

# *Responding to the Challenges Facing Healthcare*

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## ***Industry Overview: The Challenges Facing Healthcare***

Changes within the healthcare industry continue at an accelerated pace. Legislative, insurance, demographic and economic pressures are changing the way healthcare does business. The trend of giving the customer more power of choice in where they go for care continues. For organizations that expect to remain competitive, the challenge to keep up with the rapid-fire changes is a top priority.

### ***Legislative requirements***

In 2000, Congress passed legislation requiring healthcare providers to comply, by April 14, 2001, with the medical privacy rules of the Health Insurance Portability and Accountability Act (HIPAA). The impact was profound as changes to disclosure, database, computer and record-keeping systems were enormous in terms of both time and cost.

### ***Insurance changes***

By the middle of 2007, hospitals are required to participate in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS®) public reporting tool to receive Centers for Medicare and Medicaid Services (CMS) reimbursement. This requires hospitals to become more transparent about the quality of their patient care.

### ***Systems changes***

Increasing pressure to link patient record-keeping systems across the

industry is becoming an imperative. In the State of the Union speech three years ago, President Bush called for universal use of electronic health records. All Americans would have one within a decade, he said. At the present time, however, few doctors' offices seem to be embracing the required changes. Less than 20 percent of doctors' offices and fewer than 30 percent of hospitals use some form of electronic medical records.

The move to making electronic medical records widely available will provide long-term efficiency benefits for healthcare organizations through such things as providing lab results more quickly, saving staff time in completing paperwork and flagging potentially hazardous drug interactions early. Similarly, such a move will prove to be patient-friendly as patients will not have to retell their stories to multiple doctors, save time and be relieved from filling out duplicative paperwork. However, the long-term benefits described are at the price of short-term substantial costs in time, labor and downtime. Hospitals are estimating the investment in technology alone will be in the hundreds of thousands (and potentially millions) of dollars per hospital. That doesn't even factor the cost of the necessary learning curve associated with the changes.

### ***An aging population***

People are living longer thanks to technological advances and lifestyle changes decreasing mortality rates. By

2050, it is estimated that 20 percent of the US population will be 65 or older and 5 percent will be 85 or older. Predictably, healthcare utilization is significantly higher for those over 65 years of age. At the same time, an aging population means there will be fewer workers per Medicare recipient.

### ***Increasing diversity among populations served***

While there is some debate across the healthcare industry about the assumptions and measures related to cultural competence, there is no disagreement about the need for efforts to understand, teach, practice and evaluate culture competence to address the increasing diversity present in populations served.

According to a June 2007 article in *Academic Medicine*, cultural sensitivity may be especially important in the care of children. National pediatric associations have issued policy statements promoting cultural competence in medical education. In a survey of 125 US pediatric clerkship directors concerning the presence or absence of cultural curricula, content, teaching methods, and evaluation, of 100 respondents (80 percent response rate), most agreed or strongly agreed that teaching culturally competent care is important (91 percent), enhances the physician/patient/family relationship (99 percent), and improves patient outcomes (90 percent). Only 24 of the 98 respondents (25 percent) reported cultural competence teaching and the degree of success of the teaching is unknown.

### ***Staff shortages***

An aging population means that the number of elderly patients requiring higher levels of care is increasing. Beyond hospitals, there is an increasing need for skilled healthcare professionals in assisted living centers, in-home care positions, retirement centers and specialty clinics. A survey conducted by the American Hospital Association (AHA) and published in *Trendwatch* (March 1999) revealed that 45 percent of hospitals reported difficulty in hiring and recruiting critical care and other specialized nurses. The skilled worker deficit extends beyond nursing. Healthcare providers also face shortages of imaging technicians, pharmacists, laboratory technicians, IT technologists, administrative support, housekeeping staff and others.

Additionally, job-related stress caused from increasingly complex administrations, undesirable shift work, low wages for many healthcare positions, understaffed medical facilities and loss of authority is credited as the cause of workers exiting the healthcare field in favor of less stressful jobs.

### ***Increased costs***

Professional liability insurance costs have risen significantly. In states with laws sympathetic to plaintiffs in malpractice suits, insurance costs have increased by more than 50 percent.

Along these lines, providers of malpractice insurance are responding to research studies that suggest that the likelihood of a patient filing a malpractice claim against their medical provider is linked most closely to the

likeability (or unlikeability) of the provider and less to the medical competence demonstrated. In other words, the ability to acquire affordable professional liability insurance is increasingly becoming dependent on demonstrating good relations with patients.

Producers of pharmaceutical products and medical devices have increased prices by an average of 7 – 10 percent over the past few years.

More complex insurance and government reimbursement procedures have resulted in healthcare providers struggling to get paid for their services. Accounting staff wrestle with mountains of paperwork. Patients often are confused by their billings and, as a result, are frequently delinquent.

### ***Increasingly competitive environment***

The entry to the marketplace of more private clinics with specialty services and treatment options creates a different type of competition for healthcare dollars from any time in the past.

Full-service healthcare providers, reluctant to limit service offerings to the

communities they were established to serve, face the burden of higher costs associated with providing treatment for a full-spectrum of patients and find competition from specialty clinics with greater profitability challenging.

### ***More educated consumers***

Thanks to the wide availability of information, largely due to the internet and its blogs, chat rooms and search engines, consumers of healthcare are now more informed, better educated and more demanding. They are challenging their doctors, asking tough questions and shopping around at an unprecedented rate.

### ***Level of preparedness***

As a result of these factors, plus undoubtedly many others, the healthcare provider/consumer relationship is changing. At the same time, traditional education has not prepared its constituents for this new reality.

Healthcare professionals are seeking methods to better prepare to meet these challenges and to measure the success of their efforts. The next section outlines one response that many are taking.

## ***An Analysis: Responding to the Challenges***

While almost everyone would agree that it is important for organizations entrusted with the care of the health and well-being of people to innovate to meet the requirements of a changing world and the expectations of a more demanding customer, most institutions wring their hands wondering where the solution lies.

