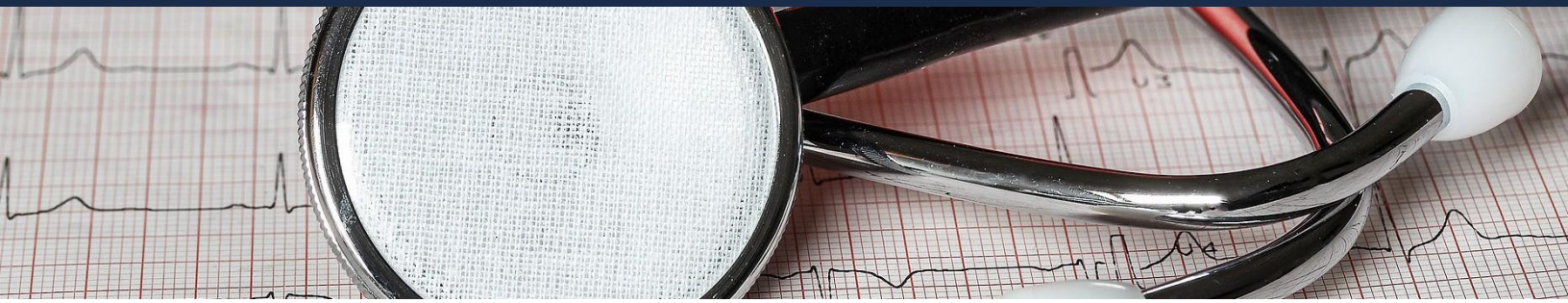
Achieving Patient Safety Using The Kirkpatrick® Model



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October 2021

Healthcare in Crisis

With new payment models, new performance standards and the changing, competitive landscape in healthcare, it is now more important than ever to create measurable learning outcomes for health professionals. Mandatory requirements and continued cuts to hospital budgets have decreased time for hands-on patient care and increased practitioner-to-patient ratios to dangerous levels in some hospitals. The results are twofold. First, many of those dedicated professionals who enthusiastically entered the healthcare field see little joy in their work of taking care of an increasing number of patients. Second and more importantly, patients are less than confident in the care they receive and are taking advantage of the choices in healthcare today as evidenced by value-based purchasing and HCAHPS scores.

As accountable care organizations follow a patient through the continuum of care to ensure positive patient outcomes, learning departments and organizations must follow learning participants beyond the training event to ensure similarly positive learning outcomes. The time has come for the learning industry to partner with healthcare institutions to create learning outcomes that support patient outcomes.

Training on Trial

Organizational training in healthcare is on trial. Healthcare and government leaders are eager to hear that the investment in healthcare training will finally prove to be worthwhile. Specific hope continues to lie in the ‘see-one, do-one, teach-one’ model, but mounting evidence shows that it is insufficient to meet the ever-increasing needs of patients. Why? Quite simply, for decades there has been an overemphasis on the training event and on the misguided belief that training in and of itself can and will lead to significant on-the-job application and subsequent positive outcomes (American Society for Training and Development, 2009). Changes must be made to put this myth to rest.

The pivotal question that needs to be asked and answered is, “Is learning transferred to the job and ultimately applied for the good of the patient and the organization?” In up to 85% of the cases in which the emphasis lies on the training event, the answer is “no”. The majority of training graduates fail to convert learned skills to sustained on-the-job behaviors (Brinkerhoff, 2006). This means that targeted results in terms of patient safety and satisfaction are not being realized.

Many practitioners find that training failure is not due to problems with the training itself. Instead, it more often is caused by improper development of targeted interventions, and issues in the work environment. Simply put, a significant number of nurses and other healthcare employees fail to implement newly obtained knowledge and skills properly due to a work culture that either does not offer on-going learning or does not provide the support and accountability necessary to create sustained, mission-critical behaviors. The crucial issue of transfer of learning to behavior, which ultimately leads to patient safety and satisfaction, urgently needs to be addressed.

A Formula for Improved Training Effectiveness

The Kirkpatrick Model (Figure 1), the cornerstone of training evaluation for over 50 years, can provide practical direction for positive changes in healthcare training and education.

Figure 1: The Kirkpatrick Model

Training and evaluation have primarily focused on the learning event, which encompasses Levels 1 and 2, because the model has almost exclusively been applied as an after-the-fact evaluation model, beginning with Level 1. While this is the proper application to evaluate training, it is not the correct way to plan and execute a successful initiative.

