



South Atlantic Division

CIS Training Process Plan

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1.0 Overview

The training needs analysis outlined several recommendations and instructional goals based on PRC training needs. This CIS Training Process Plan proposes new training components and a process to include new materials and encompass all training activities. The success of this plan will be directly proportional to providing required resources and following recommendations to optimize the training process.

1.1 A New Approach

CIS performance deficits arose due to current practices in training, management, and support. Although these organizational habits may have been adequate at one time, SAD (South Atlantic American Cancer Society) seeks to create a state-of-the-art mission delivery system. Furthermore, knowledge about cancer is increasing rapidly and must be evaluated and internalized continually: CIS employees must know the primary knowledge points in the field and have the skills to apply them.

SAD must quickly and efficiently utilize new knowledge about cancer to serve its client base. Therefore, the key asset to the organization will be the ability to learn and apply knowledge: SAD employees must *learn how to learn* and devote time each week to training.

Therefore, the proposed training system is not merely materials or lessons, but an integrated system of training components supported by management and a designated internal champion. In addition, it must:

- Go beyond current training methods
- Seamlessly mesh with the emerging SAD culture
- Seamlessly mesh with the emerging SAD learning culture
- Encompass all activities and methods that could be used to train CISs
- Have a mechanism to continually improve

1.2 Utilizing Proposal Objectives

The CIS Training Project Proposal provides the foundation for this plan. Success will be primarily dependent on meeting the objectives outlined in the original proposal. These are (proposal p. 4):

- Provide a design for an improved training process and tools
- Base the training system and content on key adult learning research and theory
- Utilize appropriate existing and recommended training methodology, tools, materials, and methods
- Provide improved training for new hires
- Incorporate effective staff suggestions
- Establish a maintenance and continuous improvement process for the training system

1.3 Future Growth and Benefits

While keeping the target benefits in mind (proposal p. 4), the training process must also must have the flexibility and stability to change as SAD changes. Long-term benefits can best be had by designating a primary project manager, updating the system to meet emerging needs, and implementing the remaining project success factors (proposal p. 3).

2.0 Guidelines from the Needs Analysis

The extensive work of the needs analysis provided good data from which to create a training system and curriculum. As the needs analysis followed the project proposal, the training process plan follows directly from the findings and recommendations of the needs analysis. Achieving the goals of the project must begin by pursuing the instructional goals and recommendations of the needs analysis.

2.1 Instructional Goals

Although outlined in the needs analysis, the instructional goals are worth reviewing (needs analysis pp. 12-13):

- CISs will improve communication with callers by diction and use of vocabulary
- CISs will identify and respond effectively to all caller triggers and use very high levels of referral skills
- CISs will have a high degree of medical term fluency
- CISs will have a very high level of CRD knowledge (predicated on improved CRD)
- CISs and managers will effectively utilize the training system
- CISs will engage in daily learning activities to increase their expertise and effectiveness; they will follow the training system procedures
- PRC managers will carry out training system responsibilities for monitoring and improving CIS skills and training system effectiveness

2.2 Recommendations

The following recommendations from the needs analysis will also be utilized (needs analysis pp. 10-11):

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

3.0 Training Design Principles and Guidelines

Over the past 25 years, there has been an explosion of new scientific findings about how people learn. Key findings from The National Academy, The American Psychological Association, and original scientific studies *can bring excellent payoff* and are the basis of this training process plan. Although it usually takes about 20 years for research findings to be used, the following training design will enable SAD to benefit from the latest knowledge about well-established learning principles and explanations.

Most teachers and trainers teach as they were taught: The key will be for staff to learn and practice the fundamentals of the new understandings about learning outlined here and in the training literature.

