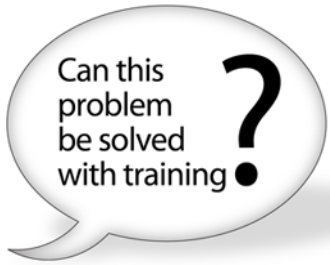


Can this
problem
be solved
with training ●

A simple step-by-step process to determine why people are not behaving as you expect them to, and what to do about it.

By Jule Kucera



Can this problem be solved with training?

Yes, it can! If – and this is a big ‘if’ – if the problem is a lack of knowledge or skill. This is easy enough to determine, so let’s get started. Read through this document, noting the questions and the examples. Then come back to the beginning (question 1 below) and for each question, write how you would answer the question for your situation. Easy enough, so let’s go!

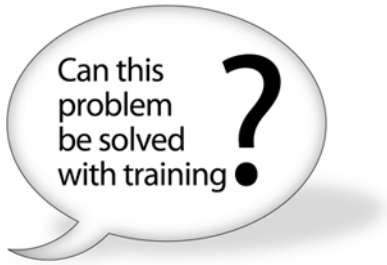
1. Who are we talking about?

If you have a group of employees who aren’t performing up to your expectations – who is it? All employees? New employees? Employees in a certain location, function, or job level? Who are we talking about?

2. How are they falling short of your expectations?

What is it that they are doing or not doing? Be specific. Instead of general statements (‘bad attitudes’) use behavioral statements (‘don’t smile at customers’)

It will be easiest for you to work through *Can This Problem Be Solved with Training?* if you see an example, so here is one. It is a true story from when I [Jule Kucera] was a training and development manager at a teaching hospital. The head nurse of one of the units came to me with a problem. This story is from back in the day when medical charting was done manually rather than electronically, but it’s the best situation I’ve ever found to demonstrate how to analyze why people aren’t performing up to expectations — most people can relate to the example, and it’s completely clear. You’ll see the two questions above woven into our conversation on the next page.



Head Nurse: I need you to train my nurses.

Jule: What do you need me to train them on? (Note: I am not a nurse.)

Head Nurse: Charting.

Jule: What is it about charting that they're not doing right?

Head Nurse: They're not doing it.

Jule: At all?

Head Nurse: No, they're doing it, but they wait until the end of the shift, instead of when they're supposed to.

Jule: When are they supposed to?

Head Nurse: Within 4 hours of the event.

Jule: So if they do something with a patient, they have 4 hours to write it down, and after that they're late.

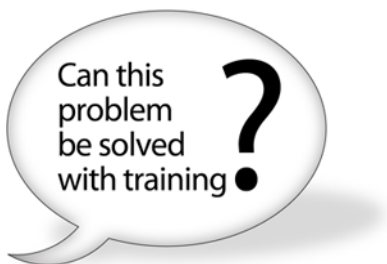
Head Nurse: Yes, and then we're not meeting JCAHO standards.

Jule: So it matters. How many of them are holding their charting until the end of the shift?

Head Nurse: All of them.

Jule: Not even one does it when they're supposed to?

Head Nurse: No. Not even one.



Can this problem be solved with training?

In this example, these are the answers to the *Can This Problem Be Solved with Training?* questions:

1. Who are we talking about?

All the nurses in this unit.

2. How are they falling short of your expectations?

They are not charting within 4 hours of the event. Instead, they are holding their charting until the end of the shift.

Note that it was also established that the nurses' charting timeliness is important. If it isn't important, just let it go. That's question 3.

3. Does it matter that they are falling short of expectations?

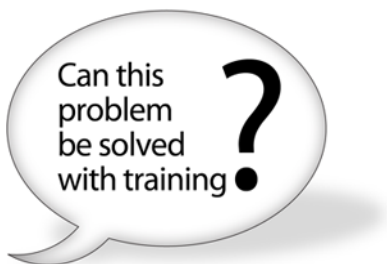
Yes; they are not meeting JCAHO standards.

Note: the standards described here may no longer be true; they were true at the time.

Once you are sure that performance matters, you can move on to question 4.

4. Do they know what is expected of them?

Here's the test: If we tapped each of them on the shoulder and asked, 'What is expected of you with regard to _____,' would their answer exactly match what the person who is setting the performance expectations would say?



Let's see how the Head Nurse answered this question:

Jule: Do your nurses know what you expect of them with regard to timeliness of charting?

Head Nurse: Yes, I think so. I'm pretty sure they do.

