

Assess Granted: A Review of the Impact of Employee Development Assessment in the
Healthcare Industry

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Abstract

In recent years, the healthcare industry has been faced with numerous challenges on many different fronts. On the whole, this industry has not been successful at leveraging opportunities to meet these challenges, and AIM Specialty Health (AIM) has not been an exception. This paper will explore how measuring the impact of employee training and development can aid an organization in meeting high demands. A review of current industry best-practices in the area of training and development assessment will be conducted and will be compared to the practices being utilized at AIM. Recommendations will then be provided to help AIM better assess their training practices in order to achieve greater organizational success.

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Background

AIM Specialty Health (AIM) is a national leader in specialty benefits management. Through innovative approaches, AIM promotes the appropriate safe and cost effective use of clinical services. These services include diagnostic imaging, cardiology, oncology, specialty drugs, and sleep therapy. There are three operations centers, or call centers, under the AIM umbrella. These are located in Deerfield, Illinois, Westchester, Illinois. And Glendale, California. Callers who contact any of the AIM call centers experience up to three levels of service, depending on the nature of the call. Level 1 is the entry point for all callers and is not staffed by medical professionals. Level 1 of the call center is referred to as *non-clinical*. Levels 2 and 3 are jointly referred to as *clinical* as they are both staffed by medical professionals. Level 2 is staffed by registered nurses, and Level 3 is staffed by medical doctors. As the individual situations and the requirements for handling the calls becomes more complex, the caller is moved from Level 1 through Levels 2 and 3. The entire staff for all three levels is approximately 650 people, 300 of which are Level 1 employees. There are also members of AIMs Learning and Development Team located at all three of these call centers.

The Learning and Development Department (L&D) at AIM reports to the Vice President of Operations. This department is comprised of five trainers, an instructional designer, a learning management system administrator, and is headed by a director. The department primarily provides classroom-based instruction to Level 1 employees, which includes new product training, new hire training, and refresher training. L&D also provides culture training, change management training, and compliance training for the entire AIM organization. L&D is outfitted

with training rooms at all locations which are equipped with computers, phones, and video conferencing.

Introduction

While healthcare organizations are facing challenges on many fronts, this report will focus on employee training and development practices. Specifically, the assessment of employee training development systems and how the assessment of these systems can be paramount to ensuring organizational challenges are met. While developing high-quality employee training programs seems an obvious contributor to organizational success, it is important that these programs are properly and regularly assessed to ensure that they are contributing to the overall success of an organization (Adler, Klein, Kossy, & Snyder, 2005). According to the Council for Adult and Experiential Learning (2005), “exemplary organizations use a variety of quantitative and qualitative measurement strategies to assess the impact of their training and development investments” (Adler, et al., p. 43). Throughout this report, the impact of assessment on employee development initiatives will be explored, and industry standards in this area will be compared to those utilized at AIM. The outcome of this report will be a list of recommendations on how to improve the impact of employee development at AIM through the implementation of training and development assessment.

Challenges in Healthcare Organizations

The current environment in the healthcare industry is one of many challenges and high demands for unprecedented levels of change (Ray & Berger, 2010). These challenges include increases in patient expectations, greater patient and employee diversity, higher levels of competition, government pressure, drastic changes in technology, and workforce shortages (Ray & Berger, 2010). Cost control initiatives for Medicare reform backed by a persistent public are

underway. Insurers in the private sector are adding pressure to their requests for increased quality at decreased costs as they are burdened with these demands by their consumers. Innovative and specialized types of healthcare delivery systems are emerging, creating more competition for traditional healthcare organizations. It is no longer uncommon to hear of hospitals closing due to financial difficulties (Williams, Hadley & Pettengill, 1992; Adler, et al., 2005). The gravity of the modifications suggests that continued sustainability of the healthcare industry will demand far more than small improvements can achieve. Rather, fundamental, drastic changes are required that can yield significant increases in both efficiency and quality of service if the healthcare industry is going to meet these challenges (Deloitte & Touche, 1997; Walshe & Smith, 2006).

AIM Specialty Health is experiencing many of the same challenges facing healthcare organizations and healthcare professionals. AIM has been impacted by recent growth in information technologies, treatment protocols, diagnostic tools, and pharmaceutical options, all of which have allowed for great advances in care. Advances in medical technology have brought large benefits to the type and quality of care given at AIM, but at the same time have also contributed to recent increases in spending. Expenditure trends are set to continue, with future technological advances likely to support further dramatic improvements in call center technologies, healthcare standards, and testing procedures (Adler, et al., 2005). Despite all of this technology advancement, staffing high-quality healthcare employees is the key component to ensuring that patients receive the best care (Towers-Watson, 2011). However, this human component is also the largest cost to healthcare organizations (Williams, Hadley & Pettengill, 1992), contributing to about 68.7% of total costs at AIM (B. Zemach, personal communication, November 23, 2014).

