

Chapter 3

MEASURING ROI IN SALES TRAINING

A Pharmaceutical Company

By Ron Drew Stone

This case was prepared to serve as a basis for discussion rather than an illustration of either effective or ineffective administrative and management practices. All names, dates, places, and data may have been disguised at the request of the author or organization.

ABSTRACT

In the highly competitive marketplace of pharmaceutical prescription drugs, success in selling a new product is dependent upon the reputation of the product from clinical trials and the skill of the sales person in convincing customers that their product is superior in meeting patient needs. When physicians are the targeted customer population, the sales representative often has only a 15-20 minute window to make a convincing case for the product. This case study demonstrates how a focused training effort and the proper supporting environment can result in a successful initiative to influence physician choices. It also demonstrates how the return on investment can be calculated.

BACKGROUND

Need for the Program

Biosearch Pharmaceutical Incorporated (BPI) is a worldwide company headquartered in the USA with autonomous sales offices in many countries. BPI is involved in the research and marketing of both prescription and over-the-counter consumer medication. Almost 40% of sales originate from outside the U.S. More than 60,000 employees in 50 countries are involved in research, development, and sales. Salustatin is BPI's statin product, which has been on the market for two years. Prescription medications in the "statin drug family" are prescribed by physicians when patients have certain indications of heart disease. BPI has experienced substantial competition in the statin market that prevented the organization from achieving market share and reaching sales potential with Salustatin. Initial marketing research activities were directed to determine why the goals are not being met and to identify the problem areas.

The following conclusions came from the marketing research report:

- Physicians are not well educated about Salustatin, do not understand the benefits of Salustatin, and do not believe it to be superior in performance.
- There is no consistent message being delivered to physicians regarding the benefits of Salustatin.
- Sales representatives are not proficient in handling physicians' questions and objections about the product.
- It is widely believed that physicians do not view the sales representative as a credible resource regarding Salustatin.

- Since the physicians' current attitude regarding Salustatin may not be favorable, researchers believe that an extension of effective meeting time with physicians may be necessary to tell the Salustatin story.
- Since there are competing statin products in the market, the prescribing physicians are the key to achieving market share. Physicians determine which product to prescribe based on their belief of the effectiveness of the product.

Overview of the Performance Solution

The deficiencies noted in the marketing research report led to the formation of the USA Field Force Effectiveness team, charged with the responsibility of verifying the findings and recommending a solution. The manager of sales force effectiveness training was a member of this group. Following a more detailed needs assessment, the group soon reached the conclusion that a focused training effort was needed for sales representatives and open educational seminars would be recommended for physicians. Management at BPI had high expectations for this initiative. The Field Force Effectiveness team expressed significant concern regarding how to ensure that sales representatives would transfer skills to the work setting. Their research indicated that the district sales managers should be involved to enhance the possibility of transfer.

Training Design for Sales Representatives. The Field Force Effectiveness team made three demands for the training design.

- *First*, the training would be facilitator-led, and there must be some transfer component designed into the training to influence execution in the work setting.

Action Planning was determined to be the method of choice, with the format and approach left to the judgment of the training design team.

- *Second*, post training involvement of the First Line managers (usually a district sales manager) is a necessity.
- *Third*, First Line Managers should also be trained to assist them in performing their role as they interact with the sales representatives to improve sales.

The Field Force Effectiveness team determined that all attendees must be in a sales capacity when selected to participate and would attend the training sessions on company time. Product knowledge would be a prerequisite with Salustatin product training already being available online. Money was budgeted for a two-day training program for sales representatives and an additional two-day training program for First Line Managers. First Line Managers would also monitor the training of their Sales Representatives and act as supporters, assessors, and evaluators during the training.

The Field Force Effectiveness team's recommendations led to the implementation of the Salustatin Promotional Program (SPP). The SPP was comprised of three components:

- 1) A focused sales program provided to BPI sales representatives in the USA market. It was a two-day training program titled, "Essential Selling Skills," conducted on back-to-back days.
- 2) First Line Managers were provided training on performance observation and coaching, in addition to other related topics.
- 3) SPP also included physician seminars provided independently by regional marketing specialists throughout local markets. These local seminars were educational in nature

and focused on the scientific research and medical successes of Salustatin during controlled studies.

Training Program for First Line Managers (FLM). First line managers (FLMs) participated in the two-day training program prior to the training for representatives. Prior to this program, all levels of sales management and marketing agreed upon standards of performance for delivery of the core promotional message and the handling of the most frequently heard Physician objections to Salustatin. During their training, FLMs were trained on:

- The standards of performance
- Delivery of the core promotional message
- Handling of the most frequently heard objections
- Observing performance, comparing performance to standards, and providing coaching

Training Program for Sales Representatives. During the two-day Essential Selling Skills Training, sales representatives' reconfirmed standards of performance established by management, and practiced delivery of the promotional message and handling objections. The FLM was involved in the sales training as they critiqued role play situations. The training was designed to improve the essential selling skills of representatives as follows:

- Establishing specific call objectives
- Delivering a credible core promotional message to physician customers
- Handling objections properly to influence physician prescribing behavior
- Emphasis placed on skill-development

Skill building was emphasized by using videotaped role-play situations to give feedback to the sales representative. The initial training included 220 sales representatives in the USA. All of the attendees were in a sales capacity when selected to participate in the training. Employees attended the training sessions on company time during the month of June.

Need for Evaluation

The executive team expressed a strong desire to evaluate the post intervention success of every aspect of the Salustatin Promotional Program, including feedback from physicians. However, the budget placed limitations on the scope of an evaluation study. The Field Force Effectiveness team recommended that the Essential Selling Skills Training for sales representatives be evaluated for three reasons:

- 1) It was considered the most crucial element to the success of the Salustatin Promotion Program (SPP).
- 2) Management needed to know if the sales representatives were applying what they learned.
- 3) It was the most resource intensive component of the SPP.

The executive team agreed with the recommendation to evaluate only the Essential Selling Skills Training for sales representatives. Expressing concerns about objectivity, the Field Force Effectiveness team recommended that an independent study was needed to determine the impact of the program. An external measurement expert certified in the Phillips ROI Methodology was selected to determine the impact of the Essential Selling Skills program. The measurement consultant was tasked with designing the aforementioned

Action Plan, recommending the strategy for follow-up evaluation and designing and implementing the evaluation.

