Clinical System Adoption in the Community Hospital

Ten Training Keys for Success
INTRODUCTION

The selection and implementation of an electronic health record is one of the most challenging changes that a hospital will ever take on. At its core, successful adoption of a new clinical system heightens the ability of caregivers to do what is right for the patient, and clinical professionals view the technology as a tool to assist in their mission. Yet the impact of the EHR is only as powerful as the users’ ability to master and then optimize it. To empower caregivers to achieve absolute maximum horsepower from the new tool at their fingertips, a well-planned, strategically delivered training program is essential. The successful hospital begins with a commitment to training that is built into the implementation plan from the beginning and continues with training that supports the ongoing updates and optimization of the EHR long after it is in place.

As HMS continues studying early adopters and working with customers who are just beginning the journey to successful EHR adoption, we find the successful adopters have key training elements in common. While the following 10 keys to training success are critical for successful EHR adoption, they also may be used as guidelines for ongoing training in all areas of the hospital. With the multitude of changes facing healthcare providers today, ranging from clinical quality improvement to achieving meaningful use, strategic training has never been more important.

TEN TRAINING KEYS TO SUCCESSFUL EHR IMPLEMENTATIONS

1. Make training a top priority
2. Tell the learners what’s in it for them
3. Start with clearly defined goals
4. Get the learners ready to learn
5. Pick the right teachers
6. Provide time for training
7. Optimize the training environment
8. Involve the learners
9. Pay attention to what happens after training
10. Evaluate, evaluate, evaluate
KEY NO. 1
MAKE TRAINING A TOP PRIORITY.

Although a system implementation is a huge financial investment for a hospital, all too often training — a critical component in ensuring staff use the software effectively — is viewed as an optional extra. Make sure that all affected parties understand that training is essential and mandatory, and plan to track training attendance and follow up with those who skip. Also schedule “make up” classes prior to the go-live so that students have another opportunity to get the necessary information. To help everyone understand that training is a priority, consider issuing permanent user passwords to staff only after they complete training: they can’t do their jobs unless they take it seriously and get trained. Whether it is proactively addressed in a classroom setting or reactively addressed as frenetic, frustrating, on-the-job, trial-and-error training, users must learn how to use the system.

KEY NO. 2
TELL THE LEARNERS WHAT’S IN IT FOR THEM.

Preparing physicians and staff for training is another key to a successful go-live. Communicating the priority and inevitability of the change is just one component. It’s important to remember that adult learners need to be motivated. They need to understand that the new skills they will be learning are relevant and will benefit them, and they need to feel confident they’ll be able to use those new skills on the job. Taking some time to sell the benefits of the new system, thereby making sure learners are motivated, enthusiastic, and understand how the training will help them is a great investment and one that research shows can increase learning transfer by up to 70 percent.

In addition to promoting the advantages of the new EHR, make sure that all training answers the question: “What’s in it for me?” Structuring training — whether live, online, or at a distance — to reinforce meaningful benefits, both explicitly and implicitly, will help make sure learners stay open to the class content and are ready to use it back on the job, where it matters most.
KEY NO. 3
START WITH CLEARLY DEFINED GOALS.

Imagine playing a game without knowing the rules. How would you know if you were winning or losing? It would certainly make it harder to succeed. The same is true of training. If trainees don’t know what they are supposed to achieve, how can they possibly achieve it? With a hospital system implementation, good training makes it clear to learners up front what they’ll be able to do at the end of the class, whether it’s entering orders, running day-ends or batch scanning. This information helps them focus and prioritize while they’re learning. Objectives also help the instructor to plan, deliver and evaluate the training. When goals are clear, everyone wins!

KEY NO. 4
GET THE LEARNERS READY TO LEARN.

