Implementing Corporate Training Programs (BADM 340) is a course where students learn about the strategic process of effectively and efficiently implementing a corporate training program based on business drivers from design stages through measurement of results. This process includes defining requirements and success criteria, designing the process, implementing and powerfully communicating the program to the learners, and then understanding how to measure the success of the program. My experience in designing, developing and delivering corporate training programs in the health insurance industry has given me the equivalent (or superior) knowledge than the course. This includes instructor-led and technology-based functional job training for claims processors, customer service representatives and underwriters, as well as training for leadership development, coaching, mentoring and managing performance.

Most recently, I had the opportunity to renovate an Ethics and Compliance training program. The training is technology-based, with an instructor-led component, and is taken annually by over 80,000 employees and contractors. The renovation process utilized "ADDIE" (Analysis, Design, Development, Implementation and Evaluation), which is one of the most recognized theoretic models of instructional design (Hodell, 2016). In this prior learning assessment, I will demonstrate my competency for each of the learning outcomes for the course and connect my experience to academic concepts and theories. This will result in earning credit for the Implementing Corporate Training Programs course.

## **Developing and executing a training strategy**

My goal was to renovate and modernize Ethics & Compliance training program.

Applying the ADDIE model, the first step in the process was to gather and analyze information to frame the problem (Hodell, 2016). Analysis included understanding the need

for training, the root cause of the current state and a population analysis. This training is a regulatory requirement for publicly held companies that must be completed annually by all employees, contractors and Board members (Center for Medicare and Medicaid Services). The previous training program that was in place for about a decade that was inefficient and delivered through outdated technology. Specifically, the content was written by many different subject matter experts in different tones and voice which made the training lengthy (about five hours) and challenging for the participant to retain. To develop the strategy, I started by gathering information about the participants that needed to take the training (e.g. where they are, what they do, education level) and assessing the regulatory requirements that must be included in the training. Having an in-depth knowledge of training participants is critical to the design process (Hodell, 2016).

There were about 80,000 participants that were required to take this training from a very diverse from education level, language preference and access to technology. The majority of participants had access to computers with a reading level of ninth grade or higher. The total population included about 3,000 participants who provided care and assistance to members in their homes that, on average, had about a fifth-grade reading level, without access to computers. Additionally, there were about 5,000 participants who had Spanish as their primary language. Other subsets of participants included those that worked in a clinical setting that had specific regulatory requirements to perform their jobs and those that were sight-impaired that utilized a screen reader to view the training online. Understanding the unique needs of the audience was key to developing an effective long-term strategy to improve the training.

The strategy required content that was accessible, in both Spanish and English, offered optional narration for those learners that preferred to listen rather than read, functioned with a variety of devices and operating systems, and complied with the Americans with Disability Act (ADA) accessibility standards. There also needed to be technology that was able to identify the type of user, the device being utilized and the type of operating system. The subset of participants that did not have access to computers required instructor-led training with paper materials and an automated method to track completion rates.

Based on the regulatory requirements and the diverse background of the participants, I developed a three-year strategy to renovate the program. The first year focused on streamlining the content and design with moderate platform updates. The "platform" includes the systems and technology in which the training is delivered to participants. Because there was an established platform, the most important element for the first year was to streamline the content. The second year would include moderate content changes and significant platform changes, which would take more than a year to develop. The third year of the strategy is expected to be steady state with minor changes to content and platform.

In 2018 (the first year), I developed and executed a strategy to have role-based training with the intent on delivering the right training, at the right time, to the right people. "Role-based" training means that rather than having everyone complete all the training, the content would be customized based on the job that each individual participant performs for the company. For example, approximately 30,000 of the 80,000 participants serve the Medicare population, which means they are required to complete the Medicare section of the training. The role-based approach removed the Medicare section of the training from the remaining 50,000 participants that did not need it. It was largely successful with the

exception of identifying participants that changed roles during the annual cycle (therefore requiring different training) and those that were on a leave of absence that were required to take training upon returning to work. The technology deployed to identify the type of learner did not accommodate for these different scenarios, which resulted in about 2,000 participants that did not complete training within the required timeframes. The company also implemented a new HR system which changed the data fields used to identify participants. The result was receiving a corrective action plan from a federal regulator that could be accompanied by monetary penalties or limit the company's ability to sell Medicare products. This was a significant lesson learned that impacted the 2019 strategy. It required that the varieties of role-based training be limited to reduce the complexity of the course assignments, which meant the training was longer in duration and the technology improved to better identify, track and monitor the universe of participants.