EVALUATION METHODOLOGY

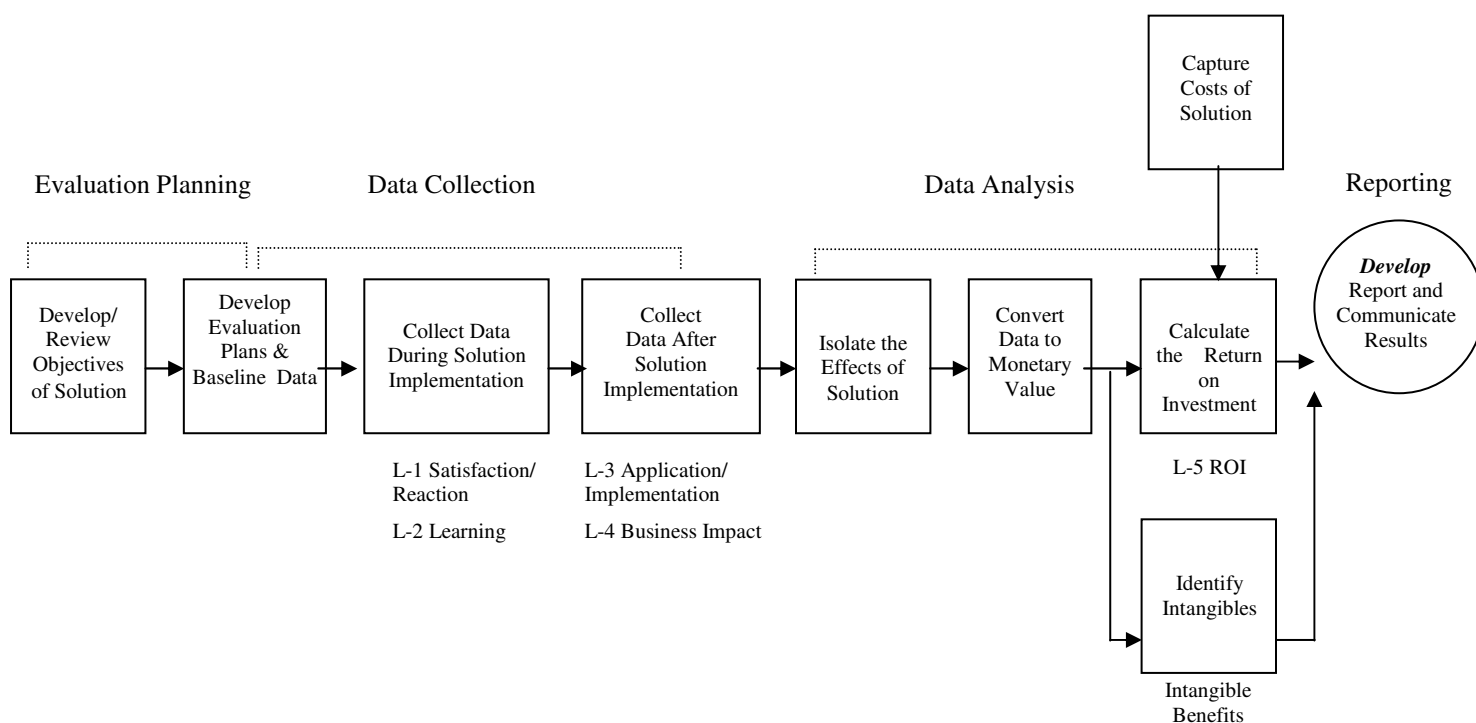
The Phillips ROI Methodology was used to design the study, collect data, analyze data, and report the results. This systematic methodology is the most thorough and credible process in use today to evaluate training and performance improvement programs. It is used in more than 40 countries. Thousands of studies have been completed by certified professionals using the methodology. Data is collected at five levels, as illustrated in Table 3-1.

Table 3-1. Evaluation Levels

Level	Measurement Focus
1. Reaction & Planned Action	Measures participant satisfaction with the program and captures planned actions, if appropriate.
2. Learning	Measures changes in knowledge, skills, and attitudes related to the project.
3. Application	Measures changes in on-the-job behavior or actions as the project is applied, implemented, or utilized.
4. Business Impact	Measures changes in business impact variables.
5. Return on Investment	Compare project benefits to the costs.

The evaluation levels are an inherent framework for the ROI Methodology. The methodology includes techniques to isolate the effects of the training solution being studied. The ROI Model is illustrated in Figure 3-1.

Figure 3-1. Phillips ROI Model



The impact study was designed to evaluate the success of the Essential Selling Skills Training Program. The study had four specific objectives:

1. Determine the extent to which participants applied the skills they learned during the training to the sales detail job setting.
2. Verify that representatives received coaching from managers on the targeted skills.
3. Identify specific barriers that hindered successful application of the skills.
4. Identify the business impact on specific sales measures and calculate the ROI of the training.

These objectives were met through the implementation of a comprehensive data collection and analysis strategy that was developed after the objectives were approved by

the Field Force Effectiveness Team. The strategy is captured in the Data Collection Plan process tool, illustrated in Figure 3-2, and the ROI Analysis Plan in Figure 3-3.

Figure 3-2. Data Collection Plan

Project: Biosearch Essential Selling Skills Training - *Salustatin in USA*

Date: June

Level	Broad Program Objective(s)	Measures	Evaluation Methods/Instruments	Data Sources	Timing	Responsibilities
I Reaction, Satisfaction, and Planned Action	<ol style="list-style-type: none"> 1. Satisfaction with course content and instructor delivery. 2. Satisfaction with the coaching and feedback 3. Plan to apply K&S 	<ol style="list-style-type: none"> 1. and 2. Average at least 4.5 on a five-point scale 3. at least 80% of participants plan to apply K&S to their job 	<ul style="list-style-type: none"> • Questionnaire instrument for manager and participants 	<ul style="list-style-type: none"> • Participants 	<ul style="list-style-type: none"> • Immediately at end of: Two day Core Sales Team training. 	<ul style="list-style-type: none"> • Administration by session leader.
II Learning	<ol style="list-style-type: none"> 1. Demonstrate the K&S identified by objectives of Salustatin training. 2. Develop and document action plan for transferring learning to the work setting and communicate plan to manager as necessary. 	<ol style="list-style-type: none"> 1. During role play, acceptable delivery of core promotional message uncover hidden objections, And demonstrate how to handle three of six most frequent objections. 2. Action Plan completed per criteria. 	<ol style="list-style-type: none"> 1. Observation of skills through role plays. 2. Action Plan. <p>Note: Product knowledge assessment administered prior to training.</p>	<ol style="list-style-type: none"> 1. Participants are observed by instructors and managers 2. Facilitator reviews. Action Plan for clarity and completeness 	<ul style="list-style-type: none"> • During learning sessions. 	<ul style="list-style-type: none"> • Learner, coach/manager, instructor.
III Job Application	<ol style="list-style-type: none"> 1. Sales Reps apply K&S appropriately and consistently in the field 2. Managers provide coaching 3. Sales Reps provide input on barriers & enablers to job application transfer. 	<ol style="list-style-type: none"> 1. 80% of physicians score at least 7 of nine-point scale on: <ul style="list-style-type: none"> - quality of interaction with rep; confidence in rep; responsiveness; etc 2..Use of skills reported by managers and reps. 3. 80% of participants and managers provide input on barriers and enablers to rep performance 	<ol style="list-style-type: none"> 1.Physician focus groups before and after training at various sites. 1, 2. Action Planning Process 1, 2, Managers observe sales reps in field. 1. 2. 3.- Follow-up focus group and questionnaires 	<ol style="list-style-type: none"> 1 Sampling of physicians 1,2,3 Participant and sales manager 	<ul style="list-style-type: none"> - Action plan results 90 days after training. - Manager review and update plan every 30 days - Focus groups and questionnaires 90 to 120 days after training. 	<ul style="list-style-type: none"> -Observation by sales manager. - Physician focus groups by FFE -Questionnaires by Evaluation specialist. - Action Plan by manager and rep.
IV Business Results	<ol style="list-style-type: none"> 1.Increase revenue of product line. 2.Increase in market share. 3.Increase revenue per physician. 4.Improve customer satisfaction. 	<ol style="list-style-type: none"> 1. Revenue increase of at least 20% 2. 10% increase in penetration by Oct 30. 3. Revenue increase of at least 10% per physician 4. Physician satisfaction on six key questions at least 7 on nine-point scale 	<ol style="list-style-type: none"> 1, and 2 - BPI records. 3. Pharmacy utilization 4. Physician focus groups. 	<ol style="list-style-type: none"> 1, and 2 – BPI performance records. 3. New script report (Pharma sales report) 3 and 4. - (same two focus group sessions as in L-3 	<ol style="list-style-type: none"> 1, and 2 - From 90 to 120 days after training 3. 120 days after training. 4. Prior to training and from 90 to 120 days after. 	<ol style="list-style-type: none"> 1, 2, and 3 <ul style="list-style-type: none"> - FFE gains access to data and provides to evaluation specialist 4. FFE administers focus groups.

