



BUILDING AND MAINTAINING OPERATIONAL SKILLS DURING COMPLEX CHANGE – A WORLD BANK GROUP STAFF LEARNING CASE STUDY

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Introduction

In response to a rapidly changing organizational environment, the regional learning coordinators of the World Bank, with the support of their management and teams, launched a highly successful global clinic series to keep staff up to date on operational changes through a centralized learning approach¹. With a diverse staff in over one hundred countries, different time zones and a never-ending stream of national holidays, this was somewhat of a challenge. Within 6 months of commencing the series staff from 92 countries and from across all regions had attended at least one clinic. Overall, 34 percent of these participants were based in World Bank country offices. Three key components made this plan possible and included a new outreach strategy, a plan to rapidly produce materials using cutting edge content, and a new content repository strategy. Early evaluation evidence is presented below. There were a number of expected outcomes from the newly focused clinic series and also some unexpected outcomes which are explored below.

Rapid and ongoing organizational change

Beginning in 2012 and continuing until the present, the World Bank Group has been going through a lengthy process of rapid change. This includes a new president and senior management, new organizational structure, operational reforms, new IT systems and changing policies. Combine this with a rapidly changing world, and a renewed mission of ending extreme poverty in a generation while ensuring greater equity within client countries, and many people needed support to stay abreast of this. In fact major publications including the New York Times (Lowrey, 2014), Financial Times (Donnan, 2014) and the Economist (Editorial, 2014) have all commented on the rapid pace of change within the organization.

¹ The International Bank for Reconstruction and Development (IBRD) aims to reduce poverty in middle-income countries and creditworthy poorer countries by promoting sustainable development through loans, guarantees, risk management products, and analytical and advisory services. Established in 1944 as the original institution of the World Bank Group, IBRD is structured like a cooperative that is owned and operated for the benefit of its 188 member countries.

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During 2013-14, greater pressure was directed at making sure that World Bank Group operations were achieving intended development results effectively and efficiently, which is often referred to as project quality. This effort required staff to keep ahead of a plethora of revisions to operational policies and practices while at the same time maintaining the specialized, technical excellence required by clients. Staff also contended with busy work and travel schedules with many staff travelling up to 60 days per year on business.

Historical approaches to learning and adapting to change

In the past, one of the key ways that staff kept abreast of new technical topics and changes was through attending “Brown Bag Lunches.” During these lunch-time events, staff would listen to various speakers on a range of topics, ask relevant questions, and identify a go-to person to help with specific issues. But over time, these BBLs were deemed insufficient in addressing specific operational questions. In response, quality assurance staff began to hold additional “clinics” which were far more problem focused and/or supported walk in operational advice. As the World Bank became more decentralized with growing numbers of staff based in country offices, the country office staff would frequently cite lack of access to the same information available to Washington-based staff as a performance impediment.

By 2013, each of the Bank’s six regions were regularly holding clinics and BBLs – some by webinar – which were mostly directed toward staff working in the region and led by staff from the same region. This approach began to address the access concerns of country office staff. Clinics covered a range of topics with significant regional variation and were usually offered based on the availability of a speaker/presenter. At the request of management, the Regional Learning Coordinators² (RLCs) began to coordinate to share topics and a collaboration site was set up on *Spark* the Bank’s social collaboration platform for this purpose. Each RLC took responsibility for a certain topic and worked with a regional subject matter expert to create reliable content on the topic. The content was then vetted by the other subject matter experts and RLCs. By the middle of the year, a small body of quick operational learning topics was available.

Breaking down silos and a new approach to learning

For years, many cited the World Bank’s internal structure as heavily bureaucratic and “siloed”. The new president was quoted by the Financial Times explaining, “We found we’re really working as six regional banks because knowledge wasn’t moving from one region to another.” (Harding, 2014) This structure created “Learning silos” as well. RLCs reported to a Regional management, not to a central Human Resources or training department. Each managed a separate regional budget and plan for the design and delivery of operational training to the staff of their specific region, yet World Bank operational policies and procedures were similar across the organization.

² Including the three authors of this paper and others.

With the organizational change that occurred in July 2014, much of the audience for operational training was moved organizationally (not physically) out of the six regions and into one of the new fourteen Global Practice groups. A decision was made to retain the learning function within the Regions during the transition year. With the primary target audience now dispersed under different units across the World Bank, still coupled with its geographic disbursement across the globe, the Regional Learning teams put aside regional affiliation and strengthened their collaborative efforts in order to ensure staff could continue to receive necessary training while maximizing the new economies of scale.

