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DETERMINING HR KNOWLEDGE, SKILL, AND ABILITY (KSA) GAPS THROUGH INTERACTION WITH THE ORGANIZATIONAL TALENT POOL

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We've become so dependent on technology to solve our problems that it's become difficult to admit to our own deficiencies. Who could blame us? We've become cyberspace superheroes, each capable of summoning solutions with a few keystrokes. Why waste time rolling up our freshly pressed sleeves when a quick Google query can provide a "good enough" solution. "Thank you for your benevolence in posting a response to my 'vlookup' dilemma anonymous global citizen. I'll be certain to 'like' your Facebook page this Christmas."

Technology makes our lives easier and we love it; and so do our shareholders. We work faster, have higher output, and are better connected than any other civilization in history. The problem with this recent evolutionary adaptation is that it's slowly replacing one of our first—the ability to communicate face to face. We bombard each other with emails and text messages, but have difficulty walking fifteen feet from our cubical to ask a simple question of our co-worker. The problem doesn't lie in the act of communicating (we have that covered #ThankYouTwitter); it lies in our preferred medium. Electronic communication may never completely replace face-to-face interaction, but it is creating the potential for lazy business practices, especially in Human Resources and talent development.

For a moment, consider this common scenario. A mechanical engineer is handed a work order to develop a new mechanism for a machine on the most profitable product line in the factory. How do they proceed? They *could* complete the task without consulting a single person. They *could* spend a few hours sifting through solutions on the web, use that information to draft up the new mechanism, send a work order to the machine shop to have it milled, and eventually, send a request to the maintenance department to have it installed. Such a process has indeed completed the task of creating the mechanism. But what happens when the machine's operator informs our reclusive engineer that their design placed the control panel on the wrong side of the machine, thus making it inaccessible?

Consider the engineer's dilemma in the context of Human Resources and talent development. Who are we looking to for feedback about the mechanisms *we* design? Who gives us our work orders? As we slide further down the inevitable technological rabbit hole, it will become more apparent that our marching orders should come directly from our customers; in this case, our organization's talent pool. The googlesphere will continue to make it possible to glean information about what our peers and competitors are doing with regard to talent development, but it will never tell us what our individual employees need.

Simply making an additional effort to leave the safety of our cubicles to converse with our customers won't cut it. If we want to be prepared to meet their needs in full, they need to know us; and not just our titles and in which area of the building our cubicles reside. They need to know us by name. HR practitioners must become the doctors and nurses of our organizations, tasked with identifying the ailments (training, work-family conflict, poor leadership, etc.) of our workforce, prescribing the solutions, performing the operations, and promising follow-up visits. If a hospital decided to have their nursing staff send emails to admitted patients, rather than visiting their bedsides on a regular basis, might that have some impact on the mortality rate of those patients?

For HR practitioners, the key to this approach lies in the direct application of the doctor-patient interaction process. It's not the patient's responsibility to diagnosis their condition; if they could do that they wouldn't need a doctor. The patient simply conveys their symptoms and hopes their doctor has the proper KSAs to provide an accurate diagnosis and solution. But what happens when the patient exhibits symptoms unfamiliar to their doctor? In the short term the doctor will likely look to colleagues for help in diagnosing the patient's condition. In the long run, the doctor may choose to research the topic further, becoming more familiar with the condition, thus enabling them to correctly diagnosis the problem when it becomes evident. The most important aspect of this approach is that it then enables the doctor to prevent the problem from occurring in the first place by proactively prescribing solutions to their patient at the first sign of symptoms. If this approach to self-identification of KSA deficiencies works for medical practitioners, why wouldn't it work for HR practitioners? Why can't HR professionals identify *their own* KSA deficiencies through interactions with their customers, and use those insights to plan *their own* professional development paths?

To the HR practitioner, symptom conveyance can be as simple as seeing an employee's physical frustration with a process or through brief conversation. For example, during a walk of the production floor an HR practitioner may see an employee exhibiting signs of distress. Upon initiating a conversation with the employee the HR practitioner learns that a new policy has made the employee's job more stressful and has decreased their overall job satisfaction. At this point, the practitioner can intervene by working with that employee's manager to implement a solution for reducing that employee's distress.

The HR practitioner must be able to draw upon their KSA's to diagnose and solve the problem, or rely on their peers to help devise a solution. Once a solution has been implemented, most would consider the fire "extinguished" and move on to the next project. Doing so would only reinforce the reactive status quo and would not improve the HR practitioner's ability to diagnose or proactively prevent the problem. To prevent this cyclical firefighting, the HR practitioner needs to document their customer interactions, identify their own KSA gaps in the problem solving process, and devise a way to rectify those gaps in the future. The aggregate of these documented KSA gaps would be the foundation for the HR practitioner's professional development plan, making the plan uniquely tailored to that individual. Refer to *Exhibit A* for a visual description of this process as it relates to HR practitioners.

Documenting and self-reporting KSA gaps is not limited to interactions between HR practitioners and organizational talent. It could also be done after the completion of novel

or complex tasks. Imagine a newly hired HR practitioner who is asked to complete a report using an esoteric piece of software. After completing the task, the practitioner documents the interaction and reports difficulty in using the software. That documented KSA gap can later be used during the creation of that employee's unique professional development plan. Additionally, the comparison of information reported by all HR practitioners could uncover broader organizational deficiencies, such as the identification of poor leadership in a specific department or an unclear internal policy. The immense amount of information collected through this process over the course of a fiscal year could be used by organizational leaders to identify focus areas for improvement events and could shine light on underlying organizational problems. For example, if several HR practitioners document instances of employee dissatisfaction in the accounting department, organizational leaders may choose to further investigate the underlying causes of those complaints.

The success of this approach will ultimately be contingent upon two things. The first is the ability of HR practitioners to accurately identify their own KSA deficiencies. It's difficult for most people to admit their own shortcomings; HR practitioners are no exception. Without an honest analysis of the interaction and an unbiased report of their own KSA deficiencies, the accuracy and utility of the information collected will suffer. The second contingency deals with the HR practitioner's ability to connect with the talent pool. As with any good doctor, HR professionals should be outgoing, approachable, honest, and trustworthy. Organizational talent will be less inclined to openly communicate with unapproachable or dishonest HR practitioners; these attributes should be mitigated as much as possible.

The utilization of the doctor-patient interaction process in the context of Human Resources and talent development is not a perfect approach, but it is a step in the right direction. The continued reliance on simple survey data is antiquated, slow, and in dire need of reform. All the information needed to prepare HR practitioners is available, as it's always been, buried within the minds of the organizations' talent pool and its processes. As technology shifts the needs of the talent pool, it's the responsibility of HR practitioners to identify those shifts and adjust their KSAs appropriately. HR practitioners must observe, connect with, and engage the talent pool in open conversation. Without doing so, HR practitioners will never obtain the KSAs required to meet the ever-changing needs of their customers. ☞

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Model for Documenting HR Practitioner Knowledge, Skill, and Ability (KSA) Gaps as Identified Through Direct Interaction with Organizational Talent Pool

