

Curriculum Effectiveness Enhancement

A Real Time Case Study

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Abstract

This project was assigned as a thought experiment to gain understanding of project management around an imaginary Instructional Design case. One of the given scenarios was a mirror of what I am currently developing while implementing at work. Therefore, I made use of my first-hand, real world experience to benefit my academic endeavors.

Keywords: Cognitive Overload, Microlearning, ADDIE, AGILE, Subject Matter Experts (SME), Key Performance Indicators (KPI), Protected Health Information (PHI)

Curriculum Effectiveness Enhancement

I was hired to work at Lumeris as a Senior Training and Development Specialist in the Medical Claims department. This case study is based off of my entering to the department and creating a first draft of the curriculum while training it. The given circumstances that caused this need is that several trainers have separated from the company in the last year. A training class was scheduled per the need to process claims in a timely fashion, according to federal law, in order to avoid paying interest on late claims. Per business needs I have abandoned ADDIE for a truncated form of the AGILE method of course development. I have analyzed content for and composed twenty participant guides while presenting them in seven weeks. During this time I also attended two one-week-long trainings on Facets, the system run by Cognizant that Lumeris uses to process claims.

The director of the Claims department worked closely with me to orchestrate an order of training that would be conducive to having class participants actively processing claims while in practicum, a term used to describe time hands on application of learned skills. This order of introducing topics did not align with the order that would have been used to maximize learning. Therefore, compromise was struck, or a sacrifice was made, to increase production. The schedule was a week of training, a week of practice, a week of training, two weeks of practice and then a final week of training. The plan was to have class participants in queues that would

route them claims related to what was learned that week. However, this was not what happened and instead class participants were routed what claims were a priority for that week, this negatively affected their learning experience as task reinforcement was not realized.

At approximately sixty percent completion of the project it was announced that the director that organized this illogical training method has separated (or been separated) from the company. The new management is now asking why certain decisions have been made and there are plans to meet and discuss how we plan to move forward.

Method

It was been identified by numerous parties of authority at our organization that the training documentation and method of implementation is in need of improvement. The artifacts that remain from previous sessions are crude lists of topics and one-page flow charts that do not resemble a curriculum. The current written documentation might have been accurate many years ago but is not suitable to conduct engaging training sessions. Similarly the PowerPoint presentations are developed in a text heavy format that does not allow for class participation. In fact, the Power Points were so out of date that they could not be used at all. The screenshots did not match the current system and the policy and procedures produced were inaccurate. The videos are out of date and are not easily relatable to

our current workflow. In reality there were actually no videos at all. However, forty videos depicting accurate workflow were devised from having subject matter experts (SME) enter the learning space and demonstrate processing live claims; and sixty or more videos will be created and available to claims processors by the end of the session. The videos were being housed and shared via Microsoft OneDrive, however per security concerns around the videos containing captures of protected health information (PHI) they were moved to the claims department intranet site. At this location they are accessible by anyone who processes claims.

Results

Project Deliverables related to the process include a project charter, a project management plan, a work breakdown structure, a schedule, two project status reports, twenty participant guides (property of Lumeris Health) around the types of claims Analysts process, sixty “mp4” videos created using Skype screen capture (property of Lumeris Health) and a post project review. These deliverables were designed and developed by David Kolmer, who comes to the company with over five years of Instructional Design experience and thirteen years of in-classroom-experience. The content is currently being implemented by David Kolmer to the claims processors who have been identified as having the capacity to process analyst level claims.

Starting tomorrow, June, 17th 2018, David will begin development on the final thirty percent of the participant guides. These are topics that route to the special handling analyst queue and are the most complicated claims that the department processes. This material will be presented to class participants during the week of June, 25th 2018. In the morning David will present the participant guide and in the afternoon a subject matter expert will enter the learning space to demonstrate the process while David records their screen and audio via the Skype recording function.

Discussion

This project, in its current development plan, is at sixty percent completion. The best metaphor for this process is: the trainers are building the airplane while it is burning in mid-flight and the passengers are all bleeding all over the cabin. The claims manuals are a set of Microsoft Word documents available on the department intranet site, that are meant to provide clarity and resolve around process and procedures. However the business associates responsible for maintaining these law-setting documents have left, or been asked to leave, the company. There have been discussions that the training department will take over these documents moving forward. The leader who set this plan in motion has left the company. The subject matter expert (claims auditor) who previously trained the

content has left the company. The trainer who trained the content before the SME abruptly quit last spring of 2018.

