CIS Training Needs Analysis

Version:	1.0
Last Modified:	4/11/2005
Contact:	Christopher Lepine
	cdlepine@udel.edu
	302-831-1210

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1.0   Executive Summary

Achieving a state-of-the-art PRC will require addressing the problems revealed in this assessment and creating a new ongoing training program while retaining current strengths.

1.1   Research Areas

Deficits suspected by SAD management were assessed with general observations, interviews, and structured phone call observations of staff by SAD PRC management and Christopher Lepine (CL). The research not only found areas of need, but positive aspects in the staff environment and personnel that enable current successes. In addition, aspects of the PRC environment and the current training system should be improved.

PRC staff needs the most improvement in:

- Medical Term Fluency
- Trigger Identification and Referral Skills
- CRD Knowledge
- Communication Skills

The performance gaps are most likely due to the current training system and infrequent and inadequate CIS performance feedback and remediation.

1.2   Recommendations

Any effort to improve the White Marsh PRC must begin with strong stakeholder commitment and coordination to retain strengths and build new skills. SAD should create an overarching learning approach that stresses, prescribes, supports, measures, and rewards continuous learning. More time and learning activities should be allotted to CISs as well, and different types of technology should be introduced as appropriate. However, all useful materials should be integrated into one system: books, handouts, notes, notebooks, videos, online courses, etc.

Finally, success will depend on effective introduction of the training system and permanent project management of the learning process. The training program will only succeed with proper marketing, staff training, and clear, demonstrated benefits to SAD.

1.3   Instructional Goals

The performance gaps will be addressed with several goals that will be the basis of the learning system: design, content, tools, materials, online courses. Communication and counseling skills, cancer knowledge, CRD knowledge, and proper use of the training system are very likely to remedy all performance gaps and create momentum for future advancement.

Success of the project will be measured through several methods that will include reports by SAD on customer service, community support for SAD, and increased job satisfaction and morale for CISs. The Design Phase of the project will begin *upon SAD approval* of this Needs Analysis and formulation of instructional goals.

2.0   Overview

The PRCs are the primary SAD outreach to local communities and also provide service satisfaction for CISs. Improving the performance of the PRCs greatly depends on *retaining* their effectiveness and addressing deficits. Since this research was conducted at the White Marsh PRC, possible training deployment to the Atlanta PRC should involve further research and customization.

Data collection involved both formal and informal methods and was meant to address management concerns and uncover opportunities for staff development.

2.1   Primary Questions

Executive and management staff of the former Mid-Atlantic Division outlined a number of possible PRC deficits for investigation:

- CISs sometimes miss triggers in phone calls
- Medical terms used by callers are often misunderstood by CISs
- Knowledge of the CRD is moderate
- The positive aspects of some information or SAD efforts are often not stressed with callers, especially when SAD cannot help them

2.2   General Observations

CL made several site visits to White Marsh in April and May to record the routines and performance of CISs. He also noted characteristics of the environment that could impact performance and learned about the current PRC training program.

2.3   Staff Interviews

During site visits, CL conducted confidential interviews with each of the three CISs at White Marsh. Each person was asked the same questions and was given an opportunity to provide more feedback and suggestions to improve the PRC.

Staff was asked the following questions with a 1-10 scale, 10 being the best:

- How well do you think CISs perform?
- How good is your knowledge of medical terms you feel you need to know?
- How well do CISs recognize triggers?
- How good are CISs at saying "No" and portraying ACS in a positive light?

In addition, Chris collected extensive data from structured interviews with Gail Katz and Kevin Lamartina at White Marsh. This information is summarized separately from CIS responses.

2.4   Phone Call Observations

Gail Katz and Kevin Lamartina of the White Marsh PRC listened to a combined 12 CIS customer calls – outbound and inbound in June 2004. Using a scoring instrument, several call performance criteria were rated on a 1-5 scale, 5 being the best.

