

TRAINING AND DEVELOPMENT

instructor's manual

Central Columbia Hospital

Scenario C: Talent Development

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Please note: All company and individual names in this case are fictional.

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The case begins with introductory information about the organization and is then divided into five scenarios.

Each scenario includes question sets for **undergraduate** and **graduate** students. A debrief is included with each scenario, but because management dilemmas can be resolved using a variety of solutions, expect that students may come up with solutions that differ from those included in the scenarios. This document contains only Scenario C: Talent Development. The scenarios are as follows:

- **Scenario A:** Transactional to Transformational HR.
- **Scenario B:** Retention.
- **Scenario C:** Talent Development.
- **Scenario D:** Technology/Social Media/HIPAA.
- **Scenario E:** Acquisition and Organizational Culture/HR Communications.

Central Columbia Hospital: Overview

Central Columbia Hospital was founded in 1889 as a nonprofit, community-based health care facility in northeastern Pennsylvania. This 116-bed, acute care facility employs 963 employees and is nestled along the Susquehanna River's northern branch in Briar Creek. The facility provides general medical and surgical services to the surrounding community of approximately 70,000 people. The hospital is proud of its tradition of upholding its mission to these communities by providing comprehensive health care services in a compassionate, caring and cost-effective manner while maintaining the highest level of professional excellence. The hospital is in the process of a yearlong celebration commemorating its 125th anniversary by partnering with the community for free monthly health screenings, hosting a summer carnival on the hospital's grounds and reaching out to local elementary schools to provide free healthy lunches each week.

Dr. George Stiller has served as the hospital's board chair for the past six years and is an obstetrician/gynecologist (OB/GYN) in the community. Stiller has lived and practiced in this community for more than 37 years and has delivered many employees of the hospital. He is known for being kind, gentle and truly caring, and can recall almost everyone in the hospital by his or her first name. Employees often seek Stiller's sympathetic ear to express concerns about everything from staff-to-patient ratios to the cafeteria food. Stiller takes a hands-on approach to his duties as chair and voiced strong concerns about the hospital's recent national search for a new president and CEO. Stiller pushed to keep the search close to home and cautioned the board of potential consequences to hiring a noncommunity member into such a pivotal role. In the end, however, the board launched a national search that resulted in hiring Anita Green. Green previously served as the chief operating officer for two community hospitals in Michigan and Indiana. Although Stiller plays quite a visible role in his position, the balance of the board members see their roles as ones of governance, not focusing on daily operations. As a matter of fact, most agree the day-to-day decision-making should be left in the capable hands of Green. Green knows that Stiller wanted to keep the president and CEO search at a local level. This created some tension between them when Green arrived to Central Columbia, and this tension still plays out occasionally during board meetings.

Green has been with Central Columbia Hospital for a little more than three years. When she joined the hospital, it was financially hemorrhaging from every service line. In the past three years, however, she and her team have turned obstetrics, radiology, gastrointestinal, and out-patient laboratory and surgery into revenue-producing service lines. Green is still concerned about emergency services, general surgery, orthopedics and critical care services. She knows that staffing these services with competent and experienced staff is essential to getting these areas to perform at the levels needed to make the hospital financially solvent.

Green knows that other areas of the hospital also need attention. Compliance in this heavily regulated industry continues to create substantial challenges, including a strain on the hospital's human resources (HR). Green feels the hospital is vulnerable to legal risks without a position completely dedicated to addressing HIPAA (the Health Insurance Portability and Accountability Act), Medicare issues, and regulations associated with the Pennsylvania Department of Health and the Joint Commission's criteria such as staff educational requirements, orientation documentation, patient care, and safety protocols and procedures.

Green has asked the board to approve a corporate compliance officer position as a member of the executive team. The current risk manager, William Toth, has said that he is not interested in expanding his scope to encompass all compliance issues and prefers to stay focused on patient safety goals. He has made great strides in the internal reporting procedures for patient-care incidents, and although the numbers are higher than they were two years ago, Toth sees this as a success because the hospital now has a better understanding of the issues and has started processes to implement appropriate changes.

