

white paper

GETTING THE MOST OUT OF YOUR EPIC EMR TRAINING PROGRAM

written by
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Introduction

Even the best-planned, financed, and resourced electronic medical record (EMR) implementation projects have unexpected issues; however, one thing should be expected and planned for in every EMR implementation – system training. It is critical that all personnel – from administrative staff, to physicians, to clinicians – be trained efficiently, effectively, and in a timely manner on the new system. Lack of proper and effective training can sabotage even the best EMR implementation projects.

At Divurgent, we understand how important a well-designed and implemented training program is to an EMR's success. We have developed a comprehensive Training Program Methodology that is based on years of experience, takes into consideration the unique requirements of each client, and has proven effective regardless of organizational size or implementation complexity.

At first glance, health care organizations that have purchased Epic may not see the need for outside guidance in training their users, since Epic provides a well-developed training program. Epic's Training Wheels program is well-thought out and will most likely meet many of your training needs. However, it is a starting point that needs customization to meet each healthcare organization's unique culture and requirements. This white paper explores the strategies and lessons learned from Divurgent's considerable experience in successfully carrying out training for Epic.

The Need for Customization

While it has great value, Training Wheels is best viewed as a foundation for the development of a comprehensive, organization-specific EMR training program.

Many health care organizations make the mistake of assuming that Training Wheels is ready to use and that anyone can be a trainer. They confuse the ability to deliver material with the ability to write material. These two skills are significantly different. Consequently, they lack curriculum development – a key element for training - and miss the opportunity to link current practices with future practices in a coherent presentation that facilitates an understanding of the new functionality. Training Wheels does a fine job compiling the learning tasks associated with Epic, but each healthcare organization must customize the program to fit its own needs and culture. For example, the “cookbook” feature allows you to build patients into MST, the training environment, but if you need different types of patients to reflect any organization specific workflows, you will need to create them. Many organizations use Training Wheels as is during their first implementation, but end up tailoring it on subsequent installs. You can avoid this trap by making sure that Training Wheels is customized to your needs from the beginning.

Assembling Your Team

It's important to understand the function and responsibilities of each training team member in order to select individuals best suited to these roles:

- The **Training Manager** is at the top of the hierarchy and is equivalent to a project manager. The Principal Trainers report directly to the Training Manager.
- The **Principal Trainer** writes the organization specific material, integrates the workflow into the lesson plans, builds

the training environment and manages the Credentialed Trainers. This individual has to weave new work processes into lesson plans, and therefore has to have an intimate understanding of the clinical workflows in order to customize the material. This means that he or she must participate in workflow sessions. The ability to communicate effectively with the build team and escalate concerns to the Training Manager if needs are not being met is also crucial.

- The **Credentialed Trainer** conducts the training sessions using the material developed by the Principal Trainer.

Staffing Models

Training costs are one of the largest expenditures of an implementation project. As a cost saver, clients can hire local and internal resources to fill the training team positions. If this is the course, it will be critical to ensure an experienced educator is available to craft the interview questions and discuss candidate experiences. Depending on the extent of the training needed and the depth of clinical experience needed to understand and convey concepts, you may wish to hire both clinical and non-clinical resources for your training team. In addition to being a cost saver, the internal/local model has the added benefit of providing maintenance support after activation.

The external staffing model relies on the proven experience of consultants to fill the roles within the training team. This model provides quick start up, endurance within the implementation cycle, and the reliability of staff that have prior implementation knowledge and experience.

Most organizations find a mix of internal and external resources to be the best approach. Engaging the experienced, qualified consultant as a stabilizer and mentor for internal resources allows the client to progress quickly and solidly through implementation, while building and teaching the internal resources which will remain to sustain the organization

Selecting the Principal Trainer

One of the key roles in a successful educational team is the Principal Trainer. One of the Principal Trainer's key roles is tying together the organization-specific workflows with the training materials. Given that the material provided by Epic in Training Wheels is generic and not site specific, this individual needs to possess skill and understanding in both workflows and organizational state. This is a challenging task as it requires mastery at gathering information and a clear understanding of what needs to be incorporated into each lesson.

Epic provides a job description for this role, but the individuals conducting the interview may be IT experts who have no training/education experience. This is why it's important to include someone involved in training in the interview process. Questions such as "If you were given a training package that didn't address a need, how would you adjust it?" should be posed in order to determine if the candidate has the necessary skills to mold the Training Wheels lesson plans to your organization's needs.

