

Training and Development at Renaissance Hospital

An assignment on the application of theories related to learning, training and evaluation

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Introduction

With every passing year, businesses feel a more pressing need to adapt to changes in time. Today, an organisation's sustainability and competitive edge greatly depends on how fast it responds to the ever-changing business environment. Part of this responsiveness is to train and develop its human resource in order to meet the market needs and fulfill the technological and legal requirements existing in the industry. Thus the importance of training and development cannot be over stressed in today's business context.

Human Resource development produces an improved level of knowledge, skills and overall competency in an organisation. This in turn improves the quality of output with less wastage of time and resources. Apart from being more efficient at work, a trained workforce is more likely to be compliant and ethical. In addition, conflicts at all levels become more manageable as team working, communication and coordination increases. Overall, the organisation enjoys an increased level of productivity and innovation from its employees due to training and development.

At an individual level, training increases the employability of the trainee and his or her prospects of promotion. This can be used by the management to motivate its people and attract talented individuals to the organisation. As such, human resource development is among the key tools in integrating the strategic objectives of the organisation with that of its employees.

This report will look into the following core issues related to the subject of Human Resource Development:

- Contribution of Learning Styles and Theories When Planning and Designing A Learning Event
- Planning and Designing Training and Development
- Evaluation of a Training Event

These topics will be discussed in the context of my training experience at Renaissance Hospital and Research Institute Limited, Dhaka.

Renaissance and my training experience

Renaissance Hospital and Research Institute Limited was established as a private clinic during the early 1990s. It was initially located at Abbas Garden, Mohakhali and was later moved to Dhanmondi Road 4/A in the year 2001. Currently, the hospital employs about 100 people.

In most of its services, Renaissance pursues a cost differentiation strategy, targeting the low and med-tier income segment of the market. It specializes in ICU, NICU, Oncology and Nephrology. Apart from the specialized departments, it has a capacity of 40 cabins along with separate male and female wards, each holding about 10 beds. It also has in house pathology, X-Ray, ECG and other diagnosis/test facilities.

Please refer to Appendix A: for a summarised organogram of Renaissance (effective at august 2012)

The Management Information Systems Department (MISD) plays a crucial supporting role for all the other departments of the hospital. Its work includes providing information to customers and is linked with most of the internal departments such as the reception, marketing department, (medical) department heads, consultants, accounts as well as the top management. As such, building the capacity of the MISD staff and those linked with the department is of utmost importance to Renaissance.

Being involved in developing the Renaissance MISD, I was given the responsibility of training. Moreover, I had to design and conduct a elaborate training programme for staff from different departments. The programme which ran for about two months covered the following subjects:

- Managing information
- IT skills
- Interpersonal skills
- Filing information
- Time and stress management

The needs analysis, designing and budgeting for the training programme was carried out during the month of June 2012. The actual implementation and evaluation of the training took place in August and September 2012.



Contribution of Learning Styles and Theories When Planning and Designing A Learning Event

There are a number of well known theories with regards to the method and the stages in which learning takes place and the different styles preferred by learners. The following is a list of some of these theories

- *Behaviorist approach*
- *Cognitive approach*
- *Social learning approach*
- *The 4stages of learning*
- *The learning cycle*
- *The learning curve*
- *Learning Styles*

This section will look into how these theories aided (or could have aided) the planning and designing of the training programme at Renaissance:

Behaviorist approach

This approach states that that our behavior is shaped by our past experiences. While designing the RENAISSANCE training, it was planned that good class-participation by the trainees will be verbally appreciated and that the highest scorers of each test will be announced and allowed to participate in further advanced training sessions. According to the behaviorist approach, such consistent positive feedback on desired behaviour conditions the trainees to respond positively in the future.

According to this approach, consistency in feedback is the key in reinforcing an experience such that it shapes future behaviour. Inconsistent feedback, such as encouraging questions in one session while discouraging it in another, will confuse the learners and not reinforce a particular pattern of behaviour.

Cognitive approach

This approach, also known as the information processing approach, states that an individual processes an experience (or feedback to an action) and then evaluates the behaviour or action in light of his/her goals. Basically, this theory suggests that despite experiencing the same response for a particular action, individuals would have varying levels of motivation to change his/her behaviour depending on their objectives.

For example, it was planned that the best performer in the MIS training would be offered free IT courses at Daffodil Insitute of IT (DIIT). However such a reward may not motivate the trainee who has chosen the data entry job only as a short term source of finance but is not essentially interested in IT or MIS.

Social learning approach

According to this approach, we tend to imitate the one we admire and reform our behaviour based on their responses. This suggests that in order to influence the behaviour (and ultimately the performance) of the trainees, it is essential to set good role models from people they look up to.

During the RENAISSANCE training, it would have been very useful to focus more attention on the influential, 'likable' and 'respected' individuals who would later on encourage positive performance among others. This would have been more cost and time effective as learners, especially adults, often prefer learning from their peers rather than from a superior.

The 4stages of learning:

This theory states that a learner goes through a number of stages before achieving complete competence in a particular skill. These stages are:

- (i) Unconscious incompetence: At this stage, the learner is unaware of exactly how much he/she has to learn in order to fill the gap in knowledge.
- (ii) Conscious incompetence: Here, the learner is able to conduct a gap analysis with regards to his/her skills and the required level of competency for the job in question.
- (iii) Conscious competence: A learner at this stage is able to work correctly but has to constantly remind him/herself about the steps and procedures and as such, lacks fluency and speed.



- (iv) **Unconscious competence:** This is where the learner adds fluency and speed to his/her already attained accuracy. With more and more practice, the competence becomes almost habitual and does not require much thinking.

The RENAISSANCE MIS training was designed to make the sessions well graded and the application of the *learning stages* was clearly visible. Initially, the content was intentionally kept simple while the sessions in the later stage were complex aimed at bringing about fluency.

At the initial stage (of 'unconscious incompetence'), trainees were given an overview of the entire information flow of RENAISSANCE. Trainees were encouraged to identify problems and suggest solutions. This was particularly useful as their mistakes or unrealistic suggestions neatly led to discussions which made the overall picture clearer. The 'general to specific' design of the training makes the individual roles more meaningful to the trainees. Moreover, this allowed a smooth transition from the '*Unconscious incompetence*' stage to the '*Conscious incompetence*' stage where trainees could identify which skills are required to run the MIS department smoothly.

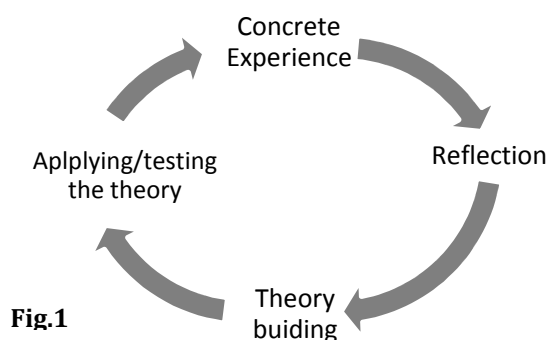
This was followed by training on the specific skills discussed under the section, 'An action plan and implementation of the actual programme' on pages 15-19.

Primarily, the skills-training only resulted in the trainees developing 'conscious competence'. However, it was the simulation and problem-solving activities, which allowed the trainees to attain 'unconscious competence'.

Reflecting on the training-programme, it seems that a learner's progression from conscious to unconscious competence can be greatly facilitated by increasing the trainee's exposure and practice of each individual skill learnt. Moreover, with the training advancing, the practice activities should incorporate the latest skill as well the ones learnt earlier.

