



# 5 Steps to Maximize Training Effectiveness

Align your training with your strategic plan

by Louise S. Dunn and Joel Gendelman, Ed.D.

*This is the third in a three-part series on training tactics. Read the previous installments online at [aahanet.org/trends](http://aahanet.org/trends).*

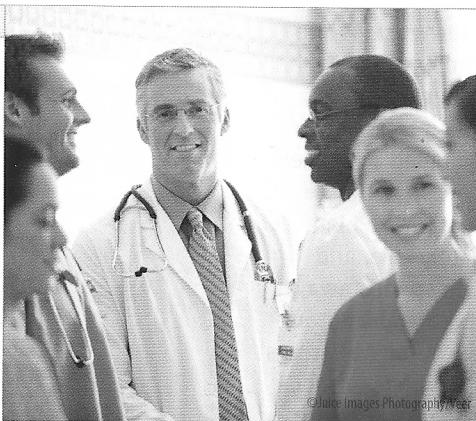
Owners and managers of successful businesses know that they must be working on their business as well as in their business. As you work on your business, one of the first steps is to develop a strategic plan. The next step is to get your team on board. Training is a valuable tool to help you accomplish that.

Training is good, but more training is not necessarily better. For training to be effective, it must be directly aligned with your practice's strategic plan. This alignment ensures that you are creating sustainable strategic processes, as well as enhancing your profitability.

"Proper training is a critical part of our business plan as it allows us to effectively implement changes in policies and protocols and to incorporate new equipment and products into our hospital," says Stuart Dalton, DVM, owner of White Bear Animal Hospital in White Bear Lake, Minn. "Appropriate training results in an informed, empowered team that keeps our clients coming back and telling their family and friends about us."

Once the strategic plan takes shape, you need to ask yourself "How can training, tools and information enable my practice to achieve the Key Practice Indicators (KPIs) identified in my plan?"

Let's say your strategic plan involves the purchase of a new piece of equipment.



Who in the practice needs to be trained and what do they need to be trained to do? Technicians will need training in the use of the new machine and Client Service Representatives (CSRs) will need to be able to market the services provided by the new machine to clients. Other office personnel require training on how to track the income generated by the new equipment.

## Take time to plan

Since a well-trained team is your greatest asset, you will want to spend some time analyzing your talent, their skills and their needs. Then structure their training for optimal outcomes.

We all know that payroll is a practice's biggest expense. Why waste payroll dollars on pointless or haphazard training? Take the time to correlate the skills, knowledge and abilities needed by your team to accomplish your strategic plan. Then monitor the progress of their training and how their increased level of performance is affecting your KPIs.

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Two points of caution before you proceed further:

- **Training cannot always fix people or processes.** While an effective training program is a primary tool for strategic success, other methods such as enhanced procedures, staff changes and more effective management may be necessary to produce the desired outcomes of your strategic plan. Third-party suppliers may offer you training at no cost or at a low cost. While implementing training offered by outside suppliers may be in your hospital's best interest, their offerings may be aligned with their marketing goals, but may not be aligned with your strategic plan. Nothing is completely free, and time that your team spends away from their job is taking away from production. Select training offerings from third-party providers wisely.
- **Staff training must be methodical,** well thought through and have a clear objective.

Follow the five steps below to ensure that your strategic plan benefits from time spent training team members.

1. Take the time to carefully determine what your people need to perform the processes necessary for implementing a successful strategic plan. Determine the KPIs you are going to use to monitor the success of the plan.
2. Select the assets that you currently use to support team members' performance on the job. These include procedure manuals, Standard Operating Procedures (SOPs), and the myriad other materials and resources that your practice has developed or has received from third parties.
3. Begin thinking about the tools that you need to support each process. Compare these tools with the assets you identified in Step 2 to determine the additional

tools, resources or management changes you will need to purchase or implement.

4. Consider the cost of acquiring these tools. Training development and implementation comes at a price. You do not want to be wasting time, resources or profits—either from unnecessary activities or from neglected necessities.

5. Set aside time to note the return you have realized on your investment.

**How it works**

Let us look at a couple of examples of the alignment of KPIs with training and other hospital resources.