## **Content development**

There were about 80 subject matter experts that provide information and regulatory guidance; all of which needed to be included in the Ethics & Compliance training program.

Prior to 2018, the information would be loaded into the training verbatim, which meant there were 80 different voices/tones, and it was very inconsistent depending on who was writing the content. That not only made it challenging to read and retain, but it also took about five hours to complete training. I hired two senior instructional designers, and together we met with all the subject matter experts individually to discuss the key elements that they wanted the participants to know and retain. The Design step of ADDIE describes the instructional designers as playing a critical role in coordinating all the other steps for the process (Hodell, 2016). Within this step, learning objectives, lesson plans and content are developed. Hodell (2016) outlines the "ABCD"

format to developing learning objectives which is an acronym for Audience, Behavior, Condition, and Degree. Audience is who will be participating or taking training. Behavior describes what learning is required (e.g. apply, define, measure, solve, etc.). Condition is the tangible and procedural elements of learning that generally starts with "given" to describe what is required. Degree is the extent to which learning can be measured. The learning objectives that were developed for the Ethics & Compliance training aligned with each section of training, which is critical in the effective delivery of a training program (Kirkpatrick, 2010). Here is an example a learning objective using the ABCD format: Given online access (condition), an employee that serves Medicare members (audience) should be able to identify sources of regulations (behavior) to resolve member questions (degree).

To streamline the overall training content from the previous training, I required that regulations be included as the source of the content from each subject matter expert, which resulted in a significant reduction, because not all content was actually required. Each section was then rewritten to align with the learning objectives and regulations. This approach allowed subject matter experts to review and validate information, but not actually write it. While this improved the quality of the writing, it was met with resistance from the majority of subject matter experts mainly because "this is the way they've always done it". To help the subject matter experts adapt to the change, it was important to be respectful of their experience and make an intellectual case for the value of the new process thereby applying the adult learning practices (Merriam, 2013). The rewrite reduced the content by just over half, and the final product was about a two-hour technology-based training rather than five.

The Development phase of ADDIE connects designing with implementation (Hodell, 2016), which includes programming, art work and the "look and feel" of the training. The key to

effective design is applying andragogy, the practice of helping adults learn (Merriam, 2013). Merriam (2013) cites the assumptions of Malcom Knowles that differentiate an adult learner from a child. These assumptions of an adult learner include being self-directed, being internally motivated and needing to know the reason for learning something (Knowles, 1980). Further, Knowles (1980) describes that not all adult learning can be self-directed or internally motivated. This is the case of Ethics & Compliance training because it is a regulatory requirement and a condition of employment. However, efforts to link content to the needs and interests of adult learners may increase motivation (Merriam, 2013). The training design incorporated the assumptions of adult learning by allowing the participant to select their experience to increase self-direction and motivation. For example, participants have options to read the content or have audio narration, stop and start training based on their schedule, and their language preference (English or Spanish). Learning outcomes for each section were also included in the training to help satisfy the adult learner's need to know why they have to take the training and what they will learn in the process. Other design elements included fewer words on each screen, larger font size, more visual graphics and knowledge check questions throughout the training (rather than just at the end). The content was also supplemented with videos and vignettes to reinforce more complex themes. Allowing learners to control how they learn and direct their own experience is crucial to adult education (Merriam, 2013).

The look and feel of the training aligned with the company's brand standard colors and font with very contemporary clean lines throughout. The previous training, before the renovation, attempted to incorporate gamification with a treasure hunt that fell flat, as it was "clunky and childish" – exact words from a participant survey! For example, there was a backpack in which to collect clues to the next section, which was reminiscent of "Dora the

Explorer". The screens were cluttered with cartoonish icons and references. The new design was very crisp and engaging with clean lines and modern icons. The content was concise and supplemented with professional videos from a vendor (Compliance Wave) to reduce the words on the screen and keep it interesting.