Patient satisfaction has been on the rise, but it is still well below where Green and her team would like it to be. With an overall patient satisfaction rating of 78 percent, Green and her team know there is still a lot of work to do to reach a 90 percent satisfaction rate (a goal that is 5 percent above the national average), a target she set shortly after she arrived at Central Columbia. Although many patients feel the care is competent, the hospital still lags in satisfaction regarding communication of medical care to patient and family members and timeliness of treatment. The executive team, including the newly appointed vice president of patient care services and chief nursing officer, Ann Romero, has suggested that these scores may reflect a delay by nursing staff to inform attending physicians of a patient's status. Others on Green's team are concerned that her patient satisfaction goal is too lofty too soon, and they feel it has caused stress and morale issues in several areas of the hospital.

Green set the 90 percent patient satisfaction rate goal as a result of a patient and employee satisfaction survey conducted two years ago. Since then, the hospital has continued to participate in the survey process on an annual basis. These surveys have provided valuable data that have allowed Green and her team to establish several operational and patient care improvement initiatives. Green used the weeklong celebration of National Hospital Week in May to share the results with employees during her town hall talks. Green has used several occasions such as National Hospital Week to celebrate and educate employees on the important work they do and the reasons why it is necessary to continue to improve. Green has addressed several questions regarding the rumors of mergers during these meetings, and she is always candid about the real possibilities and the need for improvement.

Table 1. Patient Satisfaction—Most Recent Annual Report (Compared to Peers, State and National Average)

Percentage of patients who:	Central Columbia	Competitor A	Competitor B	State Average	National Average
Reported that staff “always” explained medicines before administering.	59%	57%	63%	62%	64%
Reported that their room and bathroom were “always” clean.	65%	70%	73%	73%	73%
Reported that the area around their room was “always” quiet at night.	54%	52%	48%	54%	61%
Reported that yes, they were given information about what to do during their recovery at home.	86%	86%	87%	86%	85%
Gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest).	62%	66%	75%	69%	70%
Reported that yes, they would definitely recommend the hospital.	62%	69%	78%	69%	71%
Overall	78%	81%	71%	84%	85%

Table 2. Selected Results from the Most Recent Cultural Assessment—Survey of All Central Columbia Hospital Employees

Question	Previous Year	Current Year
I would recommend employment here.	66.0%	62.3%
I am proud to work for this organization.	73.2%	71.6%
I often leave work with a feeling of satisfaction.	82.4%	83.1%
I have considered leaving during the past six months.	47.8%	51.5%
I feel there are opportunities for long-term growth at the hospital.	62.3%	60.4%
I would recommend the hospital to others considering health services.	78.2%	77.0%

In addition to the changes Green is suggesting in the compliance area, she is also working closely with the current HR manager, Frank Scott. Scott has been with the hospital for 26 years and has been successful at processing the transactional work required to meet employee demands. It has become evident to Green, though, that Scott does not possess the knowledge and leadership skills needed to move this function to a more strategic level. Green is hoping to convince her executive team that it is time to begin a search for an individual who can move the HR function from being reactionary to one that will be instrumental in transforming the hospital. Scott currently reports to Jeff Curry, chief financial officer, but Green's vision is to have the vice president of HR report directly to her. Green's short list of issues for HR seems to grow longer every day, and she needs that function to partner with her to ensure success. Compensation, hiring practices, retention, talent identification and development, and diversity are just a few of the items that Green knows need to be addressed by the hospital to remain competitive.

This freestanding community hospital has also been faced with maintaining its independence while being surrounded by two larger, growing health care systems. Although the hospital has been successful to date operating independently, the increased demand for specialized services and the shrinking reimbursement and payment for services are forcing Central Columbia to evaluate two possible moves to assist in providing the most comprehensive short- and long-term health care possible to the communities for which it cares.