The data from the 12 calls sampled all CISs and was summarized in a MS Excel file. The criteria rated were:

- Assessment and Listening
- ACS Program Knowledge
- Rapport
- Empathy
- Stressing the positive service of ACS
- Speaking
- Trigger Identification
- CRD Knowledge
- Medical Term Fluency

3.0   Findings

The assessment process produced very instructive data from a variety of sources over a period of several months. Key strengths and areas for improvement confirmed most of the suspected performance gaps.

3.1   General Observations

Several observation visits by CL revealed the following:

3.11   Staff Environment

- There is a positive PRC culture of service
- Staff worked in close proximity: CISs were exposed to sound and motion from the PRC
- Staff worked independently and asked for assistance as needed
- Management activities were virtually identical to staff
- Little feedback or direct observation of staff was conducted by management
- Staff did not provide each other with feedback on performance
- All staff activities were performed as individuals
- Most time was occupied with paperwork or other duties at the desk
- Self-directed study did not occur
- Paper and electronic resources were frequently utilized
- Some staff specialized in certain areas such as arranging rides for Road to Recovery
- Staff concentrated on their work with good time on task
- Staff were friendly and communicative with each other and management

3.12   Phone Calls

- Phone calls tended to be of short duration – under five minutes
- Most CIS calls focused on fulfilling customer requests; customers controlled most calls
- CISs often missed opportunities to uncover deep client needs; CISs tended not to ask probing questions to gain assessment information
- CISs most often maintained a rapport of friendliness
- CISs most often sought to comfort the caller
- CISs communicated genuine concern and a willingness to help the customers
- Some CISs displayed discomfort with certain callers: call pace was quickened; CIS questioning was inadequate and close-ended

3.2 Staff Interviews

The three staff of the White Marsh PRC provided the following 1-10 scale (10 being the best) responses to questions, as well as additional feedback. This information was gathered by CL in private interviews with each staff member.

3.21 Questions

	Avg
How well do you think CIS's perform?	**7.3**
How good is your knowledge of medical terms you feel you need to know?	**5**
How well do CISs recognize triggers?	**7.6**
How good are CISs at saying "No" and portraying ACS in a positive light?	**8.3**

3.22 Feedback

In addition to the questions responses, staff offered the following comments:

Performance Gaps

- Staff are unequipped to handle certain calls
- Staff could handle calls in a more professional manner
- Some staff use slang when with callers; English is used improperly at times: Examples include "gonna" and "wanna." Although not using negative terms, this language may convey a laid-back tone
- There is inconsistent performance across CISs; not everyone gives the same resources

Requested Assistance

- CISs have difficulty communicating with ESL Hispanic callers, as well as other ESL callers: it's often hard to get data and find the root of the problem
- CISs need more familiarity with the CRD; there is a great deal to know
- It is hard to find resources in the CRD; searches often do not reveal information that should be there. The CRD should be up-to-date: It's difficult to know about all resources, so the CRD should be working properly
- Would like help learning about Reach to Recovery and medical terms
- Handling problem calls, especially irate callers
- More knowledge on how to speak with patients with a compassionate tone
- How to be more sensitive and understand more
- How to keep your cool
- How to say negative or disappointing things in a nice way
- Noise reduction: There is interference from other calls and noises in the office; it is hard to focus on the patient

3.3   Phone Call Observations

The structured observations of 12 phone calls by PRC management yielded the following data:

Criteria	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12	Avg.
	1 - 5 Scale Rating												
Assessment & Listening	5	5	4	5	5	5	5	5	5	5	5	5	4.92
ACS Program Knowledge	5	5	4	5	5	5	5	5	5	5	5	5	4.92
Rapport	5	5	4	5	5	4	5	5	5	5	5	4	4.75
Empathy	5	5	4	5	5	4	4	5	5	5	5	5	4.75
Stressing positive service of ACS	4	5	3	5	5	5	5	5	5	5	4	5	4.67
Speaking	4	4	3	5	5	5	5	5	5	5	5	4	4.58
Trigger Identification	4	4	4	4	5	4	5	5	4	5	5	5	4.5
CRD Knowledge	4	4	4	5	n/a	n/a	5	n/a	n/a	4	5	4	4.38
Medical Term Fluency	3	3	4	n/a	n/a	n/a	4	n/a	n/a	n/a	4	4	3.67

