

Training & Implementation Guidelines for Policy/Procedure Changes

PURPOSE

Organizations must have a consistent and effective process for educating employees and volunteers about the policies and procedures they are responsible for following. This policy/procedure provides guidance and action steps for developing, presenting, and documenting training on new and revised policies and procedures, and assessing effectiveness of implementation and adherence at the staff level.

POLICY STATEMENT

It is the policy of Best Ever Family Planning to provide employees and volunteers training on policies and procedures in a manner that enables effective and consistent implementation and ongoing adherence at all levels of the organization.

Training Considerations

1. Training materials will be developed and utilized to ensure consistency in the information provided, regardless of who is presenting.
2. Whenever possible, utilize the same presenter(s) for each session to minimize the risk of discrepancies in the information provided.
3. Training may be provided in real-time or developed and distributed to employees to review, at their convenience, within the established timeline.
4. Trainings may be conducted on-site and in-person; virtually through a web-based presentation or conference call; or distributed in a written format.
5. Length of the presentation must be considered when determining format.
6. Identify opportunities to engage participants in the learning process, keep it interesting.
7. Develop training schedule, format, length, and location in the most effective and cost-efficient manner based upon:
 - a. number of people/departments/locations affected
 - b. regular work hours and clinic schedules
 - c. attendance expectations
 - d. geographic proximity
 - e. complexity of the policy or procedure
 - f. type and amount of information to be provided
 - g. implementation deadlines
 - h. technology available to trainees
 - i. capacity of individuals assigned to present the information

Training Format

1. Current training formats and considerations are as follow:
 - a. On-site
 - i. Multiple locations
 1. Staff meeting/in-service by manager, clinician, etc.
 - a. Short session, 10-40 minutes, with information that is easily presentable and understood
 2. Staff meeting with trainer(s) traveling to each location
 - a. Longer sessions up to 6 hours and/or multiple days of training
 3. Regional locations with staff and trainers traveling to a location
 - a. Typically, a single day, including travel
 - b. Longer sessions, up to 6 hours
 - c. Shorter sessions, 2-3 hours, repeating the information for multiple groups
 - ii. Central location
 1. All staff attend same day or days
 2. Stagger staff attendance – use same presenters at single location
 - b. Webinar
 - i. Maximum length of session - 90 minutes (includes Q & A)
 - ii. Provide multiple date/time options to accommodate clinic schedules
 - iii. Record event for use in make-up sessions, new employee training, and archiving information
 - iv. Real time presentation
 1. Manage efficiency of presentation to facilitate delivery and minimize distractions
 2. Utilize slides and visuals for presentation
 3. Mute participant lines during presentation
 4. Unmute lines for questions at specific segments or at end of presentation
 5. Participants submit questions in the chat feature throughout the presentation
 - v. Pre-recorded presentation
 1. Record a live presentation or record session without an audience
 2. Participants email questions to designated person after viewing
 - c. Conference Call
 - i. Maximum length - 60 minutes
 - ii. Provide multiple date/time options to accommodate clinic schedules
 - iii. Record event for use in make-up session, new employee training, and archiving information
 - iv. Distribute documents for review during session
 - v. Real time presentation
 1. Manage efficiency of presentation to facilitate delivery and minimize distractions
 2. Mute participant lines
 3. Unmute lines for questions at specific segments or at end of presentation
 4. Participants email follow-up questions to designated person
 - vi. Pre-recorded presentation
 1. Record a live presentation or record session without an audience
 2. Participants email questions to designated person after listening
 - d. Written format

- i. Provide memo to staff with details for completing review
- ii. Provide document with changes highlighted or described for easy reference
- iii. Provide email contact for any questions
- iv. Specify deadline for review to be completed and required documentation completed.
- v. Specify who is responsible for collecting documentation and acknowledgement of participation