Figure 1. Hospital Organizational Chart

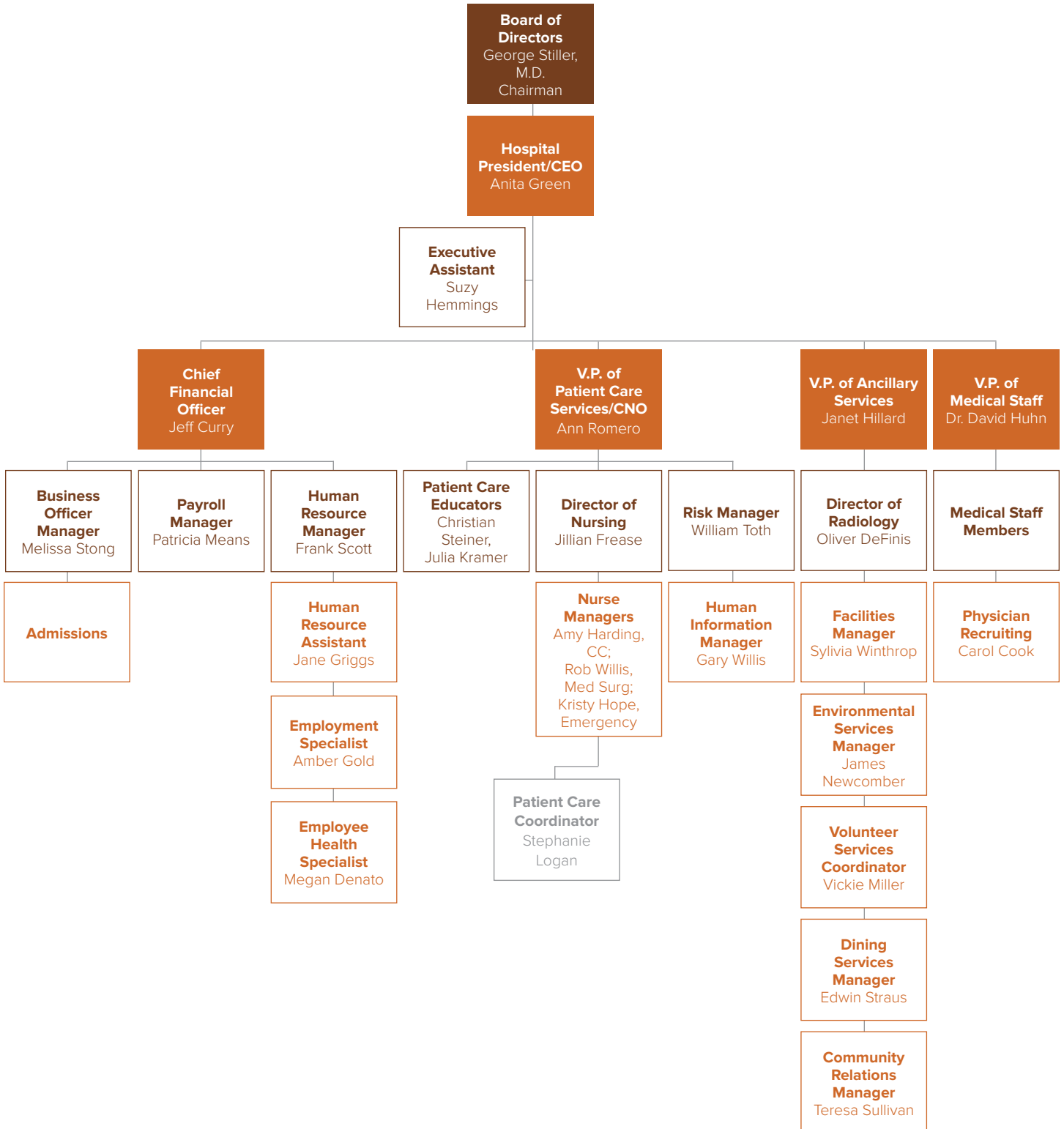


Table 3. Employee Count by Ethnicity and Gender

Total Number of Full-Time Employees: 963		
Ethnicity	Number of Employees	Percentage
White (Not Hispanic)	788	81.8%
Black (Not Hispanic)	95	9.8%
Hispanic	64	6.7%
Asian/Pacific	16	1.7%
Gender	Number of Employees	Percentage
Female	541	56.2%
Male	422	43.8%
Job Classification	Number of Employees	Percentage
Exempt	433	45.0%
Nonexempt	530	55.0%

Scenario C:

Talent Development

Players

- Janet Hillard, vice president of ancillary services
- Frank Scott, HR manager

In Janet Hillard's office

“I’m not sure what I will do if we lose her, Frank.” Janet Hillard, vice president for ancillary services, was referring to Sylvia Winthrop, facilities manager, who has worked at the hospital for seven years after a successful career in management consulting. In fact, Winthrop’s last client was Central Columbia before Hillard offered her the role she has today. Hillard continued, “I’m not planning on going anywhere anytime soon, and I know Sylvia has higher career aspirations. Also, her mother recently became ill, and she has talked with me about the possibility of moving closer to her.”

This was part of a broader conversation Hillard was having with Frank Scott, HR manager. Each year, Scott held a one-on-one discussion with each division head of the hospital to discuss the current organizational structure, potential personnel changes and other HR challenges facing the division. Scott was asked to use this model by Anita Green, president and CEO, shortly after she joined the hospital. The HR director at the hospital where Green last worked facilitated these conversations, and she felt they forced each unit to take a deep look into its talent pool and address future staffing challenges. Green expressed concern shortly after her arrival that HR was not positioned effectively in the organization to appropriately address the human capital challenges. To her, having one-on-one meetings with each senior officer was an approach HR could use to elevate its position as a business partner at the hospital.

Hillard continued, “Besides Sylvia, we don’t have anyone whom I would consider an ‘A’ player on my team. Sure, most are dedicated to the hospital, have performed admirably and can step up when asked to in the short term, but I’m also thinking about the division five years down the road. I think many of my direct reports have hit a ceiling as far as potential.” Pausing for a moment, Hillard added, “The bench in my division is not strong. That said, if any of my direct reports leave, not just Sylvia, I see us having to look outside the hospital to replace. And you know, Frank, how difficult it can be to recruit talent for midlevel management positions in this area.”

