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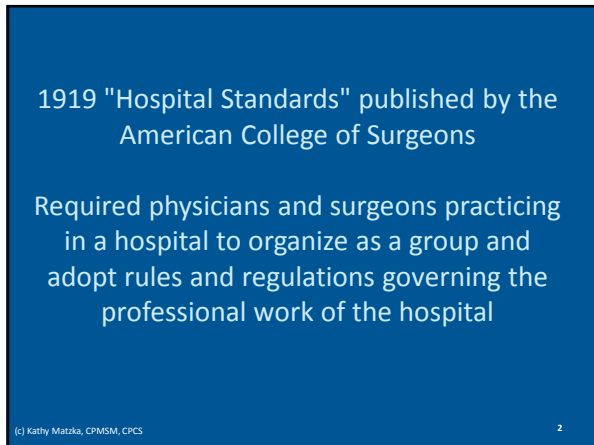
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### Why Meetings?

- Working as a team creates a commitment to the outcome
- Team members are more likely accept the group's decisions, assign responsibility, and establish expected time frames for action



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### Committee Meetings

- Difficult and inefficient for large body to perform routine functions
- Carry out functions required by accrediting and regulatory agencies and MS policies, rules, regulations
- Make recommendations to a larger body, usually the MEC

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### Medical Staff Organization

- Varies depending on size of the medical staff, functions and services provided
- Departmentalized - monthly or quarterly meetings
- Non-departmentalized - more frequent meetings of the entire medical staff

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### Documentation

- Bylaws/medical staff governance documents should include each medical staff department and committee's functions and responsibilities
- Assure that these bodies only consider issues they for which they have the authority to render an opinion

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### Required MS Committees

- Joint Commission – MEC
- HFAP
  - MEC
  - Utilization Review
  - Utilization of Osteopathic Methods & Concepts Committee (Hospitals with ten or more DOs who admit patients and provide direct patient care)

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### Reengineering

Reengineering is reworking and redesigning to

- Improve a process
- Eliminate activities or structures that impede a process from operating at full efficiency

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### Murphy Leadership Institute Study, August 2003

71 Hospitals Surveyed

- Wasteful work, i.e. work that adds no value to patients or other customers, consumes 35% of time
- Delays, rework, meetings that last too long, redundant communication, waiting for physicians, waiting for information from another department, completing multiple forms for the same task

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### Why Reengineer?

- Less time spent in meetings by both physicians and ancillary staff
- Money saved (meetings are expensive)
- More time to spend in preparation of more productive meetings
- It results in a streamlined organizational structure – easier to understand

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### Ways to Reengineer

- Delete committees/departments not having important functions or critical processes
- Delete bylaws language regarding frequency of meetings
- Integrate or combine tasks of various committees/departments
- Examine and revise committee structure
- Delete quorum and meeting attendance requirements