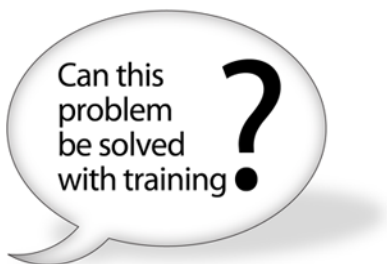
Jule: If I walked up to several of them independently, tapped each one on the shoulder, and asked, 'What does your Head Nurse expect of you with regard to timeliness of charting?'—would they all say, 'She expects me to chart within 4 hours of a patient event.'?

Head Nurse: No, probably not. Not all of them anyway.

Jule: Well, this is good news because it's a lot easier to clarify expectations than it is to do training. Here's my suggestion: Go back and make it crystal clear to every one of your nurses what you expect with regard to charting. If they still don't do what you expect, then come back and we'll talk some more.

Head Nurse: Sure.

At this point the Head Nurse left, a little disappointed that so far, no training was being done for her, and that the ball was back in her court. What will happen next? Do you think the nurses will start charting on time once the Head Nurse has made her expectations clear?



Two weeks later, the Head Nurse returned.

Head Nurse: They're still not charting on time.

Jule: Do your nurses know what you expect of them with regard to timeliness of charting?

Head Nurse: Yes, and they're still not charting on time.

Jule: Can I tap them on the shoulder —

Head Nurse: You can tap every shoulder and every one of them will say, 'I am expected to chart within 4 hours of a patient event.' But they're still not doing it.

Jule: Excellent!

Head Nurse: Excellent?

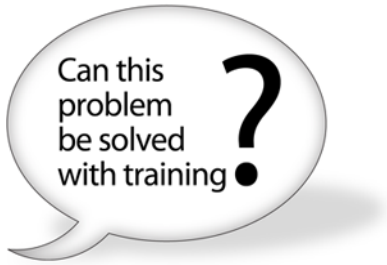
Jule: Yes, because you've made the expectation crystal clear and now we can move on to other reasons for non-performance.

Head Nurse: Okay.

Jule: This next question is phrased a little brutally, but it makes the point. Are you ready?

Head Nurse: Sure.

Jule: If I walked into your unit with a gun and said, 'Nurses! Do your charting within 4 hours or I shoot!'—could they do it?



Head Nurse: You're right—that's a brutal question.

Jule: But could they do it?

Head Nurse: Yes, all of them.

Jule: Excellent! Now we know that training won't solve your problem. Training solves the problem when people **can't** do what you want them to. Your problem is that they **won't**.

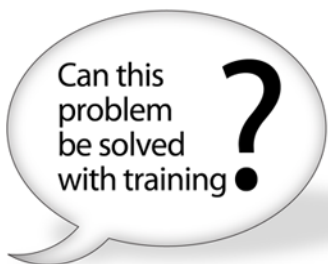
At this point the Head Nurse slumped a bit; this is not what she wanted to hear. But I assured her that we would figure it out, we would solve the problem, and we would meet JCAHO standards—and you'll see this is exactly what happened.

Were you able to pick out the 5th *Can This Problem Be Solved with Training?* question in our conversation? It was....

5. Could they do what you want them to do, if the consequence of not doing it was death?

In the case of the nurses, the answer was, 'Yes.'

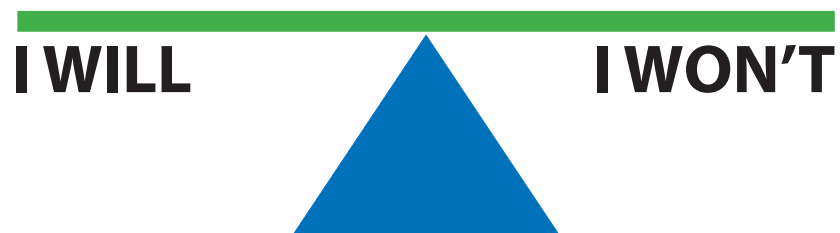
By the way, in any long-standing performance problem, it is rarely a problem of can't. It is usually a problem of won't. Won't problems are messier but very, very interesting and fun to solve!



I asked the Head Nurse if she would like coffee or a coke because the next part was going to take a little time. She said no, she wanted to get right to it, so that is what we did. I grabbed a note pad and we got right into question 6.

6. From their perspective, what is the Incentive Balance?

I drew the incentive balance as a see-saw or teeter-totter, so we could easily identify where there was the most pressure—to perform or not to perform.