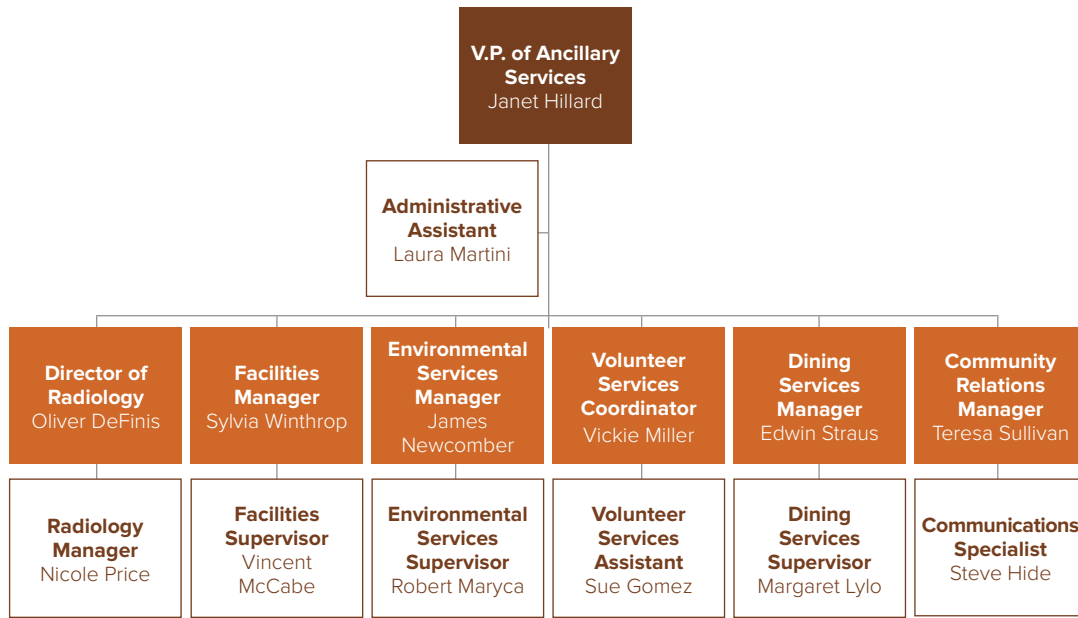
Scott listened intently and added, “I know we are always competing with the larger employers in the region with more resources at their disposal.” Looking concerned after Hillard’s assessment, Scott took a deep breath before asking, “Well, how can we help with developing your team? I guess I’m asking if they really have reached their full potential as you suggest.” Hillard responded in an uncertain manner, “I wish I knew the answer. Your department does a nice job of offering basic supervisory training sessions like performance management and effective interviewing, Frank.”

The HR department outsourced the majority of the training function. Scott wanted approval to hire a person for this role. Until then, he worked with outside consultants by offering supervisory training sessions, including employment law, effective interviewing, performance management and harassment prevention training. Leadership development was an area that had not been addressed at Central Columbia. Development has historically been the responsibility of each division. According to the hospital’s annual culture survey, though, employees felt that opportunities for long-term growth were quite limited.

As Scott thought about the current state of Hillard’s division, he added, “Maybe the ceiling is higher than we think for your team. I would like to explore options about how we can determine their true potential.”

With an inquisitive look, Hillard replied anxiously, “What do you have in mind, Frank?”

Figure A. Ancillary Services Organizational Chart



SCENARIO C: QUESTIONS FOR UNDERGRADUATE STUDENTS

1. Contrast training and development. Is developing employees the responsibility of the HR department, the divisions, the organization or the employees? Where does the responsibility currently lie at the hospital?
2. Given Winthrop's personal challenges and career aspirations, what advice would you give Hillard if you were Scott?
3. What additional information beyond name and title would be helpful to have when Scott has discussions about existing talent with division leaders?

SCENARIO C: QUESTIONS FOR GRADUATE STUDENTS

1. Assess the talent management approach Scott employs with division leaders of the hospital. What are its strengths? What, if any, improvements would you recommend? Would you consider this initiative succession planning? Why or why not?
2. Based on the scenario, how could Scott obtain senior leadership support to address the importance of talent development in the hospital? Provide a development plan that Scott and the HR team could present to Hillard. What data should be used to justify hiring a T&D specialist?
3. Hillard said that HR does a "nice job of offering basic supervisory training." Although offering a variety of training programs to meet the organization's needs is critical, just as critical, if not more, is evaluating the programs being offered. If you were responsible for evaluating the supervisory training at Central Columbia, what tactics would you use based on the programs Hillard identified in the scenario (performance management and effective interviewing)?

Debrief

SCENARIO C: QUESTIONS FOR UNDERGRADUATE STUDENTS

1. Contrast training and development. Is developing employees the responsibility of the HR department, the divisions, the organization or the employees? Where does the responsibility currently lie at the hospital?