# **Developing and executing a communication strategy**

The Implementation phase of ADDIE is the actual launch of the training to participants (Hodell, 2016). A critical component to launch was developing and executing an effective communication strategy. The communication strategy included a variety of sources and media to attract and encourage all participants to complete their training. Completing the training is actually a condition of employment, so if not completed within the timeframe, participants would lose their job. Rather than a scare tactic, I really wanted participants to *want* to take the training because it was cool and interesting! If that didn't work, we would use the option of firing as a last resort. To achieve that goal and increase participant's motivation to complete training on time, the adult learning assumptions were incorporated relative to why it was important and what they would learn (Merriam, 2013). There were multiple points of connection with the participants through a variety of media to help demonstrate the value of the new program.

I worked with the brand team to develop posters to display within departments and plasmas, which are advertisements that appear on plasma screens in all the major offices in the country. The brand content and articles appeared on the company's intranet every two weeks and targeted articles were distributed to leaders in biweekly online newsletters. Promotional items such as pens and note pads with the ethics hotline number were also distributed to the major offices. Lastly, I developed content for email reminders that were distributed to all participants upon launch of the training, then monthly for the following first two months, weekly

for the first three weeks of the last month and daily during the last week of the training cycle.

Email reminders were stopped once the training is completed. Not receiving any more annoying emails should presumably incent participants to finish training as soon as possible.

## **Measuring success**

The final step in ADDIE is Evaluation which measures success, although evaluation is present in every aspect of the method (Hodell, 2016). Evaluation has both learner-centered and designed-centered methods that are different but connected (Hodell, 2016). Both methods measure true training program success and value to the business. Learner centered evaluation assesses the participant's mastery of content, whereas design centered focuses on the effectiveness of processes and deliverables related to each step. Kirkpatrick's method further delineates measurements into four levels and notes, "multilevel evaluations are essential for successfully planning, implementing, and sustainment of organizational change" (Kirkpatrick, 2010). Each of Kirkpatrick's (2016) levels (reaction, learning, critical behaviors and results) are defined below and aligned with metrics utilized in the Ethics & Compliance training program.

Level 1 is Reaction and is "the degree to which participants reacted favorably to the training" including such things as enjoyment and training relevance to their jobs (Kirkpatrick, 2010). This level is conducted immediately following the training and data is collected through participant survey. Questions asked were 1) The content of the training was presented in a clear, concise manner, and 2) The content was presented at an acceptable pace and flowed in a natural progression. The responses were a 1-5 scale based on level of agreement ranging from strongly disagree (1), disagree (2), neither agree nor disagree (3), agree (4), or strongly agree (5). There was also an open text box that allowed participants to enter free form comments relating to what

they liked about training and suggestions to improve. The same questions were asked year over year to measure improvement and trend results.

Other Level 1 metrics were developed to monitor system performance, completion rates, retention of content and experience. Data for automated course assignments of new hires, terminations and individuals returning from leave of absence was received daily from the HR system, then transmitted to the Learning Management System (LMS). Then the data from the LMS was sent back to the company and stored to use as evidence of training completion. Performance metrics included the number of records transmitted each day with data validation control points with each system to determine if there is any outage, latency or unexpected volumes which could indicate a breakdown in the data feeds.

Level 2 is Learning which is actually acquiring new knowledge and skills (Kirkpatrick, 2010). This assessment was conducted during and immediately after training. Within the training course, knowledge check questions are posed throughout with a final quiz at the end to assess the participant's retention of material. Responses are also analyzed to assess the effectiveness and quality of the training overall. Application of that knowledge is assessed through a post training survey using the same five- point scale. Questions asked included: 1) I can identify warning signs of potentially unethical conduct, 2) I know how to access resources available to me if I have questions about ethics and compliance related issues, 3) I know how to report an ethical concerns including suspected fraud, waste, or abuse, and 4) I feel comfortable speaking up and seeking advice about ethical concerns. These questions are also asked during the annual employee engagement survey.