The learning cycle:

David Kolb (1984) suggested the experiential learning cycle (Fig.1) where concrete experiences lead to reflection followed by generalisations (i.e. theory formation) and then application and testing of the theories. The application again leads to a concrete experience which is then followed by the same cycle. The cycle has been illustrated in the figure below:



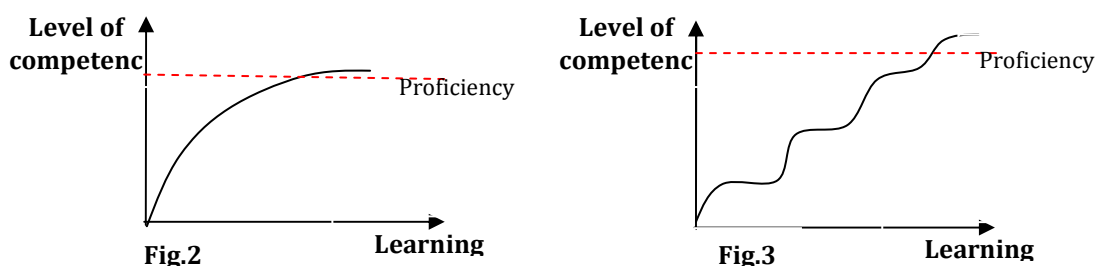
The training sessions at RENAISSANCE involved a series of learner centred activities at each stage allowing the time for experience based reflection and abstract-theory building. These theories which were applied for more experience. This has resulted in the learners modifying their concepts after using them practically.

The training and learning might have been more fruitful had the learning cycle been utilised more while designing the learner tasks. For example, reflective and theory building activities could have been included by asking trainees to write generalised rules and mind maps at the end of each practical activities, which would be modified after each activity on that particular skill. Towards the end of the training programme, the trainees could have been asked to finalise and submit their conclusions. This on-going cycle of applying, reflecting, writing and testing process would surely have ensured better learning.



The learning curve:

The learning curve shows the rate of learning and suggests that learning takes place at a faster rate initially and slows down as the learner approaches proficiency. As suggested by Riley, P. (2011), the learning curve for a particular skill is like Fig 2. while the curve for a set of skills would look like Fig.3 :

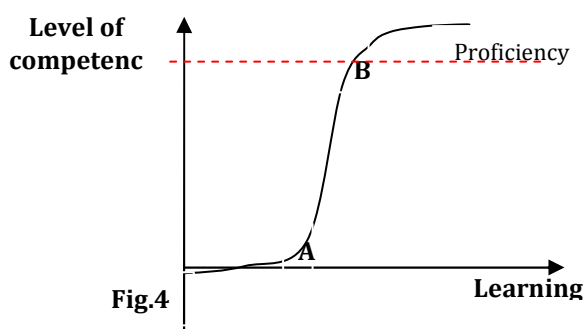


Source: Riley, P. (2011) Human Resource Development and Employee Relations, p.7

The curve(s) suggest that the easier learning points are learnt faster initially while mastering the more complex points is more time consuming. However, from my experience of teaching and training at RENAISSANCE and elsewhere, I feel that the curve does not necessarily rise steeply towards the beginning. In my opinion, the beginning of the curve should be flat as during this time, the learner is faced with the vagueness of the entire topic. It is only after grasping the topic (i.e. understanding what the training is about), that the learner starts progressing rapidly.

Also, I feel learning does not necessarily keep on slowing down as the learner approaches proficiency. Rather, even at the advanced stages, when few new topics are being learnt, learning might be taking place at a great rate. This is because as the learnt concepts are being applied and tested (through activities and exercises), it leads to an experience followed by reflection and theory building. These continuous learning cycles are instrumental in transferring the learner from 'conscious' to 'unconscious' competency.

So in my opinion, the curve should look more like Fig.4 where the point 'A' denotes the beginning of the stage of 'conscious incompetence' and 'B' denotes the beginning of 'unconscious competence' (i.e. the end of conscious competence).



Between A and B, the learner goes through several learning cycles which continuously leads the learner towards proficiency.

As explained earlier, the introductory stage of the RENAISSANCE included an overview of the entire Information Systems of the hospital. It covered the links between different sources of information and the different tasks carried out inside and out of the MIS department. This holistic view allowed the trainees to understand the details better and connect it with the wider picture. Thus, the hurdle of the initial vagueness was overcome quickly aiding a steady progress between from A to B.

Learning styles:

This refers to the different styles of learning which suit particular learners. As mentioned by Thornbury and Watkins (2007) in the CELTA Course book, learning styles can be described in many ways. One of these ways is the studual-experiential and passive-active matrix shown in Fig.5 :

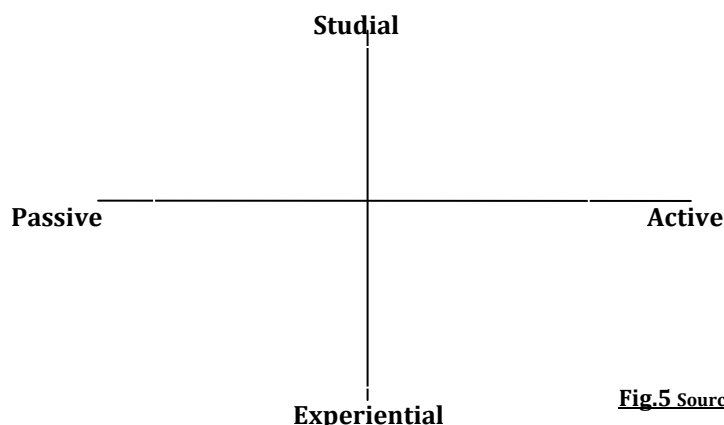


Fig.5 Source: Thornbury and Watkins (2007). *The CELTA*

The x-axis describes the amount of participation from the learner. An active learner is self-directed and independent unlike the passive learner who is more dependent on the teacher or trainer.

The y-axis shows the type of activities a learner prefers. Studial refers to the learner who prefers theoretical and formal study while experiential learners prefer learning through working and experience.

This matrix could be very helpful in planning a training programme as knowing the learning style of each trainee allows planning the sessions in a way that would ensure optimum learning for all. For example, during the training sessions at Renaissance, activities were designed to suit for all learning styles. There were theoretical lectures preferred by the studial trainees followed by practical activities suitable for the experiential ones. During the lectures and activities, the passive learners are always grouped with the active ones so that each group is rightly balanced. Often, the active learners act as assistants for the trainer in helping the passive learners. During activities, the active ones would usually volunteer to demonstrate which made it easier for the passive learners to follow.

Another way of describing learning styles is by categorising learners as **activists**, **reflectors**, **theorists** and **pragmatists** (Honey and Mumford (1992), cited by Riley, P. (2011)). Similarly, using Kolb's learning styles inventory, a learner can be described as the '**Converger**', the '**Diverger**', the '**Assimilator**' and the '**Accommodator**'.

The following is a brief explanation of these concepts and how they relate to the Renaissance training programme:

Activists and **accommodators** are similar to the active-experiential learners in the matrix above. They prefer learning by doing and love to jump into activities and lead them.

On the other hand, **Reflectors** prefer to study, observe and reflect on implications thoroughly before acting. Reflectors are similar to Kolb's description of the '**Converger**' who prefers applying abstract ideas and theories, testing their workability and implications. Reflectors would also include the 'Diverger' and 'Assimilator' of Kolb. The **diverger** analyses specific experiences in different ways, considering varied contexts while the **assimilator** narrows down broad analyses into theories and concepts.

This makes the **Theorists** similar to the 'assimilator' in that they prefer forming and following models and rules and work in an environment of certainty. They prefer going by the book and expect results to be according to theories.

Pragmatists, as the term suggests are concerned with practicality and as such, they are similar to reflectors and convergers and also prefer testing and experimenting theories in a practical context. However, they are more impatient than reflectors in trying out new ideas.



The following diagram (Fig.6) shows which part of the learning cycle is most preferred by each of these learners (i.e. the accommodator, the diverger, the converger and the assimilator)

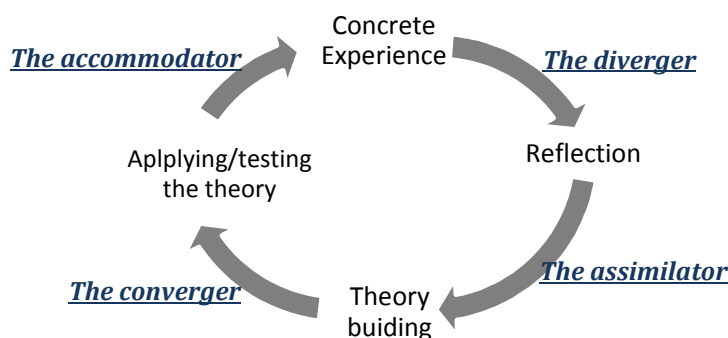


Fig.6

As mentioned earlier while discussing the learning style matrix, the Renaissance training was designed in a way to incorporate all the different learning styles.

