Max SkillFirst Videos Help Hospital Employees Connect With Patients

Man SkillFirst Ltd.
Best Use of Video for Learning
December 2017

Company Background

Company At-a-Glance	
Headquarters	New Delhi
Year Founded	Max SkillFirst, a subsidiary of Max India Group, was formally incorporated on May 11, 2015, after running within the Group as a Strategic Business Unit and Centre of Excellence since April 2013.
Revenue	USD $6.9 Million (INR 44,60,00000) March 2017
Employees	311
Global Scale	India
Customers/Output, etc.	Customers include Max Life Insurance Co. Ltd, Max Healthcare and Max Bupa Health Insurance Co. Ltd. Primary target audiences are 52,300 front-line executives and first-time managers.
Industry	Learning & Development
Website	www.maxskillfirst.com

Budget and Timeframe

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Overall budget	USD, $18,385 (INR 11,81,250 [USD 18,385] –
Number of (HR, Learning, Talent) employees involved with the implementation?	184 employees: 5 content team members, 20 nurse educators, 47 front office duty managers, 112 security supervisors
Number of Operations or Subject Matter Expert employees involved with the implementation?	Head of nursing, 12 front office and security supervisors, 5 L&D, 6 senior trainers, and 6 other SMEs.
Number of contractors involved with implementation	1
Timeframe to implement	12 weeks for production; 2 weeks for distribution and implementation.
Start date of the program	February 2016

Business Conditions & Business Needs

India's diverse languages and dialects created challenges for nurses who deal with patients at Max Hospitals, which has a strong presence in North India. However, 80% of the ±5,000 nurses who work at the hospitals are from South India and may not understand the Hindi or English spoken in the north. In addition, all trainers are from North India.

Max SkillFirst, an entity of the Max India Group that includes its hospitals, set out to overcome the mismatch and increase the service culture by designing training aimed at three audiences:

1. **Nurses.** Ineffective dealings resulted in process delays, time loss, and patient dissatisfaction.

2. **Front Office.** Staff members in the front office have a major impact on visitors and patients during pre- and post-hospitalization. There are 600 front-office staff members and 47 duty managers. For duty managers, training their teams on soft

skills is always a challenge because taking them off duty is difficult. The front office team handles patient queries and issues and many times get stressed handling difficult situations.

3. **Security Guards.** These are the first people to interact with patients and visitors. Their behavior sets the first impression of Max Hospital, its culture and its values. Most security guards come from a humble background and have low self-esteem and a subservient mind-set. Many get intimidated in classroom trainings. Moreover, security guards are standing or on-the-move most of the day. Security focused on stopping visitors from breaking hospital protocols without giving a logical reason to them.

When a new MD/CEO took over at Max Healthcare, he wanted employees to better connect with Indian culture by exhibiting positive behavior, pleasantly greeting people and exchanging information with a smile. However, with 775 security guards and only 112 supervisors, it would have taken months to train them. With monthly turnover, classroom training would not be sustainable.

Other challenges included:

- Low training budgets.

- Difficult to withdraw people from patient-care duties in a hospital environment that has high occupancy throughout the year and more than 100% August to October months due to seasonal epidemics, such as Dengue, Chicken Guinea, and Swine Flu.

- It would take too long for classroom training to cover the entire population.

- Some hospitals lacked training infrastructure.

- It would be difficult to maintain the training delivery standards in classroom trainings.

To meet the organization's needs, the Max SkillFirst team created a video-based solution that would engage the senses and use real-life, interactive scenarios and activities. The training starts with a short briefing during morning drills, followed by the eLearning.

Overview

Videos were developed for each of the three audiences based on the following objectives:

- **Standardize Communication with Patients**.

  o To skill nurses, guards and front office personnel on behavioral and soft skills to prepare to cope with everyday situations and resolve issues effectively in a standardized format.

  o Making all the staff across 14 hospitals speak the same language.

  o Developing patient communication skills that are whether in Punjab, Delhi, Bhatinda or Dehradun.

