Clinical Workforce Development Training

The Clinical Workforce Development Training demonstrates to clinical leadership how to explore processes that may need to be improved in order to sustain training and other clinical development programs. Using four areas, this training helps leaders identify if clinical areas need modification, management or training in order to facilitate the processes already in place.

Leaders learn to explore common challenges in areas like documentation, incidents, treatment planning, time management, clinical appropriateness, tracking, and others in order to tweak, redefine or develop target areas for improved results.

This can be a onetime overview where leadership can ask questions and explore challenges on their own, or can be customized coaching/technical assistance encounter where training staff will be assigned to spend more time with that leadership to explore, develop, repair or create processes to sustain their goals.

The main areas reviewed during this training include:

- Systems / Infrastructure
- Management/Admin
- Process
- Facilitation
COMMON TRAINING AND DEVELOPMENT CONCERNS

- Great information that CAN’T be used in your workplace (*Understanding the Kellogg Cereal Consumption Protocols for Behavioral Health Providers*)
- Too much content to digest
- Confusing content (*Ensure that you Don't NOT, ALWAYS DOCUMENT TO PERSONAL, FEDERAL STANDARDS TO PROMOTE COMMUNITY-BASED INSTITUTIONALIZED STANDARDS OF EXCELLENCE AS DEFINED FIND PRACTICES THAT ARE BEST ONLY IN THE MEDIOCRITY OF THE 4TH DIMENSION*)
- High level content (its all Greek to me)
- They won’t do what we trained them to do (Performance Management Vs. Training)
- Well this is just “how we’ve always done it”
- I don’t know anything about the client because I am not allowed to read the chart
SOME BARRIERS TO EFFECTIVE TRAINING AND DEVELOPMENT

Workplace Application
Management Buy-in or Enforcement
Lack of Commitment
Ineffective Communication
Failure to set SMART expectations
Inadequate Metrics
BARRIERS TO EFFECTIVE TRAINING AND DEVELOPMENT

Barrier 1: Efficiency – It is impossible to achieve a hundred percent efficiency. To increase it however,

• Focus on “performance” rather than “learning”
• Focus on expectations; sufficient and timely feedback; easy perception and comprehension of required information; adequate tools, resources, procedures and support; appropriate incentives;
• Identify and remove avoidance of task interferences and administrative obstacles; effective delegation and;
• Improved communication and collaboration processes.

Barrier 2: Inertia – Address change in the way it approaches challenges in performance.

• This may call for the need to transform structure and organization,
• Then retraining of skills in professionals,
• Two significant issue preventing inertia is the tendency to focus on process over product (focus on both) and second is risk aversion (what if’s use Pilots & Plan Contingencies)
BARRIERS TO EFFECTIVE TRAINING AND DEVELOPMENT

**Barrier 3: Convenience** – Do not just stick to what’s traditional and familiar such as modules, courses, programs and curricula. What is required now is to be able to morph into a strategic change agent and consultant working together with managers and other leaders to come up with solutions to pressing and emerging problems where employees and treatment of Individuals/Clients are concerned.

**Barrier 4: Training Mindset** – Focusing on input has limited value, unlike output, such as performance. There are a couple of simple techniques that can be employed to go beyond the mindset of “training” and think “performance” instead.

**Barrier 5: Manager Engagement** – Research shows that front line / direct impact managers are the most important factors in improving employee performance. Managers who focus on the development of direct reports can do generally more than any training course or intervention can. Engaging managers to focus on and involve themselves in the activities that are critical in the achievement of game-changing performance improvement is crucial to prevent this barrier.
BREAKING THE BOTTLENECKS

Value-stream mapping helps lean service industries eliminate waste.
Talk to EACH level of your staff without retribution
  - Don’t take things personal. The LAW OF DOUBLE ARROWS is real. Chew the meat and spit out the bone.