Characteristics you should look for in a Principal Trainer include:

- A proclivity for training and excellent communication skills.
- Excellent information gathering and writing skills, including the ability to create lesson plans.
- A basic understanding of the healthcare process.

- Good management skills, including the ability to give direct feedback about a Credentialed Trainer's performance.
- An understanding of your organization's culture and method of working.

Teamwork is Essential

Although training and building are separate functions, they are intertwined and the two must work together for training to be successful. The build team conducts the workflow analysis, but the Principal Trainer needs to assimilate it in order to be able to teach it. Conversely, the build team is a strong resource for lesson plan development, but most have never taught a class before.

Many organizations make the mistake of not including a build team review of the lesson plans; they assume that because the lessons originated from Epic they will work as is. However, once the Principal Trainer creates the lesson plans, it's crucial to have the build team review them for several reasons:

- The build team has a mastery of the workflow which drives the build and can provide valuable feedback regarding the appropriateness of the lesson plans.
- As expert builders, the build team must be available to help the Principal Trainer develop the patients in MST. The cookbook gives direction, but the build team must work with the Principal Trainer to build patients that are appropriate to each lesson plan and customizations.
- While the ownership of the work processes and training lies with the build and training teams, Epic must approve the lesson plans. These teams must understand the work processes and functionality in order to incorporate and customize the generic lesson plans Epic provides.
- The educational team needs to be able to match and adjust the lesson plans to the organization's workflow and they need the build team's partnership in order to do that.

Training Resources

There are several types of resources that need to be developed in order to implement a successful training program:

Develop an internal credentialing program to ensure consistent quality.

As clients invest in EMR technology, there is a need to invest in internal resources for maintenance of the purchased program. Epic does provide a framework for the credentialing process that is easy to implement and educationally sound. Clients can take this a step further by developing an internal support program that will be useful beyond activation and will accommodate any staff turnover that may occur.

Develop an internal monitoring program.

Even the most experienced trainers need to be monitored periodically to ensure that quality and enthusiasm remain high.

Develop a robust trainer orientation program.

Credentialed trainers need a client-based orientation, regardless of their level of experience. They must have an understanding of your organization's culture, mission, business drivers, communication strategies and workflow. You

need to familiarize them with the lesson plans and how you want them taught. In other words, you need to have a plan for training the trainer.

If you're using contract labor, these individuals need to understand your organization's current state so that as they train, they can call attention to process changes and provide more detailed instruction.

To meet the needs of your internal resources, your trainer orientation program should communicate the following:

- The selection process: Why the individual was chosen.
- The orientation process: How to go from direct care to stand up training.
- Specifics: Detailed content with delivery techniques.

The orientation should also include:

- Ample time for orientation sessions to ensure that training skills are successful.
- Course walkthroughs and evaluations that are conducted with the training team and build team.
- Pilot sessions with targeted groups of end users.

Developing Materials

As we have discussed, "off the shelf" training programs like Training Wheels need to be modified to include current state changes. But you also need to think about materials beyond what Epic supplies in the form of lesson plans and other aids that might be useful. For example, you should develop a reference guide for end users. It does not have to be used in training sessions, but it should be accessible. You should also use the same job aids and reference guides in class that will be used in activation so staff can learn how to use them.

However, don't fall into the trap of providing too many materials during training sessions. It's like throwing money at a problem instead of evaluating the issue. Extraneous training materials will not increase the value of the program and could result in sensory overload for learners. Similarly, keep practice materials separate from classroom materials. Most training rooms are cramped and there is simply not enough room to have everything on the table.

Lessons Learned

Although implementations typically follow a predictable path, every client has unique experiences that produce relevant lessons learned as the project is evaluated. Divurgent, with its depth of experience, has accumulated several key success factors through the retrospective process. We use these lessons learned in a proactive approach that benefits our clients.

- **Develop key messages.** Training is more than sharing functionality. It is about preparation for change. Key messages are essential to manage fear and resistance. Trainers need to be able to weave the key messages through the content and make the connection for learners.
- **Don't develop materials in a vacuum.** The build team or subject matter experts must review materials for accuracy in functionality and process. Keep in mind that internal review of materials takes time, so you must build this into the project plan.

