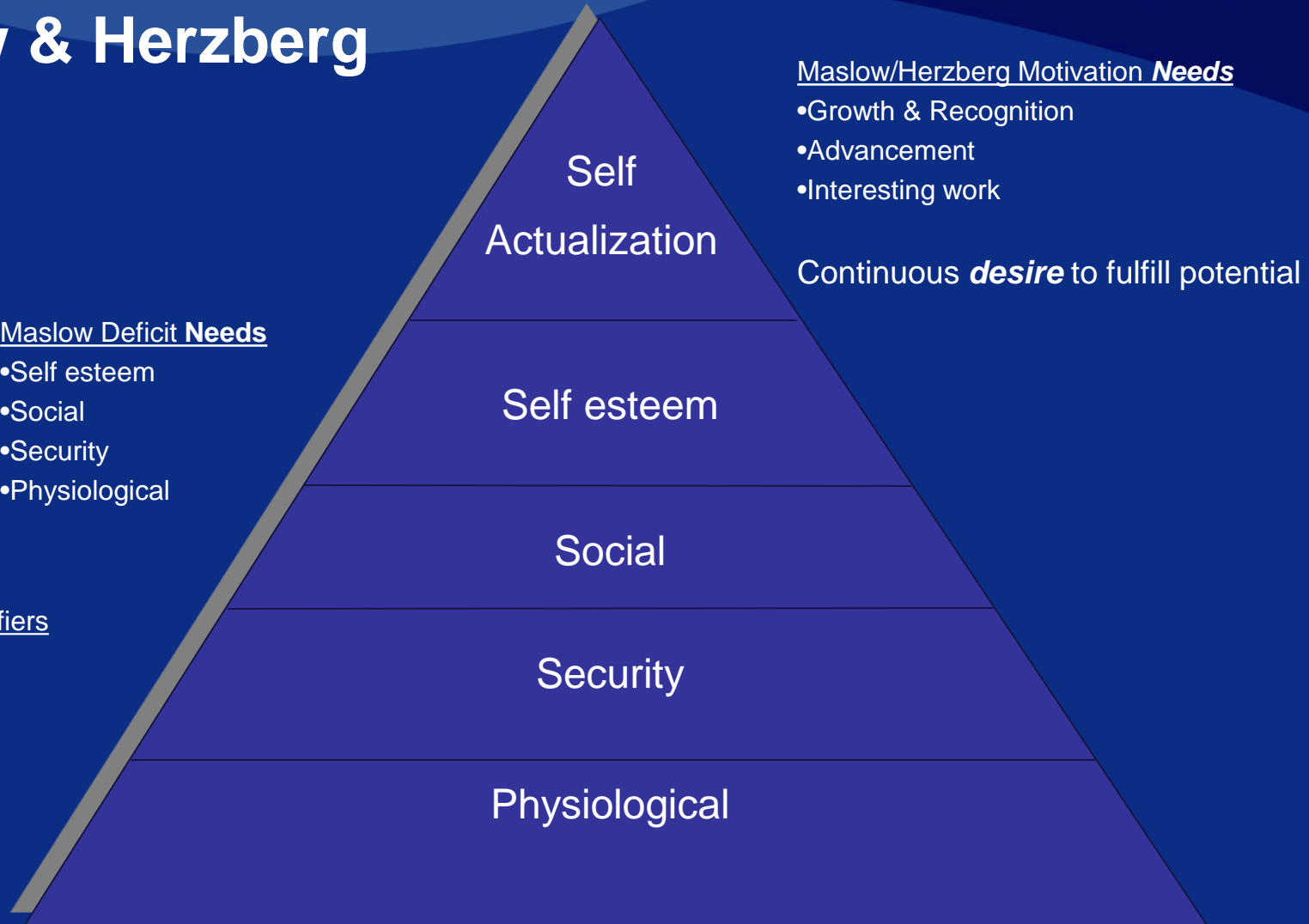
## Abraham Maslow's Hierarchy Of Needs

- Motivation from within
- Determined by unsatisfied needs
- Hierarchy of importance

## Douglas McGregor's X Y Management Theory – We Choose “Y”

- People are internally motivated, naturally want to work and do a good job

# Maslow & Herzberg



# Motivation

**Motivation is within the individual  
They come to you motivated**

- First
  - Do no harm
- Second
  - Establish a solid project foundation that supports confidence
  - When designing a project plan think about how the clinical protocol is approached
    - The quality of the plan directly correlates to the success of the project

When team members know what to do in challenging times  
confidence flourishes

**“Motivation is a psychological drive that directs a person toward an objective”\***

**You cannot motivate people, they have their own motives.  
But, you can *influence* the things that *motivate* them.**

**Project Managers influence clinical teams – Like it or not!  
By what you do and by what you *don't* do**

# Cross-Functional Planning

## Selected Project Management approaches to help maintain clinical team motivation

- The discussion for today
  - Roles & Responsibilities
  - Communication Plan
  - Decision Making
  - Risk
  - Issue

# Roles & Responsibilities

## Example SME Roles

**Clinical Research Physician, Bio Statistician, Data Management, Clinical Supply Coordinator etc.**

## Responsibilities

- Establish expectations for each member relative to the goal of the project
  - Subject Matter Expert (SME) related activities
  - Notify CPM immediately when...
  - Keep team apprised of ...