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Estimating the Cost

MEETING EVALUATION FORM - EDUCATION AND LIBRARY COMMITTEE				
<b>Hospital Staff Salaries</b>				
Position	Number of Hours	Hourly Salary	Subtotal	Totals
Medical services professional (includes monthly meeting calendar, notices, phone calls, scheduling, rooms and audiovisual equipment, agenda planning and preparation of materials, minutes, follow-up)	6	17.00	102.00	
Hospital administrator (PCA based on annual salary of \$220 K)	1.5	100.00	150.00	
Library Director	10	22.00	220.00	
Librarian (assisted)	3	11.00	33.00	
Print shop employee (includes two people - set up shop, clean up meeting room)	4	9.00	36.00	
Dietary (include all personnel involved - make plates, meal prep, servers, dishwashers, etc.)	8	11.00	88.00	
Laundry (include if items are used for meeting)	1	9.00	9.00	
Administrative support	3	17.00	51.00	
Total Form Cost of Staff for planning of meeting (noting)	25	10.00	250.00	
Print shop employee (include if materials are sent to a central print shop for printing)	14.25		648.00	\$648.00
<b>Cost of materials/supplies - Hospital</b>			120.00	
Lunch meeting. Sandwich, soup, crackers, chips, soda, iced tea, coffee, estimated cost \$12 each person (get actual costs from dietary dept.)				
Materials, colls and postage (includes paper, ink, envelopes, postage. Copying cost is .36/sheet. Estimated to include meeting notices and 8 page agenda x 10 people. Agenda is mailed in advance and copies are also provided at the meeting. (A single-sided 10 page letter costs about \$8.00 to mail. If duplex copying is used, reduce to about \$5.37 in postage. Ask mail room for actual costs.)			13.00	
<b>Total</b>			133.00	\$133.00
<b>Cost of Physician Time</b> (Using a conservative estimate of 2000 per hour for physician time, if 6 physicians attend and the meeting averages 1.5 hours, this averages 2 hrs. per meeting which comes to \$1,200 per meeting. If you factor in travel time of .25 hour each way, the total comes to \$2,400 per meeting)				\$2,400.00
<b>Cost Per Meeting</b>				\$3,181.00
<b>ANNUAL COST OF MEETING:</b>				\$12,724.00

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Estimating the Cost

Name of Department/Committee	Hospital staff salaries	Cost of materials and supplies	Cost of physician time	Cost per meeting	Annual cost of meeting	Number of hours spent by medical staff annually	Number of hours spent by other staff annually	Number of hours spent by medical staff	COST ANALYSIS FOR ALL MEDICAL STAFF MEETINGS	
<b>Departments</b>										
<b>Committees</b>										
Education and Library	648.00	133.00	2,400.00	3,181.00	12,724.00	24	113	48		
<b>TOTALS</b>										

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REENGINEERING:  
Knowing When *not* to Meet

- Not adequately prepared (key people/information)
- When a phone call will do
- “Hot topic” causing anger/hostility
- Holidays
- Other meetings

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### Increasing Medical Staff Participation

Survey the medical staff

**Physician Evaluation Questionnaire**

Please assist the Medical Staff Executive Committee in evaluating the functions of the Medical Staff by indicating your opinion regarding the importance of each of the following committee functions:

FUNCTION	Very beneficial	Somewhat Beneficial	Of No Benefit	Unable to Evaluate
Patient Care Committee				
Quality assessment/Improvement				
Continuing education				
Medical records review				
Surgical case review				
Risk				
Chief of staff review				
Drug usage monitoring				
Medical department meetings				
General staff meetings				
Clinical care committee				
Institutional review board				
Education safety committee				
Safety committee				
Infection control committee				
Pharmacy and Therapeutics Committee				

Please answer the following questions with a ranking of 1-5

	Strongly agree	1	2	3	4	Strongly disagree
The medical staff has too many committees.						
Meeting attendance should be mandatory.						
I would like to see the staff structure simplified and the number of staff meetings reduced.						
The MEC is an effective tool for promoting the Medical Staff's recommendations to hospital administration.						

Please make any other comments or observations you believe may be of assistance to the MEC in evaluating the effectiveness of the Medical Staff's structure.

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### Increasing Medical Staff Participation

- Send a list of all committees with the projected dates and times
- Ask physicians to check their preference

State: November 1, 2011

**MEMORANDUM**

TO: Medical Staff Members Eligible for Committee Appointment

FROM: Medical Staff Office

SUBJECT: Appointment to Committees of the Medical Staff

In order to help your Medical Staff President to place you on a committee of your interest and choice, please complete this form. Please note that you will not be appointed to committees you do not choose and you may not be appointed to all the committees you request.