According to Gomez-Mejia (2012), training offers specific skills to employees or helps correct performance deficiencies. For example, if a new employee is hired to administer medical records, the hospital should provide appropriate education on the system being used, even if the individual had some degree of experience with it before joining the organization. Development, on the other hand, focuses on strengthening abilities to address organizational needs (Gomez-Mejia, 2012). For example, HR may feel the need to implement a mentoring program for new supervisors to narrow the knowledge gap by having them meet periodically with supervisors who have longer tenure at the hospital. In other words, employee development is future-oriented whereas training provides skills to address current needs (Gomez-Mejia, 2012). DeCenzo, Robbins, and Verhulst (2013) suggested training addresses professional growth, and development addresses personal growth.

Employee development should be considered an essential responsibility for everyone involved. It must be viewed first and foremost, however, as an organizational priority. In the scenario, it appears that employee development is not the responsibility of anyone in the organization. Until the hospital's senior leadership makes this a priority, it runs the risk of losing its high-potential employees while limiting its bench strength when leadership positions become available. At the very least, limited developmental opportunities can have a significant impact on employee morale.

Senior leadership support is essential for employee development, but

HR departments play a critical role in working with line managers and employees to establish a comprehensive development program that meets the needs of the organization and departments. HR must coach line managers to include development in the performance management process. Regardless of an employee's performance level, individual goals that align with departmental goals should be provided, along with specific training and developmental opportunities to help achieve those goals. Finally, employees themselves must accept some responsibility and accountability for their own personal and professional development. To summarize, the responsibility of identifying employee developmental opportunities cannot be "owned" by one single area of the organization but is a shared role among HR, line managers and employees (Kaye & Jordan-Evans, 2008).

2. Given Winthrop's personal challenges and career aspirations, what advice would you give Hillard if you were Scott?

Sylvia Winthrop appears to have reached the highest level with the ancillary services department because Janet Hillard does not have plans to leave the hospital anytime soon. It is difficult for any leader to retain an employee with ambitious career goals that may not be able to be met by the organization. When personal obligations are added, they only make retention more difficult. Despite a manager's best effort, it may be inevitable that his or her talented employees will leave the organization. In fact, a healthier way for Hillard and Scott to look at the situation is that managers never want to feel like they are hindering employees from achieving their full potential regardless of how their departure may affect the organization (Zachary, 2005). Having said that, Hillard should make every effort to stretch Winthrop's current role, so she feels challenged and appreciated.

Scott may suggest some more obvious solutions, such as a change in title to reflect more senior duties, a salary increase, special projects, an appointment to a committee, and training and developmental opportunities. Of course, much of the solution depends on what motivates Winthrop and the resources available to support her. As with any employee, Hillard will also want to provide Winthrop with the flexibility she may need to care for her ailing mother. This kind of support from the organization could increase Winthrop's loyalty. Depending on Winthrop's knowledge, skills and abilities, Hillard could champion her to apply for other leadership opportunities in the hospital. Organizations that view succession planning holistically (organizationally) instead of in silos (department or division) provide themselves with a competitive advantage (Marsh, 2008).

It is important for Hillard to be honest with Winthrop and address the limitations that exist. However, Hillard should engage Winthrop to develop what would hopefully be a long-term solution that is in best interests of the employee and the hospital (Gay and Sims, 2006)

Scott must work with Hillard to identify the other skills she wants her team members to achieve. Hillard appears not to have much confidence in other supervisors on her team to reach the next level; nonetheless, she must show confidence by giving others “stretch” assignments while providing clear direction of what is expected of them (Gay and Sims, 2006).

3. What additional information beyond name and title would be helpful to have when Scott has discussions about existing talent with division leaders?

Having as much information as possible about each key role in the organization is critical in the decision-making process regarding the development needed for each employee being discussed. Additional information that may assist in the process may include:

- Number of years in the current position.
- Number of years in the organization.
- Career stage: Is the employee early-, mid- or late-career?
- Strengths and limitations related to the organization’s leadership competencies.
- Commitment to organizational and departmental values.
- Promotability: If the individual’s supervisor were to leave the organization, could that individual step into the position and be successful? If not, approximately how many years of experience would be necessary before being promoted?
- Career goals: Is the employee interested in being promoted?
- Past performance: Has performance warranted a promotion?
- Major accomplishments.