## Decision Making Expectation

- Ensure that you have a clear understanding of the decision making authority for each team member

Review and refresh approximately every 6 months

# Communication Planning Examples

## Include a list of all meetings and attendee groups

- Weekly internal clinical team meetings – include the CRO
- Monthly sponsor meetings
- Monthly project reviews

## Identify communication preferences: Voice or E-mail

- Immediate notification
- Standard information

## Stakeholder Analysis

- List stakeholders and define their communication needs
- Identify supportive vs. non-supportive stakeholders



## Communication Planning, continued

### Escalation

- Have the process of escalation defined so that it can be applied to any situation where the clinical team cannot come to closure in a timely fashion.
- Get buy-in from the team on the guidance around
  - Recognizing the potential need to escalate
  - How to frame the competing recommendations
  - Selection of decision makers to escalate to
  - Constraints on time, subject matter, etc.

Moving to an established escalation process when needed saves time and strengthens team relations

# Decision Making

## Recognize when a decision needs to be made

- Analyze situations where debates, issues, or general confusion occur
- Determine if a decision needs to be made
  - Save time - prevent discussion that cannot come to conclusion

## Frame the decision

- Articulate what is to be decided
- Determine what information to collect



## Identify decision maker and sub-team

- Assign sub-team lead and time frame – document
- Small team works off line, decide and inform clinical team
- Consider using a TTRACI to organize tasks and responsibilities
  - Task, Timeline, Responsible, Accountable, Consult, Inform

# First - Risk vs. Issue

These are not interchangeable terms



## **Risk (*Might Happen*)**

- An uncertain event or condition that, if it occurs, has an effect on at least on project objective. Objectives can include scope, schedule, cost and quality. A risk may have one or more causes and, if it occurs it may have one or more impacts.

## **Issue (*Has Happened*)**

- A point or matter in question or in dispute, or a point or matter that is not settled and is under discussion over which there are opposing views or disagreements.



# Risk Management – A set of key activities



**Meet with cross functional team and key stakeholders**

**Review previous projects and leverage knowledge**

- Use those items to begin your risk list

**Brainstorm risks to the project**

- Rate risks for likelihood and severity ( $L \times S = \text{Risk Rating}$ )
  - Likelihood of occurring – How likely is it that this risk will occur.
  - Severity to the project – How significant will it be to the project if this risk is triggered (if it happens)
- Identify the trigger – what happens that tells us... “it’s here!”

**Create response plans**

# Risk Response Strategy Examples

## Action plans for highest risks

- **Mitigate the risk**
  - Chip away at the risk to minimize the impact should the risk occur (trigger)
- **Contingency Plan**
  - Create a plan that will be executed should the risk occur (trigger)

## One Example

Patient Recruitment - Notorious for delaying programs

# Patient Recruiting Risk Mitigation & Contingency

## Mitigate the Risk

- Schedule with adequate buffer – do not publish a “best case” plan
- Support the effort with advertising assistance
- Include expectations for performance in contracts
  - Define performance levels #patients/month/site
  - Define minimum performance levels
  - Performance improvement plans
- Visit sites frequently



## Contingency Plan

- Define the trigger and an owner
  - Specify the cut off point for low performance
- Identify backup sites and criteria to initiate patient recruiting
  - Cross functional team creates plan and documents it...
  - Sites, contracts, documentation – What can be finished early
  - When the risk is triggered engage contingency plan



## Risk Management is a key element in the CPM's tool box

When the team understands the risk management process the plan moves from being a good plan to a great plan

### Response Strategies\*

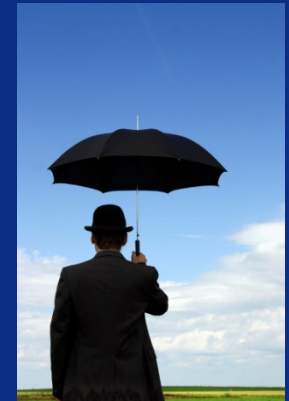
- For Negative Risks
  - Avoid, **Mitigate**, Transfer, Accept
- For Positive Risks or Opportunities
  - Exploit, Share, Enhance, Accept
- **Contingent** Response
  - Use when specific risks occur
  - Trigger identification and monitoring



## Issue Management

- **Create an issue log**
- **Track issue resolution off line from schedule for up to 30 days**
- **After 30 days move to the schedule**
  - Utilize the “sub-team” concept
  - Sub-team creates plan with PM
  - Schedule is assessed for changes and announced
- **Issues will occur - they may be triggered risks – have a process to handle them**

Consider showing buffer time for “unidentified issues” in the initial Schedule.  
Base it on actuals from previous trials.



Buffer is put into the schedule upfront – before you need it. You cannot create it at the moment you need it – at that point, you are just late.

## Turning a Negative Around

When something negative occurs outside of what the team anticipated...

Assemble the team, use the tools, quickly identify what needs to be decided, who the decision maker is and who must be a part of the sub-team

Demonstrating a well prepared cross functional team that fully engages the issue is a strong positive

It gives your stakeholders the confidence that they have the best people on the job!



Have established, engrained processes to handle challenges

# AfR Contact Information

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