Please select, in the order of your preference (i.e. 1,2,3), which of the following committees you would prefer to be appointed to:

COMMITTEE	TIME	FREQUENCY OF MEETING
_____Bylaws Committee	6:00 pm	On call
_____Cancer Committee	12:00pm	3rd Friday quarterly
_____Cardiovascular Committee	7:00am	Last Wednesday quarterly
_____Compliance/Center Committee	8:00am	4th Thursday quarterly
_____Credentialing Committee	7:30am	4th Tuesday On Call
_____Critical Care Committee	7:30am	2nd Friday quarterly
_____Medical Records Committee	7:30am	3rd Tuesday quarterly
_____Operational Review Committee	7:30am	3rd Thursday quarterly
_____Patient M&M Committee	7:30am	3rd Wednesday bi-annually
_____P&T and Infection Control Comm.	8:00am	3rd Thursday quarterly
_____Radiation Safety Committee	12:00pm	On Call quarterly
_____Utilization Review Committee	12:00pm	4th Friday quarterly

All of the above times and dates are subject to change.

NAME: \_\_\_\_\_

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### Increasing Medical Staff Participation



Use a mentoring program for new members

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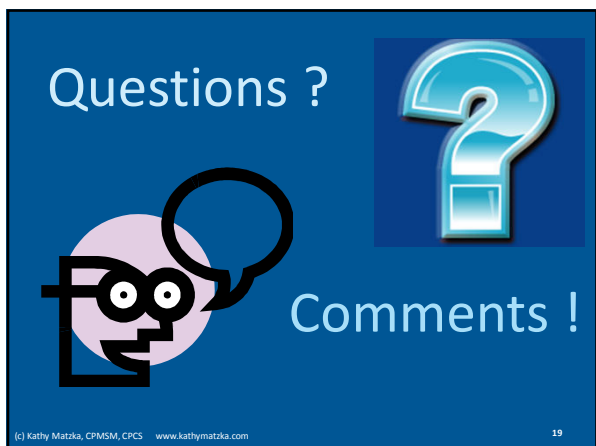
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# Evaluating the Effectiveness of Medical Staff Meetings

A stylized illustration of three people in a meeting. A man in a suit stands on the left, pointing at a document on a table. Two other people, a man and a woman, are seated at the table, looking at the document. The illustration is rendered in a simple, cartoonish style with flat colors and black outlines.

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Phone (618) 624-8124



## **BIOGRAPHICAL SKETCH, KATHY MATZKA, CPMSM, CPCS**

Kathy Matzka, CPMSM, CPCS is a speaker, consultant, and writer with over 20 years of experience in credentialing, privileging, and medical staff services. She holds certification by the National Association Medical Staff Services (NAMSS) in both Medical Staff Management and Provider Credentialing. Ms. Matzka worked for 13 years as a hospital medical staff coordinator before venturing out on her own as a consultant, writer, and speaker.



Ms. Matzka has authored a number of books related to medical staff services including *The Chapter Leader's Guide to Medical Staff: Practical Insight on Joint Commission Standards*, *The Compliance Guide to Joint Commission Medical Staff Standards*, and *The Medical Staff Meeting Companion: Tools and Techniques for Effective Presentations*. For the past eight years, she has been the contributing editor for *The Credentials Verification Desk Reference*.

She has performed extensive work with NAMSS' Library Team developing and editing educational materials related to the field including CPCS and CPMSM Certification Exam Preparatory Courses, CPMSM and CPCS Professional Development Workshops, and NAMSS Core Curriculum. These programs are essential educational tools for both new and seasoned medical services professionals. She also serves as instructor for NAMSS.

Ms. Matzka shares her expertise by serving on the editorial advisory boards for three publications - *Briefings on Credentialing*, *Credentialing*, *Peer Review Legal Insider*, and *Advisor for Medical and Professional Staff Services*. She is a member of the advisory board of *Global Health Sources*, where she serves as an expert in provider credentialing, privileging, and other aspects of medical staff management

Ms. Matzka is a highly-regarded industry speaker, and in this role has developed and presented numerous programs for professional associations, hospitals, and hospital associations on a wide range of topics including provider credentialing and privileging, medical staff meeting management, peer review, negligent credentialing, provider competency, and accreditation standards.

In her spare time, Ms. Matzka takes pleasure in spending time with her family, listening to music, singing with her church worship team, traveling, hiking, fishing, and other outdoor activities.

