

## **Why Your MSLs Hate Training**

6 Failure Points of MSL Training...and How to Rekindle the Spark

**ScienceMedia**

Technology and training are mission critical to the complex role of today's Medical Science Liaisons. But if you're like most organizations, the more technology pushes you forward, the more you find training is holding you back.

No matter how much flashy equipment you purchase, if you're still using it to deploy antiquated learning resources, you're probably getting pushback from your MSLs. And rightly so. You may as well be using that smartphone to send Morse code.

Your MSLs simply don't have the bandwidth to translate old-style, stagnant information into their new training strategies and technologies. To make it worse, according to 2018 McKinsey research, physicians' expectations are on the rise — 81% physicians now say they are dissatisfied with their interactions with bio-pharmaceutical companies, and more than 40% say they no longer perceive a “need” for medical support. According to McKinsey, the top two drivers for dissatisfaction are a “perceived lack of personalized, relevant content (28%) and appropriate communication channels (17%).”

More than half of today's HCPs are digital natives, and the pressure is on. Across the board, learning and training resources are not keeping up with the demands we are putting on MSLs — and that's causing them more work instead of less. Tried and true is becoming tired and perilously out of date.

It's no wonder MSLs hate training so much.

But all is not lost. The good news is, your frustrated MSLs are MSLs who care and will embrace changes that can help them. If you address the systemic problems with training, you can get your MSLs back on board and excited to gather and share information.

Here are six failure points we've identified in many current training paradigms, and some advice for addressing them.

Sources: <https://www.mckinsey.com/industries/pharmaceuticals-and-medical-products/our-insights/medical-affairs-key-imperatives-for-engaging-and-educating-physicians-in-a-digital-world>

[http://www.pmlive.com/pharma\\_intelligence/infographic\\_digitally-native\\_hcps\\_544275](http://www.pmlive.com/pharma_intelligence/infographic_digitally-native_hcps_544275)

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**Reason #1: 1987 called.**  
*It wants its training back!*

A shocking percentage of today's MSL training is deployed through PowerPoint, a technology invented in 1987. Some MSLs aren't even that lucky and have reverted to that old standby from 105 AD: paper. According to the same McKinsey study referenced above, 90% of pharmaceutical companies say they have no or slow plans for investing in new digital resources, yet nine out of ten physicians believe their time spent on digital for professional purposes will grow in the next year. That's a big — and frustrating — gap for MSLs to cross. If MSLs want to be effective, they need access to more immediate, immersive digital training resources. And you need to make providing them a priority.

Source: <https://www.mckinsey.com/industries/pharmaceuticals-and-medical-products/our-insights/medical-affairs-key-imperatives-for-engaging-and-educating-physicians-in-a-digital-world>

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## Reason #2: Your LMS is DOA.

The LMS isn't dead exactly. It's just dead to MSLS. To be fair, it was never intended for Life Sciences professionals to begin with — and certainly never designed for the purposes of field training. While some LMSs have bolted on mobile or cloud functionality, they are still populated with content that is far from field-friendly. Learning Management Systems are great for onboarding and foundational “push” learning (with certain caveats — see Reasons 4 & 5). But they are outright terrible for the continuous training or “point-of-need” training MSLS need. They are typically just too linear and rigid to draw from in a dynamic “live” environment. No one is going to go back to find mark 32:46 of a training video to get that one very specific area of info they remember seeing 9 months ago in an onboarding training course. And even L&D knows they can do better. A 2017 survey by Chief Learning Officer found that 44 % of learning executives see new technology as either an “essential” or “high” investment priority.

Source: <https://www.clomedia.com/2018/01/15/stuck-middle-2/>

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### **Reason #3: *You've got trust issues.***

Many MSLs are starved for reputable, medically-referenced, accurate training resources. If your MSLs can't trust the learning resources they have, they will be forced to source their own — which can not only be difficult and time-consuming, but also is probably an end-run around your internal chain of custody for content. If overburdened MSLs take on the burden of sourcing new information themselves, they also have to take on verifying the recency, accuracy and credibility of that content. That can cause trust issues in both directions. Plus, if your MSLs are going off script with home-brew training, you'll lose insight into what they are really using, and with it your ability to measure, scale or replicate what is working. Your other MSLs — the ones who are under water or have completely given up — will likely skip the research and just throw more PPTs or static content at the problem, compounding your troubles with inaccuracies or out-of-date information.







