Responding to the Challenges Facing Healthcare

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Industry Overview: The Challenges Facing Healthcare

Changes within the healthcare industry continue at an unprecedented pace. Legislative, insurance, demographic and economic pressures are changing the way healthcare does business and forcing a growing emphasis on highly coordinated, cost-effective and high quality care. The trend of giving the consumer more power of choice in where they go for care continues. For healthcare organizations that expect to remain competitive, the challenge to keep up with the rapid-fire changes is a top priority.

Legislative requirements

On March 23, 2010, The Patient Protection and Affordable Care Act, commonly referred to as the Affordable Care Act (ACA) or Obamacare, became law. Implementation began on January 1, 2014 when many provisions took effect.

It is expected to provide health insurance coverage for about 94% of the American population and cut the number of uninsured by more than half.

The law fundamentally changes the healthcare landscape. It challenges providers of healthcare to rethink everything from their missions to their organizational structures to how they serve patients.

The questions plaguing healthcare executives are numerous and varied.

- What are the implications of the law and its impact on healthcare?
- Where will providers find the time and resources to fully understand the multiple dimensions of the changes?
- How can providers of healthcare position themselves to seize the opportunities presented?
- How can they mitigate risk around more stringent penalties for non-compliance and substantial investments around meeting new requirements?
- How can the shift to an outcome-based payment model from a fee-for-service reimbursement model be best leveraged?
- What level of collaboration across healthcare providers will be needed?
- Will rising overhead expenses continue to outpace revenues?

Reimbursement changes

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. In addition to the eight measures of patient satisfaction, a new element addresses consistency of scores across all domains.

The Hospital Inpatient Value-based Purchasing Program (VBP) is required by the ACA and marks an unprecedented change in the way Medicare pays healthcare providers for their services. Under the VBP, hospitals receive incentive payments based on how well they perform on clinical process and patient experience measures.

From hospitals to doctor's offices to home health care service providers, patient medical care has always been top of mind. Added to that is now the imperative to also focus on patient satisfaction which demands healthcare providers embrace a dual-service model that combines both a medical model and a hospitality model of service.

Increasingly both healthcare reimbursement and executive compensation are tied to patient satisfaction scores.

Quality reform

The new Medicare Shared Savings Program through which accountable care organizations (ACOs) will bring together hospitals, medical practices and post-acute providers to manage population health and improve care coordination is an example of the impact of reform on quality.

The number of quality metrics on which ACOs must report data to CMS are significantly more expansive than those under VBP. Also, ACOs will have their own patient experience survey tool, a form of a survey already in use, called the Clinician and Groups Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) survey.

Information reporting changes

Legislation requiring healthcare providers to comply with the medical privacy rules of the Health Insurance Portability and Accountability Act (HIPAA) were considerably expanded with the requirements of the ACA.

The impact is profound as changes to disclosure, database, computer and record-keeping systems are enormous in terms of both time and cost.

The ACA lays the groundwork for reporting that allows patients easier access to information about their own healthcare, enhanced reporting on sub-populations at risk and greater patient access to information about how healthcare providers perform.

Systems changes

Increasing pressure to link patient record-keeping systems across the industry is becoming an imperative. At the present time, despite incentives, the move to electronic health records (EHRs) or electronic medical records (EMRs) is progressing slower than hoped.

The Centers for Disease Control (CDC) reports that the EMR adoption rate has steadily risen. It also reports that 20 percent of physicians reported using a system described as minimally functional.

The move to making EMRs/EHRs 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 are at the price of short-term substantial costs in time, labor and downtime and concerns about medical data breach continue to escalate. Hospitals are finding the investment in technology alone in the hundreds of thousands (and, in some cases, millions) of dollars per hospital. That doesn't even factor the cost of the necessary learning curve associated with the changes.

Increased costs

Professional liability insurance costs continue to be a significant consideration.

To address this concern, 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.

Costs of pharmaceutical products and medical devices also continue to increase.

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.

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.

Staff shortages

An aging population and insurance expansion means that the number of elderly patients requiring higher levels of care is increasing.

According to the Association of American Medical Colleges, by 2020 the US will be facing a shortage of more than 90,000 doctors (about one half of the shortage is forecasted to be primary care physicians).