- **Enhance patient experience.** By demonstrating Max Healthcare values and culture.
- **Increase engagement of the hospital staff.**

The learning videos, shot over five, non-continuous days, were made available on mobile phones, tablets, and desktops, and they were combined with briefing and debriefing during morning huddles.

Design

Key video features

1. **MD/CEO of Max Healthcare.** Describes the vision, mission, and values in English and Hindi and provides tips on how to consistently demonstrate the culture. The message was well received, creating a "buzz" among audience members.
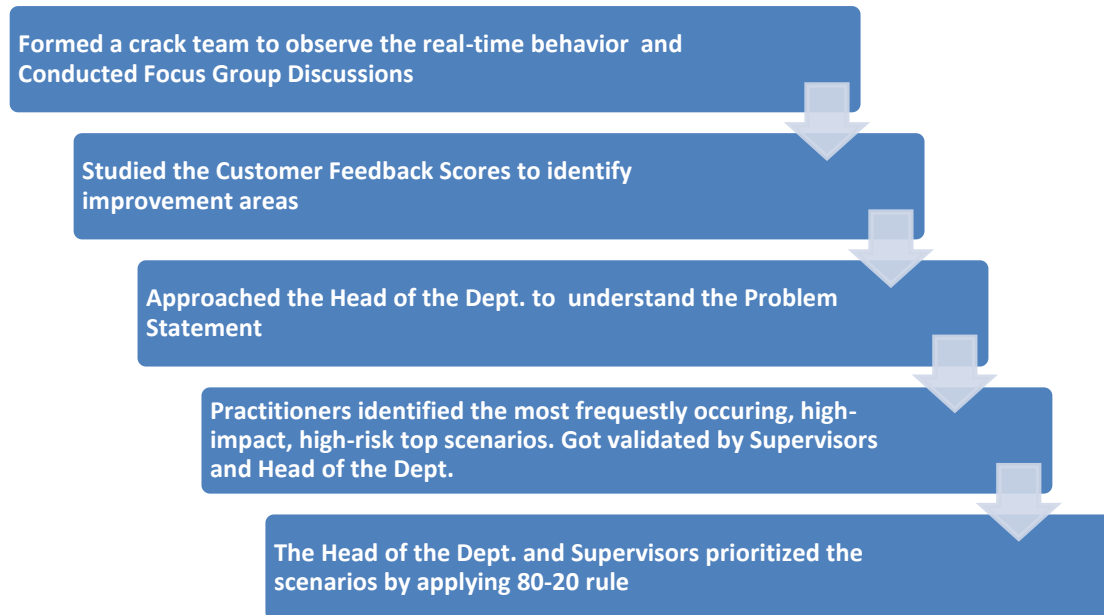
Figure 1: MD & CEO of Max Healthcare

Source: Max SkillFirst 2017

Topics were selected carefully. Topics were chosen after analyzing customer survey scores and focus group discussions. Topics were validated by each department head and supervisors; the 80-20 rule was applied to scenarios.

Figure 2: Topic Selection Process

Formed a crack team to observe the real-time behavior and Conducted Focus Group Discussions

Studied the Customer Feedback Scores to identify improvement areas

Approached the Head of the Dept. to understand the Problem Statement

Practitioners identified the most frequently occuring, high-impact, high-risk top scenarios. Got validated by Supervisors and Head of the Dept.

The Head of the Dept. and Supervisors prioritized the scenarios by applying 80-20 rule

Source: Max SkillFirst 2017

2. **Real-experience scenarios.** Videos feature role-play situations involving real-life scenarios, ensuring relevance to participants in their daily work.

Figure 2: Real-life scenario

Source: Max SkillFirst 2017

3. **Use of working language**. Language was an issue with nurses because most are from South India. By using video training, they can view the role-plays in the hospitals' work language, which is English. Videos for security guards were shot in Hindi with key words in English, exactly the way they speak. Similarly, videos for front-office staff used a mix of Hindi and English.

