Case Study

Transforming Initial EHR Education 2024

February 2024

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A Partnership between UW Medicine, Tegria, and Amplifire

Cost to Implement

0 - No Cost
$ - Onetime Cost
$$ - Budgeted Cost
$$$ - Board-Approved Cost

Implementation Timeline

0–6 Months
6–12 Months
12–24 Months
2+ Years

Program Goals

- Improve training efficiencies so clinicians can get to the floor sooner
- Increase learner satisfaction in EHR training

Organizational Outcomes

- 14 percentage point increase in nurse training satisfaction for those in revised classroom training
- 18 percentage point increase in nurse training satisfaction for the Amplifire pilot group
- 75% reduction in training time for nurses
- 50% reduction in training time for providers

Collaborative-Verified Best Practices

- Creating EHR Mastery: Onboarding EHR Education

Keys to Success

- Choose an adaptive learning platform aligned with organizational goals and capable of catering to diverse learner needs
- Implement the new system in carefully planned phases, focusing on specific roles and departments to ensure efficient resource allocation
- Utilize learner and content analytics to identify areas of improvement, adapting training content based on insights for continual optimization
- Allocate resources judiciously, recognizing the importance of a dedicated project manager, principal trainers, LMS resources, and training logistics coordinators
- Leverage the expertise of a supportive partner (i.e.,Tegria) to advise on curriculum mapping and gap analysis and to facilitate feedback sessions for ongoing improvement

What UW Medicine, Tegria, and Amplifire Did

In 2022, UW Medicine faced a staffing crisis with high turnover rates, so they undertook a comprehensive review of their onboarding training program. Recognizing the need to expedite clinician onboarding without compromising quality, UW Medicine evaluated traditional eLearning as well as adaptive learning, which combines adaptive functionality with cognitive, science-based techniques to expedite the learning process, forge long-lasting retention, and promote seamless real-world applications. They made the strategic decision to adopt adaptive learning and partnered with Amplifire. The Amplifire platform offers proficient clinicians a faster path to progression, and those who need more support receive a personalized learning experience. Amplifire's analytics also provide insights into learner performance and content effectiveness. The implementation occurred in phases, guided by a steering committee and supported by Tegria. Tegria played a pivotal role by advising, curriculum mapping, mentoring, authoring content, and facilitating feedback sessions. Since the Amplifire implementation, the platform has revealed knowledge disparities, saved significant time, and generated positive learner feedback. The success of the phased approach, resource allocation, and collaboration between UW Medicine and Tegria contributed to Amplifire's effectiveness in addressing the staffing crisis and improving onboarding efficiency.

How UW Medicine, Tegria, and Amplifire Did It

Addressing a staffing crisis

High turnover rates due to the staffing crisis increased onboarding training volumes, making UW Medicine's previous training program unsustainable. The training program consisted of two different pathways for onboarding EHR education: one for employed providers and nurses and one for travel nurses. Employed providers and nurses attended virtual instructor-led classes, took an assessment, and headed to the floor. Travel nurses followed the same path but had the option to test out of certain portions of the instructor-led classes.

Although UW Medicine's turnover rates were below the national average, they still needed to get nurses on the floor faster, especially travel nurses with previous EHR knowledge. Therefore, the organization began searching for a new onboarding solution.

Assessing differences between eLearning and adaptive learning

UW Medicine partnered with Tegria to help with the search for an onboarding solution that would facilitate quicker training without sacrificing quality EHR education. They considered a few different pathways for restructuring their education, specifically traditional self-directed eLearning and adaptive online learning. The benefits of traditional eLearning include familiarity for many end users and decreased learning time, but the traditional model is resource intensive for training teams, requires a specialized skill set from content creators, and takes a one-size-fits-all approach to learning, with each clinician receiving similar content. On the other hand, adaptive online learning has the benefits of decreased learner time, decreased resource time, and targeted learning tailored to each learner's demonstrated experience level. With any change, there is an inevitable barrier to entry that requires a paradigm shift for both content developers and learners; however, the shift was a quick process for UW Medicine's developers, and learners also showed smooth adoption.

After reviewing the benefits and downsides of traditional eLearning and adaptive online learning, UW Medicine decided to move forward with adaptive learning to train clinicians more efficiently by focusing on filling gaps and bypassing areas where clinicians were already proficient. It would have been very resource intensive for UW Medicine to create content for their existing training structure; moreover, keeping the content updated would have been nearly impossible. With help from Tegria, the organization selected Amplifire as the vendor for the new learning platform. UW Medicine realized that newly hired clinicians with prior EHR experience could move through Amplifire's training system faster, while those who needed more time with the information could take things at their own pace. The Amplifire platform adapts the learning experience so that learners with prior knowledge can focus on misinformation and/or knowledge gaps. The platform also empowers new learners to focus on the differences between UW Medicine's workflows and site-specific EHR functionality.