All in leadership may not be ready for leadership
  - Unaware leaders make unaware & frustrated staff

Know your sphere of influence & start there
  - Start with what you can influence. Demonstrate how things were BEFORE & AFTER you worked with your teams.

Don’t be afraid of people smarter then you – use them!

A good leader surrounds himself with smart, diligent, capable people. There are Eagles in every sparrow cage.
KNOW WHEN TO BE A SUPERVISOR, TRAINER OR COACH

Trainer
- Here is the information you will need to be successful in this task/role.

Coach
- I am going to walk with you until you are able to demonstrate success in this task. I am going to provide positive inquiry along the way and appropriate critiques to help keep you on the right path.

Supervisor
- I understand that this may not be a training/coaching issue. As a leader I may have to explore this area to determine what other choices we may have to ensure the standard quality of work set is met.
## KNOW THE STRENGTHS / CHALLENGES OF YOUR TEAM

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<thead>
<tr>
<th>Strengths</th>
<th>Challenges</th>
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<tbody>
<tr>
<td>All Star / Overachiever</td>
<td>Gatekeepers</td>
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<td>Helpy Helperton</td>
<td>Nay-Sayers</td>
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<td>Research Analysts</td>
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<td>Naturally Awesome</td>
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<td>Undiscovered Awesome</td>
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WHAT ARE THE GOALS OF TRAINING & DEVELOPING STAFF?

The Minimum Standard
- (All Staff especially Leadership)
- Know the Standard
- Compliance to the minimum standard
- Competent to apply that standard

Exceeding the Standard
- Proficiency
- Sustaining Proficiency
- EXCEL –lence (A moving ever improving, increasing standard)
BUILD THE STANDARD AROUND THE RUBRICS

Joint Commission / CARF (Accreditation Bodies)
APS
DBHDD
Insurance Companies
Centers for Medicaid/Medicare Services
Licensing
DOJ
Americas with Disabilities Act
SET SPECIFIC EXPECTATIONS AROUND THE RUBRICS

Documentation example:
He did good today
Client did great
He had no behaviors

Identify & Set a specific expectation!

**WHAT** did **WHO** do today that was “well” and **HOW** was it “well”? **WHAT** did “well” look like and how many times or for how long did he do “well”? Did whomever say he was doing well?

**What** did **YOU** do to reinforce “well” and why are you using the words great & well when they are subjective?

Since he had “no behaviors” was he alive? If he was alive then he had some kind of behavior.
TRAINING PROCESS

- Policy
  - Governs the entire process

- Process
  - General expectations

- Procedure
  - Steps to meet the general expectation.

- Training
  - Specific training on the ID procedure and why it's needed

- Performance Management
  - Leadership reinforcement = Good
  - Remediate = needs improvement

- Coaching
  - Review areas of improvement and monitor – This could be a systemic, Leadership, performance etc. problem.

- Remediation
  - Outline specific attainable areas of improvement, action steps, barriers and issues.

- Performance Management
  - Leadership takes responsibility for staff who are unable to complete the goal.
PROPOSED PROCESS

- Process
- Process Review
- Training on Process
- Performance Management
- Coaching
- Remediation
- Performance Management
- Action Steps
MEASURE YOUR SUCCESS IN ATTAINABLE BITES

Include room for growth and challenges. Set the bar broader in the beginning and slowing raise it so that all can see improvements.

Don’t eat the WHOLE elephant at once. Start with small pieces that make up the whole. I.e., treatment planning, documentation, behavior tracking & progress notes)

Measure the staff’s skill /technical performance when training and coaching hard skills. I.e., did staff re-write the progress note to include the new standards you included in slide 12?

Measure individualized growth when COACHING in soft skills. Give small achievable tasks each week.

Reinforce staff through weekly / monthly meetings. Let them lead and ask questions about diagnosis, medications, treatment, why are things the way they are? AND TRY NOT TO GET WEIRD about it.

Learn when you must be a “performance manager - supervisor” a “Trainer” or a “Coach”