While some analysts project that team-based care models (relying on non-physician clinicians) may reduce the physician shortage, other healthcare professionals may also be in short supply.

The AMN Clinical Workforce Survey reported that 78 percent of executives say they are experiencing a physician shortage now, 66 percent are reporting a shortage of nurses and 50 percent note a shortage of nurse practitioners and physician assistants. In 2013 more than 70 percent said clinician staffing is a top priority compared to only 24 percent in 2009.

Beyond hospitals, there is an increasing need for skilled healthcare professionals in assisted living centers, in-home care positions, retirement centers and specialty clinics.

The skilled worker deficit extends beyond patient-facing healthcare professionals. Healthcare providers also face shortages of imaging technicians, pharmacists, laboratory technicians, IT specialists, 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.

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.

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. The degree of success of the teaching is unknown.

More educated consumers

Thanks to the wide availability of information, largely due to the internet and its blogs, social media platforms 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.

Serving today's patients requires a new mindset. Patients increasingly arrive to appointments armed with information acquired from Google and WebMD. The trend of self-diagnosis is estimated to be embraced by nearly 60 percent of patients according to the Pew Internet & American Life Project.

Additionally, employers are increasingly shifting more healthcare cost to consumers leading patients to shop around for their healthcare or to opt out of care if they feel it is too expensive.

A new reality

In all industries, large scale disruption and change offers a unique opportunity for innovation and re-invention. Healthcare is no exception.

Who is best positioned to take advantage of the opportunities that are present as the healthcare landscape changes?

Insight can be gained by contemplating how changes happen in the natural world. Joel Barker, scholar and futurist, posed the following question:

Which plant species is best positioned to take advantage of the prime real estate that comes available when a large tree falls and opens the canopy to new sunlight?

According to Barker, the common thinking was that the most competitive plant would prevail. Like many things, modern research has brought a change to that thinking.

It turns out that it is not the most competitive, but the plant(s) in the best position to take advantage of the opportunity when it presents itself that win the battle for the coveted niche.

Of course, that makes sense. If the most competitive plant won every battle then the entire forest would be populated by the same species. In nature, as in business, diversity is the spice of life. Small, sometimes extremely fragile plants are able to find a niche in which they don't just survive, but thrive, despite competitive pressures from all around. This is also true of many healthcare providers.

This insight from the natural world is both excellent news and concerning news for us all. It provides great hope that the changes that are constant, if properly prepared for, may present great opportunities for the future.

It also provides evidence that enjoying market leadership may be short-lived if preparation for the changes of the future doesn't remain at the forefront of leader's strategic agendas.

To meet these challenges healthcare organizations will need to reinvent their culture and the way they practice healthcare.

For the visionary few, a cultural shift and a new model of how healthcare is practiced lies ahead. Those who prosper in this new reality may surprise many.

In every industry, it is rarely the large organizations who find the nimbleness to respond.

Specialty and regional providers, already heavily focused on a patient-centric model of service are better suited to adopt wide spread changes – if they choose to accept the challenge

Level of preparedness

As a result of these factors, plus undoubtedly many others, the business of healthcare and the 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. While mandated public reporting presents many challenges to providers, it is clear that it is also having a positive impact on quality.

There is indeed truth and wisdom in the adage that what gets measured gets done.

The next section outlines one response that many providers of healthcare services 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.

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, professors, teachers, mentors, 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 healthcare organizations by Press Ganey Associates, Inc.

Press Ganey surveys patients, soliciting ratings in such areas as friendliness of the staff, courtesy of nurses, and waiting times. With these survey results, providers can benchmark against one another and better understand their strengths and weaknesses in terms of customer service.

In 2011, Press Ganey expanded its reporting from hospitals alone to provide a more comprehensive and integrated picture of the industry that also includes medical group practices and home health agencies.

All three groups are working to improve their scores on metrics designed to measure both clinical quality and patient experience. Attention to physician and employee engagement is also becoming a priority.

Perhaps not surprisingly, Press Ganey research reveals that when it comes to patient satisfaction, larger hospitals tend to score lower than smaller hospitals. Those with fewer than 100 beds are more likely to score higher.