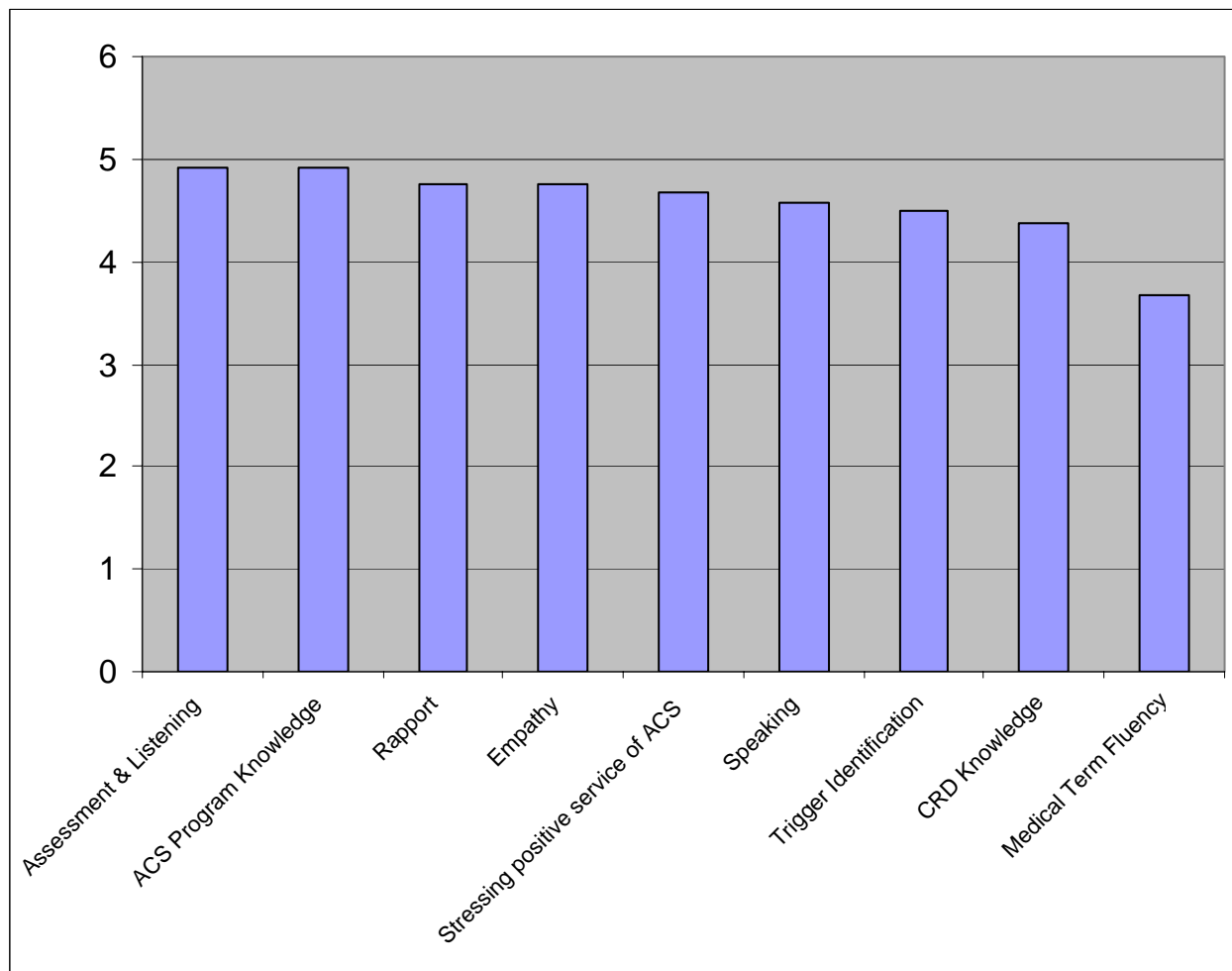*Table 1 – Call Observation Raw Data*

Figure 1 – Call Observation Data Averages

3.4   Strengths

After summarizing the assessment data, several key strengths have been revealed which should be reinforced, nurtured, and rewarded. These assets enable the White Marsh PRC to provide a high level of service and minimize staff turnover.

