
EHR Training Software: What Health Systems Should Look for in 2027

Key Highlights

- Courses plus a completion report was a fine EHR training setup a few years ago. In 2027 it's the bare minimum.
- Four things changed the shopping list: EHR switches, AI tools inside the EHR, constant updates, and not enough staff.
- Score what you already own against ten questions before you talk to a single vendor.
- Most hospitals have an LMS and the EHR vendor's own training. What's usually missing is safe practice, proof of skill, and help inside the live EHR.
- Your situation decides the weighting. A system mid-switch shops differently from one that's short on nurses.

Introduction

If you're buying electronic health record (EHR) training software in 2027, look for a few things. Clinicians should be able to practice real workflows without touching a live chart. You should be able to see what people can actually do, not just who clicked through. The content has to keep up when Epic or Oracle Health changes something, it has to cover the new AI tools, and it can't depend on pulling nurses off the floor.

Pilot purgatory: It is the state where an organisation runs successful pilots but cannot convert them into scaled enterprise value. The initiative sits stuck between a promising demonstration and workforce-wide adoption. This is where the majority of digital transformation initiatives currently collapse.

Plenty of health systems are asking this at the same moment. Some are switching EHRs. Some are rolling out ambient documentation. A lot of them are doing both with fewer nurses and physicians than they'd like.

The shopping list most of us used a few years ago, basically "can it host courses and report completion," doesn't cover the training needs of the day. We're Assima, and we build EHR simulation, so this is a problem we spend our days on. We've tried to keep this guide useful whichever tool you end up choosing. So, let's take a look at what time demands.

Why 2027 Changes What You Should Look For

Four things are happening at the same time, and each one changes what a training tool has to do.

Systems Are Switching Platforms

Big systems keep changing EHRs. Intermountain Health and UPMC, for instance, [announced moves from Oracle Cerner to Epic](#). Think about what that asks of people. Thousands of nurses and physicians have to relearn how to chart, order, and document, all at once. A tool built only for onboarding new hires into a stable system will struggle there. You need something that can handle not only ongoing training but a complete switch of software.

Assima Train supports both Epic and Oracle Health, including a move from one to the other. Teams can practice the new system on a safe replica before they touch a live chart.

AI Is Arriving Faster Than the Training

Epic now has AI assistants for clinicians and patients, and Oracle Health has launched a voice-first, AI-powered EHR. Training hasn't kept up. In the [KLAS Arch Collaborative's 2026 AI report](#), which drew on Epic organizations, fewer than one in four clinicians using AI tools.

The EHR Keeps Changing

Epic and Oracle Health both push updates on a regular cycle. Each one can move a button or change a workflow, and training content goes out of date fast. So how quickly your vendor can fix it, and how much effort that takes, matters a lot more than it used to. Then there's staffing. If a tool needs a whole cohort off the floor for a day, good luck finding the coverage. Self-paced simulation, which Assima Train supports, is one way around that.

This is where Assima Train earns its keep on updates. When the EHR changes, you edit the screen in [Assima Train](#) and the change flows through the rest of the lesson automatically, so nobody has to re-record the whole process. And because your LMS points to a live link instead of a file, learners see the updated version right away.

Completion Stopped Telling You Much

Knowing someone finished a course doesn't tell you whether they can place an order correctly or finish a note before their shift ends. Health systems are shifting toward proficiency, which just means proof that a clinician can do the task. Your checklist should ask for it. Assima Train tracks what learners do down to every click and field, and it has an evaluation mode, so you can see who can do the task and not just who showed up.

Four Forces Behind the 2027 Criteria

SL. No

Force

The problem

Look for

1

System switches

Whole workforces relearn a new platform

Support for Epic and Oracle Health, including a switch

AI in the EHR

New tools, little training

Practice on AI features, by role

3

Constant updates

Training content goes stale fast

Quick, low-effort content updates

4

Short staffing

No coverage for classroom days

Self-paced training that fits around shifts

The Tools, and What Each One Is Good At

“EHR training software” covers a few different kinds of tools, and each one has a real job.

An LMS hosts courses and tracks completion. Keep it. You need the record, and compliance wants it. But all it can tell you is who finished.

A [digital adoption platform, or DAP](#), lays guidance over the live EHR. That’s great when a nurse gets stuck halfway through a task after go-live, and less useful for building skills beforehand. EHR simulation gives clinicians a safe replica to practice on, before and after go-live, and you can measure what they do there.