It is time for a change in emphasis and practice. Just as healthcare is moving from a fee-for-service model to a pay-for-performance model, the focus must shift from training events and isolated incidences of formal learning to a more holistic learning and performance support process. This training effectiveness approach integrates learning and reinforcement into the work environment, thus providing information and reinforcement when and where they are needed to support accomplishment of on-the-job application of critical behaviors and contributing to the highest organizational goals of patient safety and satisfaction.

Effective training: a measure of whether or not a training event met its learning objectives and was received favorably by the participants

Training effectiveness: a measure of whether training and all subsequent reinforcement helped workers to perform specific tasks on the job that contribute to the highest-level organizational objectives

The change in emphasis and practice begins with considering the Kirkpatrick Model at three stages of an initiative: planning, execution, and demonstration of value (Figure 2).

Figure 2: Stages of an Initiative

Three Stages of an Initiative

The first step in maximizing training effectiveness is to consider each of the three stages of an initiative as separate and distinct phases. The Kirkpatrick Model can be applied in each stage to maximize the value that is produced for the organization.

During the planning stage, the strategic intent of the initiative is clarified, and Level 4 targets identified. Paramount planning issues include selecting the right approach to accomplish the targeted results and identifying the type of environment that will increase the likelihood of on-the-job application of learned material. No major initiative should be developed and implemented before the planning stage has been completed. In this stage, the four levels are used in reverse. Level 4 Results are first identified, then Level 3 Behaviors determined, and then the targeted learning events can be designed effectively.

The execution stage is when pre-training, training, ongoing learning, support and reinforcement, and monitoring all occur. This is where learning is leveraged to create on-the-job performance, and assurances are obtained that the right behaviors are leading to the desired results. In this stage, the Kirkpatrick Model is used in sequential order from 1 to 4. Sometimes a higher level is executed or measured at the same time as or before a lower level, but generally speaking, they go in order.

Once the planning and execution stages have been implemented successfully, the demonstration of value stage can be performed. This stage is where many well-intended but

poorly guided professionals begin using the Kirkpatrick Model. Unfortunately, if the four levels are not considered before this point, it will be difficult, if not impossible, to show the value of an initiative. This is due to the simple fact that if the initiative was not properly planned and executed, it is unlikely that it will actually produce significant organizational value.

The demonstration of value for an initiative is illustrated by presenting a chain of evidence to stakeholders (Figure 3). This chain consists of quantitative and qualitative data from each of the four levels, put together in sequence to show how learning contributed to on-the-job performance and how that performance led to key organizational results.

The planning, execution and demonstration of value stages of an initiative are brought to life and detailed in the Kirkpatrick Business Partnership Model.