Level 1 and Level 2 Data Collection

Level 1 data was collected in the typical fashion at the end of the training with the use of a questionnaire. The focus for Level 1 was program relevance and effectiveness of delivery. The Level 1 instrument is shown in Table 3-2.

Table 3-2. Level 1 Course Evaluation

Effectiveness	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
1. The course objectives were met	1	2	3	4	5
2. The content was focused and targeted	1	2	3	4	5
3. The facilitator’s presentation was effective	1	2	3	4	5
4. The course materials were useful and well organized	1	2	3	4	5
Relevance	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
5. The content was relevant to my job	1	2	3	4	5
6. The activities and practice were relevant	1	2	3	4	5
7. This content presented is important to my job	1	2	3	4	5
Value	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
8. The course delivered high value for my time invested	1	2	3	4	5
9. Attending this course will enhance my work performance when I apply what I learned	1	2	3	4	5
10. I would recommend this course to others	1	2	3	4	5
Planned Improvements: Indicate what actions you will take in your job as a result of what you learned during this course (please be specific). _____					

Level 2 data were collected from facilitators and managers after observation of skill practice in the classroom. During their two days of training, managers learned to observe performance and compare performance to standards. During Essential Selling Skills training, the checklist in Table 3-3 was used to observe and record the performance of sales representatives as they applied varying scenarios. It included the six skills, which were the

focus of the training with assessment standards of "satisfactory," "role model," and "unsatisfactory."

While subjective, this assessment was planned and carried out to provide evidence of learning progress and to evaluate skill practice performance. This evidence of learning satisfied evaluators that execution in the work setting was a reasonable expectation as a next step.

Table 3-3. Level 3 Assessment Guide

SKILL PRACTICE CHECKLIST			
Name: _____		Observer: _____	
Skill to be Demonstrated	Unsatisfactory	Satisfactory	Role Model
Use of Questioning Techniques			
Uncovering Hidden Objections			
Handling Objections			
Command of Product Knowledge			
Communicating the Core Promotional Message			

Level 3 and Level 4 Data Collection

As documented on the Data Collection Plan, the evaluation strategy included collecting data from several sources using several methods. In addition to the Action Plan (implemented by the sales representative and monitored by the manager), a follow-up questionnaire and focus groups were planned to determine the extent to which participants used the training and achieved on-the-job success. The questionnaire was also the principle source to determine the coaching effectiveness of the manager. To remain objective, Action

Plan and follow-up questionnaire data were collected anonymously only from the people who experienced the training.

Although follow-up data (Level 3 and Level 4) from the instruction team may be available and may be objective and helpful, it is essential that input be free from any perceived bias. These steps helped to ensure that the process was unbiased, objective, and contained minimal errors. Finally, sales data (Level 4) were monitored from BPI sales records before and after the program to determine if scripts were indeed being written showing how much the Salustatin sales had changed.

Focus Group – Physicians: While there was a plan and a desire to collect sales-call performance data from physicians, management had a change of heart before this was administered. It was determined that additional contact with physicians was a sensitive issue, and it was not supported as the study progressed toward implementation. Management was of the opinion that sufficient data were being collected from internal sources, so the planned focus groups with physicians were cancelled.

Focus Group – Sales Representatives: The plan to conduct focus groups was set aside for three reasons:

- 1) Sales representatives were being observed on-the-job and coached by their managers, and managers would have input into the action planning process.
- 2) The action plan and a follow-up questionnaire would be two rich sources of data. The follow-up questionnaire to be used was comprehensive, and it was noted that management support should ensure a good completion and return rate.
- 3) The opportunity to observe actual sales on a monthly basis could be used as a trigger to determine the need for additional data. If sales were not trending upward, then a

decision to administer the focus groups could be made and sales representatives could then provide meaningful insight regarding their use of the skills on sales details. Therefore, the expense of this additional data collection method (focus groups) was postponed and would be administered only if actual sales were not meeting expectations.

Questionnaire – Managers: While sales managers initially agreed to respond to a follow-up questionnaire, as the training was being rolled out they asked for this requirement to be cancelled. They felt that they had sufficient involvement and input with assessments during the training, the follow-up observation and coaching, and the follow-up action planning process.

Questionnaire – Sales Representatives: Overall, 220 individuals participated in the training and were identified to receive a questionnaire. To assure confidentiality, the questionnaire was mailed to the homes of participants and returned to a third party in an anonymous manner. Generally, by ensuring anonymous feedback, participants are more likely to provide valid data since they are under no pressure to exaggerate the data to impress the boss. The questionnaire was field tested and then reviewed with participants during the training so that items could be clarified. The questionnaire included numerous questions to determine on-the-job application and business impact. The questionnaires and Action Plans were returned to the measurement partner for analysis.