- **Provide feedback and two-way conversation for the training staff.** Trainers are typically performance-oriented and it's important to them to know how they're doing. The classroom can be isolating and separate from other project actions. Use weekly meetings to praise and reinforce what is going well, as well as to provide distinct clarification of changes needed and improvements to be made. The meetings also give trainers the ability to voice concerns and offer feedback, which allows the trainers the opportunity to contribute and feel more connected to the project.
- **Allow trainers to offer frontline activation support.** Given that everyone is required to attend training, the trainers often know and recognize learners and can support them in a unique way based upon shared experiences. The trainers not only see the fruits of the classroom labor, but also gain insight on how the material is perceived and assimilated by the end user. The end users also benefit as they often forget what was covered, and a familiar face can re-orient the nervous staff member to the fact that they have been trained.
- **Training does not have to end in the classroom.** Demonstrations, site visits, and job shadowing can all be effective complements to the classroom experience. What's more, training doesn't stop after all end-users are "live." Your organization's EMR training program should quickly transition into a supplement to the organization's general and human resources orientation program during which training content, context, process and outcomes should be revisited in consideration of any new leadership and resources available post Go-Live.
- **Display your organization's transformation and celebrate how it positively affects your patients.** Such celebrations reinforce the importance of the EMR and recognize the hard work it takes to successfully implement a system of this size and complexity. Consider the following questions:
 - *Are there plans in place to organize and host a festive procession of public events?*
 - *Are your celebration activities created to ensure the empowerment of your next generation of change agents, thereby ensuring that training programs remain cutting edge?*
 - *Do your celebration materials and displays reinforce the habits of a Learning Organization?*

Conclusion

Even with the aid of a packaged training program, designing a training program for an EMR implementation is challenging, yet essential to your EMR project's success. Whether you are just beginning your EMR training program or are partway through the process, Divurgent can help. A commitment to our clients, a unique combination of healthcare experience, and a flexible, scalable approach differentiates Divurgent in our ability to provide our clients with the expertise necessary to plan, manage, implement and integrate a training program that meets the unique needs of your organization.

ABOUT THE AUTHORS

Dr. Larry Mercer, PhD, MBA, MA, EdD, has 36 years of healthcare management experience. As the Training Director at Sentara Healthcare, a nationally acclaimed integrated healthcare system in southeastern Virginia, he has enjoyed a high degree of success in implementing EMRs in one teaching hospital, three community hospitals, and over 60 community physician practices. Dr. Mercer holds both an MBA and MS from The Ohio State University, and an EdD from Vanderbilt University. He is a Fellow in the American College of Healthcare Executives.

Philip Felt, MBA, PMP is a Partner with Divurgent and leads the Project Management Practice. He is a healthcare executive with a proven record of accomplishment in program, project, and change management in his 11 + years in healthcare technology. He has consistently demonstrated results in leading healthcare organizations through growth and technological change. Philip is a certified project management professional (PMP), a Certified Professional in Healthcare Information and Management Systems (CPHIMS) and is a Six Sigma Yellow Belt. He specializes in reengineering operational processes, creating, and managing program/project management offices.

Noell R. Snider, MEd has 17 years of healthcare system implementation and adoption experience. Her expertise in assessment and process redesign has enabled her success in various healthcare settings including acute, critical access and specialty hospital settings. Noell's Master of Special Education allows her to specialize in addressing the communication and training needs for hospital and office based training by adapting and customizing to the specific needs of each organization.

COMPANY OVERVIEW

Divurgent is not the typical healthcare consulting firm. As a nationally recognized company, we strive to be different, to think outside of the box for innovative healthcare solutions. Our goal is simple. To transform healthcare to our clients and the communities they serve.

Focused on the business of hospitals, health systems and affiliated providers, Divurgent believes successful outcomes are derived from powerful partnerships. Recognizing the unique culture that every organization offers, we leverage the depth of our experienced consulting team to create customized solutions that best meet our client's goals. Utilizing best practices and methodologies we help improve our client's operational effectiveness, financial performance and quality of patient care.

OUR COMMITMENT

Divurgent is dedicated to helping our clients improve their operational effectiveness, financial performance and quality of patient care. Through thought leadership, providing value for our services and delivering innovative solutions, we are committed to improving the quality and safety of healthcare delivery for our clients and the communities they serve.

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