Figure 3: Chain of Evidence

The Kirkpatrick Business Partnership Model

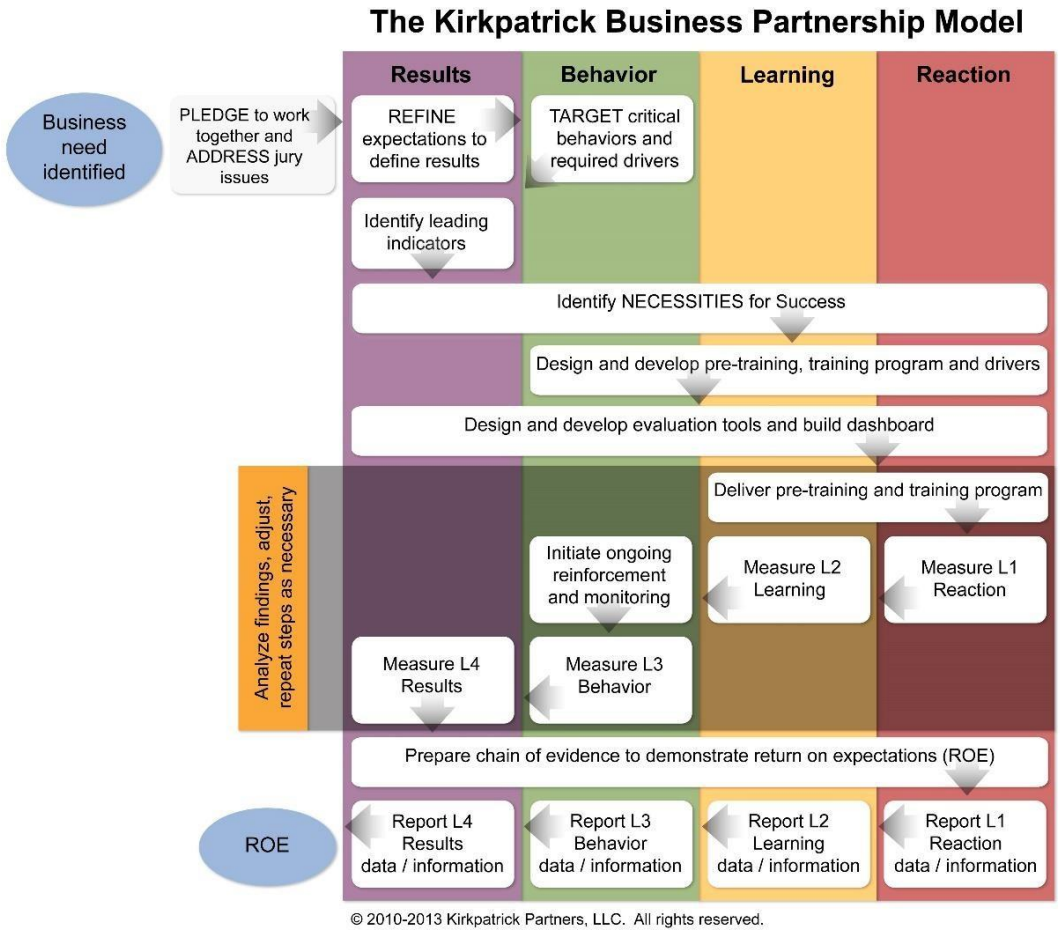
The Kirkpatrick Business Partnership Model (Figure 4) was unveiled in 2009 after numerous years of application by organizations around the world, as detailed in the book *Training on Trial* (Kirkpatrick & Kirkpatrick, Training on Trial, 2010). The model details exactly what must happen during each of the three stages of an initiative through the lens of the four levels. Following the model ensures that resources expended on an initiative will yield the necessary organizational results that were likely the impetus for the initiative from the start. It will also ensure that costs are contained because training, education, reinforcement, and evaluation are all targeted to accomplishing the end results.

Summary

Following the Kirkpatrick Model and the Kirkpatrick Business Partnership Model in patient safety and quality training initiatives will return the spirit that led healthcare professionals to select the field initially, produce safer and more reliable patient outcomes, improve overall patient satisfaction, and thrill healthcare stakeholders.

Few healthcare organizations have applied the power of these models to achieve measurable success. To illustrate the feasibility and potential of using these tools, a case study from Indiana University Health follows.

Figure 4: The Kirkpatrick Business Partnership Model



Critical behaviors: The few, key behaviors that employees will have to consistently perform on the job in order to bring about the targeted outcomes

Leading indicators: Short-term observations and measurements that suggest that critical behaviors are on track to create a positive impact on desired results

Necessities for success: Prerequisite items, events, conditions or communications that help head off problems before they reduce the impact of an initiative

Required drivers: Processes and systems that reinforce, monitor, encourage or reward performance of critical behaviors on the job

Return on expectations (ROE): What a successful training initiative delivers to key business stakeholders demonstrating the degree to which their expectations have been satisfied

Electronic Medical Record (EMR) Implementation
An Indiana University Health and Kirkpatrick Case Study

By Linda Hainlen, Director of Learning Solutions, IU Health

Abstract

Implementing an electronic medical record (EMR) system has been shown to improve patient care and patient safety. Indiana University Health (IU Health) has been in the process of implementing an EMR for the past few years. They have a development team that worked diligently with clinicians to design the electronic medical record software. However, as with any system, worth is diminished if users do not know how, or choose not, to use the system.

IU Health accomplished many tasks effectively in their training and development efforts during the EMR rollout. Looking back, an equal number of ineffective measures were taken before refining the process into a workable model that produced consistent results. IU Health did well with Kirkpatrick Levels 1 and 2 but needed help getting to Levels 3 and 4. In other words, they could prove that they had trained numbers of people effectively but could not prove their worth to the organization by showing that knowledge translated to performance.

