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CASE STUDY ERNST & YOUNG: MASTERING ENGAGEMENT ECONOMICS

By Sarah Boehle

fter implementing a standardized client engagement process in 2006, assurance, advisory, tax, and transaction services firm Ernst & Young (E&Y) LLP set its sights on developing a formalized curriculum to support its new program.

According to Susan Heil, an E&Y director and the

enterprise-wide learning leader for the Americas, managers play one of the most critical roles in the firm's engagement process. "These are the individuals responsible for running the engagement on a day-to-day basis—including everything from planning, budgeting, and scoping to putting a team together, delegating tasks, and managing client relationships."

Her team's challenge from a learning perspective, Heil says, was finding a way to show managers how their actions in each of these areas interrelate and contribute to an engagement's success. "We wanted to immerse managers in an environment where they could see the impact of their actions, practice and make mistakes, and understand how all of their decisions—however large or small—impact project outcomes over time."

To achieve this goal, Heil's team worked with ACS Learning Services, a Dallas-based provider of end-to-end learning outsourcing services, and Regis Learning Solutions, a Denver-based simulation and experiential learning solutions firm, to create "Engagement Economics," an eight-hour facilitated simulation that models the three phases of E&Y's client engagement process—including planning, managing, and closing—from start to finish over the course of a simulated time period of 20 weeks.

During the competitive simulation, managers work together in teams on a client engagement

drawn from real-world E&Y cases. At the outset of the experience, each team is provided with all of the information it needs to kick off the project, including client background information, project goals, objectives and timelines, and client deliverables and expectations. Next, each team works together within a complex, rapidly changing environment to ensure the engagement's success in three critical areas: profitability, firm impact, and client satisfaction.

Throughout each phase of the multi-round simulation, participants encounter realistic scenarios, challenges, and dilemmas—all drawn from reallife client engagements—such as scheduling and resource management issues, client change orders, communications breakdowns, and scope creep.

In one such scenario, a client abruptly informs the engagement manager it no longer will be able to complete certain project deliverables as previously promised. At this point, says Regis Learning Solutions Managing Director Kevin Himmel, the manager quickly must reallocate resources and adjust project-staffing requirements accordingly.

Even a small change like this can have substantial impact on the success of an engagement, notes Himmel. "If a manager has too few people on her bench at the time the scope of the project expands, it will be difficult for her to ramp up quickly and add staff fast enough to meet the client's needs. On the other hand, if the manager has too many idle people on the team who are waiting around for an assignment, she'll be able to ensure client satisfaction. However, the profitability of the engagement will suffer because the firm will have to carry the cost of all of the non-billable time those employees spent waiting on the sidelines."

To ensure managers learn from their successes and failures as the simulation progresses, the simulation tracks all manager decision-making from round to round. It then calculates the cumulative impact those decisions have on the project in each critical success area, and continually feeds the results into a "dashboard" that depicts each team's debriefs the exercise and provides extensive feedback designed to pull leading practices out from their experiences and improve their performance in the next round."

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performance over a specified period of time.

After each challenge or "round," for example, says Himmel, participants receive scores gauging their performance in terms of profitability, client satisfaction, and firm impact. "Then, the facilitator Results produced by the simulation, which E&Y launched for approximately 1,000 managers in late 2008, have been outstanding, according to Heil. The response has been so positive, in fact, that E&Y now is rolling out the simulation to an additional 3,000 managers throughout the Americas. Plans also are in the works to develop a condensed version of the simulation for the firm's partners, executive directors, directors, and senior managers. "The goal in extending the simulation to a higher

level," Heil says, "is to ensure that when our managers return to the field after the simulation, E&Y leaders are in a position to extend managers' learning even further by reinforcing lessons learned during the simulation experience."

CASE STUDY PRI: IMPROVING PHYSICIAN-PATIENT RELATIONS

By Sarah Boehle

fter state regulatory requirements changed, mandating that New York-based physicians complete risk-management training to maintain "excess levels" of medical malpractice insurance, Roslyn, NY-based Physicians Reciprocal Insurers (PRI) recognized a golden opportunity to differentiate itself from the competition

and to enhance the quality of patient-physician relationships.

"One of our missions was to take our existing online learning content to another level," says Gerri Donohue, associate director of risk management education at PRI, a provider of professional liability insurance to physicians and medical facilities throughout New York State. "We wanted to create an advanced, experiential online course that would touch on all of the things doctors see in various forms from day to day while ensuring we were subtly helping them to make connections for themselves at a higher level. We also wanted a tool that would do a better job of assessing the quality of physicians' interactions with patients by placing

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them in situations where it wouldn't be as easy for them to determine the correct answers."

To accomplish these goals, PRI partnered with Enspire Learning in Austin, TX, to create a simulationbased course that allows physicians to learn and practice their communications skills within a safe environment. The course includes several scenarios based on real-life medical malpractice suits. In each scenario, learners review patient files, discuss patient concerns, and choose effective communication options while participating in a "branching" conversation simulation. During these conversations, patients' moods fluctuate as a direct result of a physician's choices. When the conversation ends, each learner is provided with a score, as well as extensive performance feedback, so he can fully understand the impact of his choices and learn from his mistakes.

In one such scenario, a patient named Mr. Tanaka complains of fatigue and diarrhea. The learner asks Mr. Tanaka to provide her with details regarding the pain he is experiencing and asks the patient why he thinks he might be feeling this way. After a brief discussion, the physician suggests the patient have a

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rectal exam—a procedure Mr. Tanaka is uncomfortable discussing. During this conversation, the learner must delicately broach the subject, being careful not to alarm the patient by jumping to the conclusion that he may have cancer or to give false hope that the patient's situation is not potentially serious (thereby opening the door to potential future litigation).

"One of the things physicians may be tempted to say to an anxious patient in situations such as

these is, 'Don't worry,'" says Christine Quinn, PRI's VP for risk management services. "Even though most physicians may view this response as being kind and compassionate, it is far more bonding in a patient relationship to say something such as, 'Tell me more about what you are worried about.'" This technique, she explains, allows the patient to have a more healing experience with the physician instead of being given false hope, feeling shut down emotionally, or being told—directly or indirectly that his concerns are somehow unwarranted.

In addition to several "branching conversation" simulations, the five-hour course—which was launched in April 2009 to approximately 4,500 physicians throughout New York state—features didactic instruction, self-reflection activities, and discussions on topics ranging from establishing rapport, understanding patient history, and ensuring continuity in the physician-patient relationship to handling difficulty, delivering bad news, and managing medical errors. During the final course project, six additional 15-minute simulations reinforce previous physician-patient scenarios by asking learners to interact with patients in ways

that apply multiple learning objectives simultaneously.

Throughout the experience, learners are able to view up-to-theminute feedback through a " communication meter" that tracks the major decision points each learner makes during the course and provides her with a running snapshot of how she is performing. "The communication meter is such a powerful feedback tool," says Donohue. "When physicians make a poor choice and see themselves going into the red (or negative)

zone, they are motivated to figure out what they did wrong and to find a way get back into the green (positive) zone of the meter." To do just that, she says, learners can click on "nodes" within the meter and expand the feedback window to reveal more detailed information about the ramifications of their choices, and then redirect their approach accordingly.

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