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# Evaluating the Effectiveness of Medical Staff Meetings

## How the Medical Staff is Organized

The "organized" medical staff organization got its start in 1917 with a listing of "Hospital Standards" published by the American College of Surgeons which required physicians and surgeons practicing in a hospital to organize as a group and adopt rules and regulations governing the professional work of the hospital.

The medical staff structure typically reflects the size of the medical staff and the functions and services provided by the hospital. Medical staffs have elected officers. Most hospital medical staffs are separated into departments reflecting physician specialties or subspecialties, each having its own meetings and elected or appointed officers. These officers may either be paid or voluntary. The department directors assume various administrative responsibilities in addition to their patient care responsibilities. In addition, departments may be broken down into individual specialties, again, each having of their own officers and meetings.

A hospital with a small medical staff may not have departments, rather, the medical staff as a whole carries out the governance functions. This is known as a "committee of the whole".

Departmentalized medical staffs typically have monthly or quarterly departmental meetings. The medical staff as a whole meets less frequently, typically once or twice a year. Most of the business and patient-related activity relevant to that department takes place within the department meetings and those issues encompassing the entire medical staff, such as changes in bylaws, are taken up at the medical staff meetings.

Non-departmentalized hospitals are likely to have more frequent meetings of the entire medical staff where all issues are discussed and decided.

Because it is difficult and inefficient for a large body of people to perform routine functions in a meeting-type environment, many of the required functions of the medical staff are carried out by committees. These committees make recommendations to a larger body, usually the medical staff executive committee. Committees carry out many functions required by accrediting and regulatory agencies and the medical staff's policies, rules, regulations and bylaws including credentialing and recredentialing, risk management, peer review, and quality assessment. Committees are often utilized to evaluate and make recommendations regarding critical processes related to patient care and organizational functions of various departments and the medical staff as a whole.

It is important that the bylaws document each medical staff department and committee's functions and responsibilities. This document is essential for making sure that these bodies only consider issues they for which they have the authority to render an opinion. In addition to these "standing" committees ad hoc committees may be convened for a specific purpose. These committees are dissolved after objectives are met.

Medical staff meetings can reinforce the cohesiveness and identity of the medical staff. They provide a chance to expand, update, or revamp the pool of shared knowledge. They allow for brainstorming of important issues. Working as a team creates a commitment to the outcome. Team members are more likely accept the group's decisions, assign responsibility, and establish expected time frames for action.

SAMPLE MEETING NOTICE

MEETING NOTICE

TO: MEMBERS, CREDENTIALS COMMITTEE

FROM: MEDICAL STAFF OFFICE

SUBJECT: NEXT MEETING

The next meeting of the Credentials Committee will be held on \_\_\_\_\_ at \_\_\_\_\_ a.m. in the Physician's Conference Room.

***Please review the attached proposed policy changes prior to this meeting.***

Please complete and return the section below by mail or fax (123-456-7890) noting whether or not you can attend this meeting. ***If you are unable to attend, please review and provide your comments on the attached proposed policy changes prior to the meeting date.***

=====

- I will attend the Credentials Committee meeting on (date).
- I am unable to attend the Credentials Committee meeting on (date).
- I am unable to attend the Credentials Committee meeting on (date), but I have reviewed and agree with the policy changes as attached.
- I am unable to attend the Credentials Committee meeting on (date), but I have reviewed the policy changes as attached and do **not** agree with the changes for the following reason(s)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name

**MEETING NOTICE FOR AD HOC COMMITTEE WITHOUT DATE SCHEDULED**

When scheduling a new meeting, it is necessary to determine the best date and time for optimum attendance. Below is a sample a form memo that can be used to determine availability.

