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AI-POWERED ADAPTIVE LEARNING AND SERVICENOW INTEGRATION, DELIVERING 50% FASTER ONBOARDING FOR STANFORD HEALTH CARE

Case Study at Stanford HEALTH CARE

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Stanford Health Care, with thousands of employees and a commitment to operational excellence, must rapidly onboard clinicians while ensuring proficiency in complex workflows, particularly the Epic electronic health record system. With the existing ServiceNow infrastructure for IT service management and workflow automation, Stanford wanted to leverage these capabilities to enhance their training processes.

GOALS

- Accelerate onboarding
- Reduce instructor workload
- Improve clinician satisfaction
- Integrate seamlessly with existing systems

KEY OUTCOMES

- **50% faster onboarding:** Adaptive learning cut training time in half, getting clinicians to patient care sooner
- **30% reduction in administrative burden:** Amplifire relieved our Educators of 20-30% Instructor Led hours, allowing them to repurpose those hours to other tasks
- **Enhanced training precision:** Real-time analytics and seamless system integration enabled instructors to target high-need areas more effectively
- **Improved engagement and confidence:** Clinicians experienced a more personalized, engaging process with 13% higher resource utilization, boosting their preparedness and satisfaction

THE PROBLEM

Stanford Health Care needed a solution to address multiple critical training challenges: accelerating onboarding for inpatient nurses and providers across specialties without compromising quality, reducing instructor workload while managing diverse cohorts, identifying and supporting struggling learners early, seamlessly integrating training with ServiceNow workflows, optimizing Epic training for clinicians with varying experience levels, and enhancing education processing efficiency.

Traditional one-size-fits-all training proved inefficient, failing to account for prior knowledge or address Confidently Held Misinformation™ (CHM™), where clinicians were confident but incorrect, potentially leading to errors in Epic usage.

SOLUTION: A BLENDED, ADAPTIVE APPROACH

Stanford Health Care implemented Amplifire's adaptive learning platform within a blended learning model, combining it with ServiceNow, Rise, video content, and classroom sessions to create a tailored onboarding program for inpatient nurses with Epic experience and providers across multiple specialties. The solution delivered personalized learning paths that adapted content in real-time based on each clinician's knowledge gaps and confidence levels, allowing experienced Epic users to skip redundant material while newer users received comprehensive support.

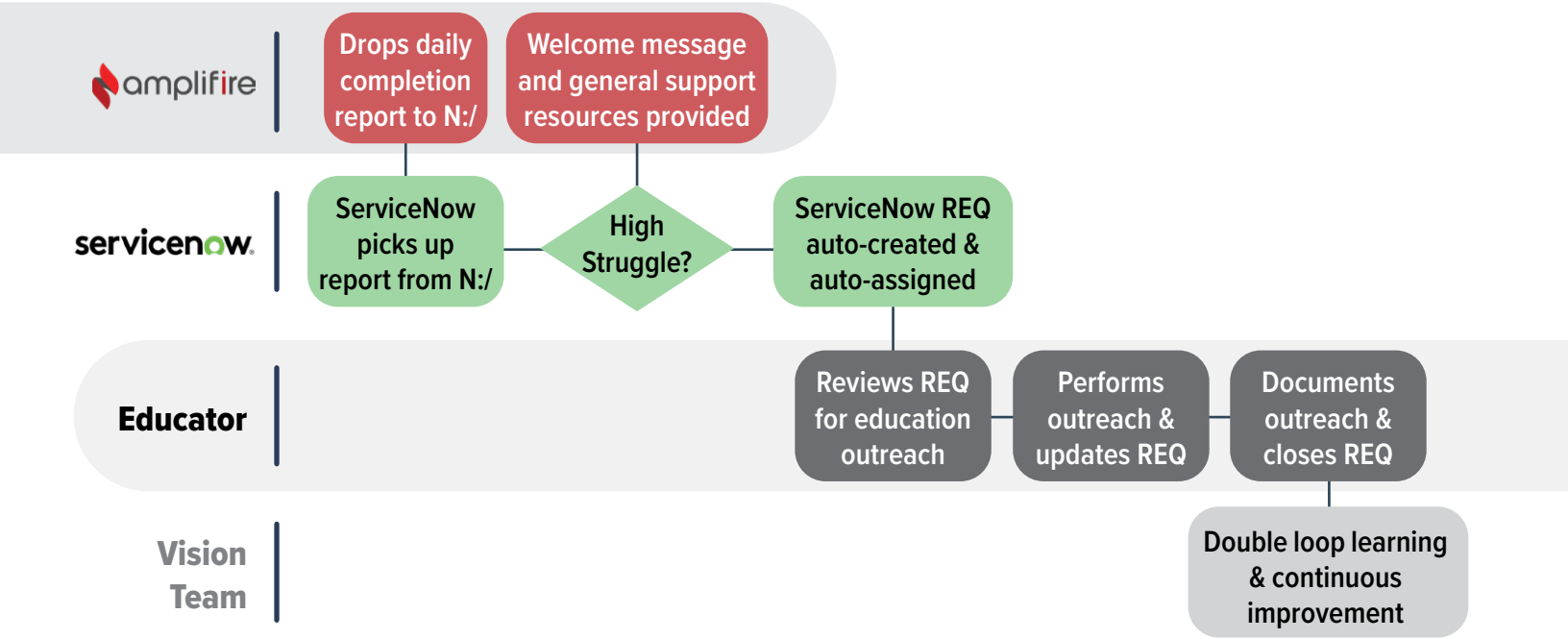
WHAT IS CHM™?