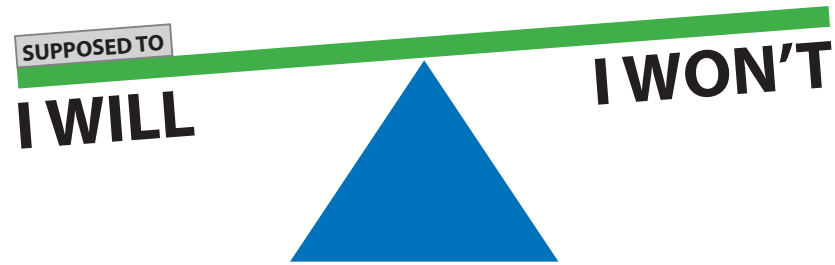
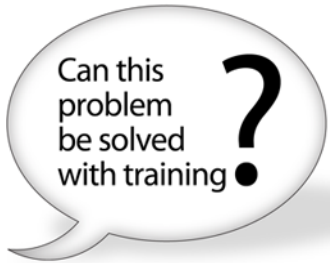


We started on the 'I will' side, looking at all the things that would encourage the nurses to say, 'I will chart on time.'

Jule: Okay, here we go. What is on the 'I will' side of the incentive balance? What would cause a nurse to say, 'Yes, I will chart on time.'?

Head Nurse: They know they're supposed to.

Jule: Okay, that's one.



Jule: What else?

Head Nurse: I'm not sure.

Jule: Do any good things happen when they do chart on time? Do you thank them, do they earn points, what good things happen when they chart on time?

Head Nurse: Well, we don't get in trouble with JCAHO.

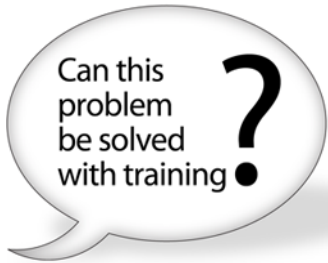
Jule: Is that something the nurses have experienced personally—they've felt the negative consequences from JCAHO?

Head Nurse: No, that hasn't happened. It's just something I'm worried about.

Jule: Okay. Since we're looking at this from their perspective—which we must do because they are the ones who aren't performing—we can't count being worried about JCAHO. You are but they aren't.

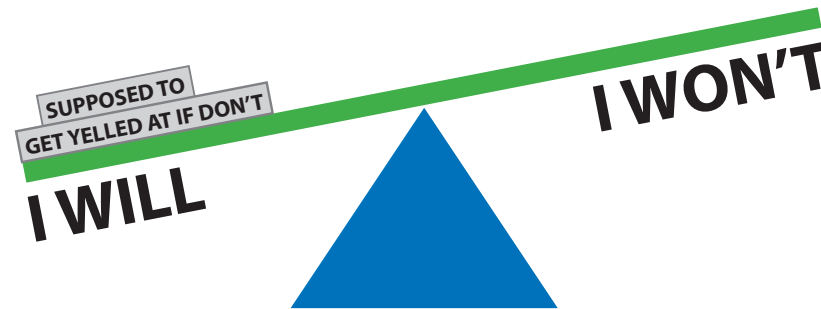
Head Nurse: That's true.

Jule: So, standing in their shoes, can you think of any positive consequences to them personally of charting on time, or negative consequences when they don't?



Head Nurse: I yell at them when they don't

Jule: All right.



Jule: So right now we have 'Get yelled at if don't' and 'Supposed to' on the 'I will' side of the incentive balance.

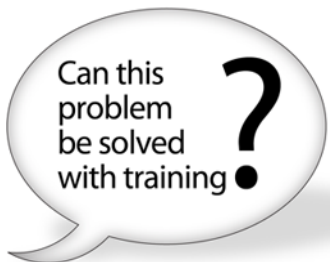
Head Nurse: 'Supposed to' should be enough.

Jule: It's not enough. I know this because if it were enough, they would be charting on time, but they're not. So, there must be something on the *I Won't* side that outweighs 'Supposed to' and 'Get yelled at if don't'.

Head Nurse: I understand.

Jule: So from their perspective, what is on the *I Won't* side?

Head Nurse: I really can't think of anything.



Jule: Okay. And that may be because you're looking at the situation through your eyes. You know it's important, you know the JCAHO requirements, and as the head nurse you're responsible for your unit meeting those requirements. For you, 'Supposed to' is enough.