**Sample Meeting Date Availability Form**

DATE \_\_\_\_\_

TO: MEMBERS, \_\_\_\_\_ AD HOC COMMITTEE

FROM: MEDICAL STAFF OFFICE

SUBJECT: POTENTIAL MEETING DATES

\_\_\_\_\_ has appointed you to serve on the \_\_\_\_\_ committee. The table below contains several potential dates for this meeting. **Please mark the box below the date if you are available on that date and time.** The meeting date will be determined based on the responses received by the members. Thank you for serving on this committee. If you have any questions, please feel free to call ### - ####.

**Please check the box below the date if you are AVAILABLE on that date and time.**

**MAIL IN ENCLOSED ENVELOPE OR FAX TO (###) ###-####**

Monday, Sept. 20 7:30 a.m.	Tuesday, Sept, 21 7:30 a.m.	Wednesday, Sept. 22 8:00 a.m.	Thursday, Sept. 23 7:30 a.m.	Monday, Sept. 27 7:30 a.m.	Friday, Oct. 1 8:00 a.m.

# Reengineering

Reengineering is reworking and redesigning to improve a process. This includes eliminating those activities or structures that impede a process from operating at full efficiency. Meetings are time consuming, expensive, and often the wrong (or not enough) people attend. There are some things that can be done to address these areas.

Reengineering means less time spent in meetings by both physicians and ancillary staff. This translates to money saved and more time to spend in preparation of more productive meetings and on functions related to the improvement of the quality of patient care. It results in a streamlined organizational structure that is easier to understand, less cumbersome, and includes only those who want to participate.

Reengineering requires evaluation of the current functions and processes. This is accomplished by defining the important functions and critical processes of the medical staff and determining how to perform these functions with fewer resources/time spent.

In order to justify cutting a committee or the number of meetings held, it is helpful to evaluate the time spent in meetings versus the accomplishments of the committee. This can be accomplished by determining the cost of a meeting, analyzing minutes of meetings to see exactly what was accomplished over a specific time period – for example a year – then weighing the accomplishments of the committee in comparison to the cost of holding the meeting. The chart on the next page can be used to perform a cost analysis for medical staff meetings.

## WAYS TO REENGINEER

The most significant and easiest thing to do is reduce the frequency of department and committee meetings. This can be accomplished by:

- Deleting bylaws language regarding how frequently meetings are held unless required by a regulatory agency or accrediting body
- Deleting committees or departments that do not have important functions or critical processes. If a committee exists for only one or two functions, assign these to another committee or the MEC.
- Integrating or combining tasks of various committees/departments
- Examining and revising committee structure. If the organization's policies list a number of different specialties or ancillary personnel to be represented or to attend a committee, determine if a need really exists for these specialties or ancillary staff to be in attendance. For instance, if there is a bylaws requirement for a member of each department to participate on a committee, evaluate whether this is important.
- Deleting quorum and meeting attendance requirements.

## **CASE STUDY**

The Education and Library Committee is charged with three purposes: evaluating the resources of the Library to determine if additional resources should be made available, making recommendations for continuing education to be offered to the medical staff, and recommending to the medical staff executive committee (MEC) a budget for the following year. This committee consists of 6 members of the medical staff. Meetings are also attended by the Library Manager, her assistant, the VPMA, and the medical staff coordinator. The bulk of the preparation for this meeting is done by the Library Manager who prepares the various reports ahead of the meeting. The committee meets quarterly and enjoys a light meal, usually soup and sandwich. At the meeting, the members review the reports and make recommendations to the MEC.

An analysis of the cost for the meeting showed a per-meeting cost of \$3,181.00 and an annual cost of \$12,724.00. It was determined that the reports generated by the Library Manger could be presented directly to the MEC rather than going through an additional committee. The time spent by the Library manager would not be decreased, but time spent by other hospital ancillary services would not have to be expended. It is estimated that there may be additional amount of time expended by the MEC, estimated to be about 10 minutes quarterly, to review reports and approve any budgetary items. This was felt to be considerably less than the average of 48 hours currently spent by the medical staff members of the Education and Library committee. It was felt that it would be cost effective to disband the Education and Library Committee and assign its duties to the MEC.