Multiple Use Action Plan – Sales Representatives: Participants were required to use the action planning process to track progress and collect actual performance data for a three-month period after the training session. Sales managers (FLMs) were involved in the application in the work setting through appropriate follow-up and coaching. In addition to the Action Plan (implemented by the rep and monitored by the manager), each FLM was asked to

use the Action Plan with each of their representatives to establish three follow-up dates to discuss the application of five specific skills and behaviors that were intended to influence physicians' decisions. These five skills and behaviors were the focal point of the training program. In many instances, the manager observed sales calls, later debriefed the calls and provided coaching with the sales representative as needed.

While this is not an exact measure, it includes the input from the representative and the manager and is their best judgment after close contact with the customer and assessment in the work setting. It provides another strong link to increased sales and is a positive statement on how the manager, sales representative, and the training program combined to achieve the intended results. The Action Plan is shown and explained in Figures 3-4, 3-5, 3-6, and 3-7.

Data Analysis

The key decisions in applying the ROI Process involve selecting specific methods to collect data, isolate the effects of training, determine the extent of application on-the-job, and compare the value of the specific post-program sales measures to the pre-program measures. In order to calculate ROI, at least one of the Level 4 business measures must be converted to a monetary value.

The fifth level of evaluation, return on investment, was requested for the project. At Level 5 (ROI), the monetary benefits of the program using Level 4 results data are compared to the cost of the program. Improvement in business variables (Level 4) are used to determine business impact. Adjustments are made to the sales data by calculating the sales gain and applying the isolation strategy to determine the extent of influence on the gain due to the training and other influencing factors.

The ROI Analysis Plan (Figure 3-3) is the planning instrument used to document methods to isolate the effects, convert data to a monetary value, capture cost categories and communication targets, and other important information. The first step in completing the ROI Analysis Plan was to transfer the Level 4 measures from the Data Collection Plan to the first column of the ROI Plan. Then, a decision was made regarding how to isolate the effects and how to convert data to a monetary value for each Level 4 measure.

The methods used to isolate the effects and convert data are shown in Figure 3. Note that while all three Level 4 measures are to be reported, only the revenue increase (measure #1) is used to calculate ROI. Use of the other measures to calculate ROI would represent double counting since they are contributors to the revenue in metric #1.

Figure 3-3. ROI Analysis Plan

Project: Biosearch Essential Selling Skills Training - *Salustatin* in USA

Date: June

Data Items	Methods to Isolate Training	Methods to Convert Data	Cost Categories	Intangible Benefits	Other Influences/Issues	Communication Targets
1. Revenue increase of at least 20% in the product line.	1. Trend analysis, participant estimate and manager estimate.	1. Monetary value of profit margin	<ul style="list-style-type: none"> • Needs assessment and development cost prorated. • Delivery costs <ul style="list-style-type: none"> - Training materials - Instructor. - - Participants salaries & benefits. - Travel & other. • Opportunity Cost of training participation. • Coordination. • Evaluation. 	<ul style="list-style-type: none"> • Sales rep relationship improvement with customer. • Each product roll out drives sales of other products. • Closer partnership between sales manager and sales rep. 	Issues: <ul style="list-style-type: none"> • Trust. • Customer sales dependent upon # and severity of patients. • Sales environment not completely replicated in training. • Potential for sales rep information overload. 	<ul style="list-style-type: none"> • Senior executives - headquarters. • National sales managers, sales managers and sales reps. • FFE staff.
2. 10% increase in market penetration by October 30.	2. Industry trend analysis, and manager estimate.	2. Data reported, but conversion not necessary since #1 above is the only measure used for ROI calculation.	<ul style="list-style-type: none"> • Overhead within Training & Development. 			
3. Revenue increase of at least 10% per physician	3. Trend analysis, participant estimate and manager estimate.	2. Data reported, but conversion not necessary since #1 above is the only measure used for ROI calculation.				

A control group was considered to isolate the effects, but was quickly dismissed because it was not feasible. Management did not want to withhold the solution from any group of sales representatives and a comparison group would be difficult to find. Trend line analysis was quickly dismissed as a possibility because it addresses only one influencing factor. There were a variety of internal and external factors influencing sales in the BPI environment.

Design and Implementation of the Action Planning Process

The customized Action Plan was used to accomplish two objectives. First, because of the concern for transfer to the work setting, the Action Plan was designed as a performance tool to encourage the sales representatives to focus attention on relevant skills and behaviors deemed important to a successful sales call. This process linked sales representative behavior to desirable physician responses. The process was also used to achieve immediate and continuing application of these relevant behaviors and skills so that the sales representative's sales detail habits would change soon and permanently. Sales managers (FLMs) were purposely linked into the process as they worked with sales reps to establish objectives, assess progress, and coach the appropriate application of behavior and skills. Assessment reviews and coaching was accomplished through observation and follow-up by the managers and is considered an extension of the training process.

Second, participants were required to use the Action Planning process to track progress and collect actual performance data for a specified period of time after the training session. This design also served as a data collection tool for the evaluation.

Figure 3-4 and Figure 3-5 include the complete Action Plan form. A cut-down version is shown in Figure 3-6 and Figure 3-7 for purposes of explaining how the sales representative and FLM used the performance tool. Explanations are included within each of the two figures.

Figure 3-4. Action Plan Section 1 and 2 (see Figure 3-6 for explanation)