What follows is IU Health's approach to utilizing The Kirkpatrick Business Partnership Model while successfully implementing the medication scanning portion of the electronic medical record.

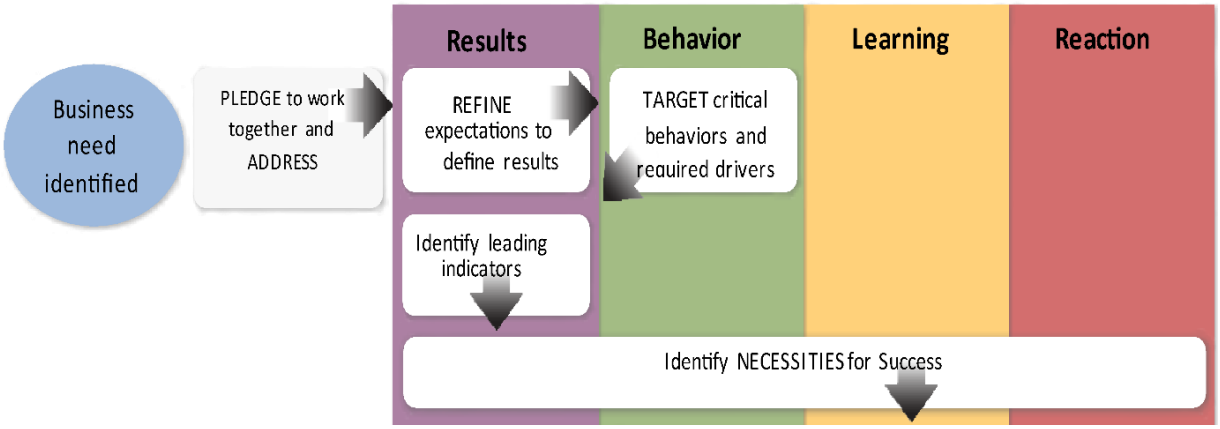
Background

Named among the "Best Hospitals in America" by U.S. News & World Report for 13 consecutive years, Indiana University Health is dedicated to providing a unified standard of preeminent, patient- centered care. A unique partnership with Indiana University School of Medicine – one of the nation's largest medical schools – gives its highly skilled physicians access to innovative treatments using the latest research and technology.

A private, nonprofit health system, Indiana University Health, formerly known as Clarian Health, formed in 1997 as the cooperative effort of three state-of-the art hospitals – Methodist Hospital, Indiana University Hospital and Riley Hospital for Children. Today, IU Health owns or is affiliated with multiple hospitals and health centers throughout Indiana.

Case Study: Electronic Medical Record Installation Using The Kirkpatrick Business Partnership Model

Planning Stage



Pledge to Work Together and Address Stakeholder Issues

It would be nice to say that 'working together' is as simple as being asked to participate in an initiative. However, 'being asked to the table' is really about being aligned with the goals of the organization. During budget preparation for the year, the IU Health training team wanted to know what the key organizational initiatives were and how their efforts could support successful outcomes. At any chance they were given, they met with business leaders to find out what their goals were and how the training team could help them achieve success.

During the early phases of EMR implementation, the training team failed to identify expectations clearly. The expectations seemed to be implied or assumed, "We are installing an electronic medical record to improve patient safety and move towards knowledge-driven care." During this phase, IU Health was installing devices and software that scanned and electronically documented medications. Later, members of the training team began to actually ask stakeholders their expectations. The typical response was, "We need you to train X number of users on X program by X date." Training team members responded, "Yes, but what do you want us to accomplish?" The response remained the same; "I want you to train X number of users on X program by X date."

Refine Expectations to Define Results

As the conversation continued, the question was rephrased; “Yes, but why are we doing this?” Finally, a nurse in one of the stakeholder meetings spoke up and said, “Because we never want an incorrect dosage of medication to be given to a patient.” “Ah, so patient safety is why we are doing this. You want clinicians to utilize this software to reduce the medication error rate.”

Connecting the installation of an EMR with patient safety connects with the ‘heart’ of healthcare. This gives everyone involved a real reason to learn.