Evaluating Training and Development Programs

As mentioned earlier, the Learning and Development Department at AIM provides training programs to new employees as well as on-going to training throughout the organization. However, once a training program is developed, it is important to perform evaluations to determine the effectiveness of the training (Bjornberg, 2002; Brown, 2002; Cekada, 2011; Shenge, 2014). While well-developed training programs can contribute to greater employee engagement and organizational success, poor training programs can lead to frustration and decreased employee effectiveness (Shenge, 2014). Evaluating the effectiveness of an organization's training program can be a very complex process. This next section will offer suggestions on possible ways for an organization to evaluate its training and development programs.

Cekada (2011) and Brown (2002) both emphasized the importance of performing a needs assessment prior to the development of a training program. Not only does performing a needs assessment help to ensure that training will be relevant, it also provides data that will be useful after training has been completed. The needs analysis establishes employees' skills before training is provided. This information can then serve as a base line for comparison after training is complete. "In the absence of a needs analysis, training results are usually subjective and might not be attributable to the training" (Brown, 2002, p. 571).

Cekada (2011) goes on to mention several ways to evaluate program effectiveness after the training has occurred, including having participants in the training program rate their experiences as well as take tests to demonstrate knowledge and skills acquired during training. Both Bjornberg (2002) and Shenge (2014) agree that trainees should be asked to complete a

post-training survey about the program. The survey should ask employees whether they found the training relevant and readily applicable to their jobs, whether they enjoyed the training, whether or not they recommended the training to other employees, and what could be improved about the training. Bjornberg and Shenge also both agree that in order to determine the effectiveness of an employee training program, employee performance and the overall performance of the organization should be monitored before and after training. Employees should be evaluated on the skills they are supposed to learn during training before, immediately after, and a longer period of time after the training occurs (Bjornberg and Shenge). This shows not only how employee knowledge changed due to the training, but how meaningful and long-lasting these changes were. Evaluation components may include real-world problem-solving, customer phone call monitoring, and direct manager evaluation of employee performance (Shenge). Data should also be collected about the organization to determine any improvement in overall organizational performance due to the training (Bjornberg and Shenge). Bottom-line factors to monitor may include “increases in production, quality improvement, decrease in costs, and reduction in frequency of accidents, sales increases, and even higher profits” (Shenge, p. 56).

Assessment at AIM Specialty Health (AIM)

K. Fitzgerald (2014), Director of Learning and Development at AIM, indicated that AIM does evaluate 100% of initiatives at Level 1 through participant feedback surveys and Level 2 through post-training testing. An estimated 70% of initiatives are evaluated at Level 3 by assessing how well the learning was applied to the job post-training through audits. Only 20% of initiatives at Level 3 were assessed by measuring the impact on the organization’s bottom line. Fitzgerald commented that the low percentage in the higher level assessments is due to the

difficulty in isolating the impact of training initiatives from other initiatives (i.e. change management) that are running simultaneously to meet performance goals.

AIM utilizes the data gathered from evaluations not only to confirm the success of initiatives, but also to improve the quality of training. The participant feedback survey and the post-training test have been instrumental in improving learning programs (K.Fitzgerald, personal communication, November 14, 2014). The participant feedback survey has been paramount in improving the learning programs delivered by the learning and development department (Fitzgerald). The participant feedback survey is distributed after every training session. The survey assesses users in four areas:

- Trainer Evaluation – This portion of the survey asks the participant to evaluate the effectiveness of the trainer on multiple topics.
- Preparation – This portion of the survey asks the participant to evaluate communication from leadership, change management initiatives, and email notifications associated with the training.
- Content Delivery – This portion of the survey asks participants to evaluate the mode of delivery of the training.
- Topic Relevancy – This portion of the survey asks participants to evaluate overall satisfaction with training topic, depth, and relevance to job role.

The feedback survey is scored and presented using a Likert scale. All classroom training programs utilize the same survey template, so that items can be compared across genres. The feedback from this survey has helped the department to improve integration of training into the workplace, efficiently shorten training sessions, and improve overall satisfaction with training

programs (K.Fitzgerald, personal communication, November 14, 2014). The results from post-training tests allow trainers to revise training programs and alter their instruction methods if it is evident that a specific objective is not being mastered (Fitzgerald).