Name _____ Instructor Signature _____ FLM Signature _____

<p>PLAN OF ACTION: <u>Salustatin Essential Selling Skills</u></p>	<p>Current # of BPI prescriptions in the market _____ # of BPI prescriptions necessary to achieve goals _____</p>												
<p>Section 1 - Sales Representative Key Behavior/Skill</p>	<p>Section 2 - Sales Representative action steps (from key behavior/skill)</p>												
<p>Date of First Follow-up _____</p> <p>1. Setting specific call objectives</p> <p>2. Communicating the core promotional message</p> <p>3. Use of support brochures/materials</p> <p>4. Handling objections</p> <p>5. Command of product knowledge</p>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Keep Doing This</u> ↻</td> <td style="text-align: center; width: 50%;"><u>Reinforce or Improve</u> ↻</td> </tr> <tr> <td>1. _____</td> <td>1. _____</td> </tr> <tr> <td>2. _____</td> <td>2. _____</td> </tr> <tr> <td>3. _____</td> <td>3. _____</td> </tr> <tr> <td>4. _____</td> <td>4. _____</td> </tr> <tr> <td>5. _____</td> <td>5. _____</td> </tr> </table>	<u>Keep Doing This</u> ↻	<u>Reinforce or Improve</u> ↻	1. _____	1. _____	2. _____	2. _____	3. _____	3. _____	4. _____	4. _____	5. _____	5. _____
<u>Keep Doing This</u> ↻	<u>Reinforce or Improve</u> ↻												
1. _____	1. _____												
2. _____	2. _____												
3. _____	3. _____												
4. _____	4. _____												
5. _____	5. _____												
<p>Date of Second Follow-up _____</p> <p>1. Setting specific call objectives</p> <p>2. Communicating the core promotional message</p> <p>3. Use of support brochures/materials</p> <p>4. Handling objections</p> <p>5. Command of product knowledge</p>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Keep Doing This</u> ↻</td> <td style="text-align: center; width: 50%;"><u>Reinforce or Improve</u> ↻</td> </tr> <tr> <td>1. _____</td> <td>1. _____</td> </tr> <tr> <td>2. _____</td> <td>2. _____</td> </tr> <tr> <td>3. _____</td> <td>3. _____</td> </tr> <tr> <td>4. _____</td> <td>4. _____</td> </tr> <tr> <td>5. _____</td> <td>5. _____</td> </tr> </table>	<u>Keep Doing This</u> ↻	<u>Reinforce or Improve</u> ↻	1. _____	1. _____	2. _____	2. _____	3. _____	3. _____	4. _____	4. _____	5. _____	5. _____
<u>Keep Doing This</u> ↻	<u>Reinforce or Improve</u> ↻												
1. _____	1. _____												
2. _____	2. _____												
3. _____	3. _____												
4. _____	4. _____												
5. _____	5. _____												
<p>Date of Third Follow-up _____</p> <p>1. Setting specific call objectives</p> <p>2. Communicating the core promotional message</p> <p>3. Use of support brochures/materials</p> <p>4. Handling objections</p> <p>5. Command of product knowledge</p>	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><u>Keep Doing This</u> ↻</td> <td style="text-align: center; width: 50%;"><u>Reinforce or Improve</u> ↻</td> </tr> <tr> <td>1. _____</td> <td>1. _____</td> </tr> <tr> <td>2. _____</td> <td>2. _____</td> </tr> <tr> <td>3. _____</td> <td>3. _____</td> </tr> <tr> <td>4. _____</td> <td>4. _____</td> </tr> <tr> <td>5. _____</td> <td>5. _____</td> </tr> </table>	<u>Keep Doing This</u> ↻	<u>Reinforce or Improve</u> ↻	1. _____	1. _____	2. _____	2. _____	3. _____	3. _____	4. _____	4. _____	5. _____	5. _____
<u>Keep Doing This</u> ↻	<u>Reinforce or Improve</u> ↻												
1. _____	1. _____												
2. _____	2. _____												
3. _____	3. _____												
4. _____	4. _____												
5. _____	5. _____												

Figure 3-5. Action Plan Section 3 (see Figure 3-7 for explanation)

Your Signature _____ Manager's Signature _____

Section 3 PLAN OF ACTION - Salustatin Promotional Program (SPP) Page ____ of ____

Circle the appropriate answers under each key behavior/skill. Circle more than one if appropriate:
 Legend: Y = Yes N = No NS = Not Sure/Do Not Know

Sales Representative Skill/Behavior						
	1. Call Objectives	2. Core Message	3. Promotional Support	4. Handling Objections	5. Product Knowledge	6. Other
☞ How did sales representatives behavior/skills influence physician's decisions?						
A. Physician is a better listener?	N Y NS	N Y NS	N Y NS	N Y NS	N Y NS	N Y NS
B. Physician is ready to extend effective meeting time?	N Y NS	N Y NS	N Y NS	N Y NS	N Y NS	N Y NS
C. Physician is using the representative as a resource?	N Y NS	N Y NS	N Y NS	N Y NS	N Y NS	N Y NS
D. Physician better understands the benefits of Salustatin?	N Y NS	N Y NS	N Y NS	N Y NS	N Y NS	N Y NS
E. Physician is more convinced that Salustatin is superior?	N Y NS	N Y NS	N Y NS	N Y NS	N Y NS	N Y NS
F. Physician is more convinced that representative understands the needs of his/her practice?	N Y NS	N Y NS	N Y NS	N Y NS	N Y NS	N Y NS

☞ In my view, my contact with physicians during this reporting period will result in: *Check only one response below:*

- No change in physician prescribing behavior
- A modest improvement in physician prescribing behavior in favor of BPI
- A significant improvement in physician prescribing behavior in favor of BPI

The behavior/skill that has worked best for me: _____

Your Signature: _____

Manager's (FLM) Signature: _____

Comments:

Figure 3-6. Action Plan (Section 1 and 2) Utilization as a Performance Tool

PLAN OF ACTION : Essential Selling Skills		Current # of BPI prescriptions in the market _____ # of BPI prescriptions necessary to achieve goals _____
Section 1 - Sales Representative Key Behavior/Skill	Section 2 - Sales Representative action steps From each key behavior/skill)	
Date of First Follow-up _____ 1. Setting specific call objectives 2. Communicating the core promotional message ... 3. Use of support brochures/materials 4. Handling objections 5. Command of product knowledge	<u>Keep Doing This</u> ↻	↻ <u>Reinforce or Improve</u>
	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____

(see **Figure 4: Action Plan Section 1 and 2** for the complete document)

Explanation of Section 1 and 2. The FLM reviews the Action Plan with reps prior to the training to establish expectations and goals. Following the training, the sales rep and FLM meet initially and then meet at least two additional times over a three-month period to discuss how the rep is applying the key behaviors/skills (1 through 5) from Section 1 of the plan. They agree on what the rep should "keep doing" and "reinforce or improve" and the rep makes simple notes for reference. These are not maintained, but are used for dialog between the rep and FLM. The rep then makes numerous sales calls with specific improvements in mind. Following a series of sales calls, the rep completes Section 3 by assessing customer response to the behaviors/skills.

Figure 3-7. Action Plan (Section 3) Utilization as a Performance Tool

Section 3 PLAN OF ACTION - Salustatin Essential Selling Skills
Circle the appropriate answers under each key behavior/skill. Circle more than one if appropriate
Legend: Y = Yes N = No NS = Not Sure/Do Not Know

☛ How did sales representatives' behavior/skills influence physician's decisions?	Sales Representative Skill/Behavior		
	1. Call Objectives	2. Core Message	3. Promotional Support
A. Physician is a better listener?	N Y NS	N Y NS	N Y NS
B. Physician is ready to extend effective meeting time?	N Y NS	N Y NS	N Y NS

(see **Figure 5: Action Plan Section 3** for complete document and additional items C through F and 4 through 6)

☛ **In my view, contact with physicians during this reporting period will result in:** *Check only one response below:*

- No change in physician prescribing behavior
- A modest improvement in physician prescribing behavior in favor of BPI
- A significant improvement in physician prescribing behavior in favor of BPI

The behavior/skill that has worked best for me: _____

Explanation of Section 3. Following a series of physician sales calls, using the criteria in Section 3, the rep conducts a self-assessment to evaluate progress in each skill/behavior area (1 through 5) and its impact on physician behavior (A through F). For example, the rep would estimate how each applied skill/behavior such as "delivering the core message" influenced the physicians' response such as "being a better listener".