Other findings support academic research that correlates high patient satisfaction and high quality care. Predictably, hospitals with poor clinical performance also experience poorer financial performance.

Attention is increasingly being given to meeting the personal and emotional needs of patients in the hopes of improving patient experience and thus increasing patient satisfaction and its related scoring.

Similarly, the trend of increased home healthcare patient satisfaction continues upward as providers shift their priorities in anticipation of even more public reporting of satisfaction data.

Communication

The overarching theme of all Press Ganey reports is the imperative for frequent and two-way communication. All top priority items targeted by healthcare providers reference the patient's emotional experience with their care provider.

Patients want care that is safe, complete, and delivered in a manner than respects their personhood. Communication is a key driver of satisfaction. Responding to concerns with compassion and sensitivity is essential to providing quality patient care. 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®) public reporting tool. High 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.

Good communication extends beyond the patient/care provider relationship and has huge implications when communication is also improved internally amongst staff. Four of the top five issues in the Physician Priority Index relate to collaboration and communication.

None of this is surprising given that communication is central to all good relationships.

While everyone is quick to acknowledge the need, in fact the imperative, for excellent communication across an enterprise, most organizations struggle to improve it. Its intangible nature makes it difficult for leaders focused heavily on measurable and tangible outcomes to address.

If healthcare organizations 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.

Areas Most Tied to HCAHPS® Overall Satisfaction:

Top Issues for Healthcare Providers to Address
Attention to personal needs
Response to concerns/complaints
Nurses treat you with courtesy/respect
Doctors listen carefully to you
Staff do everything to help with pain

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.

More evidence

According to a 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.

Positive health outcomes

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 compliant 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 finding 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 and 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.

Perception of safety

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. Studies show that the more pieces of information the patient receives, the safer the patient feels. While you might expect discussions regarding organ donation or living wills could make the patient feel nervous or less safe, 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.

It isn't easy

Underestimating what it takes to learn and apply critical interpersonal 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 study reported by National Public Radio, 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.

Good news

In the past decade, the increased emphasis on measurement has led hospitals, clinics and home healthcare providers to focus on ways to improve their scores on surveys around both clinical quality and patient experience. In seeking to improve their patient satisfaction scores, they have also improved their interactions with many patients. The progress has been encouraging.

There is more 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.

The bottom line

Attention to personal and interpersonal needs is the most important issue the healthcare industry can and should continue to 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. It seems clear that healthcare organizations are seeing a need to put attention on the drivers of patient satisfaction and it is improving. Alas, there is still plenty of room for improvement.

The next section explores the methods and the challenges in developing interpersonal skills.

The Learning Factor: Preparing People for the Changes Ahead

Imagine what would happen if you didn't do anything and your people were unprepared to meet the challenges of the future. More and more healthcare organizations are asking the question: Do we have qualified people ready to fill key positions in the short-term and in the long-term?

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 2015 State of the Industry Report, the Association for Talent Development (ATD) reports that organizations spent on average $1,229 per employee on learning in 2014. The increase in direct spend for learning in 2014 over 2013 outpaced the average inflation rate indicating that organizations see an increasing need to invest in the development of their human resources.

Direct investment in learning in 2014 as a percentage of payroll was 4.0 percent, an increase from 3.4 percent in 2013.

Not surprisingly, larger organizations enjoy economies of scale and are able to provide leaders and employees with learning experiences at a lower cost per person than smaller organizations.

Smaller organizations (fewer than 500 employees) report an average spend of $1,716 per employee, moderate-sized organizations (500 – 9,999 employees) spent $911 per employee and the largest organizations (10,000 or more employees) invested $868 per employee.

The average number of learning hours used per employee was 32.4 hours in 2014, an increase over 2013. Learning hours refer to dedicated time invested in learning-only activities and not to time spent in on-the-job training.

Soft skill training commanded about half of the time and financial expenditure made in education in 2014. Managerial, supervisory and executive development accounted for nearly 20% of the investment. Interpersonal skills development, sales training, new employee orientation and customer service accounted for nearly 30%. The remaining 50% was split across mandatory compliance training activities, training in processes and procedures, industry-specific and product knowledge training and education around information technology and systems.

