
AAST Brand Discovery Research: Summary of Telephone Interview Findings

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March 2009



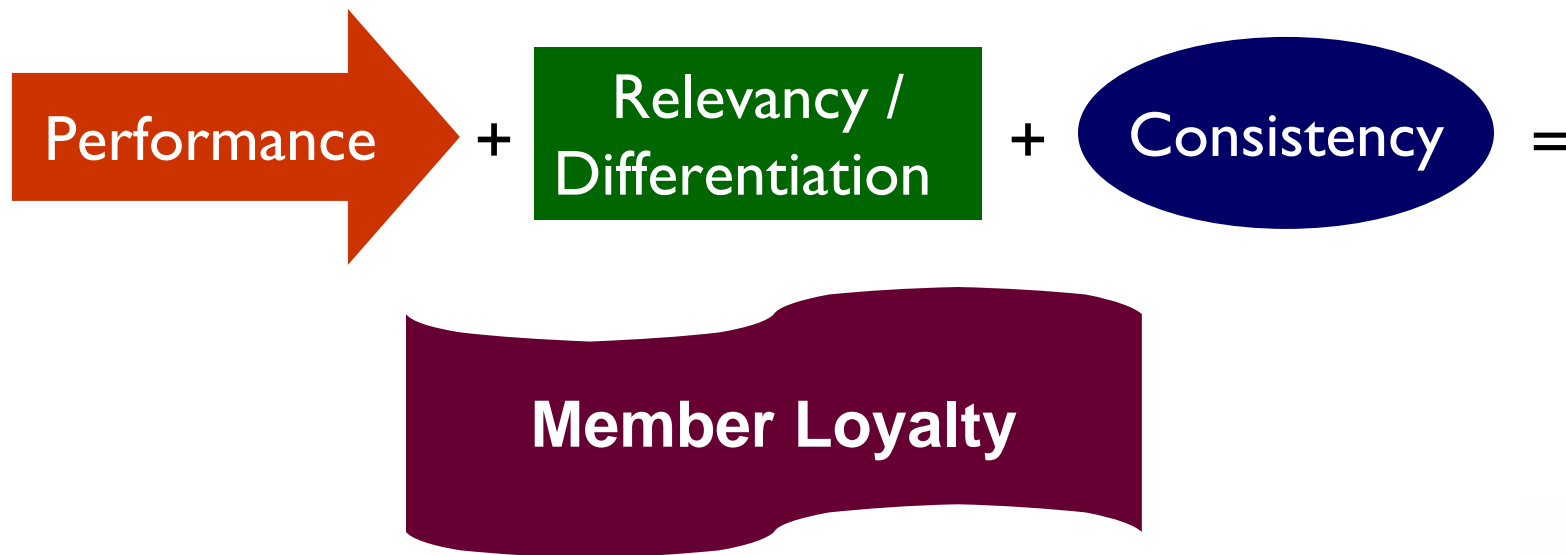
Overview: AAST Brand Initiative

- In March of 2009, SmithBucklin was commissioned to assist AAST in completing a branding initiative, led by its Marketing and Communications Services unit.
- This initiative will be completed through the execution of three phases:
 - Phase 1: Brand Discovery
 - Phase 2: Brand Development
 - Phase 3: Brand Marketing Plan
- This document summarizes the research and findings in the Brand Discovery phase.



Objectives: AAST Brand Initiative

- The AAST Brand Discovery phase will identify the organizational values, beliefs, actions and behaviors that underlie the mark that makes up the AAST brand.
- The success of the AAST brand can be determined by using the following equation:



Objectives: AAST Brand Discovery

- As input for the equation, interviews were conducted among key stakeholders to understand:
 - ✓ Audience perceptions of AAST— i.e., its reputation, members, products/services and future direction
 - ✓ The value and unique proposition of AAST
 - ✓ Target audience served, as well as the viability of serving multiple and/or secondary audiences
 - ✓ Competition in the marketplace
 - ✓ Future challenges, issues and trends in the profession
 - ✓ Potential opportunities for growth or expansion



History: AAST Brand Definition

- The guiding principles behind the AAST brand are its Mission Statement and Objectives. These statements provide the foundation for the AAST brand and any efforts to establish and build upon it.