On at least one occasion, the FLM accompanies the rep on a series of sales calls so there can be better understanding of the sales relationship and a joint assessment and opportunity for coaching. Section 3 also requires the rep to forecast the improved prescribing behavior of physicians following sales calls and to indicate the behavior/skill that worked best. The Section 3 assessment is then discussed during the next rep meeting with the FLM.

EVALUATION RESULTS

The Phillips Methodology uses 12 Guiding Principles as an inherent part of collecting, analyzing, and reporting data. These guiding principles were applied to help ensure a conservative approach to collecting and analyzing the data. In addition to ensuring that the reported results are not overstated, the principles (standards) also helped to ensure that the process was applied in a consistent way.

Level 1 and Level 2 Results

The Level 1 data were collected and analyzed using mean scores. Items were also reviewed for extreme responses, and there were none. Mean scores were as follows: Effectiveness 4.87; Relevance 4.95; and Value 4.88. Eighty-seven percent of the participants reported actions they would take (planned improvements) as a result of the training.

The Level 2 data is a consolidation of responses from facilitators and FLMs reporting on the progress made by participants during the training engagement. Table 3-4 illustrates the checklist that was used to evaluate learning. The consolidated results are shown as a percentage of sales representatives who met the standard of "satisfactory" and "role model," and the percentage of "unsatisfactory" that failed to meet standards in each skill area.

Table 3-4. Level 2 Evaluation Results

Level 2 SKILL PRACTICE CHECKLIST N=220			
Skill to be Demonstrated	Unsatisfactory	Satisfactory	Role Model
Use of Questioning Techniques	0%	72.7%	27.3%

Uncovering Hidden Objections	2.3%	79.5%	18.2%
Handling Objections	6.9%	81.7%	11.4%
Command of Product Knowledge	4.5%	91%	4.5%
Communicating the Core Promotional Message	2.3%	86.4%	11.3%

These results were viewed as a success by the Field Force Effectiveness Team, the managers, and client. Sales representatives who scored unsatisfactory on the skill practice met separately with their manager to create an action plan for improvement that typically involved additional coaching.

Level 3 and Level 4 Results

Following the training, FLMs and participants completed sales call assessments and discussed the list of behaviors documented on the Action Plan. Participants discussed sales call assessments with their FLMs on three occasions at specified intervals during the 90-day follow-up data collection period. The specific timing of these discussions was left to the discretion of the FLM and sales reps. In addition to the Action Plan, a follow-up questionnaire was used to determine the extent to which participants used the training and achieved on-the-job success. The questionnaire included numerous questions to determine on-the-job application and business impact.

The final Action Plan documentation was returned to the measurement partner for analysis, along with the completed questionnaire. Table 3-5 shows a breakdown of the participants that received and returned the questionnaire and Action Plans. The results of the training process are reflective of what this group of participants accomplished.

Table 3-5. Response Profile

Data Collection Document	Number Administered	Number Responding	Percent Returned
<i>Action Plan Documents</i>	<i>220</i>	<i>163</i>	<i>74%</i>
<i>Questionnaires</i>	<i>220</i>	<i>187</i>	<i>85%</i>

Level 4 business impact data (sales) were monitored from BPI records before and after the program to determine how much the Salustatin sales had changed. Responses to the questionnaires provided a good source of data because of the extensive number of write-in comments and quality of data supplied. The 85% return rate of completed questionnaires and 74% return rate of Action Plans adds to the credibility of the data.

The data provided by the Action Plans was of good quality and provided substantial information to use in determining application and performance improvement in the job setting. Exhibit 3-1 shows the consolidated results of Section 3 of the Action Plans. The skills reported by sales representatives as most useful in influencing physician behavior were “Communicating the Core Message” and “Handling Objections.”

Exhibit 3-1. Action Plan Section 3 Results - Sales Representative Skill/Behaviors

How the Sales Representatives' Skill/Behavior influenced the physicians behavior ↓	Setting Specific Call Objectives			Communicating the Core Message			Use of Support Brochures/Materials			Handling Objections			Command of Product Knowledge		
	N	Y	NS	N	Y	NS	N	Y	NS	N	Y	NS	N	Y	NS
A. Is a better listener	2	115	46	1	149	13	9	98	56	3	129	31	2	101	60
Percentage Responding	1.23%	70.55%	28.22%	0.61%	91.41%	7.98%	5.52%	60.12%	34.36%	1.84%	79.14%	19.02%	1.23%	61.96%	36.81%
B. Is ready to extend effective meeting time?	15	71	77	15	99	49	10	81	72	3	129	31	1	99	63
Percentage Responding	9.20%	43.56%	47.24%	9.20%	60.74%	30.06%	6.13%	49.69%	44.17%	1.84%	79.14%	19.02%	0.61%	60.74%	38.65%
C. Is using the sales rep as a resource?	15	55	93	7	92	64	8	98	57	2	122	39	1	124	38
Percentage Responding	9.20%	33.74%	57.06%	4.29%	56.44%	39.26%	4.91%	60.12%	34.97%	1.23%	74.85%	23.93%	0.61%	76.07%	23.31%
D. Better understands benefits of Salustatin?	2	121	40	0	153	10	3	110	50	0	129	34	2	99	62
Percentage Responding	1.23%	74.23%	24.54%	0.00%	93.87%	6.13%	1.84%	67.48%	30.67%	0.00%	79.14%	20.86%	1.23%	60.74%	38.04%
E. Is more convinced Salustatin is superior?	5	90	68	1	127	35	13	74	76	2	123	38	3	81	79
Percentage Responding	3.07%	55.21%	41.72%	0.61%	77.91%	21.47%	7.98%	45.40%	46.63%	1.23%	75.46%	23.31%	1.84%	49.69%	48.47%
F. Is more convinced rep understands the needs of his/her practice?	8	74	81	9	64	90	8	58	97	1	71	91	2	65	96
Percentage Responding	4.91%	45.40%	49.69%	5.52%	39.26%	55.21%	4.91%	35.58%	59.51%	0.61%	43.56%	55.83%	1.23%	39.88%	58.90%
Cumulative responses by Column	47	526	405	33	684	261	51	519	408	11	703	264	11	569	398

Selected results of the sales representatives' application of the training as reported in the follow-up questionnaire are presented below in Table 3-6, Training's Influence on Performance Measures, and Table 3-7, Accomplishments and Business Impact Linked to the Training.

In Question 5 of the questionnaire, participants were given a list of performance measures and asked to indicate the extent (1-5 scale) to which this course had a positive influence on these measures. The results are shown in Table 3-6.