People learn best when they are physically, mentally, and emotionally ready to learn. Paying attention to learner readiness is a critical step in the training process. If the staff is given a strong purpose, clear objectives, and a definite reason for learning something, they make more progress than if they lack these things. In other words, when people are ready to learn, they are prepared to absorb the content, simplifying the instructor’s job. Make sure learners know what’s in it for them and what their learning goals are as described above, and it will go a long way toward ensuring readiness. Beyond that, give trainees sufficient dedicated time to learn, and verify that they have all of the prerequisite knowledge and information needed. Just as you can’t write a story if you don’t know the alphabet, you can’t run a query if you still don’t know how to log into the system. Pay attention to what learners need to know before they take the class, and certainly ensure any computer novices on the team have learned the basics about PCs and Windows before the trainers arrive!
KEY NO. 5
PICK THE RIGHT TEACHERS.

Who's the best person to teach a topic? The person who knows it best, right? Not always, in fact. Subject matter experts, or SMEs, don't process information the same way novices do. Because they've gained their expertise over time and with practice, they know how to perform the tasks they're teaching very fluently, probably without much thought. However, that doesn't necessarily mean that they know how to train someone else to perform them. Additionally, telling someone how to do something doesn't guarantee they'll be able to succeed.

There's a lot more to learning than hearing what buttons to click in what order. Great training goes beyond lecturing to engage learners and gives them opportunities to try out what's being taught. There are wide-ranging techniques for achieving this, but many subject matter experts haven't learned them — yet. The instructor's ability to deliver information effectively and facilitate learning is every bit as important as his or her grasp of the subject matter.

Many implementation vendors use a ‘train the trainer approach’, so select facility "super users" carefully. Pick individuals who care about helping others learn and who will have patience answering day-to-day questions after the go-live. And, keep investing in them: consider sending them to conferences or other training offered by the EHR vendor so that they can keep their skills sharp and stay current with new versions of the software and other product enhancements.

KEY NO. 6
PROVIDE TIME FOR TRAINING.

Prioritizing training includes allocating enough time to allow for thorough training. The hectic pace and demands of the hospital environment can make training very difficult: ringing phones and patient needs can sometimes lead to staff trying to squeeze in training while they're doing their job. When this happens, learning suffers, and so does patient care.

Make every effort to provide a training “window” that's free from distractions. Plan carefully to allow for blocks of uninterrupted learning. Try scheduling classes early in the morning or later in the afternoon, and train in shifts. In departments where procedures are scheduled in advance, book fewer patients on training days or book training on low-volume days of the week. Bring in PRN nursing staff or look at weeknights or weekends if staffing constraints preclude weekday classes.
Naturally, staff may not be overjoyed at the prospect of working a full day or week and then having to train, so be sensitive. Provide food if classes are scheduled during typical mealtimes, and pay staff for extra training time, if necessary.

It’s also worth noting that in making time for training, it’s important to pinpoint the right time for the training. If training is scheduled too far in advance of the go-live, staff will have forgotten what they learned before they have a chance to apply it. Leave it until it is too late, and they will feel rushed and pressured, raising frustrations.

Remember, too, that staff won’t be able to retain every single necessary fact in just one session. Consider follow-up training after the go-live to resolve questions that have arisen on the job and fine-tune software usage.

KEY NO. 7
OPTIMIZE THE TRAINING ENVIRONMENT.

Finding training space in a busy hospital is often challenging, especially when there is a need for several training rooms for an extended period of time. But the right environment makes a big difference. Try to find a space big enough for the intended audience and isolated from distractions so that staff can focus on learning. If a room is too hot, too cold, or too stuffy, if lighting is poor or if conditions are otherwise uncomfortable, it’s difficult for learners to care about the business of learning.

Provide regular bathroom breaks and make sure students have opportunities to eat and drink. With those needs met, they can better concentrate on the task at hand. Further, make sure the learning space is conducive to learning. Rows of chairs don’t make interaction and discussion easy, so consider different seating arrangements when communication is critical. Pay attention, too, to distractions learners may bring in to the class with them: laptops, phones, beepers, etc. Ask them to put these devices away during instruction and again provide breaks so that they have opportunities to check in with work.
KEY NO. 8
INVOLVE THE LEARNERS.