For example, there were problem solving activities involving competition between two or more groups. These are ideal activities for the activists where they lead and take centre stage.

Discussions on designs and statistics engaged the theorists learners during the training. For example, presentations in the introductory stage which gave an overview of the information flow were beneficial for all, but particularly useful for the theorists. Real life examples and stories which were discussed during the customer handling training must have also been stimulating for the theorists, as can be understood from different texts on the learning style.

As for the reflectors, there were sessions which were more trainer centred and involved lengthy discussions as well as practical demonstrations. These were mostly in the sessions covering Microsoft Excel and the Hospital Management Software used by Renaissance. The reflectors also benefited from peer observation sessions where trainees observed fellow trainees as they prepared bills, served customers and prepared statements.

The use of demonstrations also benefitted the pragmatists who are keen to see the connection between theories and practice. These learners particularly enjoyed practicing newly learnt skills learnt such as preparing software generated bills and statements and trouble-shooting basic Windows and networking problems.

Despite the success of the training, there is much to work on with regarding to planning in the light of learning styles. For instance, while many of the sessions were suitable for particular learning styles, others might not have been comfortable. An example of this were the trainer centred lectures and presentations where learners had more of a passive role. These sessions can demotivate the activists as they, by nature, they prefer **kinaesthetic** learning as opposed to **visual** or **auditory** learning.¹

To accommodate them during such sessions, they could have been set to work independently on a task.

Moreover, reflectors are not extroverts by nature and might prefer taking a sideline during group activities such as role plays. This problem could be overcome in future training sessions by planning tasks in a way such that everyone participates in their preferred way of learning.

The training on handling problematic customers could be done using a simulation where activists get into the work right away, without prior lectures, while others observe. Next, the good and bad sides of their performance could be elicited from the reflectors. The theorists could be encouraged to come up with the causes followed by the trainer making adjustments to their contributions and summing up the concept. Next, there could be a second round of the simulation but this time, the role play could be in groups with members of varied learning styles. In this way, each group member participates in the activity in the way which suits his/her learning most.

¹ Spratt,M.,Pulverness,A. and Williams,M. (2005) The TKT Course, Cambridge university Press.

Final words regarding the contribution of learning styles and theories in the planning and designing of the event:

To conclude this section, it could be said the theoretical aspects of learning can make a significant contribution in planning an effective training. This knowledge can clearly be a strength for the trainer in that (s)he can design an effective event with very engaging sessions through simple and economical means. A trainer lacking the depth of knowledge with regards to learning might have all the latest teaching resources available and yet prove to be ineffective in motivating the learners to learn enough.

It might however be argued that such in depth discussions of how learning take place is of little relevance when all that is needed is for the trainees to acquire the skills. However, from my experience of learning and teaching, I have seen that a good trainer or teacher can almost play a miracle in the learning process. This is because (s)he abides by the best practice and the theoretical guidelines either consciously or subconsciously.

Limitations of such theories could be that they ask for thorough learning profiling before designing the training. This could be impractical considering that many training events, like the one conducted in Renaissance, requires quick transfer of knowledge to the workplace. Besides, trainers who are often experts in the skills taught might not be well informed about teaching learning theories. It can often be difficult to find a trainer who is qualified both in the subject of training as well as in teaching/training skills.



Planning and Designing the Training and Development

Renaissance's business strategy involves pursuing a cost differentiation strategy in order to penetrate and grow in the low and mid-income segments. It is also essential for the hospital to be profitable to its shareholders, increase the pay-scale of its employees and offer competitive rates to its affiliated consultants. This implies maximising revenue by increasing the sales volume while keeping a low profit margin.

This business strategy influences the financial decisions, the marketing strategies, affiliation with doctors, the human resource management, the organisational structure and culture and in fact every other aspect of the business.

What is most relevant to this report is that this strategy also directs and shapes the training needs of the staff, the design of the training and the means and media chosen. The following are a few examples:

- The information recording systems are designed to provide closer control and ultimately impacts the MIS design and training needs.
- For hospitals which target the high income segment, such as Apollo and United, premium customer services, similar to that in 5 star hotels, might be desirable. However, in Renaissance's case, the majority of the patients come from a lower educational background. Therefore, the aspects of customer service which are more important are patience in dealing with trouble makers and making communications clear and simple.
- Moreover, in order to cut costs, Renaissance cannot afford to hire highly qualified staff at entry levels. This means the skills and training required from the managers and supervisors will be slightly different from those of the leading hospitals. The management and leadership style in Renaissance involves more control in order to manage performance.

This section will look at the planning phase off the training taking place June 2012. During this time, a needs-analysis was conducted throughout the hospital, aimed at improving the organisations information processing system and overall performance.

The discussion on the needs-analysis will be followed by the plan for implementing the training (which was also made during June 2012).

The needs analysis and the planning form part of the systematic approach to training and development.

Introduction to the systematic approach to training and development:

According to Riley,P (2011), a systematic approach to training and development essentially involves the following four stages in sequence :

- (i) Identifying the training needs
- (ii) Designing the training programme and choosing suitable means and methods to implement the programme
- (iii) Implementation of the programme
- (iv) Evaluating the programme

The first of these two stages are related to planning, which starts with carrying out a thorough needs analysis. In case of the Renaissance MIS training, this was done using the feedback from the staff of different departments and that of the managers. Their suggestions were put in the light of the hospital's short term and long term objectives to come up with a comprehensive list training needs.



The training needs for staff at different levels in Renaissance:

According to the organogram of Renaissance (presented in Appendix A), the staff can be categorised into three broad categories - the top management, the medical wing and the non-medical wing. The top management includes the CEO and the executive director. Under them, the medical and non-medical staff organised as follows:

Levels under the medical wing:

- Chief medical coordinator
- In house Doctors
- Matron
- Asst. Matron
- Nurse in charge (General)
- Nurse in charge (ICU)
- Specialised Nurses
- General Support Nurses
- Diagnosis

Under the non-medical wing, the top-most layer includes the **Managers, Department heads, Team-leaders** and **Senior Staff** with the staff of the respective departments are organised under them in further layers. This can be seen in the following diagram, extracted from the full organogram in Appendix A.

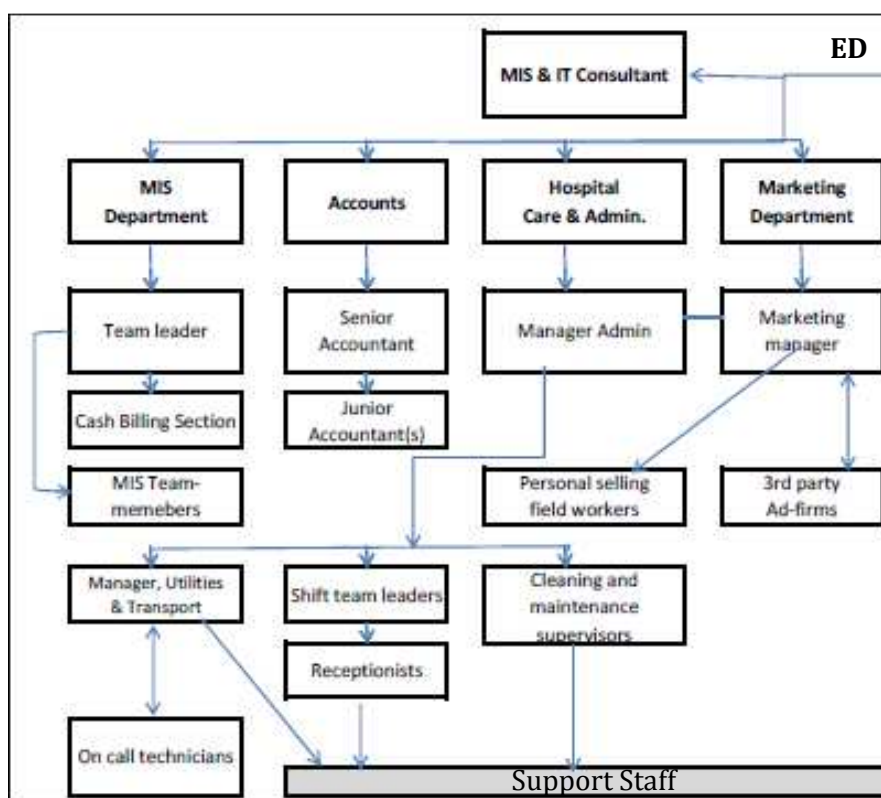


Fig.7 Extract of the organogram from Appendix A showing the non-medical

The training needs of the staff at different levels:

The broad categories of training needs for Renaissance are as follows:

1. Management Skills
2. IT skills
3. Communication skills
4. Job-specific skills
5. Personal Development

Each of these training subjects may include a number of skills to be taught. Training on these skills may vary in its importance depending on the department, the level of the staff and the specific job roles as has been explained below.