Confidently Held Misinformation™ (CHM™) refers to misinformation that employees confidently believe is correct—but isn't. When someone is confident, they act. When they're confident and incorrect, they act incorrectly. Amplifire's research shows that 25-35% of workforce knowledge is unknowingly incorrect across all industries. This false confidence is particularly dangerous because it's harder to detect and correct, opening organizations to significant risk, harm, and financial loss through costly errors.

The implementation featured seamless ServiceNow integration for automated workflows and daily progress tracking, an automated flagging system that identified learners with high struggle scores or Confidently Held Misinformation™ (CHM™) for targeted interventions, and customized Epic resources aligned with specific roles and workflows.

This multimodal approach respected clinicians' time while leveraging Amplifire's confidence-based learning to identify and correct CHM™, ensuring all learners achieved mastery of critical Epic workflows through automated request generation that connected struggling learners with appropriate instructors or resources.

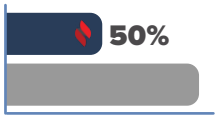
ServiceNow Integration



RESULTS

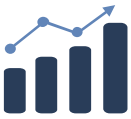
The Amplifire implementation transformed Stanford's onboarding program, delivering measurable improvements in efficiency, proficiency, and satisfaction.

Quantitative Outcomes



50% Reduction in Training Time: Adaptive learning halved onboarding time, enabling clinicians to transition to patient care faster.

20-30% Savings in Education Processing Time: Automated workflows reduced administrative tasks, freeing instructors for high-impact coaching.



13% Increase in Knowledge Base Article Impressions: Clinicians engaged more with supplemental resources, reflecting improved access and relevance.

Qualitative Outcomes

- **Seamless Integration:** Combining Amplifire with ServiceNow, Rise, and classroom sessions created a cohesive training experience.
- **Enhanced Data Insights:** Real-time analytics empowered instructors to focus on high-need areas, improving training precision.
- **Improved Learner Experience:** Clinicians reported a more engaging, personalized process, boosting confidence and preparedness.
- **Scalable Solution:** Amplifire's flexibility supported Stanford's diverse workforce and evolving needs.
- **Resource Optimization/Efficiency:** Used Amplifire data for focused/concentrated support initiatives in high struggle areas.

Amplifire's ability to identify and correct CHM™ was critical, ensuring clinicians were not only confident but accurate in their Epic usage, reducing the risk of errors.

"One of our biggest challenges was identifying learners early and providing timely support. By integrating Amplifire and ServiceNow, we automated the process, flagging high struggle scores, generating requests, and connecting our learners with the right resources beyond automation. This has transformed our ability to deliver efficient, personalized training at scale."