<b>MEETING EVALUATION FORM – EDUCATION AND LIBRARY COMMITTEE</b>					
<b>Hospital Staff Salaries</b>					
<b>Position</b>	<b>Number of Hours</b>	<b>Hourly Salary</b>	<b>Subtotal</b>	<b>Totals</b>	
Medical services professional (includes monthly meeting calendar, notices, phone calls, scheduling rooms and audiovisual equipment, agenda planning and preparation of materials, minutes, follow-up)	6	17.00	102.00		
Hospital administrator/VPMA (based on annual salary of \$225 K)	1.5	100.00	150.00		
Library Director	10	22.00	220.00		
Librarian (assistant)	3	11.00	33.00		
Housekeeping (includes two people – set up/tear down of meeting room)	4	9.00	36.00		
Dietary (Include all personnel involved: menu planner, meal prep, servers, dishwashers, etc.)	8	11.00 (average)	88.00		
Laundry (include if linens are used for meeting)	1	9.00	9.00		
Audiovisual support	.5	15.00	7.50		
Mail room (cost of staff for pick-up/mailing of meeting notices)	.25	10.00	2.50		
Print shop employee (include if materials are sent to a central print shop for printing)					
<b>Total of hospital employee salaries</b>	<b>34.25</b>		<b>648.00</b>		<b>\$648.00</b>
<b>Cost of materials/supplies - Hospital</b>					
Food Luncheon meeting: Sandwich, soup, crackers, chips, soda, iced tea, coffee, estimated cost \$12 each person (get actual costs from dietary dept.)			120.00		
Materials costs and postage Includes, paper, ink, envelopes, postage. Copying cost is .06/sheet. Estimated to include meeting notice and 8 page agenda X 10 people. Agenda is mailed in advance and copies are also provided at the meeting. (A single-sided 10-page letter costs about \$0.60 to mail; if duplex copying is used, reduce to about \$0.37 in postage. Ask mail room for actual costs.)			13.00		
<b>Total</b>			<b>133.00</b>	<b>\$133.00</b>	
<b>Cost of Physician Time</b> Using a conservative estimate of \$200 per hour for physician time, if 6 physicians attend and the meeting averages 1.5 hours, this averages 2 hrs. per meeting which comes to \$1,800 per meeting. If you factor in travel time of .25 hour each way, the total comes to \$2,400 per meeting.				<b>\$2,400.00</b>	
<b>Cost Per Meeting</b>				<b>\$3,181.00</b>	
<b>ANNUAL COST OF MEETING</b>				<b>\$12,724.00</b>	

**COST ANALYSIS FOR ALL MEDICAL STAFF MEETINGS**

Name of Department/Committee	Hospital staff salaries	Cost of materials and supplies	Cost of physician time	Cost per meeting	Annual cost of meeting	Number of hours spent by Medical staff office annually	Number of hours spent by other hospital staff annually	Number of hours spent by medical staff
<b>Departments</b>								
<b>Committees</b>								
Education and Library	648.00	133.00	2,400.00	3,181.00	12,724.00	24	113	48
<b>TOTALS</b>								

# Physician Evaluation Questionnaire

Please assist the Medical Staff Executive Committee in evaluating the functions of the Medical Staff by indicating your opinion regarding the importance of each of the following committees/functions:

FUNCTION	Very beneficial	Somewhat Beneficial	Of No Benefit	Unable to Evaluate
Patient care committee				
Quality assessment/improvement				
Credentialing/recredentialing				
Medical records review				
Surgical case review				
Blood usage review				
Drug usage review				
Mandatory department meetings				
General staff meetings				
Critical care committee				
Institutional review board				
Radiation safety committee				
Safety committee				
Infection control committee				
Pharmacy and Therapeutics committee				

Please answer the following questions with a ranking of 1-5

	Strongly agree				Strongly disagree
	1	2	3	4	5
The medical staff has too many committees.	1	2	3	4	5
I think meeting attendance should be mandatory.	1	2	3	4	5
I would like to see the staff structure simplified and the number of staff meetings reduced.	1	2	3	4	5
The MEC is an effective tool for presenting the Medical Staff's recommendations to hospital administration.	1	2	3	4	5

Please make any other comments or observations you believe may be of assistance to the MEC in evaluating the effectiveness of the Medical Staff's structure.