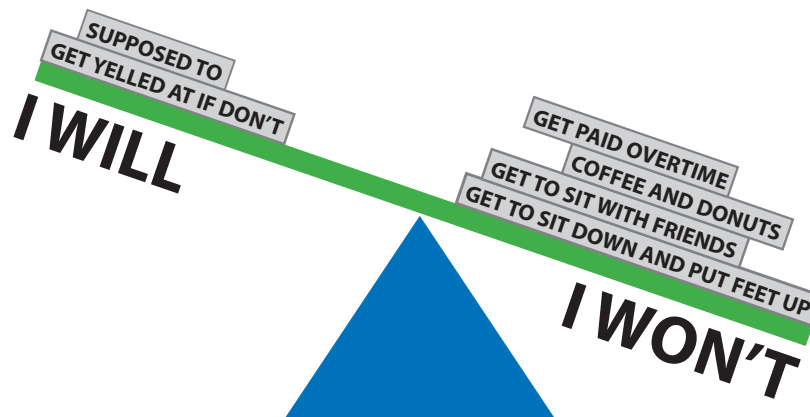
Head Nurse: It is.

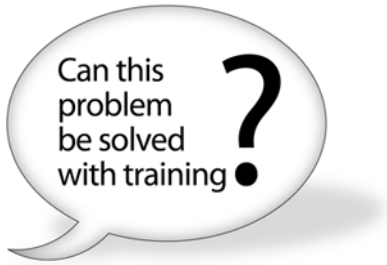
Jule: So let's look at it through their eyes. Since they're not charting on time, there is something heavier on the 'I won't' side—guaranteed.

Head Nurse: Okay.

Jule: If I were one of your nurses, I wouldn't chart on time either!

At this point the head nurse was appalled at my reaction, since I was siding with the non-performing nurses. But as she looked at the incentive balance, she could see the logic from her nurses' perspective.





Head Nurse: Wow.

Jule: Yes.

Head Nurse: So this is the problem?

Jule: I want to ask one more question, to make sure the incentive balance is complete.

Head Nurse: Might as well.

Jule: If one of your nurses did choose to chart on time, could there be any negative consequences for that?

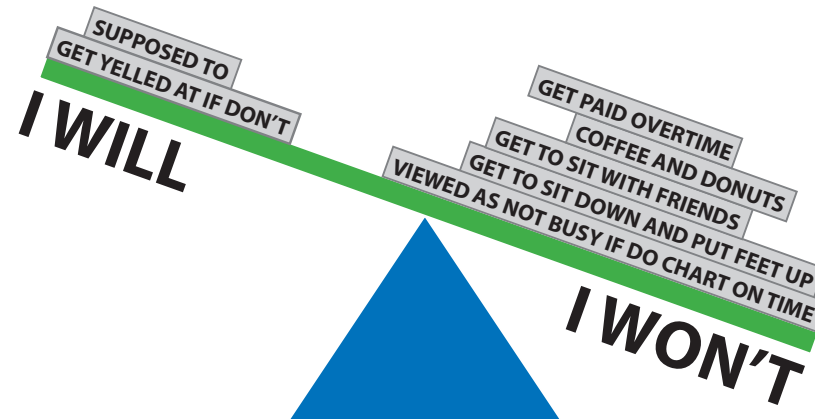
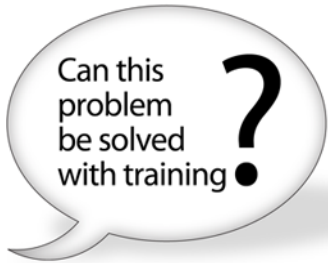
Head Nurse: Yes.

Jule: Really? What?

Head Nurse: *(shaking her head)* The other nurses would say she isn't as busy as they are. If she's taking time to chart during the shift then she obviously doesn't have enough patient care duties.

Jule: Wow.

Head Nurse: Yes.



And that is the completed incentive balance for the situation of the nurses not charting on time!

Did you catch the 4 sub-questions to question 6 that help fully flesh it out?

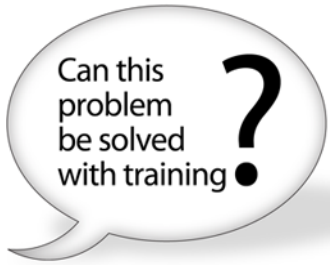
6. From their perspective, what is the Incentive Balance?

I WILL

- What are the positive consequences when they do perform? (Supposed to)
- What are the negative consequences when they don't perform? (Get yelled at if don't)

I WON'T

- What are the positive consequences when they don't perform? (Sit down with feet up, coffee & donuts, sit with friends, paid overtime)
- What are the negative consequences when they do perform? (Viewed as not busy if chart on time)



When you have a 'won't' problem, the incentive balance gives you a beautiful picture of why people would choose 'I won't.'