#### **Reason #4:** *It's in the wrong place.*

67% of people now use mobile devices to access learning. If your training information isn't on a smartphone or tablet, it's not where your MSLs need it to be. And that means not just retrofitting your LMS to be accessible on a device, but actually serving up mobile native information and making it available at a touch. In-the -moment learning requires quick retrieval, on-demand search and quick access to and consumption of critical information. An MSL getting off of a plane or about to have a conversation with an important KOL or HCP needs to be able to find the right information instantly. If they cannot get it from your resources, they will more than likely resort to Google for the quick answers they need. Access to information must mirror the way we consume and get information in our personal lives — instantaneous and easily retrieved and consumed from anywhere. If you aren't getting information where your MSLs need it, when they need it, and in the format they need it in — you might as well not be putting it out there at all.

Sources: <https://elearningindustry.com/7-elearning-trends-for-2018-watch>

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## Reason #5: Zzzzzzzz.

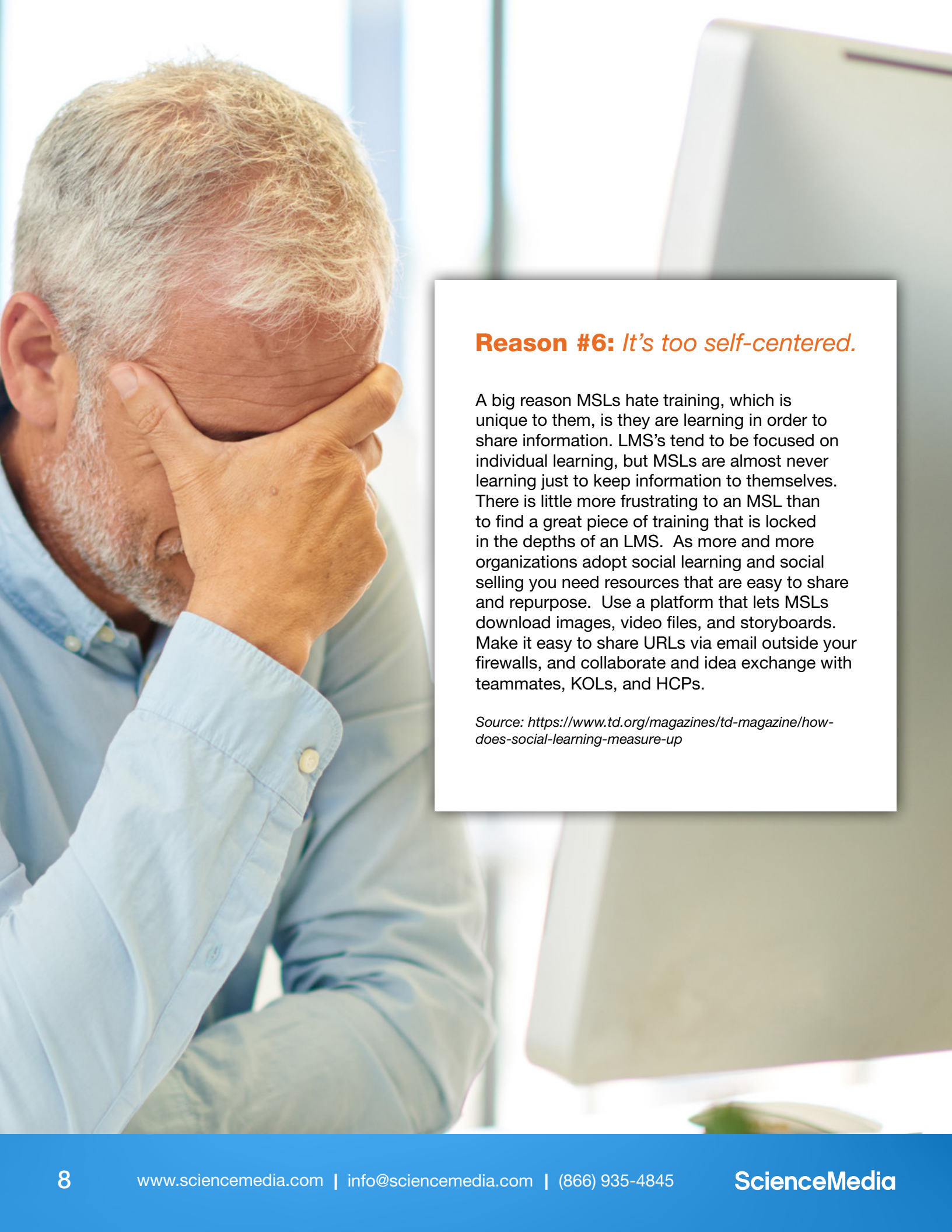
One major reason your MSLs hate training may be because you are boring them to tears with long, tedious content. In a survey by Software Advice, more the 50% employees said that they would use their company's learning tools more if the courses were shorter. Yet MSL training is still often being delivered in lengthy, boring 60-minute segments or bulky PDFs. As humans, we tend to consume information in two ways — we either want to learn something, or we need immediate help to answer a question. For the former case — things like initial training or onboarding, studies show we can handle content that's about 6-12 minutes in length, and after that we begin to drift or only retain pieces. If we just need help, we want short, bite-sized pieces of information that we can apply on the job for max effectiveness. This kind of microlearning should be no more than 1-5 minute segments that are easily discoverable and can stand alone to deliver a maximum dose of useful data.