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Source: *NAMSS Core Curriculum for Persons Responsible for Medical Staff Management*

## Know when not to meet

Don't hold a meeting just because it is on the schedule. If there is no time to adequately prepare or if additional information is needed regarding issues to be discussed, reschedule the meeting. Don't call a special meeting if a phone call or a mailed survey will do. If there is a "hot topic", one for which there is much anger/hostility, consider putting the meeting off for a while to let people calm down. The additional time may allow some of the hostility to abate and will allow clearer heads.

Be cognizant of holidays and other meetings being held. No one wants to attend a meeting the day before Christmas. Find out when the local and state medical societies meet and don't plan a meeting for that day. If there is another hospital near yours that shares your medical staff, coordinate meetings with the medical staff coordinator at that hospital so that you are not scheduling meetings on the same day. Put these meetings on the master calendar in different color ink.

## Increasing Medical Staff Participation

Getting a voluntary medical staff involved can be challenging especially if there is no mandatory meeting attendance requirement. To improve participation, it is helpful to survey the medical staff on an annual or biannual basis to determine their interest in the work of specific committees. This can be accomplished along with the reappointment process. Send a list of all committees with the projected dates and times for the next year and ask physicians to check their preference for committee assignment with a 1, 2, or 3 (one being first choice, two being second choice, etc.) Make an effort to assign the physician to the committee requested. If no preference is made, don't assign any appointment. Why have someone assigned to a committee who does not want to participate? Giving the physician the choice of what committee interests him/her will provide a sense of ownership and will encourage participation. See sample memo on next page.



Date: November 1, 2011

## MEMORANDUM

TO: Medical Staff Members Eligible for Committee Appointment

FROM: Medical Staff Office

SUBJECT: Appointment to Committees of the Medical Staff

In order to help your Medical Staff President to place you on a committee of your interest and choice, please complete this form. Please note that you will not be appointed to committees you do not choose and you may not be appointed to all the committees you request.

Please select, in the order of your preference (i.e. 1,2,3), which of the following committees you would prefer to be appointed to:

COMMITTEE	TIME	FREQUENCY OF MEETING
<input type="checkbox"/> Bylaws Committee	6:00 pm	On call
<input type="checkbox"/> Cancer Committee	12:00pm	3rd Friday, quarterly
<input type="checkbox"/> Cardiovascular Committee	7:30am	Last Wednesday, quarterly
<input type="checkbox"/> Convalescent Center Committee	8:00am	4th Thursday, quarterly
<input type="checkbox"/> Credentials Committee	7:30am	4th Tuesday, On Call
<input type="checkbox"/> Critical Care Committee	7:30am	2nd Friday, quarterly
<input type="checkbox"/> Medical Records Committee	7:30am	3rd Tuesday, quarterly
<input type="checkbox"/> Operating Room Committee	7:30am	2nd Thursday, quarterly
<input type="checkbox"/> Perinatal M&M Committee	7:30am	3rd Wednesday, bi-annually
<input type="checkbox"/> P&T and Infection Control Com.	8:00am	3rd Thursday, quarterly
<input type="checkbox"/> Radiation Safety Committee	12:00pm	On Call, quarterly
<input type="checkbox"/> Utilization Review Committee	12:00pm	4th Friday, quarterly

**All of the above times and dates are subject to change.**

**NAME:** \_\_\_\_\_

## USING MENTORS



Often it falls to the medical staff services professional to orient and mentor the new committee appointee or chair. It is helpful to establish a mentoring mechanism whereby current committee members mentor new members. This will not only help the new member, it will assign a sense of responsibility to the current members and relieve some pressure from the MSP.