1. Management Skills:

Training on these is essential for the top management (i.e. the CEO himself and the Executive Director) and also appropriate for the Managers, Department heads, Team-leaders and Senior Staff. Management skills may include the following.

- | | |
|---|------------------------------------|
| i. <u>Effective leadership</u> | vii. <u>Coaching and mentoring</u> |
| ii. <u>Leadership and motivation</u> | viii. <u>Managing diversity</u> |
| iii. <u>Effective leadership</u> | ix. <u>Managing performance</u> |
| iv. <u>Managing Finance & Budgets</u> | x. <u>Managing conflicts</u> |
| v. <u>Interviewing skills</u> | xi. <u>Marketing</u> |
| vi. <u>Negotiation skills</u> | xii. <u>Managing information</u> |

2. IT skills

These skills are essential for the MIS and Accounts departments as well as the managerial level. Under the medical wing, these are essential for all except the general support nurses.

Training on basic IT skills can be useful even in the case of staff who do not essentially need to learn them. Such capacity building can allow the hospital to plan its systems more efficiently and move towards computerising the entire information flow.

The most basic training in IT should at least include:

- Overview of Windows
- Overview of hardware
- Printer maintenance and usage
- Basic network trouble shooting
- Basics of regular and OCR Scanning
- Basics of internet and emails
- MS Word: (text editing, formatting, styles, using objects, hyperlink & printing)
- MS Excel : (basic data entry & printing, charts and analytical functions, sort, filter, printing tips & macros)

3. Communication and interpersonal skills

Having good communications skills is indispensable for staff, especially in white-collar jobs. Building staff capacity in communications skills not makes the staff better suited to deal with customers, also increases productivity through better intra and interdepartmental communications.

The 'Communications skills' training for the managers should cover the following:

- Meeting skills
- Presentations
- Dealing with complaints
- Negotiation skills

In addition, the following would be useful for all the staff

- Phone conversations
- General interpersonal skills
- Face to face Customer handling

4. Personal Development (PD) Skills

These skills can be useful for all the staff, both in their self development and also in their specific jobs, and can turn the workforce into a very productive one. Among the many PD skills, the following skills can be particularly helpful:

Time and stress management: Often, poor performance is a result of poor time management. This creates stress which can further affect the employee's management of time and other important issues. Thus, time and stress management could be two of the most important PD skills, especially for existing and potential managers. Nurses, especially nurse in charges, also perform very demanding jobs and require efficiency in these two skills.

Decision making, problem solving and creativity skills: A systematic approach to decision-making and problem solving can not only help managers but also make individuals more efficient in handling their tasks. This is more so when the tasks are complex and involves many choices.



Creativity skills: Creativity is to think out of the box. Thus, it is very relevant with regards to problem solving, planning and managing in business contexts. Tina Seelig (2012) mentioned in her book *inGenius* that creativity depends on internal factors such as knowledge, imagination, and attitude and also external factors such resources, habitat, and culture.

Emotional intelligence: Emotional intelligence is important at different levels and roles among the staff. For example, managers need it to deal with their subordinates in a sensitive way and to motivate them. The Cash/billing section staff need it understand customers and to express appropriate body language. Doctors and nurses need it during the treatment of their patients.

Ethics: Integrating ethics into the staff can solve many of the problems arising in a work context. Training on ethics could be the first preventive measure against malpractices such as charging unaccounted fees from poor and uneducated patient parties or being unresponsive and insensitive towards. While the law of TORT (which covers the negligence of duty at work) is almost non-existent (or at the very best ineffective) in Bangladesh, training on ethics is essential for the medical staff.

Professionalism : This not only increases the trainee's employability, it can add value to an organisation's service. Being a service organisation, it is essential for Renaissance's staff to excel in professionalism, both in image as well as behaviour. From the marketing perspective of the organisation, the image and the service of the staff are essential elements in capturing customer value.

Study/learning skills : In the short term, these skills will better enable the trainees to benefit from the training. From the management's point of view, the investment in these skills-training is to ensure a better return from the overall training investment.

In the long-run, the trainees as well as the organisation will benefit from the training of study/learning skills which aids continuous learning and developing. At a personal level, continuous professional development is essential for employees to stay competitive in the job market. Similarly, at a wider level, it could be said that staff capacity is crucial in gaining competitive advantage, especially in the service sector.

Other skills: Other than the skills mentioned above, the training needs will also vary at different levels with regards to the following sub skills:

▪ **Software:**

The top management may find it useful to learn a few excel skills in order to manipulate statements produced by the billing software. This would enable them to see graphs, charts and other visuals of their choice.

The accounts department can be trained on using an accounting software like Quick Tree or tally while.

The doctors and nurse in charges will find an integrated patient management solution very useful. This can significantly reduce much of the paper work currently existing in the medical departments of Renaissance and will also enhance the Information System.

▪ **Gadgets & hardware:**

In order to computerise all the processes of the organisation, it is essential to train at least the top 3 or 4 levels on basic computer usage. The top management including the CMC should learn to utilise handheld PDAs or smart phones for time management and organising. This will help them prioritise the urgent from the 'to do list' and divide their time adequately to all the relevant departments under their responsibilities.

All departments using computers should have the basic knowledge of maintaining their hardware. This will include knowledge of usage, trouble-shooting as well as safety and precautions.

▪ **Handling Job Related Documents**

These are usually covered in induction training. However, training each department thoroughly on their paperwork will reduce the number of errors. Moreover, understanding the significance of the paperwork can actually motivate the employee to maintain properly.



An action plan and implementation of the actual programme

Despite the fact that the training needs discussed in the last section was quite extensive, the actual programme had a narrower scope. It targeted specific skills which were within the immediate capacity of the hospital. Filling in the HR skills gap more comprehensively, as suggested in the last section, were beyond the then financial, logistical and in-house training capabilities of Renaissance.

So, the training programme focused on the following subjects:

- Managing information (MngInf)
- IT skills (IT-Sk)
- Interpersonal skills (IntSk)
- Filing information (fil-Inf)
- Time and stress management (TSM)

The table on the following page shows the action plan for the day-wise training subjects and topics which were covered during the programme. It also mentions the recommended participants for each skill-training.