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Debrief

SCENARIO C: QUESTIONS FOR GRADUATE STUDENTS

1. Assess the talent management approach Scott employs with the division leaders of the hospital. What are its strengths? What, if any, improvements would you recommend? Would you consider this initiative succession planning? Why or why not?

Frank Scott's approach would not be considered common in a larger organizational setting, and it is somewhat unique for the size of an organization like Central Columbia with 963 employees. Also, it is rare to see such an approach from an HR department consisting of four individuals. The method used by Scott, which was suggested by Anita Green, portrays a proactive image for HR. More importantly, it engages the senior leadership of the hospital to review current talent and how it aligns with the hospital's vision. Such a strategy has the potential to better align the organization's resources. In addition to talking with senior leaders in each division, Scott should work directly with Green to ensure that the direction of their conversations follows her long-term vision and promotes synergy across all areas of the hospital.

Talent management focuses on developing high-potential employees for future leadership positions in an organization. Talent management also occurs at multiple levels of the organization and does not limit its scope to senior management positions. In short, talent management looks to improve workplace productivity through the implementation of systems and structures to better align recruitment, retention and development strategies (Lockwood, 2006). Gay and Sims (2006) defined talent management as "facilitating the development and career progress of highly talented and skilled individuals in the organization, using formalized procedures, resources, policies, and processes. The talent management process focuses on developing employees and leaders for the future of the organization."

In contrast, succession planning is a specific talent management strategy focused on planning for the potential replacement of current leadership positions (Gay & Sims, 2006). Although the hospital's process is not as elaborate or formal as would be seen in most larger, for-profit organizations, Scott's approach could be considered succession planning because the discussion is focused on possible replacements at multiple leadership levels of the organization.

2. Based on the scenario, how could Scott obtain senior leadership support to address the importance of talent development in the hospital? Provide a development plan that Scott and the HR team could present to Hillard. What data should be used to justify hiring a T&D specialist?

Employee development takes a long-term approach to employee growth. Hillard's concern is that the members of her team, with the exception of Sylvia Winthrop, have reached a ceiling in terms of their potential in their current roles. Her perception appears to be based solely on their current roles and responsibilities. A common, but shortsighted approach to talent development is to look simply at the current state of the unit without taking an in-depth view of the skills that will be required in the coming years given internal and external pressures facing the hospital.

Fulmer and Conger (2004) suggested that the main purpose of talent management is to continuously provide a deep supply of valuable resources throughout the organization. Charan (2008) noted that the ultimate competitive advantage for any organization is a deep talent pool with effective leaders at every level who are prepared for future challenges. Mackey (2008) acknowledged that an aging workforce and a lack of high-potential employees can create increased competition for leadership talent in all sectors. Because of the importance of continuing effective leadership, talent management needs to be recognized as an organizational imperative at Central Columbia.

The hospital should be concerned that only three out of every five employees believe that growth opportunities are available to them. In addition, turnover has been an on ongoing concern for Central Columbia, particularly in the nursing area, now above the national average.

To create individual development plans that will meet employee, departmental and organizational needs, it is important for Scott to work with Hillard to identify where performance gaps currently exist. Hillard

and Scott cannot take a one-size-fits-all approach to this challenge. Every supervisor is different in terms of background, strengths, limitations and future goals. One initiative that should be considered is a 360-degree evaluation in which each employee identifies a series of employees at all levels of the organization (and beyond) to anonymously evaluate the employee's performance. In fact, Hillard should support this approach by undergoing the assessment first. This process is normally facilitated by a third-party coach who administers the instrument and helps the participant identify themes to be used for ongoing development. The results of the 360-degree evaluation can become the framework for ongoing professional development.