3.41   Staff Performance and Culture

Staff at the White Marsh PRC are dedicated and primarily motivated to serve SAD customers. They show a good desire to improve their performance and the service of the PRC. This culture of service and personal support is modeled by management and characterized by:

- Service to others and the team
- Consideration of and respect for other team members
- Helping callers feel good
- Establishing good team rapport
- A willingness to learn and grow

These values are clearly shown in the performance of the staff who displayed genuine concern and empathy for not only callers, but each other. Staff concentrates on their work with good time on task and also has good program knowledge, as well as good skill with software tools. These CISs have been chosen for their service values that have become a stable foundation of the PRC and continuous improvement.

3.42   Working Environment

The White Marsh PRC has many beneficial aspects that produce a good working environment. The most important are:

- Close physical and visual proximity of team members and management
- Close proximity of physical and digital resources (i.e., computers, databases, fax, printer, phones, booklets, etc.)
- Good natural lighting
- Workspaces that allow individual customization of materials and other resources
- Workspaces that enable placement of visual memory aids such as calendars, cheat sheets, and notes
- Comfortable chairs and office furniture
- Uniformity of types of staff; CISs work with other CISs and are not disrupted by other departments
- The PRC is a recognizable, physically-distinct area that enables better teamwork, confidentiality, and creation of a distinct office space that reinforces the mission of the PRC

3.5 Performance Gaps

Many of the suspected areas for improvement have been discovered through the observations. In general, most gaps were identified across all observations. They have been arranged below in order of severity.

3.51 Staff Performance and Culture

Medical Term Fluency

As suspected by management, the CISs consistently find medical terms they cannot understand or use that are related to cancer. This could be in the course of a call, reading documents, or doing web research. PRC staff gave themselves a 5 out of 10. Furthermore, management found the same deficit when conducting the phone call observations and rated staff at 3.67 out of 5. This is the area of greatest need.

Trigger Identification and Referral Skills

Staff and management agreed that this is another problem area. On a 1-10 scale, staff scored themselves at 7.6 for identifying significant clues. Phone call observations provided a 4.5 out of 5 for this area as well. Although not as low as the staff rating, management did find deficits. Moreover, observations by CL found that staff missed opportunities to uncover deeper needs with probing questions. Often the CIS did not control the call and worked to quickly fulfill an order. Often, the only focus was to please the caller. Opportunities to learn more about and address caller needs were frequently missed.

CRD Knowledge

This third suspected area found validation across all observations as well. CISs stated that they need to be more familiar with the CRD, that there are many resources they must discover. CRD knowledge was also the second-lowest rated criteria by management in the phone observations at 4.38 out of 5. In addition, staff comments pointed to difficulties in using the CRD that may be due to software deficiencies in content and functions.

Communication Skills

Management observations revealed that staff needs to improve their communications skills with callers. In addition to this management report of 4.67 out of 5, the staff also commented on a communication need. Some staff felt that CISs could use a more professional tone and be more skilled in communicating with callers who speak English as a second language.

Stressing Positive Service of ACS

Although management believed that this was a significant area for improvement, observations only moderately support it. General observations by CL did not uncover deficits, and the phone observations by management only found moderate severity. Staff also felt that they portrayed ACS services in a positive light.

However, this is an area for future study since staff stated that they needed help saying negative or disappointing things to patients in a positive way. Very few calls were observed where the CIS had to craft a positive perspective in light of a disappointing message. Closer and more-structured observations may reveal more need in this area.

3.52   Working Environment and Training System

The White Marsh PRC is a positive atmosphere conducive to good performance. However, there are some aspects that need improvement. Most importantly, the training system and activities embedded in this environment should be transformed.

Physical Environment

General observations revealed that noise from call-taking made it difficult at times for CISs to hear their callers. Further, all CISs were placed in a row that reinforced a psychological separation and may foster isolated, non-collaborative work habits: CISs were never observed collaborating and made little eye contact. All available desk and most cubical wall space were filled, suggesting a need for more work room.

