COLES AI COMPETITION

POWERED BY ResultsCX

TECHNOLOGY BY aws

Start with the outcome. Build backwards to the solution.

Who is ResultsCX

ResultsCX is a global customer experience (CX) solutions company. We hire, train, and deploy thousands of CX experts every year on behalf of some of the world's largest healthcare, media, and technology brands. Behind every customer conversation sits a set of hard operational problems: how we prepare people for the role, how we resolve routine contacts at scale, and how we keep complex operations on track in real time.

1. The Business Challenge

ResultsCX trains thousands of frontline call center agents in healthcare. Their supervisors hold regular coaching sessions, but the quality and impact of those sessions varies significantly. This creates serious challenges in agent performance, development, and retention.

Solution Objective:

An AI agent capable of diagnosing the training issue, generating a training outline with proposed activities, and producing scripting for hands-on practice — all in one continuous flow, without requiring reprompting between stages.

Presentation Objective:

The interdisciplinary team will deliver a 15-minute presentation that includes set-up time, a walkthrough of the strategy behind the solution, and a live demonstration of the AI agent.

2. The Business Challenge — Who Are We Helping?

The solution will deliver meaningful benefits to the following stakeholders:

Who	What They Need
Supervisors	Faster, more consistent, evidence-based coaching conversations
Training Designers in Learning & Development	Accurate diagnosis of performance gaps so the correct training is built
Quality Analysts	A way to turn massive volumes of Quality Assurance (QA) comment data into actionable insight
Agents	Training that actually fixes their real gap — not a generic refresher

3. The Business Challenge — What Is Broken Today?

Imagine you're a supervisor at a healthcare call center. Every day, quality evaluators listen to calls and write detailed comments about what agents did wrong. Now imagine you have thousands of those comments piling up. Here is what goes wrong:

Problem	Why It Hurts
Too much data, not enough insight	Manually reviewing thousands of QA comments is overwhelming and time-consuming
Wrong diagnosis = wrong training	If you misidentify why an agent is struggling, you build training that does not fix the real problem
No feedback loop	After training is delivered, nobody checks whether it actually worked
Inconsistent coaching	Every supervisor coaches differently — quality and impact vary widely across the organization

> *Key Insight from ResultsCX: "AI errors during needs analysis can misidentify the root problem, while errors during course design can produce polished training that addresses the wrong behavior. These errors create substantial downstream rework."*

4. The Press Release — Start Here!

Amazon uses a "Working Backwards" method that starts with writing a press release describing the finished product as if it already exists. Use this template as inspiration to solve the ResultsCX Case:

> *FOR IMMEDIATE RELEASE — AI-Powered Coaching Intelligence Turns Quality Data into Targeted Training — Automatically. ResultsCX supervisors and training designers can now go from "what went wrong" to "here's how to fix it" in minutes instead of weeks. Today, [Your Team Name] announces an AI solution that analyzes quality assurance data from healthcare call centers, identifies the real reasons agents are struggling, and recommends exactly the right training to fix it — with human experts validating every step.*

5. FAQ — Frequently Asked Questions

Q: What data does the solution use?

Your AI solution will work with four types of quality data provided by ResultsCX:

#	Data Type	What It Contains
1	**Business Process Evaluations**	Did the agent follow the correct workflow? Includes documentation, care plan creation, SOP adherence
2	**Compliance Evaluations**	Did the agent meet HIPAA and other high-risk requirements? Includes escalation, required follow-up, call avoidance
3	**Member Experience Evaluations**	Was the agent a good communicator? Covers active listening, call control, rapport, confidence, and responsiveness
4	**Evaluator Comments**	Free-text notes explaining exactly what went wrong on each call — the richest source of diagnostic signal

Q: What does the AI actually do?

It works through a 6-step pipeline. Each step builds on the last:

Step	Name	What Happens	Why It Matters
1	**Data Intake**	Ingests and organizes all four QA data types plus training materials	Gets everything in one place before analysis begins
2	**Needs Analysis**	Finds patterns, groups issues, identifies root causes, cites evidence	Answers "what's really going wrong?" with data
3	**Human Validation**	Expert reviews AI findings before the solution proceeds	Prevents wrong diagnoses from snowballing
4	**Training Design**	Generates outlines, coaching plans, simulations, knowledge checks	Builds the right fix for the confirmed problem
5	**Alignment Check**	Verifies every intervention maps to the confirmed performance gap	Prevents "polished but wrong" content
6	**Outcome Evaluation**	Compares post-training data to original findings	Closes the feedback loop — proves it worked

Q: What makes a winning solution?