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—Lacey Jensen, *RN-BC, MN*
Director of Informatics Education

After implementing Amplifire into their nurse training program, Stanford achieved significant reductions in training hours while successfully identifying and correcting confidently held misinformation among nursing staff. The adaptive learning platform enabled more efficient knowledge transfer by targeting specific knowledge gaps and misconceptions, resulting in both time savings and improved clinical competency. They now send results to preceptors so that they get a full picture of the new hire's training needs so they can address in unit.

Time Saved by position

	Baseline	*After Amplifire Inegration*	*Time Saved per Employee*
Sched/Reg	**5 hr**	**4.0 hr**	**1 hr**
Front Desk	**3 hr**	**2.1 hr**	**0.9 hr**
Patient Access	**16 hr**	**14.4 hr**	**1.6 hr**
Ambulatory Clinical Staff (No Epic Experience)	**9 hr**	**6.7 hr**	**2.30 hr**
Ambulatory Clinical Staff (With Epic Experience)	**9 hr**	**3.12 hr**	**5.88 hr**
IntraOp RN	**3 hr**	**1.53 hr**	**1.47 hr**
Inpatient RN (No Epic Experience)	**8 hr**	**3.28 hr**	**4.72 hr**

Corrected Misinformation

	Corrected Misinformation
Sched/Reg	**22%**
Front Desk	**21%**
Patient Access	**14%**
Ambulatory Clinical Staff	**20%**
IntraOp RN	**21%**
Inpatient RN (Minimal to no Epic experience)	**25%**

Training Retention Improvements

Overall, the implementation of Amplifire demonstrated that Amplifire's training methodology effectively enhanced retention compared to traditional training approaches, based on a training retention assessment. Notably, nurses and providers using Amplifire had higher training retention assessment score by an average of 8-17%.

"Switching our ILT to asynchronous learning has not only been beneficial for our end-users, but it has been a big time saver for us. We've had more time for other department initiatives and it has allowed us to be more involved in activities like rounding and hosting a booth at Shared Leadership. Our transition to asynchronous training has opened the door for us to explore exciting ways to better support end-users POST onboarding."

—Inpatient Informatics Educator

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LESSONS ALONG THE WAY

Stanford's successful implementation was guided by strategic principles across three key areas. They started with groups already trained fully online, converting similar content first and prioritizing high-volume or lengthy classes for maximum impact. The team automated wherever possible, letting learners indicate their Epic experience so the system assigned appropriate courses, and linking ServiceNow with Amplifire to automatically create support tickets when learners struggled.

Communication proved essential, Stanford established two stakeholder groups for complete transparency at the executive and department director levels. They used Amplifire's Struggle Report and CHM™ data to drive proactive support outreach and resource redistribution in focused areas. Critically, educators were given autonomy to adapt their blended learning plans as they uncovered the intricacies of their groups' needs. Initial challenges included calibrating content to balance engagement and rigor, and fine-tuning the ServiceNow integration, but ongoing feedback and data-driven adjustments streamlined the process.

CONCLUSION

Stanford Health Care's partnership with Amplifire demonstrates how adaptive learning can revolutionize Electronic Health Record onboarding. By delivering personalized, data-driven training, integrated with ServiceNow and tailored to Stanford's workflows, Amplifire reduced training time by 50%, enhanced Epic proficiency, and improved clinician satisfaction. The platform's ability to identify and correct CHM™ ensured clinicians were both confident and accurate, supporting Stanford's commitment to high-quality care.

Building on this success, Stanford plans to expand Amplifire's use to additional specialties and explore further integrations to enhance training scalability. This initiative serves as a model for health systems nationwide, proving that modern learning solutions, rooted in cognitive science and empathy, can drive efficiency, proficiency, and clinician well-being.

"New hires are pleased that we are able to acknowledge and honor their prior AMB experience and tailor their training as a result. I am pleased that new users can learn at their own pace. Using the Amplifire scores to drive additional practice exercises for users has also been going very well."

—Ambulatory Informatics Educator

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