Understanding the table:

- The participant columns with grey headers mention the non-medical staff while the ones with white headers mention the medical staff.
- Under each participant, the specific participants from that department are mentioned. "All" means all the staff of that department while "y" means the individual.
- Instead of full words, abbreviations have been used in the table. For the training subjects, the abbreviations are given inside the brackets). Some of the abbreviations used for participants are explained below:
 - **Top Mgt. = Top Management (i.e. the CEO and ED)**
 - **MIS Dep= MIS Department**
 - **Accnts = Accounts Department.**
 - **Hosp.Care&Admin = Hospital Care and administration**
 - **Mkt Dep = Marketing Department**
 - **CMC = Chief Medical Coordinator**
 - **Med.Off. = medical Officer**
 - **Nurs. In-Charge = Nurse In Charges**

Day	Session(s)	Subject:	Topic:	PARTICIPANTS							
				Top Mgt.	MIS Dep.	Accnts.	Hosp. Care & Admin.	Mkt. Dep.	CMC	Med. Off.	Nurs.- In-charge
1	1 and 2	MngInf	Overview of the Hospital's information system		all	all	Manager admin, Reception team leader, Manager utilities	manager	y	all	
2	1	IT-Sk	Overview of Windows	all	all	all	Manager admin, Reception team leader, Manager utilities	manager	y	all	all
2	2	IT-Sk	Overview of hardware	all	all	all	Manager admin, Reception team leader, Manager utilities	manager	y	all	all
3	1 and 2	MngInf	Understanding source documents		all						
4	1	IT-Sk	Printer maintenance and usage		all	all	Manager admin, Reception team leader, Manager utilities	manager	y		
4	2	IT-Sk	Effective and economic ways of printing		all		Manager admin, Reception team leader, Manager utilities	manager			
5	1 and 2	MngInf	Recording source documents		all						
Day	Session(s)	Subject:	Topic:	Top Mgt.	MIS Dep.	Accnts.	Hosp. Care & Admin.	Mkt. Dep.	CMC	Med. Off.	Nurs.- In-charge



6	1	IT-Sk	Basic network trouble shooting		all						
6	2	IT-Sk	Basics of regular and OCR Scanning		all		Manager admin, Reception team leader, Manager utilities				
7	1 and 2	MngInf	Posting records from source documents manually		all						
8	1	IT-Sk	Basics of internet and emails		all	all	Manager admin, Reception team leader, Manager utilities	manager			
8	2	IT-Sk	MS Word-1 : Text editing, formatting, styles		all	all	Manager admin, Reception team leader, Manager utilities	manager			
9	1 and 2	MngInf	An overview of the MIS software in use		all						
10	1	IT-Sk	MS Word-2 : Using objects, hyperlink & Printing		all	all	Manager admin, Reception team leader, Manager utilities	manager			
11	1 and 2	MngInf	Admissions and the reception		all		Reception			all	
12	1	IT-Sk	MS Excel-1 : Basic Data Entry & Printing	all	all	all	Manager admin, Reception team leader, Manager utilities	manager			
13	1 and 2	MngInf	Medical Requisitions and doctors		all					all	
14	1	IT-Sk	MS Excel-2 : Charts and Analytical Functions	all	all	all	Manager admin, Reception team leader, Manager utilities	manager	y		
15	1 and 2	MngInf	Patient files and Statements		all		manager admin		y	all	
16	1	IT-Sk	MS Excel-3 : Sort, Filter, Printing tips & Macros	all	all	all	Manager admin, Reception team leader, Manager utilities	manager	y		
16	2	IntSk	Being respectful and courteous		cash billing		Manager admin, Reception				all
16	3	IntSk	Being assertive		cash billing		Manager admin, Reception				all
17	1 and 2	MngInf	Daily reports and sources of cash		all	all					
18	1	IntSk	Using friendly tone and gestures to create rapport		cash billing		Manager admin, Reception				all
18	2	IntSk	Diffusing customer anger		cash billing		Manager admin, Reception				all
19	1 and 2	MngInf	Preparing bills (Diagnosis)		all						
20	1	IntSk	Handle rude customers		cash billing		Manager admin, Reception				all
20	2	IntSk	Clear communication		cash billing		Manager admin, Reception				all
21	1 and 2	MngInf	Preparing bills (Diagnosis)		all						
22	1	IntSk	Being able to explain prices and policies effectively		cash billing		Manager admin, Reception		v		all
Day	Session(s)	Subject:	Topic:	Top Mgt.	MIS Dep.	Accnts.	Hosp. Care & Admin.	Mkt. Dep.	CMC	Med. Off.	Nurs.- In-charge
22	2	IntSk	Listening attentively		cash billing		Manager admin, Reception		v		all



23	1 and 2	MngInf	Preparing bills (ICU)		all							
24	1	IntSk	Solving problems		cash billing		Manager admin, Reception		v			all
24	2	IntSk	Non-verbal communication		cash billing		Manager admin, Reception		v			all
25	1 and 2	MngInf	Preparing bills (NICU)		all							
26	1	FillInf	Skimming skills		all		Manager admin, Reception team leader, Manager utilities	manager				all
26	2	FillInf	Categorisation skills		all		Manager admin, Reception team leader, Manager utilities	manager				all
27	1 and 2	MngInf	Preparing bills (Dialysis)		all							all
28	1	FillInf	Scanning skills		all		Manager admin, Reception team leader, Manager utilities	manager				all
28	2	FillInf	File naming and indexing		all		Manager admin, Reception team leader, Manager utilities	manager				all
29	1 and 2	MngInf	Preparing bills (OPD)		all							all
30	1	FillInf	Ways of separating		all		Manager admin, Reception team leader, Manager utilities	manager				all
30	2	FillInf	Filing soft-copies	all	all		Manager admin, Reception team leader, Manager utilities	manager				all
31	1 and 2	MngInf	Preparing daily patient statements		all							
32	1	TSM	Importance of time & stress management	all	team leader		manager admin and reception team leader	manager	y		all	all
32	2	TSM	The power of positive thinking	all	team leader		manager admin and reception team leader	manager	y			
33	1 and 2	MngInf	Preparing final bills		all							
34	1	TSM	Time management tools : Prioritizing and Importance urgency matrix	all	team leader		manager admin and reception team leader	manager	y			
34	2	TSM	Perfectionism - pros and cons	all	team leader		manager admin and reception team leader	manager	y			
35	1 and 2	MngInf	investigating bills and identifying errors		all	all						
36	1	TSM	Prioritising and Importance urgency matrix	all	team leader		manager admin and reception team leader	manager	y			
36	2	TSM	Stress management tools: (ABC,	all	team leader		manager admin and reception team leader	manager	y			
37	1 and 2	MngInf	Allocation of cash		all	all						
38	1	TSM	Scheduling and breaking down tasks	all	team leader		manager admin and reception team leader	manager	y			
38	2	TSM	Anger management and rational thinking	all	team leader		manager admin and reception team leader	manager	y			
39	1 and 2	MngInf	The cash billing section		all							
Day	Session(s)	Subject:	Topic:	Top Mgt.	MIS Dep.	Accnts.	Hosp. Care & Admin.	Mkt. Dep.	CMC	Med. Off.	Nurs.- In-charge	



40	1	TSM	The most time management mistakes	all	team leader		manager admin and reception team leader	manager	y	all	all
40	2	TSM	Work life balance	all	team leader		manager admin and reception team leader	manager	y	all	all
41	1 and 2	MngInf	Preparing records and statements for the management		all						
42	1	TSM	Managing distractions	all	team leader		manager admin and reception team leader	manager	y		
43	1 and 2	MngInf	Preparing records and statements for Accounts		all	all					



Methods and media used in the training programme and their advantages and disadvantages

The training programme was a mixture of both on-the-job and off-the job training. The sessions aimed only for the MIS Department were mostly on the job training while the common training sessions (i.e. attended by staff of different departments) were off-the-job.

On the job training methods used for the MISD training:

1. **'Sitting with Nellie' method** (i.e. sitting with a senior and learning)

Using this method, junior trainees were teamed up with the more experienced ones in order to observe and learn. This was very helpful while preparing bills and statements for in-house patients as well the software generated daily reports for the management. This method helped the trainees to develop team-working skills. At the same time, allowed them to try and experiment under a senior colleague's supervision. This is very beneficial for the less confident employees as opposed to performing in front of the trainer or a bigger crowd.

Another advantage of this method was that it allowed the trainer (i.e. myself) to work on the very weak members of the team without having to leave others almost inactive. The senior (or more experienced) trainees in this method acted like my assistants.

However, using this method meant that trainees were learning some of the wrong practices of the senior trainees. For example, trainees started filing documents in an efficient manner imitating the superior (i.e. Nellie). These mistakes were identified and discussed on during the off-the-job sessions.

In addition, the trainee in this method played a more passive role whereas training on the process of a report, bill or statement preparation required a more hands on approach. An ideal version of the 'sitting with Nellie' would have been 'Job instruction' training if the senior colleague was also a competent trainer. In that case,(s)he could have graded the learning and provided appropriate feedback as and when necessary.