Healthcare providers cannot halt the demographic shifts occurring, nor can they roll back the clock on legislative or insurance changes. Similarly, influencing the pricing structures imposed on the industry seems an impossible task.

In the face of challenges over which they have little control, there are few options for healthcare providers but to comply with legislative requirements, be attentive to changing needs imposed by demographic shifts and operate in a fiscally responsible manner.

However, compliance as a business strategy is rarely an acceptable mode of operation for leaders in any industry. This is also true in healthcare. To meet the challenges of a changing world, leaders in the healthcare field are proactively addressing opportunities over which they do have control. With a keen eye on the future, these leaders recognize that the future of healthcare extends beyond the core requirements of expert medical care and must also embrace a customer-focused model of service excellence.

***What are the areas over which the healthcare industry has the most control?***

Attention to personal and interpersonal needs of patients and their loved ones is the most important issue the healthcare industry can and should address. This requires equipping employees at all levels with the skills of effective communication, listening, intercultural competence, intergenerational competence, etiquette and protocol, conflict resolution, leadership, teambuilding, customer service and the like. In the popular business press these skills are frequently referred to as the soft skills.

How important are the soft skills?  
Norman Cousins, former *Saturday Review of Literature* editor and UCLA Professor said it this way:

*The words “hard” and “soft” are generally used by medical students to describe the contrasting nature of courses. Courses like biochemistry, physics, pharmacology, anatomy, and pathology are anointed with the benediction of “hard,” whereas subjects like medical ethics, philosophy, history, and patient-physician relationships tend to labor under the far less auspicious label “soft” . . . [But] a decade or two after graduation there tends to be an inversion. That which was supposed to be hard turns out to be soft, and vice versa. The knowledge base of medicine is constantly changing . . . .*

*But the soft subjects – especially those that have to do with intangibles – turn out to be of enduring value.*

Where new medical discoveries and industry changes necessitate the constant learning and re-learning of technical knowledge, most people would agree with Cousins about the enduring value of the intangible soft skills. Interestingly, it is often those same people who struggle to define these skills, precisely because they seem intangible. Because of their complex and intangible nature, the training and development of personal and interpersonal skills is largely overlooked in traditional education leaving people to pick them up on an ad hoc basis. For many, their training in the soft skills is less than effective because it is received from parents, teachers, coaches, peers and managers who themselves, albeit well-intentioned, have been taught ineffective methods of relating.

For everyone who has wrestled with how to deliver bad news, handle an emotional conflict, motivate a team, calm their own anger, manage stress, serve people from a different culture, inspire others toward a vision or persuade someone to a course of action, it is vividly clear on a deep personal level how *hard* the *soft* interpersonal skills can be to master.

### ***Press Ganey research***

Insight into soft skill development as a business strategy can be gained through research conducted on hospitals by Press Ganey Associates, Inc. Press Ganey surveys patients as they leave the hospital, soliciting ratings in such areas as friendliness of the staff, courtesy of nurses, and waiting times. With these

survey results, hospitals can benchmark against one another and better understand their strengths and weaknesses in terms of customer service.

*The 2007 Hospital Pulse Report: Patient Perspectives on American Health Care* published by Press Ganey Associates, Inc. examined the experiences of more than 2.3 million patients treated at more than 1,700 acute care hospitals in 2006. The report provides national patient perspective regarding the quality of hospital care.

A key finding of the report is that communication between hospital staff and patients continues to need improvement. Patients want care that is safe, complete, and delivered in a manner than respects their personhood. Communication is a key driver of satisfaction. Patients want more attention given to their personal needs. Responding to concerns with compassion and sensitivity is essential to providing quality patient care. Therefore, the top priority for improving hospitals, from the patient perspective, is the ability to respond to their concerns and complaints. A hospital's ability to provide attention to the patient's needs is the strongest predictor of a facility's overall performance score on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS<sup>®</sup>) public reporting tool.

The Press Ganey report goes on to say that if hospitals are to make meaningful progress in improving the inpatient experience, they must listen to their patients. All five of the top priority issues patients have for hospitals refer to communication and empathy. Every one of the priorities relates to staff

interaction with patients. Frontline staff continues to have the greatest impact on the patient’s overall experience.

The priorities appear at the top of the Press Ganey National Hospital Priority

Index, based on 2006 inpatient surveys. The National Priority Index combines information about hospitals’ performance and the relative importance of each item to the respondents.

***National Hospital Priority Index***

Survey Item	Priority Rank
Response to concerns/complaints made during your stay	1
Staff sensitivity to the inconvenience that health problems and hospitalization can cause	2
Staff effort to include you in decisions about your treatment	3
Degree to which hospital staff addressed your emotional needs	4
How well the nurses kept you informed	5

Represents the experiences of 2,359,935 patients treated at 1,777 hospitals nationwide between January 1 and December 31, 2006.

Another interesting finding of the Press Ganey study found generational differences in inpatient satisfaction. Expectations of patients vary depending on their age. Patients and their care providers may have trouble relating to each other if they are from different age groups. Younger staff may have a more difficult time relating to older patients, and seasoned staff members may feel distanced from the younger population. Care providers must be sensitive to and aware of these differences.

The report suggests that staff members should be educated on both generational differences and cultural diversity. Helping staff to identify where they may be holding preconceived ideas about patients helps create awareness of differences.

Perceptions of safety were another interesting factor addressed in the Press Ganey report. Hospitals engage in many activities that increase patient safety, however, if communication is not

present or is lacking, the perception of the level of safety is compromised. Hospitals can improve safety perceptions by doing a better job of communicating their existing practices to patients. A focus on communicating safety practices to patients can bridge the gap between patients’ perceptions and reality. Patients’ perceptions of safety increase when the hospital staff shares more information with them. The study showed that the more pieces of information the patient received, the safer the patient felt. While you might expect discussions regarding organ donation or living wills could make the patient feel nervous or less safe, Press Ganey research found the contrary to be true. Providing a patient with information on any aspect of his or her care and wellness gives the patient a sense of control, increasing his or her overall feeling of safety.