4. **No outside actors.** Videos use real nurses, clinicians, front-office staff, security guards, general duty staff, and educators, generating pride and excitement.

5. **Captions, summary screens, and graphics/illustrations.** Art and short captions, audio narration on the purpose and things to observe and summaries with key point enhanced learning and retention.
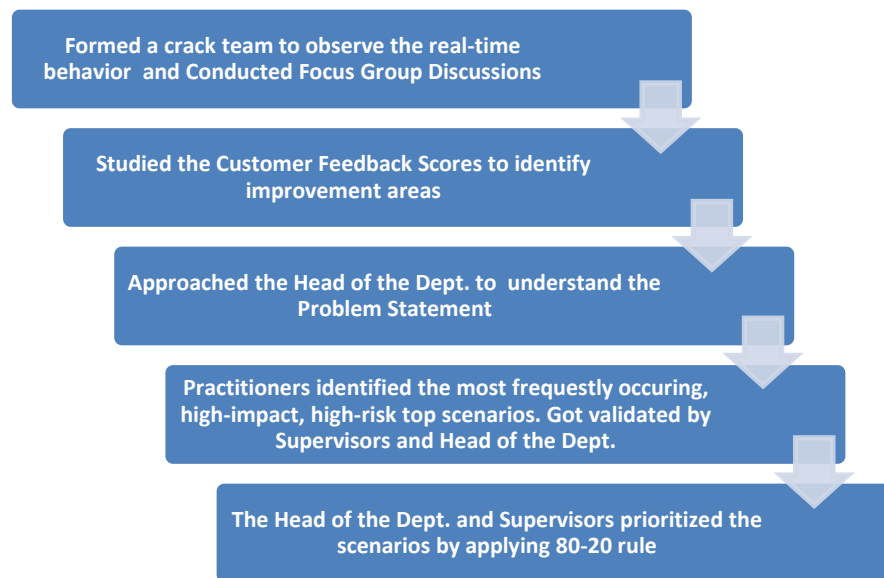
Figure 3: Expert Analysis and Key Learning
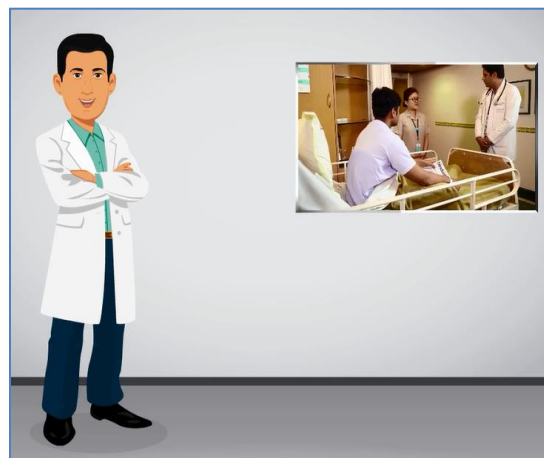
Source: Max SkillFirst 2017

Identifying Top 20 Scenarios

A comprehensive approach led to the identification of the 20 most high-impact scenarios.

Figure 4: Developing Top 20 scenarios

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Source: Max SkillFirst 2017

High-impact and most frequently-occurring Top 20 scenarios were identified by the head-nurse and nurse educators, the security general manager, managers for guards, and the front-office head.

Figure 4: Elaborate Process

Identification of Top 20 Scenarios

Script Creation and Validation

Selection of Actors & Rehearsals

Preparation & Permissions to Shoot Videos

Video Shoot & Editing

Source: Max SkillFirst 2017

Nursing Videos

- **Problem statement.** Developed with insight from 30 nurses, nurse educators across five Max Hospitals, and the head of nursing.

- **Validation by the practitioner.** Based on the problem statement, 16 nurses and educators provided their lists of scenarios across hospitals.

- **Customer satisfaction surveys.** Studied the parameters where customer scores were low in a survey by the Indian Marketing Research Bureau.