The targeted Level 4 Results that would determine the ultimate success of this initiative were:

- Reduction in patient safety adverse events
- Reduction in healthcare costs

Target Critical Behaviors and Required Drivers

The critical behaviors were relatively straightforward:

- Nurses properly use the software and devices
- Nurses identify when to use the software and devices as part of their day

Required drivers included:

- Monitoring of developmental plans by supervisors to ensure attendance at educational events
- A “go live support” system that reinforces the likelihood of application
- Level 3 evaluation (monitoring actions)

Identify Leading Indicators

There were other concurrent efforts underway at IU Health that would contribute to reducing medication errors, including labeling and process. Simply measuring the rate of medication errors ultimately would not provide a solid gauge of the EMR implementation's success. The goal was for each unit to reach the 90th percentile for compliance in scanning and documenting medications. If accomplished, the error rate would decrease due to safety features being utilized with scanning to ensure the right patient, the right medication and the right dosage.

Four leading indicators were chosen that validated that the behaviors selected were indeed the correct ones and predicted that the final Level 4 results were imminent. They were:

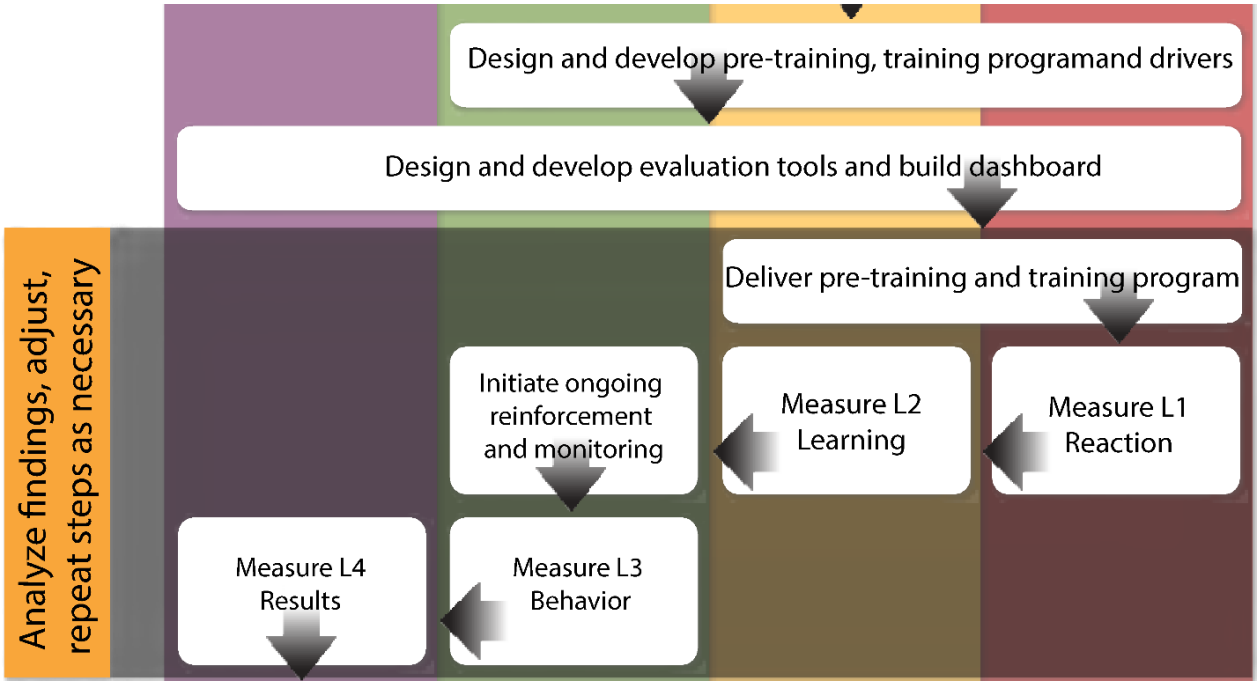
- Improved scanning and documenting compliance
- Reduced errors
- Increased training attendance (an indication that managers were encouraged by early success of the initiative and were encouraging more of their nurses to attend training)
- Increased positive attitudes and job confidence among nurses

Identify Necessities for Success

The team identified the following necessities for success in the EMR implementation:

- Basic computer skills for those who would use the EMR
- Identification of the proper audience for training, in cooperation with the unit managers
- Use of the learning management system (LMS) to disseminate and track the required training
- Ongoing partnership with managers throughout the project
- Communication with the organization regarding the initiative, its higher purpose and what to expect during the transition.