Learner and content analytics from Amplifire

Amplifire provides organizations with content and learner analytics to help trainers improve their questions and determine where learners are struggling. The content analytics provide insight into which questions give learners shared trouble, indicating the potential need to revise content. As part of the learner analytics in Amplifire, training teams can pinpoint where learners have confidently held misinformation, where they are struggling, how much time they spent on each module, and how much time they spend on a course. The platform also reveals which individuals or groups of learners are struggling and with what questions. The analytics empower training teams to adapt and continually improve the quality of the training content.

A phased approach to the Amplifire implementation

Tegria and UW Medicine decided to implement Amplifire in phases, first focusing on inpatient and emergency department nurses (including travel nurses), ambulatory providers, inpatient medical providers, and inpatient/outpatient providers. Phase two focused on inpatient surgical providers, emergency department providers, ambulatory nurses, and ambulatory medical assistants. Phase three will focus on ongoing operational work, more roles like preop and PACU nurses, and front-desk registration (Cadence).

Organizational alignment and resources during the implementation

UW Medicine credits their steering committee as key to their success. The committee included nursing leadership, provider leadership, clinical informatics staff, and the nursing staff development team that onboards new inpatient RNs. Their responsibilities included approving the scope and timeline of the Amplifire implementation, escalating issues as needed, and cascading communications to end users. Having subject matter experts involved from the beginning of the onboarding redesign helped with the accuracy and relevancy of the Amplifire rollout. The steering committee provided insight into system configuration, workflows, and policy. They helped create consistency across locations with real clinical examples and focus on what clinicians need to know to get on the floor faster.

Phase one lasted twelve weeks, with the creation of four different courses. UW Medicine resources included one project manager, four principal trainers, one training logistics coordinator, two training managers, and three LMS resources. Tegria resources included one project manager and three content authors. The principal trainers attended Amplifire authoring training several weeks into phase one. Tegria consultants also helped the trainers integrate the new skill set during the development process. Phase two lasted twelve weeks, with the creation of three courses. Since the team learned how to successfully create and launch learner content in phase one, they were able to develop the phase-two content at a faster pace and more independently. For phase two, UW Medicine resources included one project manager, two training managers, one training logistics coordinator, two LMS resources, and three principal trainers. From Tegria, only one project manager was needed. Amplifire's team was by the sides of both UW Medicine and Tegria throughout the implementation, providing implementation support and content development oversight for a seamless transition to ongoing support post-implementation.

Tegria as an implementation partner

Tegria's role at UW Medicine was to provide advisory consulting services and support the Amplifire implementation. Tegria referred UW Medicine to Amplifire and helped during the implementation in the following ways:
- **UW Medicine learner journeys:** Tegria detailed all the activities a learner must complete to get Epic access.
- **Curriculum mapping and gap analysis:** Tegria reviewed UW Medicine's current onboarding training curriculum, analyzed gaps in content, and planned the future state for UW Medicine's onboarding training.
- **Principal trainer mentoring:** Tegria helped UW Medicine's training team understand why Amplifire was a good fit for their organization and how the platform worked, helping with buy-in.
- **Amplifire authoring:** Since Tegria has previous experience with content authoring in Amplifire, they assisted with content authoring while UW Medicine's training team learned the process. Tegria helped the team develop a continual plan to revise content as they learn more from the Amplifire analytics.
- **Subject matter expert feedback session planning and facilitation:** Tegria helped process and translate feedback for UW Medicine, leading conversations about process and system improvement.

Initial outcomes of the Amplifire implementation

UW Medicine benefitted from the phase one Amplifire implementation in the following ways:
- **Amplifire analytics:** These analytics gave visibility into learner knowledge, revealing a blend of confidently held misinformation, uncertainty, and mastery across different courses. This information brought to light that many people would have gone to the floor unprepared.
- **Time savings:** UW Medicine's instructor-led courses were up to eight hours long, but once the content was transformed and placed into Amplifire, a learner's training time was trimmed to an average of two hours. This information led the teams to realign UW Medicine's onboarding training strategy and timeline, figuring out how to optimally use the extra time and send clinicians to the floor faster.

- **Learner feedback:** The feedback collected via surveys was overwhelmingly positive. The main themes from the learners' feedback included these points:
  - The Amplifire training saved time because clinicians no longer had to review content they already knew
  - Learners gained UW Medicine–specific knowledge
  - Individuals that were skeptical of the new platform recognized its value since the system conveniently walked then through the necessary tools