However, sometimes when you try to see the situation from another's point of view, you don't see any 'I won't' reasons. This indicates that the employees know something you don't. Let's stay with this example and not digress into how to handle that situation now, but if you'd like to know more (it's very short and very telling), just contact Jule Kucera Learning Solutions and ask for *What Do They Know That I Don't?*

Now, are we finished analyzing the performance problem? Not quite, but we're close. The seventh and final question is:

7. What are the obstacles to performance? Are there things in their way or things they need they don't have?

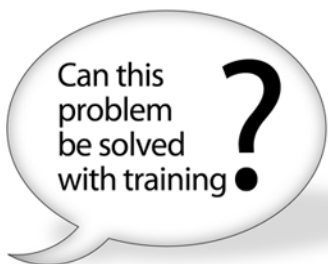
Here's how the conversation wrapped up with the head nurse...

Head Nurse: Now I see why they're not charting on time. So let's solve this.

Jule: Before we go there, I have one more question. Say we were able to change things so that all the nurses were on the *I Will* side. Are there any obstacles to them doing their charting within 4 hours? Anything that gets in their way?

Head Nurse: Well, there's always so much to do with patient care. But we're staffed so that they should be able to do their charting when they should.

Jule: What about things they don't have. Are the charts easy to get to? Are there any issues there?



Head Nurse: When rounds are going on the charts can get tied up, but that's not usually a problem. But... pens are a problem.

Jule: Pens?

Head Nurse: Pens. They go walking. Visitors take them, docs take them, I don't know where they all go. I can't tell you how many times I have wanted to make a note and I have to walk around looking for a pen.

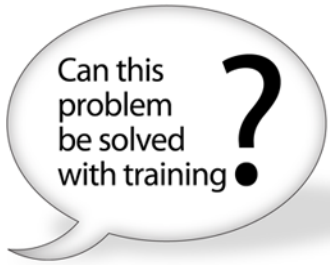
Jule: So lack of pens contributes to the problem. Okay, now let's talk about how to get your nurses to do what you want and chart within 4 hours.

Head Nurse: I need to tell them they can't sit around and eat donuts at the end of the shift. I need to put a stop to that.

Jule: Well, I'm not so sure. Is there any benefit to them sitting around and talking? Is there any good that comes of it?

Head Nurse: Hmm... yes, there is. They trade a lot of patient information, so they are able to help each other out during the next shift. Also, if a patient has a new procedure, we'll all talk about it and learn from it. And I think it's good for the team—they appreciate the chance to be together.

Instead of relaying the rest of the conversation, I'll cut to the chase and let you know what the head nurse decided to do (and did do):



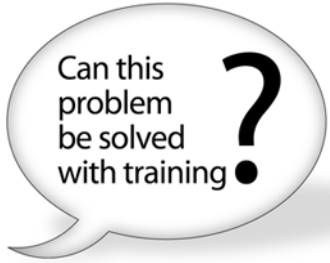
- Let everyone know that she was instituting mid-shift charting breaks. Everything was the same as what typically happened at the end of the shift, except that it was scheduled for the middle of the shift. And the head nurse brought donuts the first week and sat down and put her feet up—she communicated with her actions that this was the new acceptable behavior.
- Inform everyone that there would be no overtime pay for charting done at the end of the shift, since they had sufficient staffing to chart during the shift.
- Provide every nurse with a pen on a lanyard that they could wear hanging from their neck.

How does the story end? Brilliantly. The nurses charted when they were supposed to, JCAHO standards were met, the head nurse saved budget previously spent on overtime, and the nurses valuable time together was preserved. Success!

And what about your situation? Have you applied all the *Can This Problem Be Solved with Training?* questions to your situation? What have you learned? Do you have a sense of next steps?

If you'd like to talk more about your situation specifically, we would be happy to help. Just email julekucera@earthlink.net or call 630-833-0887.

And remember, if you ever wonder if training can solve a problem, you'll know the answer when you remember the 7 questions....



1. **Who are we talking about?**
2. **How are they falling short of your expectations?**
3. **Does it matter if they are falling short of expectations?**
4. **Do they know what is expected of them?**
5. **Could they do what you want them to, if the consequence of not doing it was death?**
6. **From their perspective, what is the Incentive Balance?**
7. **What are the obstacles to performance? Are there things in their way or things they need they don't have?**