As the organizational changes came into effect, the RLCs and the Bank's Operations Centre started to collaborate closely on the most effective way to reach out to both country office and headquarters staff, and to also ensure the quality of learning offerings. This led to the development and branding of the *Global Operational Clinics* as a collaborative effort between the regions and the newly formed Global Practices which housed most of the Bank's technical staff, including such staff as water engineers, climate change specialists and poverty economists.

A new learning outreach strategy and expanding access

RLCs determined that through collaboration they could reach staff from more than 100 countries on a regular basis with synchronous training. This collaboration began with building one "global" schedule of clinic that would meet the needs of all participants. The regional learning teams agreed to share the responsibilities of delivering clinics at various times of the day in order to reach staff across the world during their regular business hours. This means clinics are held in Washington at 7:00, 9:00, 14:00 and 21:00. Additionally, each clinic is delivered to both face-to-face and webinar participants. By utilizing a common web-based webinar platform, Adobe Connect, staff can choose to participate from the office or from home during one of the clinic times that is most convenient to them and they can also connect using a mobile device even when travelling. Keeping virtual participants engaged is vital to the success of the clinics, so the clinics were delivered with the support of a producer working behind the scene of each live session to ensure flawless delivery of the events (Christopher, 2015). Figure 1 shows an example of a producer paired with a subject matter expert delivering a clinic.

The new schedule provides a suitable clinic time for every country office. Previously, under the regionally-based clinic series, some countries could not take advantage of the training merely due to the delivery time. For instance, the office in Almaty, Kazakhstan, has no overlapping business hours with Washington, and only a few common business hours with other cities in the World Bank's Europe and Central Asia Region. It was not cost-effective for the Region to hold a clinic just for the staff of one country office. But, with the new global clinic schedule, staff in Almaty can participate in the training with staff in Beijing and other cities in the East and South Asia Regions in a cost-effective manner. The learning and knowledge sharing that is achieved in the global clinic series now benefits from a broader

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participant base that is cross-regional, and cross-sector in the experiences they bring to the “classroom.”



Figure 5. A typical webinar setting with producer and subject matter expert

Rapid production of standardized learning materials

Another benefit of the “global” clinic approach is the development of standardized content. No longer does the Bank have six different learning teams, working with six different subject matter experts, spending six times the funds in staff time alone, to develop the same content. In the new approach, the learning content is codified and managed collectively which is an appropriate knowledge management strategy in this organizational context (Davenport, 1998; Argote, 2006). Each learning team has the responsibility for the content of a few selected topics. The learning professionals work with one or two subject matter experts to develop the clinic materials and ensure institutional vetting of the content for alignment with policies and procedures.

Previously, with the highly decentralized approach to operational training, the smaller Operations Centre was usually unaware of the various training being provided across the organization and therefore unlikely to have seen the materials developed and presented. The content of the clinic materials relied solely on the trainer’s current knowledge and preferences. The operating environment at the World Bank is dynamic with new policies and procedures being continuously implemented. Was training addressing the most recent policies and procedures? Were the correct corporate messages being shared? Were the correct issues being raised? There was little quality assurance performed. Now, with the centralized approach, it is the responsibility of the Learning teams to partner with the corporate content owners to develop and vet the clinic materials, ensuring a reduction in misinformation. A standardized set of clinic materials are developed on each topic and trainers are provided these materials before each delivery.

With only one set of standardized materials to use, the quality of these materials can be more easily maintained. From a pedagogical standpoint, a learning professional can review the materials to ensure key learning objectives are covered, the scope is appropriate for a short, web-based clinic, and participant engagement activities are embedded in the delivery. Additionally, the materials can be checked for basic clarity and readability standards, utilizing appropriately sized fonts, colours, and layouts for a more effective user experience.

Another benefit of establishing standardized materials is the time this frees up for the subject matter experts (trainers). Prior to the implementation of standardized materials, each trainer had to spend time developing their own presentations on basic topics. This newly available time is allowing the learning teams to work with the experts to look beyond the current clinic content into new topic areas, enabling the Clinic series to grow and expand. Additionally, World Bank staff often request training materials to present to clients or other interested parties to build capacity for their staff. Once one regional team updates materials on any given topic, it is now relatively simple for any region or global practice to access the latest version on any common topic and modify it slightly for a different audience.