Training System

As stated by management, the PRC has no continuous, daily training process or comprehensive system. Not only was this observed, but it was also found that CISs never engaged in training nor left their desks. While they certainly gained knowledge through their work, they did not work on exclusive skill and knowledge-building activities.

Management disclosed that training is most intensive and regular when employees are first hired and is somewhat informal. After a few weeks, the employee is must direct his learning. From time to time, training is delivered in large staff half or full-day events. However, these trainings are not on a regular schedule or tied to individual CIS training needs.

The roles of management and CISs are very close, almost indiscernible. Both sides of a staff phone call are not monitored and the staff was never given any performance feedback. Staff receives general feedback and periodic reviews, but no data based on call monitoring. Furthermore, the training program utilizes only a few methods such as traditional lecture and information delivery by booklet. The emphasis is on reading material to absorb information that is assumed to improve performance. This approach limits learning and staff motivation for self-improvement on the job.

4.0   Conclusions and Recommendations

4.1   Conclusions

This Needs Analysis concludes that the *suspected and uncovered performance gaps are valid* and that they are due to the following factors:

- <u>Training time is inadequate</u>. CISs do not spend enough time improving their skills in dedicated, away-from-the-desk, goal-driven activities

- <u>Lack of continuous, daily training reduces knowledge retention and transfer</u>. Training occurs in a few events, and learning fades afterwards; staff expertise is not developed frequently enough

- <u>Current training provides a limited number of learning activities and methods of presentation</u>. These conditions limit the rate and breadth of CIS learning

- <u>Current training provides a limited number of call skill practice activities</u>. This has given rise to the performance gaps; CIS's do not adequately practice good call taking skills

- <u>Current training does not provide enough tools for CISs to monitor and continue their learning</u>. CISs can use their certification packet as a rough measure, but do not employ it as a learning aid; CISs do not customize their training program based on their individual needs

- <u>Lack of frequent assessments of phone calls reduces staff effectiveness</u>. Phone calls are not monitored, so staff do not receive feedback that can improve their performance; staff are cognizant that their performance can improve, but unable to articulate specific areas of need or their severity; moreover, management is unable to assist them

- <u>The current system does not provide a mechanism for CISs to contribute to the current training program and lessens learner motivation</u>. Employee contributions to a training product they will use produces more effective learning and motivation

- <u>Current training relies on content delivery which limits learning</u>. Most of the training is provided through booklets and attending training events; while initial OJT provides feedback and role plays with PRC management, this quickly becomes a small percentage of the total training activities in the tenure of a CIS

4.2   Recommendations

Achieving a state-of-the-art PRC will require not only addressing the performance gaps, but also reinforcing the current program effectiveness and addressing the conclusions of this Needs Analysis. The following steps should be taken:

- <u>Create a training system that enables continuous learning</u>
- <u>Provide each staff member with daily training time</u>
- <u>Provide more frequent and shorter training events</u>
- <u>Provide opportunities for CISs to practice their skills and receive feedback</u>
- <u>Provide opportunities for CISs to actively create knowledge resources</u>
- <u>Provide tools and reminders to help CISs plan their learning</u>
- <u>Create more training incentives</u>
- <u>Present effective training resources from a variety or media, closely interwoven</u>
- <u>Provide opportunities for staff to collaborate with and instruct each other</u>

- <u>Incorporate existing training content</u>

Change Management Success Factors

In addition to the success factors outlined in the Project Proposal (p. 3), the following recommendations will assure success:

- <u>Ensure firm sponsorship and stakeholder representation, require ownership, and facilitate contributions</u>:
    - Continue sponsorship by Chief Mission Officer and Patient Navigation Director
    - Require training director to be key sponsor
    - Require PRC management to be a sponsor of training program; provide incentives and accountability
    - Include CISs in the design, testing, and improvement of the training system
- <u>An effective implementation strategy</u>: Gradually implement system and orient staff
- <u>Sustained project management</u>: Provide continuous monitoring of training implementation with firm milestones
- <u>Proper resources, technical support, and maintenance</u>
- <u>Continuous evaluation, improvement, and upgrades</u>

5.0   Instructional Goals and Assessment

Based on the findings of this Needs Analysis and the goals of the Project Proposal, the following instructional goals, objectives, and assessments are proposed.