Learners don’t come into training as blank slates. They all have diverse backgrounds and experiences that shape who they are and how they learn. They learn best if the training is delivered to match their level and experience type. If it goes over their heads, they tune out, and it’s hard to get them to tune back in again. By the same token, treating adult learners as if they have no experience, when they do, can insult them and lose their attention. Did you ever sit in a class where the teacher just talked and talked and talked? It wasn’t much fun, was it? Effective trainers acknowledge their learners’ experience and use it. For example, ask them what they like or dislike about current systems or workflows.

OTHER TIPS FOR MAXIMIZING LEARNER INCLUSION INCLUDE:

• Use familiar examples, references and vocabulary.
• Solicit examples and experiences from the group to allow them to connect past knowledge with new information.
• Know your learners. Become familiar with their prior knowledge, learning preferences, skills and weaknesses.
• Show respect. When there have been bad experiences in the past, show sympathy and be solution-oriented.
Variety also makes for a better experience for trainees. Make sure that training goes beyond lecturing and is varied and fun. In addition, try to create opportunities for learners to participate by allowing them to ask questions, having them work in groups or pairs, and building in exercises, case studies, games, and hands-on practice.

**KEY NO. 9**  
**PAY ATTENTION TO WHAT HAPPENS AFTER THE TRAINING.**

It’s important to remember that training is only one component of the learning process and that what happens before and after the training event should be every bit as important as what happens in it.

| Learning transfer — the process of taking the information learned in a class and applying it to the job — is absolutely critical during EHR implementation training. It’s also one of the biggest challenges: we can try to fill learners’ heads with knowledge, but how much of that will they recall when they’re back on the floor or in the office? Make plans to facilitate learning transfer. For example, can trainers or super users observe trainees in the workplace several weeks after the training is complete to provide additional feedback and support? Can you provide job aids or other performance support to help them use the new skills in context? Have you discussed follow up and support with supervisors and managers? Helping learners plan to use the newfound knowledge and providing support for them as they start to do it can significantly increase the likelihood that your training initiative will meet the stated goals. |

**KEY NO. 10**  
**EVALUATE, EVALUATE, EVALUATE.**

Training is very much a fact of life for hospital staff at every level and in every role. In addition to being necessary whenever a new software system is implemented, it’s a requirement for compliance and professional certifications, as well as to keep up with a steady stream of new regulatory requirements like 5010, ICD-10 and of course, Meaningful Use. Interestingly, for all the time, effort and money that go into training, much less goes into evaluating that training comprehensively. In other words, we tend to invest a lot more heavily in delivering training than in making sure that it actually achieves its stated goals – assuming we stated them to begin with (see Key No. 3).
Evaluating training fully can be complicated, but in its simplest form, evaluation can be easy while still yielding valuable results. Most of us are familiar with paper-based or electronic surveys or “smile sheets” that ask for trainees’ feedback on a class or course. Surveys like these give trainers visibility into how the training is being received, allowing them to make adjustments quickly. The good news is that if your survey questions are designed well, you can go beyond learning whether trainees liked the instructor and found the room comfortable to getting a good idea of trainee perceptions about the value of the training.

**HERE ARE SOME TIPS TO HELP YOU GET THE MOST OUT OF TRAINING SURVEYS:**

- Keep them short: make it easy for trainees to complete them quickly.
- Use mostly close-ended questions.
- Use a ratings scale so you can analyze scores quickly – it’s best to use a scale with an odd number of points (e.g., 5 or 9) so you can find the mid-point more easily.
- Use small numbers at the left or low end of the scale and large numbers at the right or high end of the scale.
- Always include one or two open-ended questions about transfer and impact. Questions like “What, if anything, will make it difficult for you to use your new skills on the job?” or “How confident are you that you will be able to use your new skills on the job?” provides great information about potential obstacles to learning transfer and perceived value.

Of course, the most important thing to remember about surveys is to actually use the information you gather. Trainers should compile and analyze the data regularly so that they can see what trainees think about their learning experience and how it can be improved.

Finally, keep in mind that the best survey in the world is worthless without user participation. Make it easy for trainees to take their surveys, and send reminders. For high stakes training programs where results really matter, consider offering incentives or rewards for survey completion.