2. **Coaching and Mentoring**

I have this used this method with the team leaders of the MISD throughout the training programme. This is similar to the methods mentioned above. However, in this case the trainees had a more active role whereas my role was more of eliciting the right action rather than 'showing'. This was effective as these trainees were already competent in many of the tasks and needed fine tuning and learning different ways of working and problem-solving.

3. **Methods of training by switching and shadowing roles:**

This was used when the tasks of the MISD staff were rotated. For example, the task of being a team leader was rotated among Mr. Raihan and Ms. Shanaz even though Ms. Ivy was their team leader. Similarly, a relatively new employee of the department, Mr. Saiful handled patient parties and prepared pathology bills temporarily (as part of the training) even though it is usually handled by a more experienced employee.

Of the job training methods used for the common training sessions:

1. **Lectures**

Lectures were used to cover the theoretical parts of time and stress management training. It was also used to cover some parts of interpersonal skills training.

This method of training was quite cost effective and covered the learning objectives in a short time. This time was important since the trainees were from different departments and levels and had to return to their work quickly. A disadvantage though was that during lectures, the learners played a more passive role which hampers the learning of 'activists'.

2. **Case studies**

These were used alongside the time management and stress management lectures to make theoretical learning more meaningful and interesting.

3. **Role-plays**

These are very handy while training on interpersonal skills, especially for the sessions on customer handling. The subject asked for a real life context along with the conceptual learning. However, role-plays were used before on-the-job training in order to minimise the risk of incompetent staff handling real customers.

4. **Simulation**

The usage of simulation during the training was very similar to that of role-play, except that simulations involved the usage of equipments. So, for example, simulations were used for training on bill preparations before the MIS trainees actually prepared bills for real patient parties.

Similarly, during the 'filing-information' lessons, 'dummy' files and resources were used rather than important documents.

Other forms of off-the-job training methods used:

Examples of other forms of off-the-job training methods used in the training are as follows:

During the training on excel macros, DVD tutorials were used. This was very helpful for the trainer as the instructions were in Bengali and specific parts of the video could be played back while the trainees were practicing.

Also, online quizzes were used from ulearnoffice.com and academictutorials.com while covering IT skills as well as Time management skills. These provided an immediate feedback with the click of a button. Also, it added some variety in the training sessions.

While these forms of e-learning were quite useful for most trainees, it does not suit the learning style of those who are social by nature. E-learning can be very helpful for those who work well independently. However, others prefer group work and the human-to-human interaction within activities.



Evaluating the Training Event

This is the last section of this report and will look into and corresponds to the 4th stage of the systematic approach to training and development.

First of all, evaluation is essential for the learning and planning process for myself (as the trainer) as it forms the 'reflection' and 'theory building' stages of the learning/experience cycle of the trainer.

The evaluation stage helps the stakeholders in training to determine its effectiveness. In case of the Renaissance MISD training, the stakeholders would include the top management, the trainees and me.

Moreover, the evaluation process can provide the management with useful information with regards to its staff capacity and competence. With regards to the MIS training, this information can contribute in assessing the staff capacity and HR supply, which is one of the key information for Renaissance's Human Resource Planning. In addition, the evaluation also allows management to budget further training programmes and weigh costs against benefits in using training to meet a HR supply deficiency.

This section will first look into the methods used to evaluate the Renaissance programme and then evaluate the training programme using the Kirkpatrick Model (1959) and the CIRO model (Warr, Bird and Rackham). This will be followed by a discussion on the effectiveness of the evaluation process.

Methods of Evaluation at Renaissance

As mentioned earlier, the evaluation was carried out using feedback all those interested and involved in the training programme, such as myself (as the trainer), the top management and the trainees of different department at different levels.

The feedback was gathered using a number of methods:

- *Interviews*
- *Performance tests and Direct observation*
- *Written tests*

Interviews:

This included both formal and informal interviews with the trainees as well as their managers.

Information from the trainees was gathered verbally, during and after the sessions. Often, written tests were taken which were then evaluated to see the progress of the trainees.

Similarly, the Executive Director (ED), Mr. Misbahur Rahman, interviewed the Manager Admin, Medical Coordinator and Reception team leader to see if there was an improvement in performance with regards to information flow.

The Reception unit's performance is crucial as it is the first spot where information is collected from the patient and passed on to other units. It is similarly important for the doctors to know exactly how to fill in requisitions and how the information is processed, passed and recorded. Thus the MIS department was interviewed to see whether if the performance of the linked departments had improved with regards to information flow.

A more formal session was held when the ED sat with all the trainees after the end of the one and half month long training programme. He took their feedback on the following areas:

- The course content
- The activities
- The training style
- The set up and resources used
- The trainer himself
- Convenience and timings

This meeting was preplanned by the Renaissance management in order to assess the success of the first such programme in the hospital. It was especially beneficial since along with the direct feedback to the top management, it provided opportunities for on the spot clarifications.



Performance tests and Direct Observations

These forms of evaluation took place in the form of observing the effects of the training on the learners while they were performing in in-tray exercises as well as in real life situations. The observations were made both during the training session as well as in the post-training period.

For instance, during the sessions on customer handling, trainees were observed and continuously assessed and evaluated on the following outcomes:

- Smiling and being courteous
- Addressing the customer respectfully
- Being assertive when appropriate without being rude
- Using friendly tone and gestures to create rapport
- Being honest
- Diffuse customer anger by apologizing, even for others' mistakes
- Handle rude customers calmly and effectively
- Speaking very clearly
- Being able to explain prices and policies effectively
- Listening attentively and not expressing boredom or irritation
- Solving problems quickly and calling for assistance whenever appropriate

Examples of evaluation using post-training observation include the observation of how the medical and reception staff were filling in requisitions and admission forms respectively. These source data affect a significant portion of the entire information flow and were thus an important part of the training for non-MIS staff. The post-training observation was used to evaluate the effectiveness of the training.

Written tests:

A range of written tests were taken during the various phases of training. Some of these were used for all the trainees while others were made for a specific department or staff level. These were aimed at evaluate the concept of the learners which are essential in the workplace.

Appendix B included copies of about 10 such written tests along with a brief explanation for each.

Evaluation of the training programme using the Kirkpatrick model

This model evaluates the training on four grounds:

- (i) The reaction (or satisfaction level) of the trainees with regards to the training
- (ii) The learning (or in increase in knowledge of) the trainees
- (iii) Improvement in the trainees' behaviour (or work habits)
- (iv) The results or improvement in organisational performance.

Reaction

The feedback received from the trainees during the meeting with the ED suggests that the trainees were highly satisfied with the content, style and approach of the training programme, especially the sessions on time and stress management and interpersonal skills.

Unfortunately though, the training on IT skills were too basic for some while others remarked it was above their level of comprehension considering the speed at which it was covered. This suggests that the levels of the learners were too varied for the training. This means that they should have been split into different groups in order to address each according to their level.

Also, some trainees had complained about AC not operating properly during some of the sessions. To add to this, the ventilation in the computer/cash billing room was not sufficient. According to them, this has negatively impacted the training as well the learning.

Furthermore, the female trainees (from the nurse in charges, medical officers, reception and the MISD) mentioned that due to attending two training sessions in a day, they had to work until late and travel at night. They expressed



this inconvenience despite their satisfaction with the overall programme and requested arranging transportation on the training days.

Counting all of these points, it could be said that generally, the satisfaction level was high. However, to reach a higher level, the management needs to spend more for example, in fixing the AC or splitting up a mixed group of trainee.

Learning and Behaviour(at work)

The various forms of continuous as well as periodical assessments carried out for the training programme all suggested that a satisfactory level of learning had taken place for the training. The simulations and role-plays showed that the learners were on the spot. Moreover, most trainees performed very well in the written tests on managing information.

Following the training programme, the MIS department staff were asked if there was a change in the number of wrongly filled medical requisitions forms before and after the training. It was reported there was a drastic fall with almost zero mistakes for a period of at least two weeks after the training. This shows that the training sessions for the doctors for very effective.