How to Improve Assessments

One way for AIM Specialty Health to improve is to understand the link between employee satisfaction, employee learning, and improved customer satisfaction. AIM should gather data that illustrates the impact of increased education and development on staff behavior and treatment of callers, as well as overall customer satisfaction. AIM would be able to analyze this data in order to demonstrate the importance of employee training and development (Adler, Klein, Kossy, & Snyder, 2005). By demonstrating a favorable impact of training initiatives on the organization's bottom line, future initiatives will be more likely to have the support of upper-management, which will in-turn improve the effectiveness of training programs. Without the support of upper management, training initiatives do not reach their full potential because they lack the resources to reinforce change, the environment to practice new processes, and the communication of expectations from management (Adler, et al., 2005; Towers-Watson, 2011; Towers-Watson, 2012). "It is critical that leadership from the private sector, both professional and other health care leaders and consumer representatives, be involved in all aspects of this effort to ensure its applicability and acceptability to clinicians and patients" (Institute of Medicine, 2001, p.5). The support of education by leadership will ensure that employees will have the resources they need to drive performance in the desired route.

Another way to improve the effectiveness of employee training and development would be to monitor customer phone calls before and after the training has occurred. This monitoring

process could be incorporated in the evaluations of call center employees. Employees can be rated on their effectiveness when working with a caller. This process could be furthered by allowing callers to complete a survey about their experience after working with a call center employee. These surveys and evaluations could provide valuable feedback about call center employee deficits and the effectiveness of employee training.

AIM Specialty Health has fallen victim to the high turnover rates plaguing the healthcare industry, with a current turnover rate of 36% compared to the industry standard of 25% (Zemach, 2014). Another crucial step AIM could take in improving the overall organizational success would be to decrease this turnover rate. At this time, AIM could do studies to determine the impact of effective employee development programs on company-wide retention rates. If AIM makes it clear to their employees that development is for the betterment of the individuals who work for the company, and not just the business itself, the support of education initiatives may increase. Employees who feel their company wants to invest in making them a more talented employee can lead to an increase in overall employee engagement. “Engaged employees tend to stay with an organization because it is meeting their own needs and giving them the support and capability to do their jobs well and feel good about their contribution” (Towers-Watson, 2011, p.4).

References

- Adler, D., Klein, B., Kossy, J., & Snyder, P. (2005, April). Prescription for better healthcare: Exemplary practices of employee learning and development in healthcare organizations. Retrieved at [Http://www.cael.org/research-and-publications/workforce-developers?page=5#sthash.AZw6pcr0.dpuf](http://www.cael.org/research-and-publications/workforce-developers?page=5#sthash.AZw6pcr0.dpuf).
- Bjornberg, L. (2002). Training and development: Best practices. *Public Personnel Management*, 31(4), 507-516. Retrieved November 25, 2014, from Business Source Complete.
- Brown, J. (2002). Training needs assessment: A must for developing an effective training program. *Public Personnel Management*, 31(4), 569-578. Retrieved November 25, 2014, from Business Source Complete.
- Cekada, T. (2011). Need training? *Professional Safety*, 56(12), 28-34. Retrieved November 25, 2014, from Business Source Complete.
- Deloitte & Touche LLP, and VHA Inc. 1997. Redesigning health care for the millennium--1997 Environmental Assessment. Irving, TX: VHA Inc.
- Institute of Medicine, 2001. Crossing the quality chasm: A new healthcare system for the 21st Century. *Committee on Quality of Health Care in America*. The National Academies Press.
- Ray, K., & Berger, B. (2010). Challenges in healthcare education: a correlational study of outcomes using two learning techniques. *Journal for Nurses in Professional Development*, 26(2), 49-53.

Shenge, N. (2014). Training evaluation: Process, benefits, and issues. *IFE Psychologia*, 22(1),

50-58. Retrieved November 25, 2014, from Academic Search Complete.

Towers-Watson. (2011). Employee perspectives on health care: Part II employee engagement.

OUP Catalogue, 1-8. Retrieved from <http://www.towerswatson.com/en-US/Insights/IC-Types/Survey-Research-Results/2011/02/Employee-Perspectives-on-Health-Care>

Towers-Watson. (2012). When we're feeling better, they're feeling better: How hospitals can

impact employee behavior to drive better care outcomes. *OUP Catalogue*, 2-8. Retrieved

from <http://www.towerswatson.com/en-US/Insights/IC-Types/Ad-hoc-Point-of-View/Perspectives/2012/>

Walshe, K., & Smith, J. (1st ed).(2006). Future challenges of healthcare management.

Healthcare Management (167-245). Maidenhead, Berkshire, England: McGraw Hill/Open University Press.

Williams, D., Hadley, J., & Pettengill, J. (1992). Profits, community role, and hospital closure:

An urban and rural analysis. *Medical Care*, 157-187.