5.1   Goals and Objectives

CISs will improve communication with callers by diction and use of vocabulary:

- Understand the benefits of ideal use of language as a representative of ACS SAD
- Be cognizant of use of language
- Identify improved diction and language use

CISs will identify and respond effectively to all caller triggers and use very high levels of referral skills:

- Employ listening skills
- Use counseling assessment skills
- Maintain objectivity with and control of the call

CISs will have a high degree of medical term fluency:

- Quickly identify medical terms used or referred to by caller
- Quickly confirm the appropriate medical term for the condition described by the caller, professional, or other community resource
- Quickly understand and use medical terms in documentation or oral communications related to the needs of the caller

CISs will have a very high level of CRD knowledge (predicated on improved CRD):

- Effectively use the database search capability
- Quickly locate appropriate and helpful CRD references

CISs and managers will effectively utilize the training system:

- List and explain the components of the system
- Comfortably use each component of the system
- Adapt to problems with components of the system

CISs will engage in daily learning activities to increase their expertise and effectiveness; they will follow the training system procedures:

- Review planning tools such as a calendar
- Engage in self-directed training
- Work effectively with a partner at a weekly session

PRC managers will carry out training system responsibilities for monitoring and improving CIS skills and training system effectiveness:

- Monitor training system use
- Make periodic suggestions to training manager for new needs and system improvement
- Reward employees for training progress
- Monitor and guide employee training process
- Conduct monthly team training meetings

5.2   Evaluation and Future Assessments

The effectiveness of the training curriculum, methods, and technology will be assessed periodically. These assessments will help keep SAD training efforts on target and improving, and help raise CIS performance.

5.21   CIS Reaction

After a CIS completes an online or live class, she will fill out a questionnaire asking for feedback about the effectiveness and approach of the class or learning module. These documents will be reviewed when the class or learning module is updated.

5.22   Learning

Each online or live class will provide a way to measure learner performance. These assessments should provide good feedback to help CISs improve their understanding during the class and measure their progress after the class. Course designers and instructors can also examine this data to improve their classes and programs.

5.23   Job Transfer

The PRC supervisors will observe and evaluate the performance of the CISs on a daily basis. Each CIS will meet with the PRC manager to review their performance via a set of PRC quality standards. The performance sheet will look at critical aspects of performance and provide constructive feedback for the staff member. These criteria will include the instructional goals outlined in this Needs Analysis.

5.24   ROI

SAD will determine how to gather this basic performance data that will guide the overall project purpose and goals. The Project Proposal outlined the following measures of project effectiveness:

- Increased customer service effectiveness and satisfaction
- More community support and contributions to SAD
- Increased morale and job satisfaction for CISs

6.0   Document Approval Signoff

This confirmation of this Needs Analysis is made between the South Atlantic American Cancer Society (SAD) and Christopher Lepine and is incorporated herein by reference.

6.1   Project Findings and Parameters

Christopher Lepine shall base the Design Phase of the CIS training project on the findings, recommendations, and instructional goals articulated in this Needs Analysis. The Design Phase will be performed under the definitions and within the timeline in the Project Proposal, version 1.0.

6.2   SAD Contact

The following contact is the primary sponsor who has reviewed and approved this document:

Gail Amalia B. Katz, MHS/Vice President, Patient Resource Navigation

South Atlantic American Cancer Society
8219 Town Center Dr.
Baltimore, MD 21236

Tel: 410-933-5187
Fax: 410-931-6875

THEREFORE, the parties have executed this agreement in duplicate originals:

South Atlantic American Cancer Society 8219 Town Center Dr. Baltimore, MD 21236	Christopher Lepine 108 Tanglewood Ln. Newark, DE 19711

South Atlantic American Cancer Society

Name (please print)	**Title**
Signature	**Date**

Christopher Lepine	**Instructional Designer**
Signature	**Date**