Many aspects of care affect how patients will rate a hospital on HCAHPS®. Press Ganey identified five questions on its

survey as the best predictors of how patients will rate hospitals on the HCAHPS® survey. In other words, by working on these five issues a hospital could garner a higher Overall Rating on the Hospital score on the HCAHPS®

instrument. High HCAHPS® ratings are important to hospitals, in part because the scores will be reported publicly and could affect where patients choose to go for their hospital care.

***Areas Most Tied to HCAHPS® Overall Satisfaction***

Issues for Hospitals to Address	Ability to Predict Overall Outcomes
Attention to personal needs	42.07%
Response to concerns/complaints	+6.63%
Nurses treat you with courtesy/respect	+3.61%
Doctors listen carefully to you	+1.82%
Staff do everything to help with pain	+1.03%
Total amount of outcome explained with these five questions	55.16%

The data shows that attention to the personal and interpersonal needs of patients (and their loved ones) offers the greatest impact on the Overall Rating of Hospital score and the most return for the hospitals’ efforts. Therefore, patients who rate the staff’s attention to their personal needs as “very good” (the highest rating) are most likely to give the hospital a positive overall Rating of the Hospital score on the HCAHPS® survey.

Press Ganey Associates, Inc. research reprinted with permission. © 2007 by Press Ganey Associates, Inc. *Hospital Pulse Report: Patient Perspectives on American Health Care*, South Bend, IN

***More evidence***

The Press Ganey research is supported by other independent studies. According to a 2004 Harris Interactive poll of 2,267 US adults conducted for the Wall Street Journal Online’s Health Industry Edition, a doctor’s training and knowledge of new medical treatments are less important to many patients than their interpersonal skills. Said another way, it is overwhelmingly interpersonal failings that drives patients away.

The Wall Street Journal Study looked at the qualities patients described as “extremely important” when asked what they want from their doctors. Topping the list was being treated with dignity

and respect (85 percent), listening to concerns and questions (84 percent), is easy to talk to (84 percent), takes concerns seriously (83 percent), spends enough time with you (81 percent) and truly cares about you and your health (81 percent).

Weighing in at the bottom of the list were same race or ethnic background (10 percent) and same gender (15 percent). Worthy of note is the fact that comparatively few people ranked training in one of the best medical schools (27 percent) and lots of experience in treating patients with your medical condition (58 percent) as extremely important.

***Do healthcare providers measure up?***

In pursuit of determining what gaps exist between what people want from their doctors and what they get, the Wall Street Journal Survey went on to ask people to describe the qualities of their current doctor.

While being treated with dignity and respect was listed by 85 percent of respondents as extremely important, only 73 percent of respondents said this phrase described their current doctor well. 68 percent of respondents felt their current doctor listened well compared with 85 percent who described listening carefully as extremely important.

Research reported by the Office of Disease Prevention and Health Promotion, Department of Health and Human Services also highlights the need and the deficit. Attempts to measure the gap have been less than ideal as generally accepted measurement criteria is still being developed. When the cultural element is added to the mix, the picture becomes even more complex.

If more evidence is required, following is data from a 2000 Medical Expenditure Panel Survey, Agency for Healthcare Research and Quality (AHRQ), US Department of Health and Human Services. The target goals for improving interpersonal skills by 2010 are considerably (and unfortunately) less than ambitious.

Patients reporting that doctors or other health providers always:	Baseline 2000 (Percent)	Target 2010 (Percent)
Listen carefully	56	64
Explain things so you can understand	58	65
Show respect	58	65
Spend time	45	52

A 2010 target of a mere 64 percent on good listening skills and only 65 percent on showing respect to patients is indeed a sad testament on the state of the industry and further evidence of the need for professional development in the interpersonal skills of healthcare professionals.

***Why are the scores so low? Why is the expectation for the future so low?***

What seems to be clear is the need, in fact the necessity for improved communication between healthcare providers and people served. Numerous studies show that not only patient satisfaction but also positive health

indicators are among the outcomes of improved communication. Among the positive health outcomes are:

- Improvements in emotional health
- Symptom resolution
- Physical functioning and quality of life assessment
- Physiological indicators of disease management (i.e., blood pressure, blood sugar)
- Pain control
- Reductions in emotional distress and measures of depression
- Improvement in coping

Not surprisingly, research has also found correlations between physician-patient

communication and adherence. Patients are more adherent when their physicians deliver more information, ask more questions about adherence, and engage in more positive talk. Patients of physicians who were more sensitive to nonverbal cues (as measured with a standardized test) were more likely to keep their scheduled appointments than were patients of less sensitive physicians.

Apparently efforts are also being made in healthcare to screen job applicants for their strength in interpersonal skills. The Healthcare Service Relations Profile (HSRP) identifies healthcare professionals who exhibit strong interpersonal skills and who are willing to serve patients as well as cooperate with coworkers. The HSRP determines which candidates are the likeliest to be responsive and cooperative toward patients and fellow staff.

None of these findings are surprising when considered alongside similar studies across other industries. Harvard University, Carnegie Foundation and Stanford Research Institute all showed in their studies that 85 percent of the reason a person gets a job, keeps a job and advances in a job is related to their people skills (the remaining 15 percent is related to technical ability). Robert Bolton, in his book *People Skills* reports similar findings and puts the relative importance of people skills at 80 percent.

### ***Good news***

There is good news. Apparently members of the medical profession do learn quickly and the learning sticks. At least one study demonstrated that skills

were maintained as long as five years after training was complete.

### ***A caution***

There is also a caution. Underestimating what it takes to learn and apply these skills is a common failing. Interpersonal skills are more complex than simply asking healthcare providers to open the lines of communication and talk more and listen more to patients. If it was easy, healthcare professionals would already be employing the skills. There would be no need for significant change as the research studies wouldn't have revealed the deficit. Talking and listening must be relevant and remain focused on the patient to have the desired impact.

A recent study, reported by National Public Radio in June 2007, from the *Archives of Internal Medicine* finds that many doctors waste patients' time, and lose their focus, by sharing irrelevant information about themselves in an effort to put the patient at ease. Researchers found physicians disclosed personal information in about one-third of office visits, and 85 percent of the disclosures weren't helpful to the patient.