Moreover, a number of customers gave positive feedback to the CEO regarding the improvement in customer relations and behaviour among the staff. This indicates that learning had taken place during the training sessions on interpersonal skills, which were full of practice, simulations as well as on-the-job training.

An area of concern through was the IT training sessions on excel. Some trainees clearly could not cope up with the amount of learning covered. Except for the MIS staff, few trainees actually applied macros in their everyday excel work which was aimed to speed up their work. Moreover, the written tests on charts, which was based on Chapter 4 of Bookboon's book on Excel by Stephen Moffat, reflected poor learning. This suggests that the choice of text was inappropriate. A better alternative would have been a Bengali book on excel (from Nilkhet).

Nevertheless, the positive thing was that MIS staff grasped tall the IT concepts (including the excel skills) very well and this mattered most. In fact, for some of them, the training covered 'too little'.

So overall, it could be said that most learning objectives of the training were fulfilled. However, it would be wise to grade and stage the IT classes in the future.

The results

As mentioned earlier, in the Kirkpatrick model, this refers to the organisational performance.

The example of medical requisitions (already discussed) showed that the wastage in time and printing costs due to mistakes and refilling form has significantly gone down after the training. This also helps the MIS department in working fast and maintaining their flow of work without interruptions and trouble shooting. This increase in productivity and reduction in wastage is directly attributable to the training on managing information.

The example of customers praising employee behaviour is also an indication that the training has created value for customers by improving the interpersonal skills of staff.

Another success worthy of mention is that the office staff became much more organised in managing their information and files. Both the MISD and Accounts department was seen having all their computer data well organised in clearly labeled folders. Similarly, office stationary such as magazine files, management files and sheet protectors were put into very good use by the employees in managing patient files, invoices, daily reports, department wise collection statements and other important documents. This is a very important achievement of the training sessions.

Another subtle, yet significant result was that the leading employees of all the departments were more motivated than before and seemed to be enjoying work more than ever. This was because the training initiative offered employees to develop themselves in a variety of skills. The motivation and increased level of energy improved the entire work environment.



This could also be a result of the training on time and stress management where the introductory session included most of the staff including nurse in-charges.

Limitations of the Kirkpatrick model

It can be argued that not all of these results are due to the training. It could also be a result of other motivational schemes by the HR function or due to better performance management by the relevant managers and team leaders.

Also, the evaluation of results can often be quite vague unless narrowed down to something more specific like financial results. So while the results related to organisational performance in customer and employee relations have been evaluated, the financial results might have been neglected.

Also, due to the 'vagueness' of the word 'results', the focus is usually on short term business benefits. Other positive impacts of the training, such as contributing in the national human resource are also usually overlooked

As such, some authors, such as Kaufman (1994) and Philips(1997) have suggested amendments in the Kirkpatrick model.

Review of the effectiveness of the evaluation methods employed:

The evaluation stage which followed the training programme could be considered as satisfactory, especially considering that it was the first in-house training initiative by the medium sized hospital. Moreover, it was my first experience of training in a context other than English language training or teacher-training.

However, looking back at the programme in the light of training and development theories, it can be said that the evaluation had a number of shortcomings. The process lacked some important elements with which, it could have been more well-rounded and informative.

Among the positives about the evaluation process is that it was based on interviewing several levels of the staff. This ensured that the process took into account the feedback from all the stakeholders in training not just the trainer or the top management. Thus the process incorporated 'participant reactions' which is a very important part of training evaluation.

Nevertheless, a more structured trainee feedback using the questionnaire in Appendix C would have helped in carrying out a better evaluation. Such a questionnaire would help the trainer (and the management) improve the training design which would be quite difficult simply from random verbal feedback.

Another plus point of the evaluation method was that the performance tests and direct observations made the evaluation very meaningful in the work context. Such a method directly relates the training with increase in productivity. This, coupled with the more theoretical written tests, ensure that fulfillment of learning outcomes and an improvement in trainee behaviour and performance were duly assessed.

It seems that the process covered all aspects of the Kirkpatrick's evaluation model - Moreover, the work and performance based assessments made the evaluation very meaningful in the work context. Such a method directly relates the training with increase in productivity.

It seems that that evaluation comprised of all the aspects of the Kirkpatrick model – Reaction, Learning, Behaviour and Results. However, the evaluation of 'results' was a bit vague (as discussed earlier) and thus subjective to the observations of the department head and managers.

This is an area of weakness in the evaluation process. While the costs of the training could be easily calculated using a template such as the one **Appendix: D**, the evaluation plan did not have a proper mechanism to calculate the benefits from the training. Calculating the benefits would have allowed the training to be evaluated using the ROI method suggested by Philip (1997), which calculates the percentage Return on Investment for a specific period using the formula (Total benefits / Total Costs) X 100.

While the %ROI can still be calculated, it will not be as complete as it would have been with a thorough calculation of benefits. For example, increase in sales and revenue in the months following the training can be easily calculates Also,

.savings due to wastage can be found out by calculating the costs of wastage in printing, photocopying and an estimated wasted labour cost for the periods before and after the training.

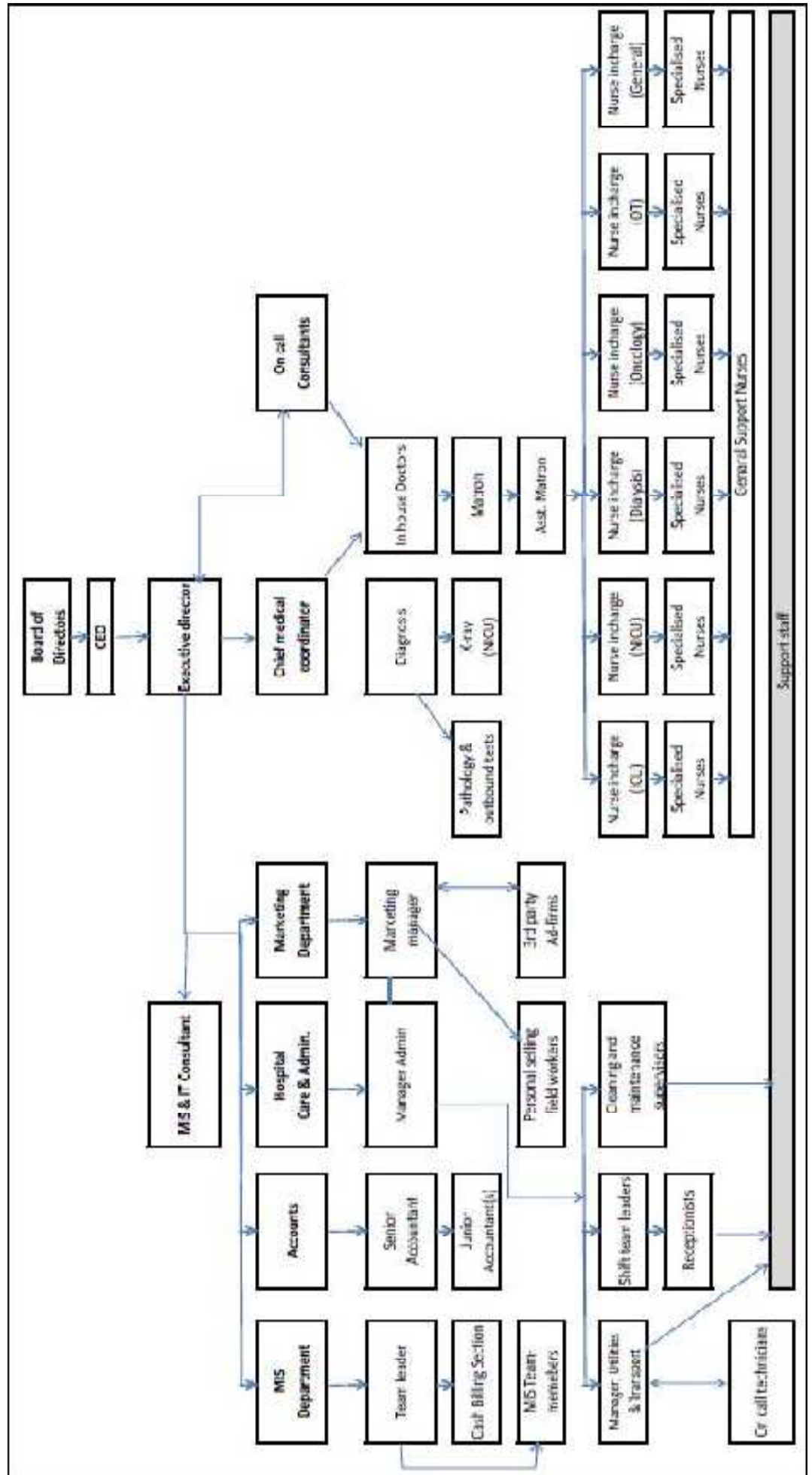
However, the calculation of benefits is incomplete without accounting productivity increase. Renaissance still lacks a proper MIS solution which makes performance and service fully measurable. Such a system is still under development and it could have measured the increase in speed of information flow, customer service, preparation of statements and the reduction of errors. This information could then be translated in terms of works hours and labour costs saved.