Mission Statement:

- Established to further the study and practice of traumatic surgery in its various departments, in the United States and Canada.



Objectives:

- Furnish leadership and to foster advances in the surgery of trauma
- Establish lectureships, scholarships, foundations, and appropriate evaluation procedures in the surgery of trauma where appropriate
- Recognize those who have contributed to the surgery of trauma by extending Association membership



Approach: AAST Brand Discovery

- Secondary Research

- ✓ Reviewed AAST 2007 Report of the Legislative & Public Affairs Committee and Advocacy Committee Report
- ✓ Reviewed AAST 2007-2010 Strategic Plan
- ✓ Analyzed AAST 2007 Strategic Planning Survey Results

- Qualitative Research

- ✓ Conducted 15 Member Telephone Interviews
- ✓ Completed 3 Non-Member Telephone Interviews



Methodology: Secondary Research

- AAST 2007 Report of the Legislative & Public Affairs Committee and Advocacy Committee Report
 - Input collected from 13 Legislative Committee and six Advocacy Committee members
 - Report on committee outcomes distributed on September 10, 2007
- AAST 2007-2010 Strategic Plan
 - Strategic initiatives and goals were identified
 - Contingency scenarios and solutions were discussed and reported out
- Analysis of AAST 2007 Strategic Planning Survey Results
 - Feedback collected from the AAST Board of Managers
 - Report on themes uncovered distributed in preparation and support of Strategic Planning Session



Methodology: Qualitative Research

- **When:** March 5 – 20, 2009
- **What:** 18 one-on-one telephone interviews were conducted lasting (on average) 25 minutes each
- **Who:** 15 Members and 3 Non-Members participated
- **How:**
 - Potential interviewees were pre-selected by AAST
 - Recruitment occurred via email invitation and follow-up phone calls
 - An Interviewer's Guide consisting of 26 questions was developed
 - No incentives were offered



Objectives: Qualitative Research

- Findings from the telephone interviews will help AAST to identify the:
 - ✓ Reasons for belonging to AAST
 - ✓ Drivers/value of continued membership
 - ✓ Image/perception of AAST among professional constituencies
 - ✓ Audiences best served
 - ✓ Perceptions surrounding non-membership in the Association
 - ✓ Suggestions for encouraging non-members to join
 - ✓ Competing organizations and what differentiates them from AAST
 - ✓ Challenges and issues in the profession that interviewees will be seeking information on in the near future



Findings: What We Heard...

- The Brand Discovery research revealed some overarching perceptions of AAST among Members and Non-Members:
 - ✓ AAST is viewed as a premiere organization comprised of thought-leaders that has an extremely positive reputation amongst Members and Non-Members.
 - ✓ There is strong recognition of the Annual Meeting, as well as the Journal and their related value.
 - ✓ There is some confusion about the AAST brand and the primary audiences the Association should serve.
 - ✓ Interviewees identified the opportunity to elevate promotion and awareness of the Association to the public, government entities, insurance companies and the trauma community at-large.
 - ✓ While 'competitors' exist, AAST is positioned as a leader in the field of trauma; opportunities for creating new resources and/or educational training exists in the area of enhancing soft skills.



Findings: Who We Spoke To...

- Average years of field experience was 20
 - Field experience ranged from two to 48 years
 - Non-Member interviewees had less field experience and held academic positions
- Average age of interviewee was 52 years old
 - Member interviewees were older than Non-Members
 - Members' mean age was 55 years; Non-Members' mean age was 39 years
- AAST member experience spanned a wide range
 - Newbies = 2 interviewees (range 1 to 3 years)
 - Maintainers = 5 interviewees (range 10 to 15 years)
 - Loyalists = 7 interviewees (range 16 – 35 years)
 - *One interviewee was unsure of their tenure with the Association



Findings: Reasons for Belonging

- Members primarily joined AAST because it's prestigious and known to be a premiere organization that brings together surgeons with similar interests.
- Members' emphasis on how they define AAST is mixed. For example, some identify AAST as a “scientific trauma society” while others view it as an “academic trauma association.”