- **Top 10 scenarios.** Identified and validated by nurses and heads of nursing.

- **Subject matter experts.** Scripts were created by 10-15 nurses from four hospitals and validated by educators who added input.

- **Scenarios and scripts.** Reviewed and prioritized by head of nurses and nurse educators.

- **Actors.** Nominated and auditioned. Six nurses selected.

- **Video shoot.** At Max Saket Hospital.

The nursing videos were used as stand-alone training and as part of the Nursing Induction program. After viewing the videos, employees were required to participate in one-hour modules where they practiced the standard phrases 3-4 times. They were then coached by immediate supervisors for 45 days before being audited for performance. Approximately 1,000 staff nurses were expected to be trained within 12 months.

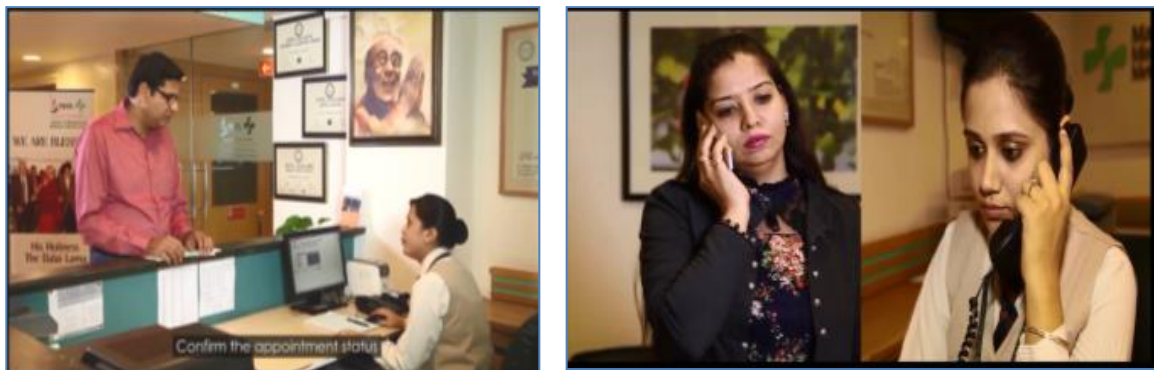**Figure 5: Email on Launch of Nursing Videos**

Source: Max SkillFirst 2017

Front Office Videos

- A crack team observed the functioning of front desk.

- Gap areas identified in collaboration with supervisors.

- Actors selected.

- Videos shot.

Figure 6: Front Office Patient Care.

Source: Max SkillFirst 2017

The front-desk videos were developed as part of ILT sessions where participants have the opportunity to discuss situations, learn from each other's experiences and role play interactions.

Security Guard Videos

- Gap areas identified.
- Actors selected.
- Role plays of good and bad scenarios captured on video.

The Security Guard videos were viewed and discussed during skill sessions and morning hurdles. The videos provided a chance to the security guards to observe and differentiate between the bad and good behavior and share their views on customer satisfaction between the two.

Key points were highlighted taking help of the screen text and summary of learning. The trainer/ supervisor invited participants to share their real life experiences as cross learning. Trainers shared similar real-life stories from past experiences for higher learning impact.

Figure 6: Security Guards: Left at ICU; Right at Lobby Lift

Bad Example   **Good Example**

Source: Max SkillFirst 2017

Measurable Benefits

Measurable benefits immediately seen:

- **Training reach, coverage numbers:** Video-based learning successfully addressed the challenge to provide behavioral training without taking participants away from their tough duty hours and customer-facing roles.

- **Visible behavior change.** Random visits to Max hospitals for real-time observations and supervisor feedback showed visible changes in the behavior of security guards, front-office personnel and nurses in using Namaskar, a traditional Indian gesture of respect made by bringing the palms together before the face or chest and bowing. In dealing with patients, attendants and visitors, employees answered queries effectively and convincingly about the benefits of hospital protocols.