The doctors who were the focus of this study may be trying to open the lines of communication in an attempt to put their patients at ease, but once doctors started talking about themselves, they rarely returned to the original topic – a formula for fueling patient dissatisfaction.

### ***The bottom line***

Attention to personal and interpersonal needs is the most important issue the

healthcare industry can and should address. Leaders in the field of healthcare must seek to offer their members an innovative approach to employee development designed to develop the essential personal and interpersonal skills that lead to improved service, greater leadership capacity and stronger teams.

It is clear that the healthcare establishment is responding to this need.

Although there have been a few setbacks, overall patient satisfaction in America's inpatient hospitals has steadily increased since 2002. It seems clear that hospitals are seeing a need to put attention on the drivers of patient satisfaction and it is improving. Although improving, with a current satisfaction level of only 84.2 percent (compared to 82.8 percent in April 2002), there is clearly still plenty of room for improvement.

## *Interpersonal Skills Training: An Approach to Bridging the Gap*

The learning factor is more relevant in organizations than ever before. The focus for many chief executives is on business growth, and they know that the most important strategic priority to achieve growth is increasing the capabilities of their workforce. Many economists and business leaders agree that the key to achieving business results and sustaining a competitive advantage is a fully engaged, knowledgeable, and skilled workforce.

To that end, organizations invest heavily in training. In its 2006 State of the Industry Report, the American Society of Training and Development (ASTD) estimates that US organizations spent \$109.25 billion on employee learning and development annually. Nearly one quarter of this spend was on external services (\$29.50 billion) and the remaining three quarters (\$79.75 billion) was spent on the internal learning function.

The average annual expenditure per employee in ASTD's sample of large organizations increased to \$1,424 per employee in 2005, an increase of 4 percent from the previous year. Expenditure as a percentage of payroll did not change from the previous year, remaining at 2.2 percent.

The average number of hours of formal learning per employee increased from 35 hours per employee in 2004 to 41 hours per employee in 2005.

### *Three approaches to learning interpersonal skills*

1. Experience is a good teacher and each of us credits our own experience with some of our greatest life lessons. However, each of us also can think of individuals who do not seem to learn from experience as they continue to repeat the same behavioral patterns over and over with the outcome being a repeat of the same mistakes. Another drawback to experience as a teacher is that it takes a lot of time – sometimes a lifetime.
2. Mentoring and coaching relationships are also valuable in learning. Highly skilled individuals who have “walked in your shoes” can provide insight and guidance from the benefit of their own experience. The success of this learning methodology, naturally, requires that the mentor or coach possess, at a high level, the desired skills themselves and also possess the ability to teach others. Since facilitating learning is itself a unique skill, the results of mentoring and coaching by already busy professionals often fall short of desired outcomes.
3. Formal training is a third method for facilitating the acquisition of interpersonal skills and arguably a suitable approach given the rapidly changing nature of the healthcare landscape. Without the benefit of a

lifetime to learn from others or from our own experience, a training intervention can equip individuals with the necessary skill sets in a fraction of the time that the other methods can. Plus, with the ability to practice the new skills in the safe environment of a training workshop, healthcare professionals don't risk "practicing" on patients in the same way they would with the other methods.

If training is a desirable method of helping healthcare professionals build effective interpersonal skills, where, when and how should the training happen?

### ***Medical schools were set up for technical education***

Medical schools do an excellent job of transferring knowledge from professor to student but are falling short when it comes to equipping students with the personal and interpersonal skills they increasingly require for career success. It is no mystery why universities are not equipped to do this well. The skills to provide interpersonal skills training are not conveniently found in your average university professor who is already engaged in the difficult task of helping students master the extensive and exhaustive technical expertise required.

Additionally, research shows that the best time to learn these skills is when their application is imminently called for. This is post-graduation, the time after students have left their formal medical training and begun their careers. This is when (presumably) the technical expertise is mastered to an appropriate

degree and relational skills become increasingly critical.

### ***Why is there a gap? Awareness building training***

A common mistake made when trying to inoculate people with new skills is to focus on content to the exclusion of facilitation or, to economize on time devoted to training with the understandable (and faulty) rationale that people are too busy to invest substantial time in building critical skills.

Organizations requiring their constituents to read a good book or attend a motivating keynote in the hopes of acquiring the skills on a given subject are examples of this mistake in practice. Similarly, purchasing an "off-the-shelf" training program and asking an interested party to present it to a group rarely yields the desired results.

E-Learning has reached a high level of sophistication, both in terms of instructional development and the effective management of resources but still lacks the essential components to build competency in interpersonal skills when used as a single or primary learning methodology.

### ***Addressing the gap Skill building training***

Simply *learning about* interpersonal skills (awareness building training) is not enough to compel someone to *act* on the information. If it were, the world would be a vastly different place. How many of us *have learned* something about the importance of exercise, a proper diet, and sufficient sleep, yet fail to implement what we know? Learning is important, but must be followed by a

persuasive and compelling call to action. This is especially true in a training context.

As neuropsychologist Daniel Goleman describes it:

*Teaching about a competence... has the least effect on actually changing performance. Deep change requires the retooling of ingrained habits of thought, feeling and behavior.*

*Purely cognitive abilities are based in the neocortex, the “thinking brain.” But with personal and social competencies, additional brain areas come into play, mainly the circuitry that runs from the emotional centers—particularly the amygdale—deep in the center of the brain up the prefrontal lobes, the brain’s executive center. Learning emotional competencies retunes this circuitry...As we acquire our habitual repertoire of thought, feeling and action, the neural connections that support this repertoire are strengthened and become dominant pathways for nerve impulses. While connections that are unused become weakened or even lost (“extinguished”), those we use over and over grow increasingly stronger. Given a choice between two alternative responses, the one that has the richer, stronger network of neurons will win out... When habits have been well learned, through countless repetitions, then the underlying neural circuitry becomes the brain’s default option. We act automatically and spontaneously.*

It is important to note at this point that while it is true that a skill building training intervention can help build skills more quickly than other learning methods, for the reasons described by Goleman, the type of skills discussed in this document cannot be easily micro-waved into an eager learner – they take time.