Sources: <https://www.softwareadvice.com/resources/top-lms-features-employee-engagement/>

<https://hubskills.com/online-course-video-to-be-6-12-minutes/>

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### **Reason #6: *It's too self-centered.***

A big reason MSLs hate training, which is unique to them, is they are learning in order to share information. LMS's tend to be focused on individual learning, but MSLs are almost never learning just to keep information to themselves. There is little more frustrating to an MSL than to find a great piece of training that is locked in the depths of an LMS. As more and more organizations adopt social learning and social selling you need resources that are easy to share and repurpose. Use a platform that lets MSLs download images, video files, and storyboards. Make it easy to share URLs via email outside your firewalls, and collaborate and idea exchange with teammates, KOLs, and HCPs.

Source: <https://www.td.org/magazines/td-magazine/how-does-social-learning-measure-up>

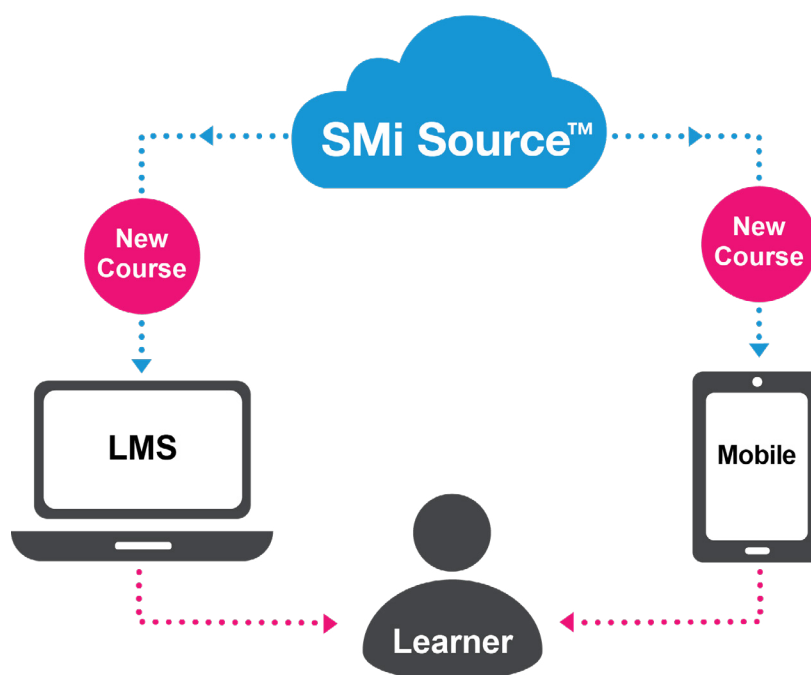


## Rekindle the Training Spark with SMi Source™ – Your MSLs Will Thank You

Your MSLs might dread training, now, but it doesn't have to be that way. Turn things around quickly by approaching your training resources from their perspective — deploying accessible, engaging, accurate, sharable micro-content that matches the way they think and work. Enter SMi Source.

Why do Medical Affairs and MSL teams love SMi Source? It may be the powerful, mobile, on-demand learning library with 200+ full courses and 15,000+ microlearning topics covering a vast category of disease and therapeutic areas. It could be the Google-type navigation and a mobile-friendly interface that lets MSLs pull up reliable, fully referenced multimedia learning content wherever they are. Perhaps it is how content is presented in an engaging YouTube-like micro-learning format. SMi Source's accurate, curated content is designed specifically for Medical Affairs and MSL teams — and always up to date. SMi Source is accessible anytime, anywhere, on any device. It can be integrated with any LMS and easily shared externally with HCPs and KOLs or internally with colleagues. SMi Source even allows MSL teams to mix-and-match content to custom-create their own course in minutes and instantly share it with their teams.

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