Your solution will be judged across six key dimensions:

Dimension	What Judges Are Looking For	Tip
Diagnostic Accuracy	Can it tell recurring patterns from one-off incidents?	Use clustering or frequency analysis on QA comments
Root Cause Reasoning	Does it know when training is NOT the answer?	Distinguish skill gap vs. process gap vs. coaching gap
Evidence Traceability	Can you trace every recommendation to specific data?	Cite the exact evaluation record or comment
Design Alignment	Does training actually fix the validated problem?	Cross-check outputs against the confirmed gap
Human Oversight	Are there clear review and approval checkpoints?	Build an explicit validation step before design begins

Responsible Data Use	Does it protect healthcare and employee information?	Consider HIPAA compliance and data minimization

6. Your Deliverables — What to Submit

Make sure your presentation submission includes all of the following:

- The key challenge you are addressing — pick your focus area from the pipeline
- AI agent architecture — a diagram showing how the agent is structured and interacts with humans
- Explanation of human review points — where do human experts validate AI findings?
- Measures for evaluating accuracy, efficiency, and financial impact — communicate business effects
- A working prototype or demonstrated workflow — show it actually running
- One targeted training or coaching intervention — show a concrete output
- A diagnosis based on the supplied healthcare QA data — run the real data through your system
- Savings on labor and cost through new implementation — Evaluate USA vs. Mexico or Philippines

Reminder: The goal is not to replace human judgment — it is to make human judgment faster, more consistent, and evidence-based. Build something that a real supervisor would trust and use every day.

7. The Opportunity Map — Where AI Adds Value

Here is the end-to-end workflow and where AI has the greatest impact:

Phase	Business Goal	Current Pain Point	AI Opportunity	Impact
Analyze	Identify performance gaps	Manual review of thousands of QA comments is slow and error-prone	AI defect detection	High
Diagnose	Find root causes	Incorrect diagnosis leads to wrong training — wasted time and money	AI root cause agent	Very High
Design	Build training interventions	Significant rework and revisions when design misses the mark	AI curriculum builder	High
Improve	Measure outcomes	No closed-loop feedback process exists today	AI impact monitoring	Medium

8. The Data Files — What You'll Work With

ResultsCX has provided data files. Here is what each one gives you and what to look for:

File	What It Contains	Key Issues to Find
Call Flow — Business Process	Performance evaluations for documentation, care plan creation, demographic updates, and SOP adherence	Incomplete documentation, missing uploads, failure to follow SOPs
Compliance Raw Data	High-risk evaluations: HIPAA verification, accurate information, escalation, follow-up, call avoidance	HIPAA verification gaps, escalation failures, call avoidance behavior
Labor Cost	Instructional Design Labor rate by the hour, the cost to build curriculum, and the hours needed to build training	The labor cost and hours saved by implementing the new AI agent to the training and development process. Evaluate USA vs. Mexico or Philippines
QA Raw Data — Member Experience	Communication behaviors: active listening, call control, efficient use of time, confidence, rapport	Excessive holds, weak probing questions, misunderstanding member needs
RCX Design Templates Consolidated	Templates that ResultsCX will use to create perfect call transcripts and the care plan outlines based on the rubric and persona expectations given	Utilizing the template to create a perfect call training process to execution. Identify the gaps from training vs. execution calls
RCX ISD Process	Complete instructional design workflow: project intake through delivery and evaluation	Use as reference for how ResultsCX builds and evaluates training programs
Training Outline & QA Form	Connects existing training curriculum with behaviors used to evaluate performance	Map identified gaps back to existing curriculum and find coverage holes

Judging Criteria

Student teams will be judged on the following criteria:

Criterion	Weight	Description
Diagnostic Accuracy at Needs Analysis	25%	How accurately the agent identifies the root cause from QA/evaluator data — correctly separating skill gaps from will gaps — before any design output is generated.
Seamless End-to-End Generation (No Reprompting)	25%	Whether the agent carries the diagnosis straight through to training outline, activities, and scripting in a single continuous flow, without requiring to re-enter context or re-prompt between stages. Human interaction and involvement must remain evident throughout this process.
Training Outline and Activity Alignment	20%	How well the generated training outline and proposed activities are structurally sound and clearly traceable back to the diagnosed root cause, not just topic coverage.
Hands-On Practice Scripting Quality	10%	How well the generated scripting for hands-on practice (e.g. call scripts, simulation scenarios) isolates and targets the specific diagnosed behavior in a realistic, usable format.
Technical Feasibility and Designer Usability	10%	How realistic the tool is to build with current AI capabilities, and how easily a designer could review, trust, and act on its output without needing deep technical knowledge.
Presentation	10%	A well-executed pitch and presentation as an interdisciplinary team.