3.1 Adult Learning Theory

Much more is known today about adult learners than just a couple decades ago. Many thinkers have proposed new and effective ways to approach adult learning, and this document has selected the following concepts based on these theorists:

1. Learners need to know how learning will be achieved; they also wish to know why it matters.
2. Adults need to engage in and control a self-directed learning process.
3. The identity and background of adults provides a very rich source of knowledge that heavily impacts learning.
4. Adult learners seek training when there is a necessity for it in their lives.
5. Adults prefer to and learn best when they attack real-world problems.
6. Adult motivation to learn is directly proportional to an area's direct impact on their lives.
7. Training has the potential to aid in the transformation of a learner if that learner is at a moment of great dissatisfaction and stress that produces a desire for personal change.

3.2 Learning Research Findings

This document proposes the following key principles based on learning research:

1. Reveal and utilize the existing knowledge of students.
2. Provide an environment to construct knowledge.
3. Help students guide and maximize their learning; help them assess, plan, carry out, and monitor their learning.
4. Create a learner-centered environment; this environment meets the individual learning needs and characteristics of students.
5. Provide a knowledge-centered environment; focus efforts on an intensive exposure and creation of knowledge.
6. Enable an assessment-centered environment; continually test for knowledge and skills, and provide help for staff to master these areas based on the assessments.
7. Encourage a community-centered environment; reinforce the direct link of SAD to the community of patients, survivors, and SAD staff; provide opportunities for staff to interact with the community.

4.0 Training Program Components

4.1 Training Goals and Curriculum

Achieving the instructional goals (section 2.1 above) will help SAD reach the overall goals for the project (proposal p. 4). The training program, components, and curriculum will facilitate the following goals in order to have a state-of-the-art mission delivery system:

- Maintain a high level of CIS and counselor work; maintain excellent quality
- Establish good consistency between CIS and counselor work; staff will understand their roles and relationships

The curriculum for the program will be developed from the present and new training materials to reach the instructional goals for this project (section 2.1 above). The CIS knowledge, skills, and attitudes to be created with the curriculum will include cancer knowledge, customer relations, and other skills. Some of the content could include:

- Call Basics
- Learning, Sensitivity, and Triggers
- Special Needs Callers
- Special Challenges
- Closing a Call
- Thinking Outside the Box
- Types of Cancer
- Treatment
- Coping with Cancer
- Causes and Prevention
- Screening and Testing
- Support and Resources

4.2 Training Components

The proposed training system has the following components as shown in Figure 1 (p. 5):

New Staff Orientation. Staff will continue to attend the standard training for all new employees of SAD. This will be delivered in person and with supplemental materials such as notebooks and brochures.

Initial Training. The manager of the PRC will show new employees the ropes of CIS work and get them acquainted with basic office and building procedures.

1st Certification and Other Certificates. CISs will continue to work toward certification. SAD may choose to offer other certifications to the CISs to build expertise. SAD might use pay incentives.

Periodic Training. SAD will continue to offer workshops and talks designed to increase and update CIS knowledge and build motivation and a common culture.

Ongoing, Self-Directed Training. Staff should actively and purposefully work to continually increase their knowledge and skills, and maintain good attitudes.

- Training CD. This item will be provided along with initial training materials for the PRC. The CD will provide an initial welcome from key SAD executives to transmit culture, and it will provide instructions for carrying out self-directed training. Further, the CD will give a list of approved web sites, materials, and forms for deepening expertise.

- Notebooks and Handouts. The PRC will continue to provide notebooks and documents to support CIS work. These materials could include the policies and procedures manual and other information such as forms and schedules.
- Partner Meetings. CISs will work with each other periodically to practice call taking skills and increase cancer knowledge.
- Online Course System — Moodle. This web site could be housed on SAD servers and should be made accessible to all CISs. Moodle gives SAD the ability to create courses that may contain a variety of tools to present information, enable interaction between CISs, and track progress.
 - CRM Courses. These offerings will help CISs improve their skills with a comprehensive array of areas such as Listening, Closing a Call, and Special Needs Callers.
 - Live Class Supplements. Instructors of face-to-face classes may choose to put materials online for students to review before and after class.
 - Cancer Knowledge Base. This is a glossary that allows students to make entries that can include text, pictures, movies, and links. It also allows users to give each other feedback to help improve their work.
 - Cancer Knowledge Courses. These courses will help CISs become much more knowledgeable about cancer with subjects such as Coping with Cancer, Types of Cancer, and Causes and Prevention.