In addition to the 360-degree evaluation, supervisors at all organizational levels should be challenged to offer developmental opportunities that many employees, based on the culture assessment, believe do not exist at Central Columbia. Opportunities may include stretch assignments that could encompass working closely with their immediate supervisors on special projects, inclusion on hospital task forces to learn more about other areas of the operations, external assignments partnering with the local community, formal education, and coaching and mentoring.

3. Janet Hillard said that HR does a “nice job of offering basic supervisory training.” Although offering a variety of training programs to meet the organization’s needs is critical, just as critical, if not more, is evaluating the programs being offered. If you were responsible for evaluating the supervisory training at Central Columbia, what tactics would you use based on the programs Hillard identified in the scenario (performance management and effective interviewing)?

One of the most difficult HR areas to measure is the long-term impact of training programs. A facilitator may receive positive feedback after conducting training, but that does not mean the training is actually effective. In fact, an organization may not know it was effective until weeks or months after the training. Kirkpatrick (1994) identified four levels of training evaluation that can be considered:

- Level 1: Reaction.
- Level 2: Knowledge.
- Level 3: Application.
- Level 4: Business results (ROI).

To assess reaction (Level 1), trainers should take a “pulse” of the audience during and after the learning session. Although gauging retention is not possible in this early stage, feedback from participants will help adjust the training delivery for future sessions. Questions should include whether the content met the participants’ expectations and whether it was relevant to the participants’ roles and was aligned with the stated learning outcomes. Questions about the training materials, length of the session and room are also significant. Trainers should also ask participants if the training made them feel more prepared to manage performance and conduct effective interviews.

One of the more common ways to assess knowledge (Level 2) is a pretest/post-test tool. For this tool, participants are tested before the training program (pretest) to assess previous knowledge of the content and are then tested again shortly after the program (post-test) to see how much knowledge they retained. An alternative strategy is for a trainer to distribute a post-course performance test after a certain time period following the program (Kirkpatrick, 1994). During a performance management training program, for example, a trainer could test the knowledge of best practices in conducting a performance discussion using true/false or multiple choice questions. For effective interviewing, a trainer might provide a list of questions and ask the participants to determine if there are any legal issues with how the interview questions are constructed.

In most training programs, evaluation frequently ends at Level 2, if it reaches that stage at all. Assessing application (Level 3) involves participants who were involved in the training and can also include supervisors, co-workers and possibly customers. At this stage, trainers follow up to ensure that the knowledge learned in the classroom is being used on the job. It is important for trainers to be upfront with participants about how they plan to evaluate this level, particularly if it involves others. In the training session, a feedback form could be delivered to supervisors who can evaluate each participant’s effectiveness. For performance management, the supervisor may want to meet with employees who recently received performance reviews from the supervisor who attended training. The supervisor may also want to sit in on interviews conducted by the participant, which would allow for observation to see if the skills were implemented.

One could argue that training departments that demonstrate effectiveness at the results (Level 4) evaluation are those most likely to continue receiving funding for future initiatives. Level 4 is seldom used by organizations, primarily because of resource constraints and the inability to effectively identify a measurable goal associated with the

training initiative. Trainers successful in Level 4 evaluation have worked directly with senior managers to identify an organizational challenge that previously hampered business results. With the assistance and support of senior managers, a realistic goal and time frame are determined, and these are aligned to a clear return on investment. Though implementing a Level 4 evaluation for performance management and effective interviewing may be difficult, it is not impossible. For performance management, the business challenge may be inflated ratings whereby a disproportionate number of individuals achieve the highest overall rating, although their actual performance may not reflect such an evaluation. In this case, the Level 4 goal may be to train supervisors on rating employees more appropriately. The organization can then determine if the ratings were more evenly proportioned during the next review cycle. For effective interviewing, the business challenge could be the amount of turnover the organization has experienced. By providing skills in interviewing, an organization can evaluate turnover rates periodically to determine if the skills learned resulted in better retention.

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