Execution Stage



Design and Develop Pre-Training, Training Program and Drivers

Past experiences had created the best practice of pulling together a small, collaborative team from four areas to hold a Learning Task Analysis (LTA) to create learning objectives.

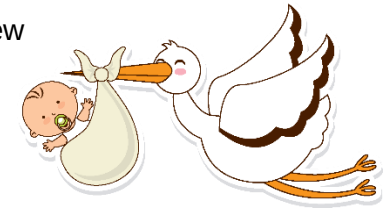
Collaborative Team Areas

- Clinical Experts (Client): Clinicians from the floor, including managers and hands-on clinicians
- Software Experts (Technology): Individuals from our Information Systems (IS) team who were designing and building the software
- Process Experts: Individuals who understand how the processes and workflows would change with the software implementation
- Education Experts: Representatives from education, including a curriculum designer (who leads the session) and an instructor who understands classroom dynamics and flow. Both understand adult learning principles.

This collaborative model can sometimes seem painful as the different areas do not always agree, but agreement is the ultimate purpose. Everyone needs to get on the same page early on, instead of two weeks before the go-live date! This group took the information gathered during the planning stage to determine the learning objectives. The team determined that the clinical expert (the "client") would have the final signoff authority to avoid a stalemate if complete consensus was not attained.

No one likes change. Past initiatives showed that users in healthcare tend to cling to old software programs similar to toddlers and their blankets. You could present them with a nice new, clean, silk-edged blanket, but they would rather hold on to the ragged, old, familiar one. So, the first consideration was to accept this fact and use the following process to address it:

- Mourn the dead – let users get used to the idea that their "blankie" is going away
- Gestate the new – start generating excitement about the new system and features
- Prepare for the arrival – provide learning opportunities
- The time has come – provide hand holding at go-live
- Growth chart – provide continued support for reinforcement



It is always difficult to get staff off the floor to attend learning events. Using research-based methods, the training team ensured all training time was as productive as possible. They took advantage of web-based training as a prerequisite to set the stage for learning and brought people into the classroom for only as long as necessary.

The collaborative team documented the tasks to be taught and weighed the importance of each. Keeping the desired results in mind, only the information necessary to know at go-live was incorporated into the training. The necessary tasks then were divided into three time blocks: before, during and after the training event. If there was not enough time to cover all the tasks, those with the lowest weight dropped from the classroom ("during the training event").

1. **Before the Event:** Overview of what to expect
2. **During the Event**: Classroom, WBT (web-based training)
3. **After the Event**: Just-in-time learning tools, coaching, and assessments with remediation. "Nice to know" and more advanced information optional in this time block

Most learning professionals are fairly familiar with the design and development of learning programs. Note one critical difference: IU Health built the Level 3 follow-up and reinforcement tools at the same time.

Here is the evaluation methodology used to ensure success and create a chain of evidence for the corporate jury:

Level 1: Reaction	Reaction sheets and interviews
Level 2: Learning	Proficiency assessment of key tasks (pre-tests where not relevant because this was a brand new system)
Level 3: Behavior	Usage reports using scan compliance report data; visual monitoring; surveys and interviews
Level 4: Results	Targeted metrics

Deliver Pre-Training and Training Program

Once the collaborative group approved the final curriculum, they held a knowledge share with the instructors as a handoff.

A preparatory class for supervisors also was conducted so they could learn about the software,the desired outcomes, and their role. They received:

- PowerPoint presentations
- Videos from stakeholders
- Communications to use in staff meetings and on their units
- Tools to assist with staff scheduling and attendance reports

The learning team began to hold training sessions and measure Levels 1 and 2 as planned.

Initiate Reinforcement and Ongoing Monitoring

Providing classroom instruction for everyone within a week of going live proved impossible, so instructors spent four hours a day in the classroom and four hours on the unit providing after-the-event coaching to help with learning retention. By streamlining the classroom content to include only necessary elements, instructor time was freed up for this valuable step.

It was effective to ask training graduates to demonstrate skills in their work environment, requiring them to think through the process and steps they had learned in the classroom.

Instructors were not always welcomed with open arms on the units. Some training graduates would say, “I passed the classroom assessment, why do I have to be assessed again?” Instructors always touched base with the unit manager upon arrival, reiterated the importance of reinforcement, and obtained permission and authority to work with the staff. It proved to be a very valuable review and remediation opportunity. Even the most reluctant unit members usually thanked the learning team members before they left.