**Example 1:** Moving telephone tasks to an outside service  
Strategic plan:

**Example 1**

KPIs	<ul style="list-style-type: none"> <li>• Full schedule of appointments</li> <li>• High percentage of client compliance with clinician recommendations</li> <li>• All telephone calls for progress exams completed</li> <li>• High percentage of telephone shoppers converted to clients</li> <li>• Number of incoming and outgoing calls performed</li> <li>• Percentage of expenses spent on labor</li> </ul>
Personnel	<ul style="list-style-type: none"> <li>• Current personnel who wish to work from home</li> <li>• New hires who will work from home</li> </ul>
Processes	<ul style="list-style-type: none"> <li>• Confirm upcoming appointments</li> <li>• Recall to check on patient status</li> <li>• Compliance calls for past due reminders</li> </ul>
Resources (e.g., equipment, documentation, job aids)	<ul style="list-style-type: none"> <li>• Computers at off-site (home) locations</li> <li>• Secure log-in and link to practice's software</li> <li>• Documentation of tasks completed and the time involved</li> </ul>
Training and other job tools	<ul style="list-style-type: none"> <li>• How to access the Practice Management Software System (PMIS) from off-site locations</li> <li>• Telephone procedures for confirmation, recalls, and compliance calls</li> <li>• Client service techniques when calling from off-site</li> <li>• Method for documenting calls</li> </ul>
Expense (Labor and Materials)	<ul style="list-style-type: none"> <li>• Equipment to provide to off-site location (e.g., security programs, internet service, etc.)</li> <li>• Training hours for current personnel</li> <li>• Training hours for new hires</li> <li>• Procedure manual</li> <li>• Documentation resources</li> </ul>
<b>Return on Investment</b>	

- To address labor costs and explore an off-site telephone service as a way to efficiently schedule personnel, while continuing to enhance client contact.

Key Issues:

- Create KPIs to monitor the success of the new service
- Establish procedures to address client requests
- Ensure professional and quality telephone etiquette
- Confirm that telephone projects are successfully completed

**Example 2:** Performing Fine Needle Aspirates (FNAs) more regularly  
Strategic Plan:

- To improve patient care regarding lumps identified on patients during routine examination by performing Fine Needle Aspirates (FNA) more regularly.

Key Issues:

- Identifying medical situations requiring FNA
- Communicating the value of a FNA to clients

**Example 2**

KPIs	<ul style="list-style-type: none"> <li>• Increase in the number of FNAs performed</li> <li>• High level of compliance for recommendations</li> <li>• Medical standards met in a consistent and timely manner</li> <li>• FNA procedure correctly coded</li> </ul>
Personnel	<ul style="list-style-type: none"> <li>• All technicians</li> </ul>
Processes	<ul style="list-style-type: none"> <li>• FNA technique</li> </ul>
Resources (e.g., equipment, documentation, job aids)	<ul style="list-style-type: none"> <li>• Equipment to perform FNA</li> <li>• SOPs</li> </ul>
Training and other job tools	<ul style="list-style-type: none"> <li>• Communicating the value of conducting an FNA to clients</li> <li>• Performing FNA procedure</li> </ul>
Expense (Labor and Materials)	<ul style="list-style-type: none"> <li>• Cost of marketing materials</li> <li>• Labor expense for time in training</li> <li>• Lab materials</li> </ul>
<b>Return on Investment</b>	

- Personnel trained to perform FNA
- By following the five-step process identified in this article, you are now in a better position to develop and plan your staff training. Your strategic plan and training are aligned. KPIs are relevant, and the trainers have clear objectives.

The practice even has a simple method for presenting information to the team and showing their progress using open book management techniques because there are KPIs, resources and expenses for this endeavor. Does this scenario demonstrate a change from your current training methods? ■

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**RILEXINE<sup>®</sup>**  
(cephalexin) Chewable Tablets for Dogs

Antimicrobial for Oral Use in Dogs only

**CAUTION:** Federal (USA) law restricts this drug to use by or on the order of a licensed veterinarian.

**BRIEF SUMMARY:** Please consult package insert for complete product information.

**INDICATION:** For the treatment of secondary superficial bacterial pyoderma in dogs caused by susceptible strains of *Staphylococcus pseudintermedius*.

**CONTRAINDICATIONS:** RILEXINE Chewable Tablets are contraindicated in dogs with a known allergy to cephalexin or to the β-lactam (any of the penicillins or cephalosporins) group of antibiotics.