Team Meetings. The PRC staff will meet to share cancer knowledge and provide mutual support and culture building. This meeting should be used exclusive for training.

Employee Evaluation and Feedback. The manager of the PRC will secretly listen to both parties on phone calls from each CIS and meet with CISs to provide feedback.

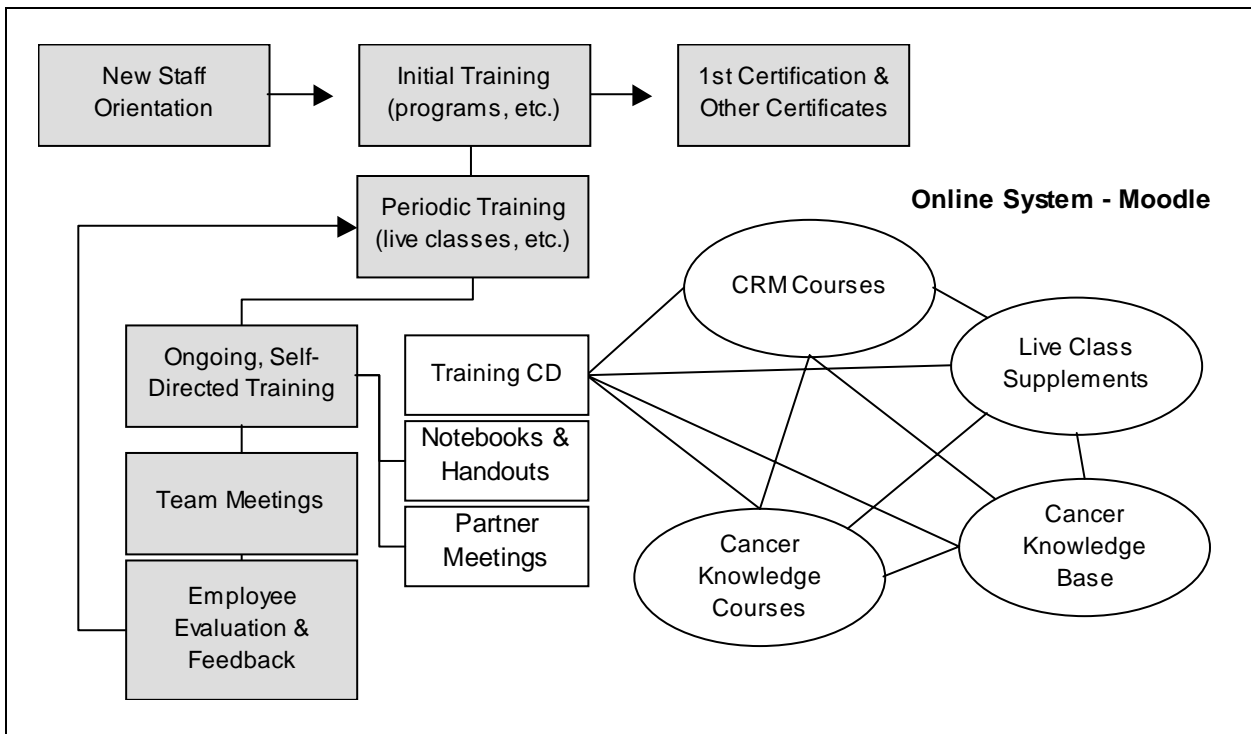


Figure 1 – CIS Training Components

5.0 Training Process

The most significant factor in providing training advances is the proposed training process of daily, weekly, and monthly tasks. The figure below outlines these tasks and will be the basis of self-directed training for the CISs. This process chart should be provided to every CIS and coupled with their monthly training plan (Appendix A p. 14).