Building New Institutional repositories

The process of sharing content across regions has led to the development of a new institutional document repository and collaboration site. The repository is centrally housed and allows all regional teams to store and access materials and digital recordings of clinics even on mobile devices. By centralizing learning materials and storing them in digital format, both subject matter experts and staff benefit.

Previously, content for operational training was scattered, it was stored on hard drives, in shared drives accessible by one region but not another, and in email inboxes. This decentralized approach created inefficiencies since regions could not benefit from collaborating and sharing materials with each other. Once materials were centralized, subject matter experts and regional learning teams also had access to the most recent version of materials.

Staff also benefited from centralizing materials. They can search online and discover materials on topics at the moment in time when they needed to learn. By continuously giving staff access to up-to-date learning materials and recorded presentations, the demand for subject matter experts is better managed because staff knows that current materials are online, and do not need to request this from an expert.

Centralising materials also presented a set of challenges for the regional learning teams. In order to make the knowledge assets (materials) accessible, it was important to develop the taxonomy that reflected how people in the organization would browse and search for content (Rosenberg, 2006). This required reaching agreement on content categories that matched the content topics in the corporate learning management system and content types such as slides, hand-outs and recordings. Finally, naming conventions were designed to keep content

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organized so users could quickly locate the latest version of materials. These standardized materials are then stored centrally in *Spark*, the organization’s social collaboration platform, and are accessible to any learning team to use either “as-is” or to supplement with their own examples or case studies.

Expected outcomes

The results of this collaborative effort to offer Global Operational Clinics included major improvements in the participation of various groups and in overall communications. As shown in Figure 2, the majority of participants were professional-level staff. This busy group often does not have time to attend a multi-day training session. However, they embraced the shortened format on targeted topics. Additionally, policies on who could attend training had prevented consultants from attending face-to-face training. This portion of the World Bank workforce still need training however, and the clinics solved this problem as twenty three percent of clinic participants were consultants. The third group, administrative staff, has benefited through clinics by updates to procedural changes while also gaining a better understanding of issues that impact the task team and organization, and through the opportunity to learn alongside more senior staff.

Global Operational Clinics Participants

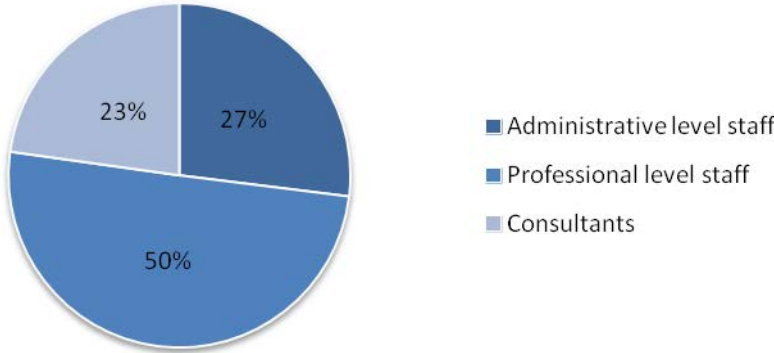


Figure 2. Global operational clinics participants by role

Shifting learning delivery from a regional to global focus also required developing new ways of communicating with staff about upcoming offerings. Rather than each region announcing regional clinics to their specific audience, a global announcement is sent to all operational staff, regardless of location. This means that a busy, mobile workforce can choose to attend training whenever it is convenient and even while travelling. The result is a mix of regional staff in every clinic offering. For example, Washington, DC staff who cannot attend training during the day can join an early morning or night time webinar targeting staff in Asia.

Early evaluation results

Evaluation for the clinic series is conducted in three parts. First, most webinars have an informal poll at the end of the session asking participants about the ease of getting and staying connected, and about the quality of the connection. Secondly, the World Bank's Learning Management System has the capability of asking staff to rank the clinic session using a five star system similar to Amazon shopping. Finally, a random selection of clinics receive a post-training level one evaluation administered electronically covering participant satisfaction with instructors, content, courseware, perceived skills increase and applicability.

In webinar polls show that most staff are now handling the technology well and have little trouble connecting. The average star rating for the new "global" clinics is 4.3 stars out of 5 stars with a 39 percent response rate. And, finally, 25 percent of the new clinics have been selected for formal evaluation with a 35 percent response rate. These results showed participant overall satisfaction at seventy-two percent (ratings of 6 or 7 on a 7-pt scale). Participants were highly satisfied with the quality of instructors (82 percent).