60 percent of the expenditure was related to internal training activities. This includes salaries and benefits for learning and development staff, travel expenses for internal trainers,

administrative costs, and non-salary development and delivery costs such as facilities and on-line platforms.

27 percent of the investment in learning and development was outsourced to consultants and other external service providers. This includes the costs of content development, delivery and licenses.

The remaining 13 percent invested in 2014 was for tuition reimbursement at colleges, universities and in professional certifications.

As we've seen, organizations invest heavily in the development of their people. Is it working? Sadly, most training and development efforts fail to achieve their desired goals, or succeed for only a short time.

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 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 and complex 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.

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.

Online earning 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.

Online learning is most effective when the learner is seeking to acquire process or product knowledge and can easily access the learning module as needed.

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.

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 <u>about</u> 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 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.

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

Caveat Emptor (let the buyer beware)

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.

Consider the example of learning to drive a car. Most of us begin this process by immersing ourselves in the Department of Motor Vehicles publications. 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.

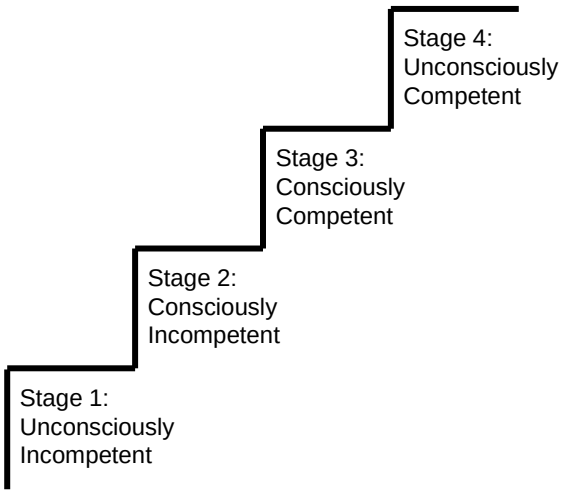
Eventually, the happy driving student is in receipt of a drivers' license. Is the skill of driving now mastered?

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. The graphic below shows Maslow's four stages of learning.

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 organizations are in the throes of change, as healthcare finds itself, the habits that served in the past are no longer appropriate. We enter the first stage of the model.

When we are presented with new material, we realize there is a body of knowledge or skills that we 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 – and the growth of their organization.

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 interpersonal skills. Most people do not undergo the process willingly.

Healthcare is undergoing a similarly daunting change.

- It is moving from a system that simply treats people when they become ill to managing the health of populations of people.

- It is moving from a system that focused on treatments to one that focuses on the value of delivered services.

- It is moving from a system sole-focused on medical model of care to a dual-focus approach that also embraces a hospitality model of service excellence.

These changes demand a very different approach to the methods of working in the past.

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 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. 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 classic marketing text, *Crossing the Chasm*, the market research of acceptance of innovation. 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.

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.

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.

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.

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.

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.

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

It seems simplistic to assert that progress should be acknowledged. Unfortunately, celebrating success is often ignored in favor of quickly moving on to the next challenge. Skipping this 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.

A culture of learning

With so many factors affecting success, healthcare organizations seeking to foster a culture of learning are wise to dedicate as much attention to choosing their learning approach as they do to all the major business decisions they make.

The next section explores five phases that healthcare organizations can employ to increase the chances of success in implementing an interpersonal skills development initiative.

Interpersonal Skills Development: Bridging the Gap

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 organizations can use to foster a culture of interpersonal excellence that will guarantee success in the modern economy.

Phase 1: Needs Assessment

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 Needs Assessment 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.

During the Needs Assessment 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.

Phase 2: Gap Analysis

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.

A Gap Analysis provides a clear understanding and agreement on the greatest development needs. This analysis compares current levels of skill, knowledge and abilities against desired levels. The greatest development priorities naturally emerge.

Phase 3: Development Plan

Planning is more than envisioning the future. It requires setting clear goals. In this stage, the information gathered in

the Needs Assessment and Gap Analysis 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 Needs Assessment and Gap Analysis phases drive the Development Plan.

Needs Assessment	Healthcare organization reports patient satisfaction scores lower than target and a desire to improve ratings in future surveys.
Gap Analysis	Communication with patients is lacking, especially listening, relating and questioning skills.
Development Plan	Two-day training program designed to improve the communication, listening and influence skills of patient-facing individuals.