- **Completion reports.** Participation was captured easily when the training videos were integrated into classes. Completion reports also were generated from mobile phones and tablets via Max SkillFirst Mobile App.

  o All 328 new nurses were trained using the videos in a four-month period. The target was to first train new nurses and then the existing staff. Another ±100 nurses will be trained per month.

  o 60 front-office employees trained using the video in a three-month period; 15% via classroom training and 70% via the app.

  o For security guards, videos are being run in training sessions with 80% adoption of the videos.

- **Customer satisfaction scores.** To ensure surveys were unbiased, Max Healthcare engaged an external agency, Indian Marketing Research Bureau (IMRB), to report scores at regular intervals for nurses and for front office personnel. Specific survey parameters sought feedback on the behavior of hospital staff. Scores were higher after the video training, a clear indication of success. Surveys did not involve security guards.

  o For front-office personnel, scores on politeness and courtesy at admission desk improved by 8%; overall experience scores improved by 6%.

  o For nurses, scores for overall quality of nurses improved by 6%; politeness and courteousness scores improved by 6%.

Sample Comments

"I would like to extend my appreciation for the great job done in developing the FO videos which have come out really well. I am sure this will help us in training our front-line employees to manage patient experience better. It's indeed a classic example of cohesive team work which leads to excellent results.

"Well done & keep it up!! We shall continue to move forward and work on other scenarios to ensure we have adequate material for our new joinees and an effective learning curve."
– Pradeep Kumar, Asst. General Manager, Service Excellence, Max Health Care

"We have shown the video to Rajit (CEO & MD, Max Healthcare) and Rajender (CEO, Max SkillFirst) both. According to me, it came out very well."— **Sudhir Nair, VP & Key Account Manager, Max Health Care**

"Great to see the teams converging and productive work being done. Compliments! On the difficult scenarios, the appropriate one will be the clinician getting angry at nurse in front of the patient. Thank you very much for the efforts."— **Capt. Sandhya Shankar, Head of Nursing**

"Today I have seen Security videos. I would like to thank content team for doing such a Wonderful work."— **D. V. Singh, General Manager, Security**

Overall

Summary of Key Findings

1. Short, bite-sized videos are very effective and an easy method to train hospital staff who are always hard-pressed for time.

2. Using working language and demonstration/role play on the difficult scenarios made it possible for participants to comprehend them easily and understand what is expected of them.

3. Learning communication skills becomes easier when people have role models they can emulate.

4. Training hospital staff on handling critical situations in a standard way across hospitals has a direct impact on patient satisfaction scores, reducing patient complaints and their average length of stay.

5. Videos make the patient experience an emotional journey, leading to more trust and respect.

Lessons Learned

1. Business case for video-based content has to be supported by direct correlation with productivity and retention, thus sharply articulating the ROI.

2. Business sponsorship from CEO to Duty Manager is critical to make training successful. Nothing moves in the hospital without the permission of the facilities

and channel head, hence he/she has to be aligned with the potential of the learning solution.

3. The rollout involves change management. When first proposed, the shift from classroom to video-based learning made trainers feel insecure and believed their need and importance would be reduced. The concerns were managed via company-level, change-management interventions, including communication.

4. Market the programs well with ROI, and identify places and people where early adoption is happening and then replicate the best practices.

5. Involve people who developed the content with creating the hype and increasing adoption and help them understand how the training can be a strong drive for audit processes.

Future Outlook

Some of the initiatives planned in the future are:

1. In view of the huge success of this video-based learning, plans are being made to create more standardized and specialized training videos and include content with higher levels of learning. For example, videos of nursing care for ICU, triage and specialty wards.

2. Create interactive videos to make the learning more effective, enhance user engagement and add local flavors.

3. Keep learner motivation in mind by making certifications available for completion of a set of video-based learning programs.

4. Create more bite-sized videos as just-in-time learning.

5. Use similar methods to transform other high-impact soft skills and behavioral programs such as time management and customer centricity.

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