Lower results in the areas of applicability to job (65 percent) and impact on job performance (59 percent) reflect that the audience is not highly targeted. These results give us reason to review such issues as whether to keep the clinic series open to all staff regardless of job description of immediate learning needs (32 percent of respondent attend for professional and career growth). Additionally, 92 percent of participants want more training in the topic offered. Such a result may indicate that the topics warrant longer, more in depth learning than what a 90 minute clinic can offer the learner.

Some unexpected outcomes

In addition to the outcomes of the learning series that were expected by learning professionals, there have been a number of unexpected results, some which are welcome and others that present an ongoing challenge. Some of the positive and unexpected outcomes were an overall increase of 40% of staff attending clinics from 1,033 participants in 2013 to 1,439 in 2014 and a more diverse mix of staff from the country offices. Figure 3 below shows the overall mix of countries attending clinics during the first 6 months of the new program.

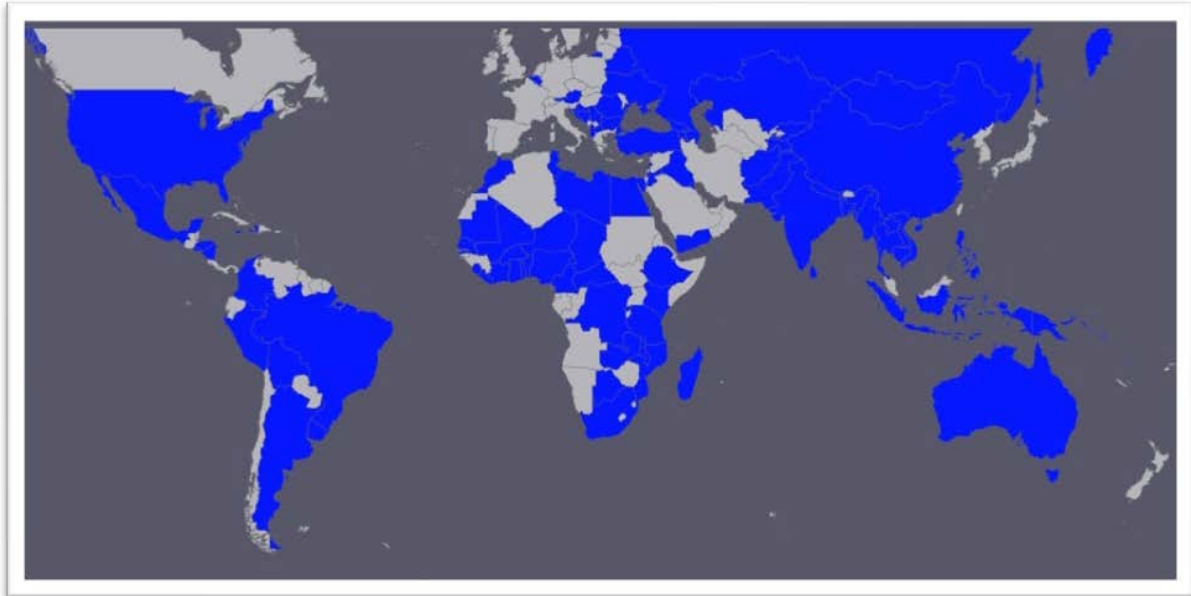


Figure 3. Staff accessing clinics by country – blue shading represents countries reached

Even though each region had previously run clinics, many of these were unique to the region and often not shared openly with other regions and units. The new repository has resulted in easier access and therefore an increase in topics available to staff. Staff are also making requests for other topics of interest to them (economic analysis of projects and risk mitigation for example) and this is facilitated by a quick poll at the conclusion of the webinar asking for staff input. A final welcomed outcome was that presenters have embraced virtual deliveries and adjusted facilitation techniques to be more participatory. Some presenters even feel confident enough to join from home.

Maintaining momentum of the entire clinic series is taking more staff time than expected although there is now more of a routine than there was at the outset. The regional learning teams will merge into one unit sometime in the next several months and this will present yet another challenge to reorganize – most likely with fewer staff. One final challenge is to make better use of webinar recordings for topics that have not changed and to develop a process to keep this routinely reviewed.

Conclusion

This collaborative effort has been a rewarding one both for the staff involved and for the staff participating in the learning events. The three part focus of developing new and more coordinated ways to reach out to staff in country offices, standardizing and developing training materials, and building an effective and shared repository, have all contributed to early success in the launch of the program. Ongoing challenges no doubt await and some more immediate efforts are required to make better use of webinar recording for content that has stabilized, review target audiences and evaluation instrument applicability, and to build and maintain the operational series while reorganizing as a group over the next few months.

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