Member Interviewee Perspectives:

“...because it's the premiere organization in the world for academic trauma surgery. So it was an honor for me to get elected to the AAST.”

“Going way back when – it was the premiere scientific trauma society.”

“Basically, I joined because of my interest in trauma. My interest was in neuro and critical care and we have a lot of common interests. It is the premiere society in this country.”

“I joined because my academic interest was in trauma as a subspecialty. It was the most prestigious.”



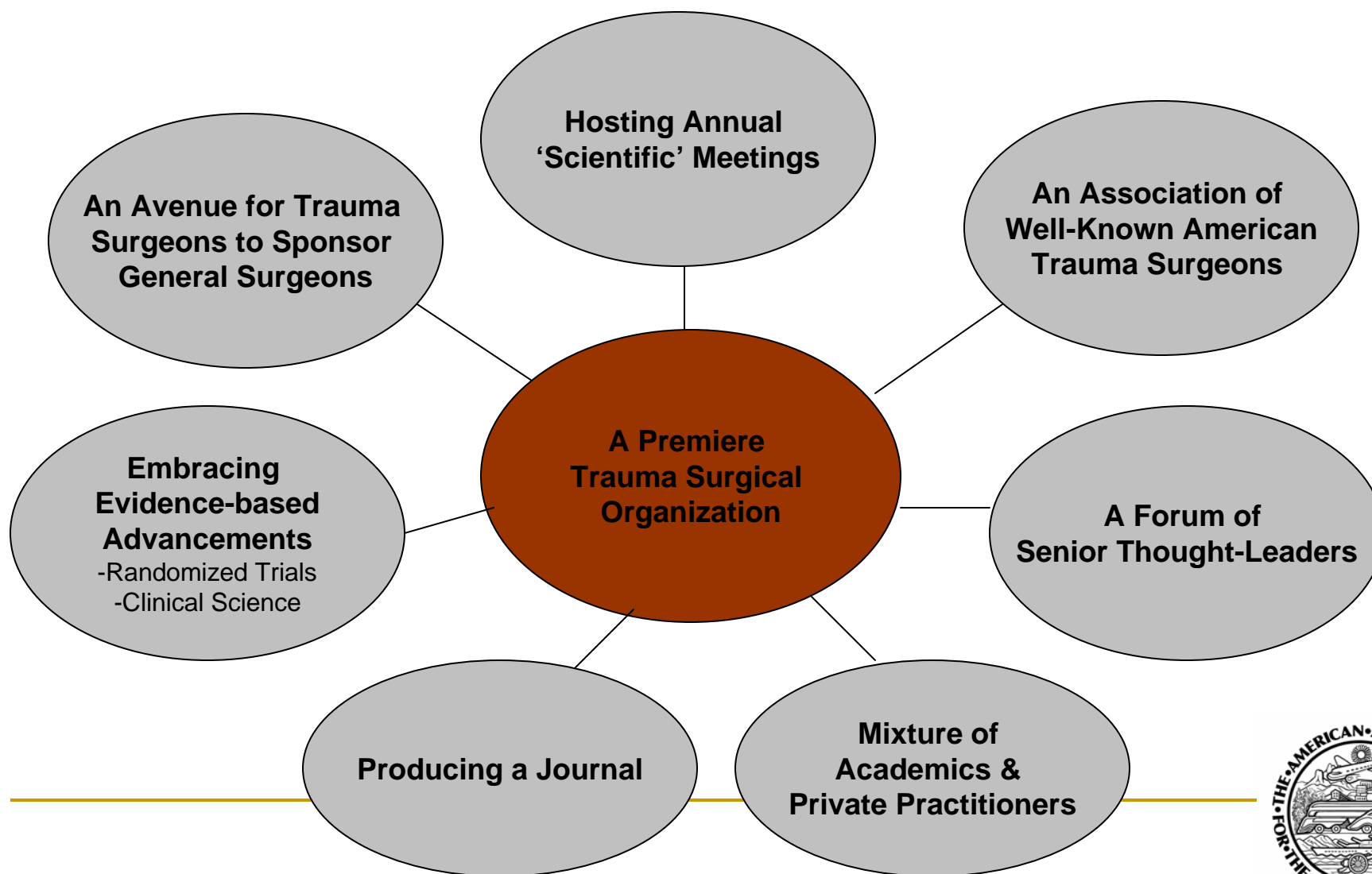
Findings: Drivers/Value of Membership

- In general, AAST members are very loyal and value their membership in the Association. Listed below are a number of reasons why members continue their membership and value the organization:
 - ✓ Caliber of Scientific/Education Content
 - ✓ Quality & Structure of the Annual Meeting
 - ✓ Recognized as Primary Trauma Organization
 - ✓ Offers a “Professional Home” for Trauma
 - ✓ Provides Networking Opportunities
 - ✓ Deemed a Thought-Leader in the field
 - ✓ Viewed as a Unified Voice/Identity
 - ✓ A Leader in the Acute Care Initiative
 - ✓ Funds Scholarships
 - ✓ Promotes Advocacy & Awareness
 - ✓ Well- Respected on a National-Level
 - ✓ Strength of the Journal



Findings: Perceptions/Image of AAST

- Members and Non-Members agree that AAST is best known as:



Findings: Perceptions/Image of AAST

- Overwhelmingly, interviewees describe AAST as an elite and scientific organization of trauma surgeons that are highly regarded and respected within the trauma field.

Member Interviewee Perspectives:

“Among trauma surgeons – the same opinion I have; the leading academic body; somewhat exclusive; and (representative) of only those in senior leadership.” (Member)

“I think it is very well-respected. It is recognized for its leadership in trauma.” (Member)

“I think it is considered an elite organization for trauma surgeons. I don’t get the impression that it’s really open to younger people. Apparently, that is not the case, although that is the impression we get.” (Non-Member)

“(The reputation is) good, it’s just very scientific to trauma surgeons. More specifically, those who came from a trauma surgery background. Much smaller representation with a different background.” (Non-Member)