**WARNINGS:** For use in dogs only. Not for use in humans. Keep this drug out of the reach of children. Antimicrobials, including penicillins and cephalosporins, can cause allergic reactions in sensitized individuals. Sensitized individuals handling such antimicrobials, including cephalexin, should avoid contact of the product with the skin and mucous membranes in order to minimize the risk of allergic reactions.

**PRECAUTIONS:** Prescribing antibacterial drugs in the absence of a proven or strongly suspected bacterial infection is unlikely to provide benefit to treated animals and may increase the risk of the development of drug-resistant animal pathogens.

The safe use of RILEXINE Chewable Tablets in dogs intended for breeding and in pregnant or lactating bitches has not been evaluated.

Positive direct Coombs' test results and false positive reactions for glucose in the urine have been reported during treatment with some cephalosporin antimicrobials. Cephalosporin antimicrobials may also cause falsely elevated urine protein determinations. Some antimicrobials, including cephalosporins, can cause lowered albumin values due to interference with certain testing methods.

Occasionally, cephalosporins have been associated with myelotoxicity, thereby creating a toxic neutropenia. Other hematological reactions observed with cephalosporin therapy include neutropenia, anemia, hypoprothrombinemia, thrombocytopenia, prolonged prothrombin time (PT) and partial thromboplastin time (PTT), platelet dysfunction, and transient increases in serum aminotransferases.

**ADVERSE REACTIONS:** The most common adverse reactions in dogs include diarrhea, vomiting, anorexia and lethargy. To report suspected adverse reactions call Virbac at 1-800-338-3659.

**ANIMAL SAFETY:** RILEXINE Chewable Tablets were administered orally three times a day to 12-week-old healthy Beagles at 0 mg/kg (placebo), 22 mg/kg (1X), 66 mg/kg (3X), and 110 mg/kg (5X) for 12 weeks, and at 22 mg/kg twice a day for 12 weeks. The most common clinical findings included epiphora, salivation, vomiting and diarrhea among all the dose groups. Three dogs had decreased activity (1 in each from the 22 mg/kg twice a day, 22 mg/kg three times a day, and the 66 mg/kg three times a day groups). These observations were mild and sporadic.

There were increases in alanine aminotransferase (ALT) in the 110 mg/kg three times a day group and in the 22 mg/kg twice a day group that increased in a dose-dependent pattern. There was an increase in sorbitol dehydrogenase (SDH) in the 110 mg/kg three times a day group compared to the controls. These changes were minimal and the values remained within expected historical control ranges. There were several decreases in total protein (in the 110 mg/kg three times a day group) and/or globulin (in the 22, 66, and 110 mg/kg three times a day groups) compared to the controls. These changes resulted in occasional increases in albumin/globulin ratios. Although a drug effect cannot be ruled-out, these changes were not clinically relevant.

A mild prolongation in prothrombin time (PT) was observed in the 22 mg/kg three times a day group. This was not considered clinically relevant due to the small change that remained within the reference ranges.

One dog in the 110 mg/kg three times a day group had moderate amounts of bilirubinuria at the Week 8 and Week 12 samplings. No clinical significance was noted.

Cephalexin was not present in any Day 1 samples prior to dosing or in any control animals. After dosing, cephalexin was well absorbed into systemic circulation of the treated dogs. Within gender and dosage level, Week 8 mean trough concentrations were generally higher than the Week 4 and 12 mean trough concentrations (between a 0.9 and 3.6-fold difference). The geometric mean plasma cephalexin trough concentration following three times daily administration of the 110 mg/kg dose was 11.2 µg/mL compared to 2.6 µg/mL and 8.7 µg/mL following 22 mg/kg and 66 mg/kg, respectively at Week 12. Geometric mean plasma cephalexin trough concentrations following administration of 22 mg/kg twice daily were 0.7, 1.3, and 1.0 µg/mL at Weeks 4, 8, and 12, respectively.

**STORAGE INFORMATION:** Store at 20°C-25°C (68°F-77°F), with excursions permitted between 15°C-30°C (59°F-86°F).

**HOW SUPPLIED:** RILEXINE (cephalexin) Chewable Tablets are supplied in 75 mg, 150 mg, 300 mg, and 600 mg tablets packaged in bottles of 100 and 500 tablets or boxes of 28 blister-packs, 7 tablets per blister pack.

NADA 141-326, Approved by FDA.

Distributed by: Virbac Animal Health, Inc. Fort Worth, TX 76137 USA

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