Needs Assessment	Healthcare organization reports higher levels of employee turnover than target and a desire to improve employee retention and employee engagement.
Gap Analysis	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.
Development Plan	Implement Leadership Academy. Train leaders to recruit, interview, promote, develop and create an environment where people can perform at their best.

Needs Assessment	Increasing percentage of population served from different cultural backgrounds. Generational differences also a concern. Interest in improving relationships when diversity of age, race, cultural background is present.
Gap Analysis	Diversity (cultural, generational) in patients served and their families leading to misunderstandings, communication break-downs and unfortunate health consequences.
Development Plan	One-day training program designed to build intercultural and intergenerational competence.

Needs Assessment	Competitive pressure from specialty clinics impacting profitability and future viability in offering broad-spectrum treatment options to patients.
Gap Analysis	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.
Development Plan	Two-day training program designed to help individuals improve communication 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 making a 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.

The following actions will help increase the chances for a successful implementation.

- Identify resources and barriers to success. Find out what challenges or obstacles you can reasonably expect to encounter and what you have to work with.

- Identify the individuals who are most likely to be receptive and helpful and enlist their help.

- Communicate often. Beliefs that are imprinted are exceedingly resistant to extinction and reversal. They have a profound effect on all of our future behavior. Take advantage of frequent communication opportunities through meetings, presentations, email, newsletters, and other methods to keep people informed of plans and progress.

- Assign deadlines. A nearing deadline helps us work at our creative and inventive best.

- Plan for small wins. Change is scary. It is easy to make excuses that the risks of failure are too high and reconcile ourselves to the comfort of the familiar. Wise leaders know this and know that they will need to start small with recognizable, feasible steps toward the larger goal.

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? Is the plan working?

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.

Since 1993, Tero has earned a distinguished reputation as a premier research and corporate training company specializing in interpersonal skills development. Numerous awards and honors provide evidence of Tero's success.

Thousands of professionals are graduates of Tero's proprietary workshops.

Courses addressing relevant business topics such as presentation skills, selling skills, professional image, business etiquette, negotiation skills, leadership, and intercultural competence have been delivered in 12 countries and business professionals from over 40 countries are numbered among Tero's graduates.

In addition to authoring numerous training manuals, Ro has authored several articles, many published in International Journals and Magazines. Her article, *Learning the Soft Skills of Leadership* published in 2005 in the UK Journal, Industrial and Commercial Training was among the top 20 downloaded articles in both 2007 and 2008 (the first years the Journal started tracking downloads).

She serves on the Board of Directors for Delta Dental of Iowa and on the Advisory Board for Hertz Farm Management. She is Past-Chair of Iowa State University's Center for Industrial Research and Service (CIRAS) Advisory Council and Past President of the Central Iowa Chapter of ASTD. Ro serves on the Leadership Education and Development (LEAD) Advisory Committee at Drake University and was appointed by the Governor of the State of Iowa to the Regional Workforce Investment Board where she served through 2014. She is a member of the Canadian Institute of Management, the Association for Talent Development (ATD) and the Society of Human Resource Management (SHRM). She is a Past President of the Rotary Club of Des Moines AM and Past-President of the Civic Music Association.

Ro has been honored as the Woman of Influence Business Owner of the Year by the Des Moines Business Record in 2009 and was named Executive of the Year by Executive Women International, Iowa Chapter, in 2004.

About Tero International, Inc.

Since 1993, Tero has dedicated itself to understanding the abstract personal and interpersonal skills necessary for success in the workplace. Tero invests hundreds of hours in research, program design and curriculum development to translate the abundant and complex findings of research scientists into relevant, practical and interactive training programs that make a real difference to the bottom line for its clients.

Tero's elite training team is proud to serve clients at locations around the world. Tero's experience in the diverse fields of business, education, industry, government, healthcare, and associations makes it uniquely qualified to customize every service to each client's specific needs.

Training topics include:

Presentation Skills
Business Etiquette
Professional Image
Negotiation Skills
Influence Skills
Team Dynamics
Customer Relationships
Selling Skills
Interviewing Skills
Time Management
Leadership Development
Intercultural Competence
Executive Coaching

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