Findings: Audiences Best Served

- Both Members and Non-Members shared mixed opinions in regards to the audience best served by AAST. While trauma has historically been the target audience, many acknowledge that the Association's focus seems to be changing.
- It is perceived that emphasis on acute care is emerging and that general surgery is following close behind. Feedback suggests that Members, as well as Non-Members, are looking to AAST to clearly define its brand identity.

Interviewee Perspectives:

“Trauma is their main focus. General surgery – that community has other things on their plate than just trauma. Acute care is still pretty new. I’m still not sure if they are going to make a home at AAST. If they do, then they will need to change their name.” (Member)

“Well, I think it’s mostly trauma, but it’s working toward acute care.” (Member)

“Younger people who are looking at what is happening to medicine see the acute care surgeons as the salvation of trauma. We have a perfect opportunity to do the acute care.” (Member)

“The name of the society is trauma. The acute care surgeon is still being defined. It is sponsored by AAST and would become under the umbrella. The society has defined itself and approved acute care.” (Non-Member)



Findings: Reasons for Non-Membership

Perceived Reasons for Non-Membership

- ✓ Strong membership requirements
- ✓ Already belong to multiple professional organizations
- ✓ Lack of Time or Funds
- ✓ Society is too specific; not inclusive of multiple specialties/interests; core focus/specialty is not trauma
- ✓ May oppose the acute care initiative



Suggestions for Encouraging Membership

- Relax admission criteria; continue to dispel myth of being an elitist association
- Increase promotion of benefits; differentiate value compared to competing organizations
- Make accessing benefits more user-friendly; increase scholarship opportunities
- Broaden the breadth of topics covered; expand membership and resources to other specialty areas that support trauma
- Clearly define the AAST brand identity; confirm then acknowledge target audiences served; develop and/or re-purpose resources to cater to specific audiences served



Findings: Top Competitors & Perceived Value

Top Competing Organizations

✓ American College of Surgeons
(61% of those interviewed belong)