Training Materials

1. Identify individual(s) responsible for developing and presenting the information.
 - a. Consider expertise in the subject matter, presentation skills and capacity for use of technology
2. Identify and schedule resources needed for training
 - a. Meeting rooms
 - i. Physical spaces
 - ii. Virtual spaces such as conference call line, webinar session, and recording of session for future use and archive
 - b. Equipment
 - i. Projector
 - ii. Computer
 - iii. Microphone
 - iv. Conference phone
 - v. Printed materials
 - c. Amenities
 - i. Food / beverages as needed
 - ii. Travel arrangements
3. Develop and distribute written notification of training and logistics
 - a. Provide date and time for each location
 - b. Provide rationale for training
 - c. Include expectations for attendance and travel
 - d. Address any changes needed in patient appointment schedules
 - e. Identify date, time and location for make-up sessions
4. Develop Presentation Materials
 - a. Written document with changes highlighted for easy reference
 - b. Written materials/outline of information to be presented
 - i. Include rationale for policy changes
 - c. Slide presentation as indicated
 - d. Handouts/supporting documents as needed
 - i. New policy/procedure
 - ii. Updated chart forms
 - iii. Implementation deadline
 - iv. Mechanism to elicit ongoing feedback
 - v. Plan for ongoing monitoring of understanding and adherence
 - e. Interactive components to assist in learning/recall (e.g. random questions, prizes for answering questions, etc.)
 - f. Mechanism to assess participant understanding and recall. *NOTE: Games can be adapted for use with various policies. A link to master template of the games/quizzes is helpful.*
 - i. Quizzes – written, oral or real-time on-line responses

- ii. Games (e.g., Jeopardy, Match Game, online poll, etc.)
- iii. Role play (provide scenarios for practicing information)
- iv. Restate process, procedure, or key points
- v. Demonstration of procedure
- g. Training evaluation form for participant feedback. *NOTE: Form # and link to form could go here.*

Staff Acknowledgement

1. Training Acknowledgement Form (Form # XXX) includes: (indicate form number here) *NOTE: Link to form should be added here.*
 - a. Name of policy/procedure
 - b. Date of training
 - c. Deadline for completing training and submitting form
 - d. Training format
 - e. Presenter name/s
 - f. Statement acknowledging attendance, understanding, ability to have questions answered and willingness to adhere to the specific policy/procedure
 - g. Printed name of staff member in attendance
 - h. Signature of staff member in attendance
 - i. Signature of supervisor or presenter
 - j. Information about where completed form is sent
2. An acknowledgment form is required for each policy/procedure reviewed. If using a single form, it must be duplicated and filed with each policy/procedure referenced in that training.

Monitor Adherence

1. It is necessary to ensure current policies and procedures are understood and followed, which requires ongoing monitoring at the staff level
2. The monitoring process includes direct observation, discussion with staff, review of documentation, identification of barriers, and adaptation as needed to facilitate adherence.

Action Steps

1. Establish and publish a schedule for ongoing monitoring.
2. Monitoring process:
 - a. Establish feedback mechanism for staff and encourage questions/comments
 - b. Provide responses to questions/comments to all staff
 - c. Develop and utilize standardized audit tool
 - i. Minimum acceptable compliance score is 97%. *NOTE: this can vary based upon procedure. Some organizations typically allow a 3% to 5% error rate, even though 100% compliance is the goal.*
 - d. Conduct and document on-site observation as scheduled
 - i. Use standardized tool for documentation of observations
 - ii. Ask individual staff members to describe current procedure
 - iii. Query individual staff regarding questions and challenges with implementation
 - iv. Review results with manager prior to leaving

- e. Conduct chart reviews/written audits as scheduled
 - f. Utilize results to assess effectiveness of implementation, identify steps to support adherence, and make changes as needed
3. Audit/review intervals post-implementation: *NOTE: These are suggested timeframes that would vary based upon the policy that is being implemented.*
- a. One week – check with each site (phone or on-site)
 - b. One month – audit (document review and/or on-site observation)
 - c. Three months – audit
 - d. Six months – audit
 - e. One year – audit or on-site observation
 - f. Annually or defined intervals thereafter – audit or on-site evaluation
4. Audit follow-up: *NOTE: compliance levels and frequency of re-evaluation or additional training, is determined by agency and can vary, depending upon the policy/procedure being audited.*
- a. Audit results meeting or exceeding expected compliance levels will be reviewed less frequently
 - b. Audit results below expected compliance levels will be repeated; intervals will not lengthen until results are satisfactory x 2
 - c. Additional training will be provided and documented if audit scores fall below expected compliance levels
 - d. Ongoing failure to adhere is a performance issue *NOTE: Each agency should determine the number of times and within what time frame it becomes a performance/disciplinary issue.*

Archive Documentation

All training materials and associated documentation will be archived for risk management purposes (See Policy/Procedure: 50.3 Archiving Policies and Procedures) *NOTE: link to referenced policy/procedure 50.3 should be added here for ease of user access.*

Definitions

Compliance score: the expected level of accuracy shown when auditing procedures.

This document was prepared by the National Family Planning & Reproductive Health Association in January 2019. It is available online at:

www.nationalfamilyplanning.org/pages/issues/issues---providing-high-quality-services---health-center-operations

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