For interpersonal skills training, interpersonal learning environments continue to hold the advantage over other methods. In a classroom/ laboratory environment, facilitator-led workshops, boasting human interaction among participants, are better able to simulate the challenges faced in the real-world, provide participants with opportunities to experiment with new (and often uncomfortable relational approaches), leverage peer coaching/peer learning, share best practices and build vital neuron connections, all while in a safe learning environment.

It is this extremely difficult task of ensuring that the training moves beyond learning to performance that characterizes skill-building training.

While the healthcare profession as a whole is beginning to look carefully at the role personal and interpersonal skills play in the delivery of their products and services, embracing a new method of interacting has not become the norm as evidenced by research reported in this document. Following are five phases that healthcare professionals can employ to implement a strategy to address the challenges.

## ***Phase 1 - Discovery***

*Alice asked, "Would you tell me, please which way I ought to walk from here?"*

*"That depends a good deal on where you want to get to," said the Cat.*

*"I don't much care where - " said Alice.*

*"Then it doesn't matter which way you walk," said the Cat.*

*" - so long as I get somewhere," Alice added as an explanation.*

*"Oh, you're sure to do that," said the Cat, "if you only walk long enough."*

Lewis Carroll, 1872  
*Through the Looking Glass*

Without a goal, we are like Alice in Lewis Carroll's *Through the Looking Glass*, on a journey without purpose. During the Discovery phase, we are challenged to see the organization, its function and its customers as they are and as they will be in the coming years. Anticipating future needs means embracing and understanding the changes that will occur in both the environment and in attitudes.

Change is an obvious and undeniable fact of life. Change simply means moving forward and not standing still. The most successful individuals and organizations are those that don't run from change, but turn it to their advantage. As individuals we can't be expected to see into the future, but we can ensure success by opening up to the changes it will bring.

During the Discovery phase a variety of methods are used to determine the "what" and "why". A common mistake is rushing to the "how" too early. While the "how" is important, it occurs in a later phase. Following these phases helps avoid the temptation to move to implementation too quickly and risk making good time heading the wrong direction.

To succeed in today's rapidly changing environment, organizations need to look at several major areas. They are: Mission, Vision, Values, Systems and Processes, and Critical Success Factors.

Each of these factors is a strong force in either keeping the organization where it is now or propelling it toward the future. Understanding how the organization currently performs in each of these areas will provide valuable information for later phases.

### ***Mission***

A mission statement is a brief statement that identifies the organization's major purpose, describes its reason for being and provides guidance.

### ***Vision***

A vision statement is a concise, future-oriented statement that paints a picture of where the organization intends to be in the future. Few organizations have a compelling vision that actually serves its purpose. What is the purpose of a vision? The best description of a vision is derived from the term itself – vision. A vision statement should help us see

clearly where we are going. It should paint a picture that helps us envision the organization the way it will be when we have achieved what we say we are trying to achieve.

One cannot overemphasize the importance of a clear mission and vision. None of the subsequent steps will matter if the organization is not certain where it is headed.

### ***Values***

Values are the attitudes, mind-sets, and beliefs that determine how work is accomplished and how employees interact with each other and with customers. Values are the subtle control mechanisms that informally support or prohibit behaviors. Values reflect general beliefs about what is “right” and “wrong” in a given group.

Organizational cultures are based on the shared values that are reflected in the behaviors of leaders and employees at every level. Therefore, identifying the values that support the vision is critical to success.

### ***Systems and Processes***

Systems and processes are the policies and methods used to accomplish tasks that exist within the organization. Systems and processes must be compatible to achieve the vision. Any change effort calls for the modification and realignment of some systems and processes.

Research indicates that 80 percent of the problems in an organization result from faulty systems. Not faulty people. Systems are the policies that guide or

strongly influence how an organization operates and how its employees behave.

### ***Critical Success Factors***

Critical Success Factors support the vision and provide a focus for continuous improvement and change. They are essential ingredients for future success. They should be based on customer requirements, must be measurable and focus on high payoff areas. By improving performance in critical success factors, an organization can dramatically enhance the chances for a successful future.

There are several tools available to assist with the Discovery phase. They include: Environmental Scan, Benchmarking, and Trend Watching.

### ***Environmental Scan***

Early in the process, the organization must analyze the external and internal environment. The environmental scan, performed most frequently with the SWOT method, analyzes the information about the organization’s external environment (economic, social, demographic, political, legal, technological, international, industry, etc.) and the organization’s internal environment (people, processes, products, services, equipment, assets, intellectual property, etc.). SWOT is an acronym for considering strengths, weaknesses, opportunities and threats.

Strengths	Internal Environment
Weaknesses	

Opportunities	External Environment
Threats	

### ***Benchmarking***

Measuring and comparing the organization's operations, practices and performance against others is useful for identifying best practices. Through a systematic benchmarking process, organizations find a reference point for setting their own goals and targets.

### ***Trend Watching***

The quantity of information available today is both a blessing and a curse. Sometimes the biggest challenge in trend watching is to figure out what is important and relevant. By opening your awareness to the type of information you are seeking, you'll improve your trend watching skills.

Begin with business and industry journals and magazines (either on-line or paper). Look for overview articles. Good terms to enter into search engines include "outlook", "trends" and "healthcare". Look to internal sources for information about market trends. Internal market, sales, service, and operations reports can be a great resource. Look for the type of information you would need to describe your industry and competition if you were writing a term paper. Start with a basic description of the industry (size, growth, etc.). Detail the industry segments, describe the competition, outline the trends.

## *Phase 2 - Diagnosis*

Just as a skilled physician would never prescribe a treatment plan without a thorough diagnosis, understanding the goals, symptoms and underlying causes of the current situation is the next critical step.

If the process is to be successful, connections with critical players who are personally involved in the aspects of the organization where the Discovery phase has indicated a need must be made.