That’s the layer Assima Train covers. Then there’s the vendor’s own training from Epic or Oracle. It’s accurate and it’s the foundation, though it tends to be generic and wrapped around the go-live date. Some health systems build their own tools. You get control. You also get years of upkeep.

Most health systems already own an LMS and the vendor training. The usual gaps are the practice layer, the proficiency data, and help inside the live EHR. So skip the question of which single tool to buy. Ask which of these you already cover, what’s missing, and which platform fills the holes without costing a fortune.

Get a practical plan for preparing healthcare staff before any system goes live.

[Get the Playbook](#)

The 2027 Scorecard: Nine Things to Check

Here's the checklist. Use it on your current stack first, then on vendors, including us. Have every vendor show each item on your EHR with your workflows. A generic demo doesn't count.

#

Criterion

Ask the vendor

1

Safe practice on a replica

Can clinicians practice real workflows without live patient data?

2

Role and specialty paths

Is there a path for each role, or one course for everyone?

3

Proficiency measurement

Do you measure demonstrated ability, or only completion?

4

Content currency

When the EHR updates, how fast and how cheaply does content update?

5

Point-of-care guidance

Do you help clinicians inside the live EHR, not just before go-live?

6

Staffing-efficient delivery

Can staff train around shifts without mass backfill?

7

PHI-safe data

Is any real patient data used in training?

8

System scale and languages

Does it stay consistent across sites and languages?

9

Switch readiness

Do you support Epic and Oracle Health, and a platform switch?

A Few Notes on the Tricky Ones

A few of these are easy to claim and hard to prove.

Content currency is one. Rather than asking whether the content stays current, ask about the last time the EHR changed. How long did it take the vendor to fix the training, and who had to be involved?

Proficiency is another. When a vendor says they measure it, find out what's actually being scored. A clinician working through an order on a practice screen tells you something real. A quiz at the end tells you a little.

Then there's delivery, which is where busy units get squeezed.

[Zuyderland](#), a Dutch healthcare organization that runs four hospitals, had to get 2,500 nurses ready on SAP, its main nursing application, without disrupting patient care. The hospital had estimated up to seven days of classroom training per nurse. With Assima Train, that came down to three and a half, and nurses built about 300 of the practice exercises themselves with help from one of our consultants.

And for switch readiness, ask whether the vendor has helped a customer move between Epic and Oracle Health, and what that looked like in practice.

How to Weigh Them

We wouldn't weigh all ten the same, and neither should you. A system with a switch on the calendar should push practice, proficiency, and switch readiness to the top, since a whole workforce is about to relearn the EHR on a deadline. A system that's stable but worn out probably cares more about fast updates and help inside the EHR. And if staffing is the main headache, delivery wins, as it did for Zuyderland. Write your weights down before the first demo, because a polished presentation has a way of quietly moving them. An [LMS](#) on its own will fall short on a bunch of these, particularly safe practice, proficiency measurement, and help at the point of care.

Running the Evaluation

Score What You Have First

Start by scoring what you already own, and hold off on calling vendors. Most health systems find the LMS and the EHR vendor's own courses cover the basics, and that simulation, proficiency data, in-app help, and go-live training are where it gets thin. Those gaps are what you're shopping for.

Make Vendors Show You

After using Assima Train, [Montpellier University Hospital](#) built more than 150 lessons on DxCare, gave nurses, doctors, and administrative staff each their own learning path, and used anonymized clones so no patient data was exposed. Course time dropped from three hours to 40 minutes.

Where Assima Fits

Assima focuses on the gaps most stacks have. We offer [object-based EHR simulation](#) on an anonymized replica, role and specialty paths, proficiency measurement, quick content updates when the EHR changes, [In-App Search](#) for help inside the live EHR, self-paced and mobile delivery, and multilingual scale. It works alongside Epic and Oracle Health, including through a switch. We're not a replacement for your LMS, which still holds the record, or for your vendor's own training, which is still the foundation. We're the practice, proficiency, and in-app layer on top.

Conclusion

EHR training software has a higher bar now. A tool that stores courses and counts completions is a decent record keeper, but it won't get a workforce through a platform switch, new AI tools, and constant updates when you can't spare the people. Score what you own. Be honest about the gaps. Then make every vendor prove it on your own workflows. If they can't show a clinician practicing safely, getting measured on real work, and getting help inside the live EHR, they probably aren't built for 2027. If you'd like to run the scorecard on [Assima Train](#), we're happy to do it on your own EHR and workflows.

Want to see how your training stack scores against the 2027 checklist?