Employee satisfaction and reduction in conflicts could also be translated in terms of reduction in costs related to staff turnover, recruitment and training.

Apart from the inability to accurately evaluate benefits, the evaluation process was quite effective for all the reasons mentioned earlier. It made a decent assessment of almost all the important criteria. In addition, the continuous assessment allowed timely modifications in the training plan (to incorporate different learning styles for example) while the post training evaluation would contribute towards improvements and motivation for future programmes. Thus, it could be said that the blend of formative and summative evaluation was highly effective.



Appendix A: A summarised organogram of Renaissance Hospital and Research Institute (as at august 2012)



Appendix B: Examples of theory and exam sheets used during the training

1) Written test for all trainees : Overview of the hospital's information flow

Trainees were given the following work sheet with some information erased. They had to fill them in and also include flows, which are missing in the diagram (such as the accounts sending a clearance to the pathology/diagnosis upon receiving the payment for a requisition.)

2) Written test for cash billing staff: Summary of roles upon receiving a requisition a doctor/nurse station

Trainees were given the following work sheet with various information erased. They had to fill them in and also include flows which are missing in the diagram (such as the terms 'team leader', 'team members', 'investigate' & 'records')

- 3) Written/Practical test for cash billing team leaders and accounts staff :Preparing a statement of collections and allocation manually**
Trainees had to use the software to find the totals for the various types of collections made during the day. They then had to allocate them using the calculation methods taught.



4) Written test for medical officers : Communicating clearly while writing investigation requisitions

Trainees had to identify: (i) the problem in the way in which the requisition was filled (ii) How could it be confusing (iii) How could the information have been conveyed in a faster and a clearer way.



5. Written test for the Manager Admin, Senior Accountant and MIS Team leader : Investigating bills at the end of the day

Trainees had to identify: (i) the critical information in this bill (ii) What might have gone wrong

- 6) Written test for the MIS staff : Entering the correct codes for investigation requisition in the software**
Trainees (in pairs) had to find the codes for investigation items as fast as they could.



7) Short quiz for the MIS staff on filing invoices

Trainees had to identify the locations where copies of invoices were to be filed

FILING INVOICES				FILING INVOICES			
Name:		Date:		Name:		Date:	
Department:		Session:		Department:	Answers	Session:	
←	INVOICES	If Paid	If Due	←	INVOICES	If Paid	If Due
1	→ Patient	1)		1	→ Patient	1) Y	
2	→ Patient File	2)		2	→ Patient File	2) Y	Y
3	→ Investigation	3)		3	→ Investigation	3) Y	Y
4	→ Dialysis	4)		4	→ Dialysis	4)	Y
5	→ Accunts	5)		5	→ Accunts	5) Y	

8) Written test for the MIS staff and Manager admin: Investigating a patient's claim that some items have been overcharged

Trainees had to check the amounts in the final bill using (i) invoices (ii) summary reports.



Appendix C: Questionnaire for taking trainee feedback

SL	Training style & Activities	Strongly Agree	Agree	Disagree	Strongly Disagree
1	Engaging & Interactive				
2	Entertaining & Fun				
3	Incorporates weak learners				
4	Keeps strong learners active				
5	Involves practical activities				
6	Involves thorough reflection				
7	Covers theoretical aspects thoroughly				
8	Encourages model/theory building				
9	Involves trainees moving around				
10	Involves the use of visual presentations				
11	Involves use of visual presentations				
12	Well paced				
13	Too fast paced				
14	Too slow and repetitive				
15	Some activities allowed movement				
Comments/Complaints (If any) - You may use the 'SL' no. to comment on a particular aspect:					

SL	Content	Strongly Agree	Agree	Disagree	Strongly Disagree
1	Too difficult				
2	Too easy				
3	Is relevant in my present work				
4	Very relevant for my career				
Comments/Complaints (If any) - You may use the 'SL' no. to comment on a particular aspect:					

SL	Training environment (place, equipments & materials)	Strongly Agree	Agree	Disagree	Strongly Disagree
1	Functional & appropriate				
2	Ready on time				
3	Tidy and Professional looking				
4	The Visibility/Sound/Colours were clear				
Comments/Complaints (If any) - You may use the 'SL' no. to comment on a particular aspect:					

SL	The Trainer	Strongly Agree	Agree	Disagree	Strongly Disagree
1	Punctual				
2	Well dressed				
3	Polite, respectful and professional				
4	Clear in instructing				
5	In control (manages time & class well)				
6	Provides individualised Supportive				
7	Provides individualised feedback				
8	Answers relevant questions satisfactorily				
9	Sensitive				
10	Polite				
11	Knowledgeable in the subject				
12	Fair and clear assesment				
Comments/Complaints (If any) - You may use the 'SL' no. to comment on a particular aspect:					

SL	Timing	Strongly Agree	Agree	Disagree	Strongly Disagree
1	Duration of sessions were suitable				
2	The routine was convenient				
5	The time (of the year) chosen was coonvenient				
Comments/Complaints (If any) - You may use the 'SL' no. to comment on a particular aspect:					



Appendix D: Template for calculating Training Costs

Labour Cost	Hourly Salary (Tk.)	Training Hours	Total Cost (Tk.)	Tk.	Tk.
<u>Top Management</u>					
CEO	***	***	***		
ExecutiveDirectors	***	***	***		
<u>Trainers</u>					
Trainer 1	***	***	***		
Trainer 2	***	***	***		
<u>MISDepartment</u>					
Team leader	***	***	***		
Executives	***	***	***		
<u>Accounts</u>					
SeniorAccountant	***	***	***		
JuniorAccountant(s)	***	***	***		
<u>HospitalCare & Admin.</u>					
Manager Admin	***	***	***		
Reception	***	***	***		
Shift team leaders	***	***	***		
Junior Receptionists	***	***	***		
Clean Supervisors	***	***	***		
Support staff	***	***	***		
Manager, Utilities& Transport	***	***	***		
<u>Marketing Department</u>					
Marketing manager	***	***	***		
Personal sellingfield workers	***	***	***		
<u>MEDICAL WING:</u>					
Chief medical coordinator	***	***	***		
In house Doctors	***	***	***		
Matron	***	***	***		
Asst. Matron	***	***	***		
Nurse incharge (General)	***	***	***		
Nurse incharge (ICU)	***	***	***		
Specialised Nurses	***	***	***		
General Support Nurses	***	***	***		
<u>TOTAL LABOUR COST OF THE TRAINING:</u>				****	
<u>Other Costs</u>	Hourly Cost (Tk.)	Training Hours	Total Cost (Tk.)	Tk.	Tk.
<u>Premises + Unilities</u>					
Electricity	***	***	***		
Water			***		
<u>Food and entertainment</u>					
Tea/Coffee			***		
Snacks			***		
Dinner			***		
<u>Support staff</u>			***		
<u>Office expenses</u>					
Printing			***		
Photocopying			***		
Stationaries			***		
<u>TOTAL OTHER COSTS OF THE TRAINING:</u>				****	
<u>TOTAL COST OF THE TRAINING:</u>				*****	



Appendix E: Evidence of work experience at Renaissance

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