There was no time to sit down and do research around how to improve the effectiveness of training. Luckily I am in this class, at Fontbonne University, and it forced me to create project management documentation around the development of this first draft of the curriculum. I wanted to create demonstration videos from the beginning. Recording of procedures was forbidden by the subject matter expert who was forced against his will to facilitate training of the analyst class with no curriculum. I do not hold this decision against him at all as this process was very stressful for him as an introvert and especially uncomfortable because he was working as a claim auditor while training the people he was auditing (conflict of interest to say the least). After the training ended the business asked him why he had not been meeting his quota of processing claims and he quit on the spot. He said, "I quit. I just ##### quit."

At any rate, the subject matter expert's demonstrations were not of the nature that could be used for class. They were long-winded and dug deep into every detail that was encountered in processing a claim live in class. This process of explaining every minute detail as it surfaced left class participants with severe cognitive overload. Topics were not introduced or summarized into digestible

chunks as common research around effective learning supports. Where working memory and long-term memory work together to promote knowledge transfer.

(Clark 53) Associates who had been processing claims for years developed new skills around the process. Associates that were new to the department or company, myself included, were accosted with gross cognitive overload. In her book *Building Expertise*, Ruth Colvin Clark defines cognitive overload in her “Cognitive Load Management Principle: Manage cognitive load in the design of instructional materials and activities so that limited cognitive resources can be devoted to learning processes.” (Clark 86)

It is important to note that the learners in this class differ from learners in previous classes. Whereas, in the past a claims analyst would be a “lower level” claims processor and eventually promoted up to the analyst role. Now analysts are hired-in new right off the street to fill the role. This was done because the business would promote claims processors up to the analyst level role and they would fail. They were very good at processing claims but did not necessarily possess the temperament or skill set to analyze complicated claim issues.

The main goal of building the participant guides in the way that I did, was to section out the material in to chunks of information that could be easily understood. I created note-taking templates (submitted) that work through a

specific process. Each template aims to define: what causes the topic, how the topic is easily identified on the claim, what the most common paths to resolution are and what documents and resources are used to get to the resolution. The final participant guide modules plant seeds around what the topic is, what it isn't, how you can define it and what you should do with it. This method of simple mental modeling was chosen because the learners are now all new to the company. (Clark 243) Clark writes, "If general principles can be taught and sufficiently robust mental models formed, these can be applied to job problems beyond those practiced during training." In this sense I have attempted to distill the most important information around each topic and present it in a organized and simplified way.

As stated previously the previous trainer (SME) of the analyst claims processing class did not permit me to record his demonstrations. Per moral will and legal obligations I did not record his sessions. It was a reading, that I did in this class, that gave me the determination and confidence needed to make the recordings a reality. The reading was titled "Microlearning 101" by Annie Murphy Paul, and it discusses the idea of breaking things down into small digestible chunks that are available for "when you need it" learning artifacts. That is exactly what these videos are. The benefits of video is that video is sterile, consistent and repeatable. I have received a great deal of positive feedback around the live demos

and the videos produced from them. In addition, these demonstration videos will also be a cornerstone of the next course, they will be used to both improve the participant guides as well as introduce / reinforce the topics during facilitation. I created a video demo on how to do this and have hosted it [here](#):

<https://youtu.be/5wb0TVcuih8>

Measuring the success of the project in an absolute and empirical way will be impossible. The primary reason for this is that the executive leader who developed much of the structure has separated from the company. A secondary reason is that (apart from one person) we have never trained this content to a group of trainees who have not done this work. A tertiary reason would be that we have never had an instructor who is unable to process claims train a claims analyst class. This training has revolved around shooting multiple moving targets while the targets change shape or disappear altogether while other targets appear and then change shape.

In the end this training will be a success if the class participants are able to receive claim audit scores (yet to be defined) that are acceptable by the business. A secondary indicator that this training was a success is that David Kolmer will remain employed at Lumeris Health.

Author's Background

David Kolmer received his bachelors in Theater Arts from Millikin University. He leveraged his undergrad degree to teach English in Thailand for seven years. David trained Thai nationals in English as a Second Language from the ages of two-year-olds to adult learners and every age in between. Upon returning to the United States of America David perused a career in Corporate Training Facilitation. He has worked as a Trainer or Instructional designer for, Macy's Credit Customer Service, Schneider Electric, Edward Jones, Magellan Health and Lumeris Health. From all this experience David's main take away is that it is better to say the most important thing than to say very many things and hope the right things stick.

References

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