Table 3-6. Training's Influence on Performance Measures

Measure	No Influence 1	Little Influence 2	Some Influence 3	Moderate Influence 4	Significant Influence 5	N=187 Mean
a. Increased confidence level of sales representative	1.7%	10.7%	22.0%	28.2%	37.3%	3.89%
b. Improved my ability to influence physician prescribing behavior	0.6%	3.4%	34.1%	34.1%	27.9%	3.85%
c. Improved my ability to tailor sales situations and activities to individual physician needs	2.3%	10.5%	28.1%	32.2%	26.9%	3.71%
d. Improved job satisfaction	2.8%	11.9%	29.4%	22.6%	33.3%	3.72%
e. Improved my ability to adapt to changing needs and business issues of physicians	2.8%	11.4%	32.4%	24.4%	29.0%	3.65%
f. Increase in quality time with customer	3.4%	16.9%	26.4%	25.3%	28.1%	3.58%
g. Increased revenue from the sales of Salustatin	0.6%	8.7%	49.7%	19.7%	21.4%	3.53%
h. Improved customer satisfaction	2.8%	17.6%	29.5%	27.8%	22.2%	3.49%
i. Improved ability to sell as a team	5.3%	11.2%	42.6%	16.0%	24.9%	3.44%
j. Increase in market share	1.1%	16.1%	39.7%	27.6%	15.5%	3.40%
k. Improved relationship between representative and physician	6.2%	22.7%	21.6%	24.4%	25.0%	3.39%
l. Closer partnership between sales manger and sales representative	9.1%	21.7%	25.7%	20.6%	22.9%	3.26%
m. Increase in sales of other BPI prescription products	4.8%	25.9%	38.0%	20.5%	10.8%	3.07%

n. Reduction in sales rep voluntary turnover	33.3%	26.0%	13.3%	8.7%	18.7%	2.53%
--	-------	-------	-------	------	-------	-------

Participants were asked in Question 6 to provide written comments to identify specific accomplishments/improvements linked to the training and the resulting business impact. A representation of the comments is listed in Table 3-7.

Table 3-7. Accomplishments and Business Impact Linked to the Training

Comments from Questionnaire Item #6	N = 187 (multiple answers) Number of Responses
1) More meaningful communication due to consistent and aggressive core promotional message	82 responses
2) Better handling of objections	77 responses
3) Better skills to influence physician prescribing behavior	68 responses
4) Increased sales (another 12 predicted sales would increase)	68 responses
5) Better able to evaluate physician needs	56 responses
6) Better quality of call time spent with physicians	41 responses
7) Improved listening	29 responses
8) More satisfied customers	22 responses
9) Better strategic call objectives	19 responses

The data in Tables 3-6 and 3-7 above and other data from Exhibit 3-1 of the action plans confirmed the success of learning transfer. Handling objections and communicating the core promotional message were consistently reported as the most successful behavior/skills.

Barriers to Application

When asked in Question 8 about barriers to the job application of skills learned, the participants responded that “time” was the most significant barrier. Write in comments indicate that there is support from BPI for the application of the training in the work setting, but the customer often presents barriers. Thirty seven comments described the biggest barrier as, "physicians are in a hurry" and therefore there is insufficient time for sales calls. Twelve comments indicated that "multi group physicians and stand up calls were also a barrier.” Table 3-8 includes the complete results.

Table 3-8. Barriers to Application

Item	Number of participants selecting
A. Not enough time	86
B. My work environment does not support these skills	27
C. I have no opportunity to use the skills	16
D. My manager does not support this type of course	6
E. This material does not apply to my job situation	5
F. Other (Please specify)	5

Measurable Business Impact

Each FLM was asked to use the Action Plan with each of their representatives to establish three follow-up dates to discuss the application of five specific skills and behaviors that were intended to influence physicians' decisions. These five skills and behaviors were the focal point of the training program. In many instances, the manager observed sales calls, later debriefed the calls, and provided coaching with the sales representative as needed.

While this is not an exact measure, it includes the input of the representative and the manager and is their best judgment after close contact with the customer and assessment in the work setting. It provides another strong link to increased sales and is a positive statement that the manager, sales representative, and the training program combined to achieve the intended results.

Isolating the Effects of Training

Several strategies were considered to isolate the effects of training, but some of the methods were not appropriate in this situation. It was agreed that input directly from the participants (estimates) would be the most appropriate and credible way to isolate the effects. Although subjective, participant estimates of training impact are a reliable indicator when appropriate steps are taken to collect the data. The participants are the closest individuals to the performance improvement and are often aware of other influences which impact the performance measures. Therefore, for this study, participants were asked to indicate the degree to which a specific improvement was caused by the training program. Item 8 on the questionnaire was used to capture this data.

Sales reps were asked to review the potential influencing factors and indicate a percentage attributable to each as appropriate by spreading 100% across all applicable factors. Table 3-9 illustrates the consolidated responses and is used to isolate the effects of the training on the Level 4 business metrics.

Table 3-9. Factors Contributing to Performance Improvement

<i>Please select the items that you feel are appropriate by writing in your estimated percentages as they apply.</i>	<i>Percentage Improvement Attributed</i>
A) Physician seminars promoting Salustatin	21.17%
B) Other local promotions of Salustatin	9.02%
C) Essential Selling Skills training for sales representatives	24.32%
D) Coaching by my sales manager	18.90%
E) Salustatin physicians seeing more patients With associated indications	6.18%
F) Improved sales brochures supporting the core promotional message	12.13%
G) Lack of competing products from our competitors	4.58%
H) Other training initiatives: _____ <i>please specify</i>	2.44%
I) Other: _____ <i>please specify</i>	1.26%
Total of all selected items must = 100 percent	Total 100 %

Of all the factors that contributed to performance improvement, the Essential Selling Skills training was ranked #1 and coaching by sales managers was ranked #3. These two components were a direct result of the implementation of the Salustatin Promotional Program.

Question 9 on the questionnaire asked participants what level of confidence they placed on their estimates with 0% = No Confidence, and 100% = Certainty. The question and the average response is shown in Table 3-10.

Table 3-10. Confidence Level

Q9. What level of confidence do you place on the above estimations? (0% = No Confidence, and 100% = Certainty)	<i>Average Confidence Level</i> <u>70</u> %
--	---

Since learning transfer has been achieved, pre- and post-sales data are available, the influence of the training has been isolated, and confidence level has been

determined, the business impact at Level 4 can now be determined. Business performance data (sales) was collected during the 12-month period before and after the training.

Calculating the Revenue Gain

Salustatin revenue from sales was examined for the 12-month period before and after the training. This established the change in revenue during the post-training time period of July (Year Two) to June (Year Three). While the sales figures could have been used after three or four months following the training and then annualized, the Field Force Effectiveness team and BPI management elected to wait and report the ROI based on actual 12-month sales figures. Table 3-11 shows the comparison.