Level 3 is Critical Behaviors is how the participant's actions change at work based on what they learned during training (Kirkpatrick, 2010). Data used to measure critical behaviors is

through the volume and type of Ethics Hotline calls. This is measured quarterly and results may require targeted coaching or additional training. Results also drive updates to the annual Ethics and Compliance training as needed. Additionally, compliance issues and reports are monitored and reported on monthly to evaluate any trends or broader ethical concerns.

Level 4 is Results and reflects how the change in behavior from Level 3 contributes to the company's goals (Kirkpatrick, 2010). The same metrics noted for Level 3, such as calls to the Ethics Hotline and compliance issues, are assessed by manager to quantify the level of team behavior change. This information is also used for manager performance reviews and may impact bonus funding. A User Support Site was established which includes a webpage and call center with the ability to log a complaint or issue, ask a question, and rate the training content and performance. This was the single portal to collect all the data to measure results. An online dashboard was developed for Leaders to monitor training completion rates for their teams. An administrative section of the site allowed my team to closely monitor training completion rates and survey feedback for each level by role, area, team and location. The final "test" of the results is CMS assessing the overall compliance program effectiveness to determine if the company meets the requirements to offer Medicare coverage. This is performed through their audit of the content and results, as well as interviewing participants.

Upon completion of the annual training program, debrief sessions with all stakeholders were conducted the Plus Delta methodology (Halliwell, 2017). Stakeholders from all areas, including business leaders, training participants, instructional designers and technologists, were brought together in small groups to collect direct feedback in a more conversational approach rather than survey. The facilitated discussions focused on what went well (the "plusses") and things that needed to be changed (the "deltas"). The results from each session were then analyzed

and summarized into a grid that delineated successes and areas of improvement for both planned and unplanned components of training. Planned events were strategic decisions that were executed upon, whereas unplanned events were tactical actions that were required through issue mitigation and technical challenges. This approach I developed helped to assess my team on how well the strategy was executed and how nimble we were in issue mitigation. An example of a successful, unplanned event was when the volume of exceptions for participants that were not required to take training were significantly more than originally planned. A new system had to be developed to more effectively monitor and document the changes. The tactical approach was successful and a more fulsome process was integrated the following year. The summary grid is included in the body of evidence provided.

In conclusion, the annual Ethics & Compliance training was the most significant corporate training program that I have developed and implemented in my career. I strengthened my skills on developing business and communication strategies, while deepening my expertise on creating training content and the technology to support an effective delivery platform. I also learned from mistakes, identified areas of improvement and made adjustments to the program for continuous quality improvement. Based on these demonstrated learning experiences, I request credit for the Implementing Corporate Training Programs course (BADM 340).

## References

- Centers for Medicare and Medicaid Services. Outreach and Education. Retrieved October 11, 2019, from <a href="https://www.cms.gov/Outreach-and-Education/Learn/Get-Training/Get-training">https://www.cms.gov/Outreach-and-Education/Learn/Get-Training/Get-training</a>
- Halliwell, D. (2017). *Quick and Dirty Debriefing The Plus Delta System*.

  https://www.linkedin.com/pulse/quick-dirty-debriefing-plus-delta-system-david-halliwell-msc-para
- Hodell, C. (2016). *ISD from the ground up: A no-nonsense approach to instructional design* (4th ed.) [4th edition.]. Alexandria, VA: ATD Press. (2016). Retrieved December 6, 2019, from DePaul University Library.
- Kirkpatrick, J. D., & Kirkpatrick, W. K. (2010). *Training on Trial: How workplace training must reinvent itself to remain relevant*. New York, NY: American Management Association.
- Knowles, M. S. (1980). *The modern practice of adult education: From pedagogy to andragogy*. (2nd ed.). New York: The Cambridge Books.
- Merriam, S. B., & Bierema, L. L. (2013). *Adult learning: Linking theory and practice*. Retrieved December 6, 2019 from <a href="https://ebookcentral.proquest.com">https://ebookcentral.proquest.com</a>.
- Schlomo, B., & Shenton, G. (2013). *The Business of Corporate Training: Insights from Practice*.

  Cambridge, England: Cambridge University Press.