CIS Training Tasks	Frequency							
	Hour							
Daily	1	2	3	4	5	6	7	8
Review monthly training plan								
Add to online knowledge base								
Update CRD								
Study online course modules: CRM or Cancer Knowledge	30 min., any time							
Weekly	Day							
	1	2	3	4	5	6	7	
Update certification checklist								
Role play calls with partner	any two days/mn.							
Prepare cancer or CRM knowledge for 10 min. presentation with partner	any two days/mn.							
Monthly	Week							
	1	2	3	4	5			
Review training plan for next month with supervisor								
Assess past month performance via PRC quality standards								
Plan study activities for next month								
Generate cancer and CRM research questions for next month's presentation								
Share progress with team at team meeting								
Print out and post training plan								
Assessment of call taking by supervisor	any week							
Team meeting								
Present cancer or CRM knowledge with 10 min. presentation to team								

Figure 2 – CIS Monthly Training Tasks

5.1 Self-Directed Learning

As prescribed by adult learning theory (p. 3), the CISs should take charge of their training and actively assess, plan, and carry out their training. These habits of learning should be taught by the PRC manager and consist of daily, weekly, and monthly tasks.

5.2 Daily Tasks

First off, the CIS should review his or her monthly training plan. This worksheet should determine training activities and enable self-monitoring and improvement. It is highly recommended that this training plan be displayed in a prominent area in the CIS's workspace.

After looking over and updating the plan as needed, the CIS will then confirm his or her daily time for self-directed training. This could be at any point in the day and should be in an area *free of interruptions and removed from the normal workspace*. Throughout the day, the CIS will also add to the online cancer knowledge base in the online course system (Moodle) and also help update the CRD.

5.3 Weekly Tasks

Each week, the CIS should review the certification checklist and ask for manager sign-off as needed. The current SAD checklist or an updated list should include new competencies confirmed by the Learning and Development department and suggested by the PRC.

Two days each month, the CIS should meet with another CIS during the self-directed training time to role play phone calls. In addition, on another two days each month, the CIS should be working with their partner to develop a cancer or CRM knowledge presentation for the monthly team meeting. Partners should be changed each month.

5.4 Monthly Tasks

One day each month, the CIS and the PRC manager will meet to review the progress of the CIS using the monthly training plan and PRC quality standards. The CIS will reflect on his or her performance and answer questions on the training plan for the next month. In addition, study activities will be planned for the next month, as well as cancer and CRM questions or goals.

The PRC manager should pick a time and day to monitor a few CIS calls without the knowledge of the CIS. This assessment will be used in the monthly training plan meeting with the CIS to provide feedback and help improve performance.

Everyone in the PRC will meet once each month to share training progress and team presentations on cancer knowledge areas. This meeting time should be used exclusively for training and not for administrative or other purposes.

6.0 Required Resources

The commitment to training means that not only will a new culture of learning need to be promoted, but that other significant amounts of time must be allocated regularly to assess needs and plan, promote, and conduct training. SAD can benefit greatly by stressing the need to learn continually and by backing up this message with active and continuous programs. It should be noted that *most new e-learning programs fail because of a lack of resources*.

6.1 CIS Time

Each staff member should be given at least 30 minutes each day to train. Optimal results are achieved if these study sessions occur each day. Although it has been proposed for CISs to conduct their training for two hours on one day, learning results will be greatly reduced. The monthly team meeting and periodic onsite trainings can draw from the weekly allotment of CIS training time.

6.2 Executive and Management Time

The PRC managers will need to allocate time for employee assessments/feedback, and the monthly team meeting: Forty-five minutes or less could be allocated for the meeting.