Examples of critical players that should be included in this phase include representatives from:

- Senior Leadership
- Human Resources
- Training Specialists
- Administration
- Operations
- Research
- Service Providers

- Customers
- Vendors

If they are not involved in these early stages, major problems can arise as components of the core processes are missed.

There are a number of methods that can be employed that can be used to connect and engage others in the process. They include:

- Questionnaires
- Surveys
- Interviews
- Observation
- Focus Groups
- Learning Communities

The following table provides an analysis of these methods of data collection and key advantages and disadvantages.

<b>Method</b>	<b>Advantages</b>	<b>Disadvantages</b>
Questionnaires Surveys	<ul style="list-style-type: none"> <li>• Can be completed anonymously</li> <li>• Inexpensive to administer</li> <li>• Simple to compare and analyze</li> <li>• Can collect large volumes of data</li> <li>• Many templates exist</li> <li>• Information can be collected fairly quickly</li> </ul>	<ul style="list-style-type: none"> <li>• Responses may not be the result of thoughtful feedback</li> <li>• Wording on instrument can bias responses</li> <li>• Can be impersonal</li> <li>• May require survey expertise to administer and evaluate</li> <li>• Don't get the complete story</li> <li>• Can be misused as an outlet for sharing frustrations</li> </ul>
Interviews	<ul style="list-style-type: none"> <li>• Can get full range and depth of information</li> <li>• Helps develop relationships with others</li> <li>• Can be adjusted based on the responses</li> </ul>	<ul style="list-style-type: none"> <li>• Can be time consuming</li> <li>• Can be hard to analyze and compare data</li> <li>• Can be costly</li> <li>• Responses can be biased</li> </ul>

Observation	<ul style="list-style-type: none"> <li>• Opportunity to view operations as they occur</li> <li>• Can adapt to events as they occur</li> </ul>	<ul style="list-style-type: none"> <li>• Can be difficult to interpret and compare data</li> <li>• Observer can influence behaviors of those being observed</li> <li>• Can be expensive</li> </ul>
Focus Groups	<ul style="list-style-type: none"> <li>• Quickly and reliably get common impressions</li> <li>• Can be efficient way to get much range and depth of information in short time</li> <li>• Can convey key information</li> <li>• Creates community within organization</li> </ul>	<ul style="list-style-type: none"> <li>• Can be difficult to analyze responses</li> <li>• Requires a good facilitator for safety and closure</li> <li>• Difficult to schedule</li> </ul>
Learning Communities	<ul style="list-style-type: none"> <li>• Confidential, structured environment for collecting in-depth information</li> <li>• Allows for creative thought</li> <li>• Forum for scenario thinking</li> </ul>	<ul style="list-style-type: none"> <li>• Confidential nature makes sharing information outside of the learning community challenging</li> <li>• Requires a good facilitator for safety and closure</li> <li>• Can be time consuming</li> <li>• Difficult to schedule</li> </ul>

The overall goal in selecting a method for collecting data is to get the most useful data in the most cost-effective and reliable way. Ideally, a combination of methods is employed. For example, a questionnaire or survey can be used to quickly collect a large volume of information from a large number of people. This can be followed by in-depth interviews and observation.

### ***Gap analysis***

A goal-based or competency-based gap analysis is conducted as part of the Diagnosis phase to gain a clear understanding and agreement on the greatest training needs. This analysis compares current levels of skill, knowledge and abilities against desired levels. The highest development priorities naturally emerge.

## *Phase 3 - Plan of Action*

Planning is more than envisioning the future. It requires setting clear goals. In this stage, the information gathered in the Discovery and Diagnosis phases is translated into a formal plan that details the goals, training options, investment

and plan of action. This stage answers the question “how”.

Following are several sample scenarios that provide an example of how the Discovery and Diagnosis phases drive the Plan of Action.

Discovery	Healthcare organization reports patient satisfaction scores lower than target and a desire to improve ratings in future surveys.
Diagnosis	Communication with patients is lacking (especially listening, relating and questioning skills).
Plan of Action	Training designed to improve the communication skills of individuals who interact with patients.

Discovery	Healthcare organization reports higher levels of employee turnover than target and a desire to improve employee retention and employee engagement.
Diagnosis	Employees are disengaged owing to unclear expectations, infrequent or conflicting communications from management and high levels of job-related stress. Some situations discovered where individuals may not be suited to the jobs they are assigned to.
Plan of Action	Training designed to build leadership capacity. Help leaders develop skills to recruit, interview, promote, develop and lead others more effectively.

Discovery	Increasing percentage of population served from different cultural backgrounds. Generational differences also a concern. Healthcare organization interested in improving relationships when diversity of age, race, cultural background is present.
Diagnosis	Diversity (cultural, generational) in patients served and their families leading to misunderstandings, communication break-downs and unfortunate health consequences.
Plan of Action	Training designed to build intercultural and intergenerational competence.

Discovery	Competitive pressure from specialty clinics impacting profitability and future viability in offering broad-spectrum treatment options to patients.
Diagnosis	Competitive organizations building strong community awareness in the marketplace for specialized services while at the same time, client organization perceived as providing outdated, traditional, medical model of service.
Plan of Action	Training designed to help individuals improve communication, networking and presentation skills in pursuit of building positive community awareness and improved perception in the communities served.

## ***Phase 4 - Implementation***

A common failure is that the focus is all on writing the plan. Even the best laid plans can end up gathering dust on a shelf once they are made. To make sure the plan turns into reality, implementation is essential.

Training programs on the “soft skills” are abundant. But do these programs produce the desired outcomes? While excellent training plays an important role in the development of soft skills, much more is required. After all, it’s complicated. Consider the example of learning to drive a car.

Most of us begin this process by eagerly reading the booklet published by the Department of Motor Vehicles. While a good start, the acquisition of the skill of driving is definitely not an outcome. Ironically, many individuals and their managers hope the acquisition of soft skills can be achieved through reading an interesting book or attending a motivating keynote presentation.

For most of us, the next step in the process of learning to drive is some type of formal training. Formal training is offered through Drivers’ Education programs or is provided by well-intentioned parents. This education usually makes use of all basic learning styles – auditory, visual and kinesthetic (learning by doing).