Training staff was present on the units during go-live and provided extra coaching for the first week or two in partnership with IS and super users. Two weeks after go-live support, the performance of critical behaviors was measured to ensure that staff really were using the EMR consistently.

Measure Each Kirkpatrick Level

Here are some of the key learnings from the evaluations conducted:

Level 1: Reaction	• The more engaging instructors earned higher satisfaction scores. • Learners loved the activities and scenarios.
Level 2: Learning	• Not all training participants obtained a score of 90% orbetter on the assessment. The evaluation provided theopportunity for immediate remediation. • The early performance-based assessment showed that a good portion of the audience did not understanda particular task. The classroom presentation and scenarios subsequently were adjusted, leading to betterperformance on the remaining assessments. • The extended, on-the-unit assessment after class provided additional refresher and remediation opportunities, which led to better knowledge retention. It also served as a relationship-building tool that made staff comfortable to ask questions after the go-live date.
Level 3: Behavior	• By evaluating performance after implementation, we discovered that our learners knew the material, but our unit managers did not have the proper tools to hold them accountable. These tools were created and implemented to support performance of the critical behaviors on the job.
Level 4: Results	• Early indicators were evidenced by nursing commentsabout how the system was catching errors in dosage, maximum dosages over a time period and attempts to administer a medication that had recently been discontinued.

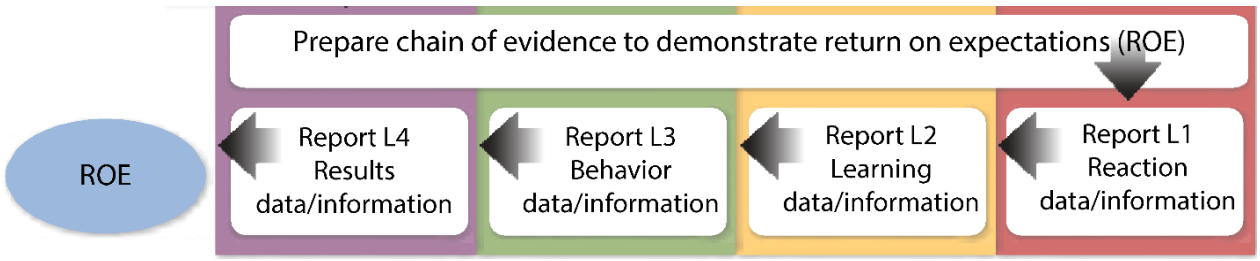
Analyze Findings, Adjust, Repeat Steps as Necessary

After the first facility went live with medication scanning and charting, the training team was excited to see the performance results. To their dismay, only about 60% of the units were in compliance, versus the goal of 90%. The team was extremely disappointed, because so much effort and planning had gone into the initiative. They visited learners on the floor to figure out what went wrong. They found that training graduates could perform the task; they just weren't doing it.

They realized at this point that they had failed to partner properly with the supervisors. Supervisors could not tell who was using the new system except by visual confirmation. The training team met with them and created a report by unit to show early adopters and stragglers. Short remediation sessions also were conducted to get units back on track. Once managers were armed with the tracking 'rate of adoption' tool, they could hold their staff accountable. It even became a bit competitive between units. When the compliance report was run again, all but two units were above the 90th percentile!

The training group shared both the successes and failures with the supervisors, as many factors affect outcomes. By partnering with the supervisors, the training group was now part of the team and had contributed to the success of the training effort. At that point, trust truly was established. Since then, supervisors have requested continued assistance from the training group with this project and others.

Demonstration of Value Stage



Prepare Chain of Evidence to Demonstrate ROE

Raw data was compiled to present to the stakeholders, including both successes and failures. Ironically, more trust was built by presenting what did not work and how the team regrouped than with what did work. Here is a brief summary of the results:

Level 1: Reaction	• Level 1 evaluations obtained from 467 out of 480 students • Instructors / classroom events averaged 3.93 on a 4-pointscale
Level 2: Learning	• Goal: Every student passes assessment with a score of100% • 46 of 480 students (10%) were not able to pass with 100% and required follow-up remediation or attended another class • The units completed a second assessment one to threeweeks after the classroom event. Goal: Assess 90% of classroom participants • 445 of 480 students (93%) reassessed; 153 (34%) did notpass the assessment and required remediation
Level 3: Behavior	• Goal: 90% compliance • Initial measurement: 71.5% average compliance • After partnering with the unit leadership and providing them with accountability reports, all but two units exceeded the 90% compliance goal • Subsequent measurement: 93% average compliance
Level 4: Results	• Leading indicators: Nurses commented that the system was catching possible errors in medication dosages, limitsand discontinued orders. This was contributing to reducedmedication errors. • A reduction in patient safety adverse events was evidenced: Medication errors with a severity level E or higher dropped from approximately 1.5 defects per unit to .5 over a three-year period. • Healthcare costs were reduced by eliminating medicalcomplications and potential medical malpractice claimsfrom medication errors • While dollar figures can be estimated easily using the patient safety adverse event reductions, the maximum liability under statute differs by state.

ROE (Return on Expectations) – Verdict

As with any initiative, many factors contributed to success:

- The I.S. team tweaked features to make the process flow better
- Managers improved the accountability
- Learning services provided remediation where needed

The learning team can never take sole ownership of success; they are one of many partners in the success.

Using The Kirkpatrick Business Partnership Model truly helped the learning team to achieve stakeholder expectations by providing evidence of outcomes. The goal of 90% compliance was achieved and ultimately contributed to decreased medication errors, resulting in better patient safety and reduced costs. The model also helped the learning team move beyond 'numbers of people trained' to evidence-based learning. The stakeholders were impressed with the team's ability to show true learning outcomes.

This experience has raised the bar at IU Health for learning. Leaders now expect evidence on all four Kirkpatrick levels for every major learning initiative.

Urgent Call to Action

A tremendous opportunity exists to make significant contributions to patient care and frontline healthcare reform. During this time of economic challenge, and when the healthcare industry is under fire, the good news is that leaders – your strategic business partners – are looking everywhere for solutions to the incredible challenges of patient care, safety and quality.

Healthcare is on trial, and training professionals have the unique opportunity to make a measurable difference by providing educational outcomes that lead to patient outcomes. Kirkpatrick Partners stands ready to work in partnership with you to accomplish these critical and necessary goals in your organization.

The methodology described in this white paper is taught in two exclusive programs:

Kirkpatrick Four Levels® Evaluation Certification Program - Bronze Level

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If you would like additional information on the concepts presented here and how to work withus to make this come to life for your organization, please contact us.

References

American Society for Training and Development. (2009). *The Value of Evaluation: Making Training Evaluations More Effective.* Alexandria: American Society for Training and Development.

Brinkerhoff, R. (2006). *Telling Training's Story.* San Francisco: Berrett-Koehler Publishers, Inc.

Grena Porto, R. M., & Richard Lauve, M. M. (2006, 07/08). Disruptive Clinician Behavior: A Persistent Threat to Patient Safety. *Patient Safety and Quality Healthcare*, 3, 16-24.

Kirkpatrick, D. J., & Kirkpatrick, W. K. (2009). *Then and Now.* St. Louis: Kirkpatrick Partners, LLC.

Kirkpatrick, D. J., & Kirkpatrick, W. K. (2010). *Training on Trial.* New York: Harper Collins Publishers.

Phillips, J. (2009). *Measuring Success: What CEOs Really Think About Learning.* Alexandria: American Society for Training and Development.

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Kirkpatrick Partners is The Standard for Leveraging and Validating Talent Investments™ and the only provider of authentic Kirkpatrick products and programs. They carry on the work of Don Kirkpatrick, Ph.D., and the Kirkpatrick Model of training evaluation, also referred to as the four levels of evaluation.

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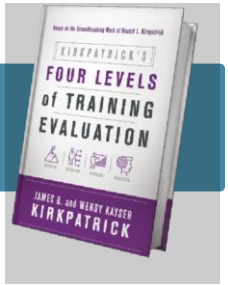

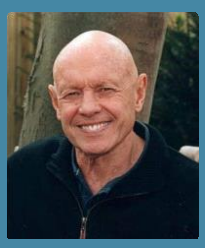

Kirkpatrick's four levels is the best I've ever seen in evaluating training effectiveness. It is sequentially integrated and comprehensive. It goes far beyond 'smile sheets' into actual learning, behavior changes and actual results, including long-term evaluation. An outstanding model!

Stephen R. Covey
Author, *The 7 Habits of Highly Effective People*

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