✓ Society of Critical Care Medicine
(50% of those interviewed belong)



✓ Eastern Association for the Surgery
of Trauma
(39% of those interviewed belong)



Differentiation from AAST

- Large organization; double the size of AAST
 - Umbrella for all surgeons; very inclusive
 - Leverages resources via improved operations
 - Offers reduced member fees (to burn specialty, residents, students, etc.)
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- Large organization (approx. 13,000 members)
 - ICU-focused
 - Embraces all critical care team members
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- Looser membership requirements
 - Membership is open to non-physicians
 - Home for younger trauma membership-base
 - More practical; presents more abstracts (?)
 - Known for its guidelines



Findings: Challenges/Issues Faced

- According to interviewees, the three biggest issues or challenges impacting or affecting the surgery of trauma falls into one of the three following categories:

Economics:

- Financing healthcare/ funding trauma care
- Decreasing reimbursement
- Lack of federally funded scientific research
- Non-existent funding for non-revenue activities
- Increasing pressure to produce clinical dollars instead of research
- Uninsured patients resulting in diminishing resources

Recruitment/Retention:

- Shortage of trauma surgeons, trainees and research assistants
- Lack of interest in specialty; need for succession planning
- Inability to attract residents to enter trauma and critical care
- Undesirable workload and/or compensation
- Few role models
- Aging workforce

Visibility/Credibility:

- Loss of identity due to emerging specialties
- Respect and value for acute care diminished
- Loss of operative domain
- Lack of public and governmental awareness
- Perception of trauma compared to other specialties; not viewed as public health problem
- Impact of public policy on patient care



Conclusions & Recommendations

- AAST must decide whether to pursue growth by directly serving the broader critical care community (including acute care and general surgery), or by focusing on trauma exclusively.
 - *“I think based on the current situation there is an evolution of trauma surgery that is going on. As it evolves, (AAST) will have to evolve with that...”* (Member)
- Interviewees believe reaching out to acute care surgeons to provide training and fund scholarships in trauma and acute care will enhance AAST and/or the field.
 - *“...it will broaden membership and this will increase our influence.”* (Member)
 - *“Supporting young people (who are mostly in acute care) is the only way (AAST) will get their name out there. We are the future of these organizations in the field of trauma and acute care research.”* (Non-Member)



Conclusions & Recommendations

- AAST has the opportunity to bring additional value to members by providing resources or training in four key areas:
 - ✓ **Executive/Management**
 - *“We can always become better administrators...what I would like is probably some type of management course – MBA versus medical management degree.”* (Member)
 - ✓ **Time Management**
 - *“We are very busy people and we volunteer our time. We have to become more efficient. Having a teleconference and Webinars are great, rather than being there physically.”* (Member)
 - ✓ **Negotiation**
 - *“I think negotiation skills could be something (AAST) teaches. Management and negotiation skills for contractions and that sort of thing. Physicians, in general, are inept at negotiation.”* (Non-Member)
 - ✓ **Mentoring**
 - *“We don’t get any training to provide good mentoring, how to run a business, or how to do those things from a financial perspective.”* (Member)



Conclusions & Recommendations

- To increase visibility and awareness of the specialty, its in the best interest of AAST to target the following groups of individuals:
 - ✓ **The Public**
 - *“...because they drive the development of health care.”* (Member)
 - *“...because there is confusion between emergency medical doctors and trauma surgeons.”* (Member)
 - ✓ **The Government**
 - *“...in order to (gain) support there is going to have to be an awareness among legislatures because they fund surgeons and fiscally support centers.”* (Member)
 - ✓ **Insurance Companies**
 - *“...right now there is no national system for trauma care. Insurance companies don't reimburse for trauma.”* (Non-Member)
 - ✓ **Trauma & General Surgeons (key one is this one)**
 - *“...because of acute care surgeons, we don't know what we are. We need to come to some internal understanding of what this is and where we are going.”* (Member)



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Reference Materials:

- Telephone Interviews – Verbatim Comments
- Interviewer's Guide