The kinesthetic portion of the training takes place (hopefully) in a safe environment. For example, an empty parking lot where the new skills can be experimented with in relative safety.

The goal is to gain enough mastery of the skill to pass the driving test. Eventually, the happy driving student is in receipt of a drivers’ license. Is the skill of driving now mastered?

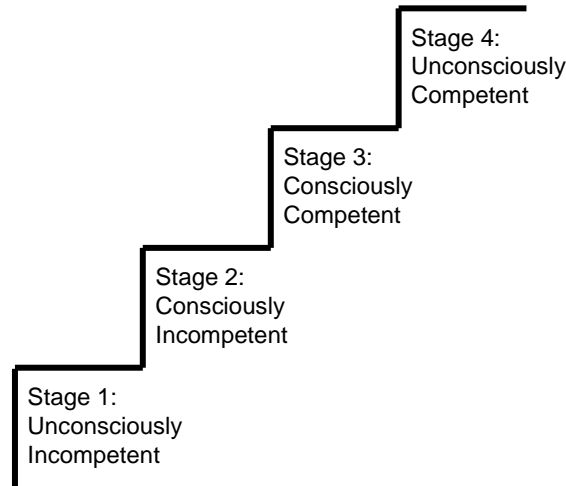
As any experienced driver will tell you, it takes years of practice in all types of environments to master the skill of driving a car. Eventually we become so skilled at driving that it becomes a habit. Habits are helpful to us. They allow us to do several things at the same time. Simply watch experienced drivers and you’ll notice that they drink coffee, talk on cell phones, shave, carry on conversations and eat, all while driving.

### ***The Process of Learning***

In the language of Humanist Psychologist Abraham Maslow, this mastery of a skill, such as driving a car, or learning soft skills, is called unconsciously competent. Figure 1 shows Maslow’s four stages of learning.

Figure 1

Abraham Maslow's Stages of Learning



Maslow's contention is that learners begin unconsciously incompetent (we know not what we know not). At this stage, learners are confident that they are doing something well and are unaware that they could develop skills to make them more effective.

When they are presented with new material, they realize there is a body of knowledge or skills that they don't possess. This is a very uncomfortable place to be because we spend a lot of time operating by habit (unconscious) and like to think of ourselves as skilled (competent). When presented with the new information, many people will rationalize ineffective methods of performance (old unconscious habits), for convenience and comfort, and limit their own growth.

The third stage, consciously competent is also a difficult place for a learner to be. While they are using a new set of skills effectively, they are so conscious

of the new behavior that it is difficult to do anything else but focus on the new skill. In other words, the skills do not come naturally.

Unconsciously competent (effective habit), Maslow's fourth stage, is how many of us drive our cars home from work. We have mastered the skills of driving that route so well that the car seems to drive by itself. That is, until a new challenge such as moving houses requires us to learn a new route. We realize we have returned to stage one when we find ourselves en route to the old house. The process of learning the new route is a frustrating one because we must begin the learning process all over again - find the shortest route, discover the location of the grocery store, dry cleaners, etc.

Sometimes, the changes required are so daunting that many people refuse to learn the new way. Such as when we travel abroad and realize when we get

into our rental car that the steering wheel is on the other side of the vehicle and the other motorists are driving on the opposite side of the road. Alas, we are faced with a choice – learn the new skills or leave the driving to someone else. Most people will chose the latter.

So it is with soft skills. Most people do not undergo the process willingly.

The good news is that we can retrain our brain to naturally respond in new ways, at any age. The bad news for the time-pressed healthcare professional is that navigating through the four stages of learning is frustrating and takes a lot of time and practice.

Therein lies the challenge of training the soft skills.

What methodology provides for progress through the four stages of learning without a result of rationalizing or excuse making to return to the comfort of the old habits?

An effective soft skills training program is part of the solution, but it is only a part!

### ***An effective training program***

The goal of strategic, skill-building training is to produce meaningful, lasting behavior change in the participants who attend the sessions. Critical to success is a memorable training program, the product of excellent instructional design, which results in changing people's behavior.

In the past decade, research from the neuro- and cognitive sciences has produced more insight into human

behavior and learning than during any other time in history. Recent advances in brain research reveal why some training programs succeed and why others fail. These insights have helped instructional designers design and develop training programs that produce meaningful results for those who attend.

The best way to design a learning experience is to incorporate active involvement – kinesthetic learning. Whether it's asking participants to physically move, take notes, work in groups, or practice the skills, great training programs depend heavily on learner involvement.

### ***More is required***

Effective training helps people learn new knowledge. However, simply knowing information is not enough to compel someone to act on it. How many of us have learned about the importance of regular exercise and healthy diet but fail to act on this information, or act for only a short period of time? Knowledge is important but it must be followed by action.

The following elements must also be present to ensure learning that results in meaningful behavior change.

Most training initiatives on soft skills fail to incorporate these other elements and as a result, they mostly fail. Let's consider each element, and how each affects meaningful behavioral change.

A number of elements must be present to ensure that the program implementation delivers the desired outcomes. A deficiency in any of the following areas can lead to program failure.

### ***Early success***

Choose a target group for program delivery where success is most likely. The momentum gained from an early success can lead to long term benefits as the initiative gains greater acceptance.

Geoffrey Moore details, in his often quoted book *Crossing the Chasm*, the market research of acceptance. He explains that acceptance of a new approach by a market can be plotted on a standard bell curve. About 5 percent of the population comes up with the new ideas themselves. 15 percent of the population gets excited about the new ideas and does something with them immediately. 30 percent will be interested but want more information before they get on board. Another 30 percent may be interested but want someone else to go first and see if it works. 20 percent will rarely get on board – no matter what happens.

It is the idea people (5 percent of the population) and the early adopters (15 percent of the population) that the Implementation phase will seek to identify. It is only through identifying these forward-looking healthcare professionals that the program will gain momentum at the pace desired.