Executives, managers, and training staff should set aside time for:

- Determining metrics. Evaluation of training efforts will determine good measures or factors that matter to CIS performance. This will require good coordination with PRC management who will develop competency requirements.
- Monitoring program metrics and formulating strategy. Periodic measurement of performance will be crucial to keeping on track and determining if training and management is helping achieve organizational goals.
- Conducting needs assessments. Staff performance evaluation should include a thorough needs assessment.
- Reviewing and updating training and curriculum. Considerable time in planning and content repurposing/development will be required.
- Developing training incentives for managers and employees. Training will not be optimal unless CISs and PRC management are rewarded and consequence for their training performance. (PRC performance metrics should be measured independently by non-PRC staff – a neutral, objective third party)
- Promoting the learning culture. Success of the system will be determined by the backing of executives. Significant time should be spent communicating to the PRC and using all the learning offerings in SAD. Modeling participation in training, as well as good marketing, will be instrumental.
- Managing PRC training efforts and specific new projects. The training program will require a designated project manager who can devote good portions of time. Since the learning system will be new, and since it includes new content and technology, it will be especially dependent on good project management. The continuous renewal and maintenance of the system is key.

7.0 Optimizing the Training Process

Although touched on throughout this document, the following common threads are worth reviewing.

7.1 Focus

Key staff involved with managing and running the training system should periodically review the needs and goals stated in the project proposal, as well as the instructional goals stated in the needs analysis. The designated internal champion or project manager can be instrumental here.

7.2 Recommendations for Ensuring Success

The team should also implement and be cognizant of the project success factors presented in the original project proposal.

7.3 Marketing and Implementation Plans

SAD should develop a marketing plan and an implementation plan for the training system to ensure success and longevity.

7.4 Project Support and Leadership

The support of one or two key executives will determine how well the project fares, as well as the way in which change occurs. Further, the project manager and other key managers should be held accountable for results. SAD is just emerging from the challenging and opportune period of the merger, so staff have much to learn. Adopting a new training system will require everyone to learn even more. The project will depend on the strong leadership that has brought it to this point in time and a continued internal champion.

7.5 Continuous Improvement

As the months go by, the project manager should examine different aspects of the project to propose ways to improve the system and class content. Conditions will change, especially in the dynamically evolving culture of SAD, and in light of the progress of initiatives from the national level. Change is here to stay, and the system will be as viable if it adapts to meet the changing needs of SAD.

8.0 Document Approval Signoff

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

8.1 Recommended Training Process and Guidelines

Christopher Lepine shall base the production phase of the CIS training project on the content of the CIS Training Process Plan. The production phase will be performed under the definitions and within the timeline on the project management web site: <http://www.cdlsv.com/ACS/sad/cistrain/> .

8.2 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

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

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South Atlantic American Cancer Society

Name (please print)

Title

Signature

Date

Christopher Lepine

Instructional Designer

Signature

Date

Appendix A: CIS Monthly Training Plan Worksheet

The following figures show the first and second pages of the worksheet to be used by CISs. They will refer to this document on a daily basis.

Name:			
Improvement Goal:			
Personal Training Tasks		Date Plan OK'd : / /	
Daily	Time		
Review monthly training plan.			
Add to online knowledge base.	Any		
Update CRD.	Any		
Study online course modules: CRM or Cancer Knowledge (30 minutes).			
Weekly	Time	Day	Date
Update certification checklist.			
Role play calls with partner (2 days monthly).			
Prepare cancer or CRM 10 min. presentation with partner (2 days monthly).			
Monthly	Time	Day	Date
Review training plan for next month with supervisor.			
Assess past month performance via PRC quality standards.			
Plan goals & study activities for next month.			
Generate cancer and CRM research questions for next month's presentation.			
Team meeting.			
Present cancer or CRM knowledge with 10 min. presentation at team meeting.			
Print out and post monthly training plan.			

Figure 3 – CIS Monthly Training Plan Worksheet, Page 1

Personal Training Questions

How well did you perform last month? Refer to the PRC quality standards and list your strong areas and areas for improvement.

List one improvement goal for this month.

How do you plan to reach your goals? What modules will you study? What will you practice?

What questions about cancer will you research to add to the knowledge base?

Figure 4 – CIS Monthly Training Plan Worksheet, Page 2