Table 3-11. Comparison of Revenue

(Prior to Training) Salustatin Revenue July, year one through June, year two	Salustatin Revenue July, year two through June, year three <i>(one-month after training through one-year after training)</i>	Post Training <i>Gain in Revenue from Sales of Salustatin after one year</i>
\$79,432,678	\$97,401,702	\$17,969,024

Data Conversion

Since revenue data includes the "cost of goods sold," (research costs, administrative costs, production costs, distribution costs, overhead costs, etc) an adjustment must be made to reduce it to the amount equal to its profit contribution. The contribution is usually a based on a percentage of revenue and is often tied to product line and/or customer segment. Communication with the chief analyst in BPI's finance department revealed that

the margin factor for Salustatin in the first five years of its life cycle is 21.5% of total revenue.

After adjustments, total monetary benefits attributable to Essential Selling Skills training = **\$657,695**. Using the post training value of \$17,969,024 from Table 3-10, the calculation is as follows:

Step One: $\$17,969,024 \times .215$ (margin factor) = \$3,863,340 profit

Step Two: $\$3,863,340 \times 0.2432$ (isolation factor- Table 8) = \$939,564

Step Three: $\$939,564 \times 0.7$ (confidence level- Table 9) = **\$657,695**

Calculating Program Costs

The fully-loaded cost of the Essential Selling Skills training was **\$326,000**. Utilization of sales managers during delivery added to the cost significantly. The detailed cost breakdown is not presented here, but it included all front-end research, design, and development costs associated with the training, salaries and benefits of staff and 220 participants, as well as others assisting in delivery, administrative and coordination costs, materials costs, overhead costs (including training facility), meals and refreshments, travel expense, and evaluation costs.

ROI Calculation

The return on investment for the Essential Selling Skills Training was calculated at 102%. Prior to the calculation, the profit contribution, the isolation factor, and confidence level were adjusted and applied to the revenue. Only the first year of

benefits were used in calculating the ROI (net benefits compared to fully-loaded costs).

After the above adjustments, the results were reported to management.

$$\text{ROI} = \frac{\text{Net Benefits}}{\text{Costs}} = \frac{\$657,695 - \$326,000}{\$326,000} = x 100 = \underline{\underline{102}} \%$$

COMMUNICATION STRATEGY

The communication strategy was planned up front with the USA Field Force Effectiveness Team (FFE) buying in to the approach. An executive overview report of about three pages was presented to senior executives by the FFE. Each of the five FFE members made a stand-up presentation to their respective senior executive. The FFE received the full report and a two-hour presentation on the results.

The full report was also provided to the training function. A modified version was provided to national sales managers, sales managers, and sales representatives. The modified report focused extensively on Level 3 data.

The ROI data was not available until the end of the first year and was ultimately reported through a conference call with senior executives and short briefings with other stakeholders. One senior executive wanted a follow-up explanation with more detail about the guiding principles. The training manager met with her independently and explained the principles in detail and how they were applied to the study. As a result, this executive adopted the principles for her group when conducting research activities.

LESSONS LEARNED

Impact studies are almost always a victim of circumstances and constraints. This one was no exception. First, there was agreement that six methods would be used to collect data from four different sources. After considering the disruption that physicians would experience when asked to provide data, senior management dictated that this effort be abandoned. This left the evaluation team with three sources, the sales records, data from the sales manager, and data from the sales representative.

Additionally, the sales managers opted out of the questionnaire and the focus group for sales representatives was cancelled. In hindsight, our appetite was probably too big for data. As it turned out, we had plenty of data with the action plans, questionnaires, and the data from the sales record. It is a difficult balancing act to determine how much data is enough. The answer is usually not known until the data analysis phase actually begins.

The organization has a much larger appetite for Level 3 data than we initially thought. We were asked several times by different executives to drill deeper with the Level 3 results. Three executives indicated a desire to see the focus group data and expressed disappointment that we abandoned the effort. Perhaps we should have been more insistent on collecting this data. Our next data collection effort will include soliciting the needs of the executive group before making final decisions on data collection strategy and methods.

QUESTIONS FOR DISCUSSION

1. What would be the additional benefit in evaluating the other two components of the Salustatin Promotional Program (Physician Seminars, and training of First Line Managers)?

2. Is the amount of organization support for data collection provided in this BPI case normal or rare? What is your position on the cancellation of the two focus group initiatives (Physicians and sales representatives) and the questionnaire for managers?
3. What are your opinions and concerns about using the Action Planning process with training programs in your organization to collect data and influence transfer to the work setting?
4. Should the fully-loaded training costs include the cost of manager's "coaching on the job?" Why or why not?
5. The isolation factor in Table 6 attributed 18.9% to coaching. Can this 18.9% be used to calculate an additional gain for the ROI? Why or why not?

RESOURCES

Phillips, P., Phillips, J., Stone, R., Burkett, H. (2006). *The ROI Fieldbook: Strategies for Implementing ROI in HR and Training*, Burlington, MA., Butterworth-Heinemann.

Phillips, J., Stone, R., (2002). *How to Measure Training Results: A Practical Guide to Tracking the Six Key Indicators*, New York, NY., McGraw-Hill.

ABOUT THE AUTHOR

Ron Drew Stone is an author, international consultant and presenter, and one of the worlds most recognized and accomplished authorities on improving and measuring performance improvement initiatives. Mr. Stone is a senior vice president with the ROI Institute, where he engages in the international consulting practice. While working with Jack and Patti Phillips as a partner since 1995, Mr. Stone has made significant contributions to perfecting the ROI Process.

He has conducted more than 100 return on investment studies and directed hundreds more. He provides consulting services in performance improvement, linking training to organization business measures, designing training for results and ROI, and developing measurement and evaluation strategies. He also conducts ROI Certification workshops and certifies practitioners in the ROI Methodology, and conducts a full range of public and in-house performance improvement, measurement, and needs assessment workshops. He is a certified change consultant.

Mr. Stone has 25 years experience in engineering and economic development, and in human resource management and training in the aerospace and electric utility industries. He has considerable experience in employment processes, performance management, managing the training function, designing healthcare delivery systems, budgeting and account classification processes, training curriculum design, safety, organizational development, executive development, needs assessment, measurement, and evaluation.

He co-authored *The ROI Fieldbook: Strategies for Implementing ROI in HR and Training*, Butterworth-Heinemann, 2006; *How to Measure Training Results - A Practical Guide to Tracking the Six Key Indicators*, McGraw-Hill Publishing, 2002; and *The Human Resources Scorecard*, Butterworth-Heinemann Publishing, 2001. He has contributed several case studies to the ASTD *In-Action Casebook Series*, *Measuring Return on Investment* (2005 and 1997), *Measuring ROI in the Public Sector* (2002), and *Measuring Learning and Performance* (1999) and is a contributing author to other ASTD publications. Mr. Stone received his BBA from Georgia State University. He can be reached at 205.980.1642 or drewroi@aol.com