### ***Learning methodology***

Multiple research studies emphasize the critical importance of a learner-led and highly interactive learning methodology to ensure comprehension, retention and application of the concepts explored in training. Although abundant technological resources are available, caution must be used in turning to

technology as a primary learning methodology due to the personal and interpersonal nature of the development of soft skills. A learning environment that mimics the challenges found in the real world is important. In the case of personal and interpersonal skills this usually requires face-to-face, personal training.

### ***Proven curriculum***

An abundance of time-tested, research-based, field-tested, proven curriculum is available. A training program delivered to busy healthcare professionals who are expected to transfer the skills to the real world is no place for pilot sessions and new, untested curriculum.

### ***Systemic approach***

Training should not exist in a vacuum. The greatest results are felt when the training becomes a systemic part of the organization and its related systems. All training should be linked to the organization's strategic goals and support human resources systems such as recruiting, appraisal, feedback, coaching and compensation.

### ***Expert facilitation***

Effective training design is only part of the solution. Great content in the hands of a poor trainer does not produce desired results. In his book *Rhetoric*, Aristotle described the three things required to persuade another person to act. One must appeal to *logos* (Greek word meaning "logic"), appeal to *pathos* (Greek word meaning "emotions"), and appeal to *ethos* (Greek word meaning "disposition" or "character"). In other words, for training to be successful, the

information must make sense, must evoke desirable emotions and be led by someone the participants trust. Kouzes and Posner, authors of *The Leadership Challenge* point out, you won't believe the message if you don't trust the messenger.

Another important consideration is a safe learning environment (like the vacant parking lot when learning to drive) where individuals can try, fail and try again without great risk or fear. At the same time, the learning environment should mimic the stresses found in the real world. Achieving this balance is one of the greatest challenges of training and few trainers are highly skilled in it.

The quality of the facilitation should not be underestimated. It is as important, and perhaps more important, than the curriculum itself. All of us have seen excellent presentations fail because of poor delivery. Similarly, a great facilitator can make even the weakest content useful for audience members. Expert facilitators are highly trained professionals themselves, being thoroughly versed not just in program content but also in the science of the process of learning.

### ***Opportunities to use the new skills***

The best learning is first person, present tense, experiential. While some of this can be simulated in a classroom, a mechanism for real-life application of the skills is also needed.

### ***Stress***

The greatest growth in each of us occurs after a period of some stress (not too much). The development experience must ensure the participants are accountable for their own growth and that successful change in behavior occurs—the kind of behavior change that is somewhat resistance to change. Every one of us remembers significant learning experiences in our lives and nods in agreement that they always were accompanied by a great investment of time, effort and personal energy.

Organizations committed to professional development must prepare themselves for the inevitable stress that accompanies meaningful growth. They should expect participants to have heavy workloads, to feel frustrated and to even talk about burnout. All of this is normal and stress should be purposefully built into the learning experience to simulate real life situations as much as possible.

### ***Celebrate success***

This critical step is often ignored. Once results are achieved, new ones are quickly established. It seems simplistic to assert that progress should be acknowledged, however, this step in the process is often ignored in favor of quickly moving on to the next challenge. Skipping this step can cultivate apathy and skepticism. Look for creative ways to celebrate success. Extraordinary growth, particularly in challenging skills such as the soft skills is hard work. To recognize efforts and keep determination alive, celebrating accomplishments is required.

## *Phase 5 - Follow-up*

Markets and competitors are dynamic. New threats and opportunities emerge that were not predicted. A plan can be implemented perfectly but changing circumstances can render current solutions quickly obsolete. Additionally, planning is only as good as the information on which it is based. Since information may be faulty, follow-up is critical. To address these challenges, evaluation on the extent to which goals are being met and plans are being implemented must be made.

Regularly collect feedback from others. During reviews of the implementation process, assess if the goals are being achieved or not. Should the goals be changed? Should priorities be changed?

A number of tools are available for measurement and follow-up including the Press Ganey patient satisfaction report, Kirkpatrick's four levels of evaluation (a standard model of evaluation used in the training industry) and return on investment (ROI) measures.

In Kirkpatrick's model, each successive evaluation level is built on information provided by the lower level. According to this model, evaluation should always begin with level one, and then, as time and budget allow, should move sequentially through levels two, three and four.

- Level 1 – Reactions: Just as the word implies, evaluation at this level measures how people are reacting to training. Do they like it?

- Level 2 – Learning: To assess the amount of learning that has occurred, pre- and post-tests are often used and compared. At this level, evaluation has moved beyond satisfaction and attempts to assess advances in knowledge and skills.
- Level 3 – Transfer: This level measures the transfer that has occurred in behavior. Are the newly acquired knowledge and skills being used in the intended environment? Surveys, observation and interviews can all provide data around this level.
- Level 4 – Results: This level attempts to assess the impact in terms of business results. Often described as the bottom line, this level measures the success of the program in measurable business metrics (increased productivity, improved customer satisfaction, improved quality, decreased costs, reduced accidents, increased sales, etc.).

## *About the Author*

Rowena Crosbie is President of Tero International, Inc., a corporate training company founded in 1993 and headquartered in Des Moines, Iowa.

Ro's commitment to help people challenge the way they think combined with her solid background of great communication skills ignites a passion in her listeners which endures long after her presentations are over. Her ability to inspire audiences has consistently earned her reviews as a top rated speaker and trainer. The design of her programs takes the wisdom of many years of research from the philosophical to the practical for her listeners. People who leave her sessions, leave with useful tools and ideas to become the very best they can be in both their personal and professional lives.

Ro is a past president for ASTD Central Iowa Chapter (American Society of Training and Development) and is a past Board member of the National Management Association of Iowa. She serves on the Advisory Board for the America Reads America Counts Program in Iowa. She is a National Member of the American Society of Training and Development, the Canadian Institute of Management and the Des Moines Rotary A.M. She serves on the Board of the Civic Music Association. Ro graduated from the University of Manitoba in Management and Administration and is a graduate of the Greater Des Moines Leadership Institute. She was named Executive of the Year by Executive Women International, Iowa Chapter in 2004.

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