
How to train doctors and nurses on new software when there's no time to spare

Introduction

You spent months convincing the Board and staff members, diligently researched dozens of potential software solutions, invested time and resources in implementation, and are about to roll it out with a flourish. What's next before going live?

Training. And this part cannot be overstated.

After speaking to over 72,000 clinicians at more than 150 hospitals, researchers at the Arch Collaborative concluded that the biggest contributing factor to user adoption wasn't which software a hospital uses – [but how users rate the quality of the EHR-specific training they received.](#)

"The reason the very same EHR system can lead to different user experiences – and different patient outcomes – boils down much more to how it's used, than how the software is designed."
Researchers in the JCI study

That's all well and good...

But hospitals are a 24/7 operation. Doctors and nurses are overwhelmed enough as it is. Asking thousands of staff members to sit in a classroom for hours to learn a new piece of software in between work shifts can lead to burnout and downtime.

Every hour spent training is an hour not spent helping patients. So here's the crux of the problem: how do you make sure that clinicians get the training they need (and stick with it) without disrupting patient care?

Skip ahead to:

- [How Assima's patented solution can help accelerate your staff's speed to competency](#)
- [How does Assima tackle issues with conventional approaches to training in hospitals?](#)
- [What does Assima's solution look like in practice?](#)

3 conventional approaches to training hospital staff on a new software

In practice, [health care](#) providers have resorted to a combination of three different approaches. We'll dig a little deeper into why each has its flaws.

Trial by fire

A quick fix is to have doctors and nurses go straight into the production version. Hospitals are already short-staffed, users will have to learn on the go.

This trial-by-fire approach is a stopgap and could lead to several problems:

-
- **Increased risk of medical errors.** Without training and an ongoing review of best practices, the risk of medical error increases. Typing errors can be repeated, leaving a trail of mistakes that could potentially lead to medical error. In turn, these mistakes expose hospitals to potential malpractice lawsuits.
 - **Privacy and security risks.** Production version of software contains sensitive patient data. A lack of privacy and security training could lead to the mishandling of this confidential information and security breaches. This could cause substantial harm to patients, as well as legal issues to providers.
 - **Resistance from staff.** Faced with an unfamiliar system and left to their own devices, hospital staff could revert to their old ways. This can include using the previous system or writing down patient information. These workarounds result in double work and prevent [EHR](#), PAS and other software systems from accomplishing their main goal: increased efficiency.

Put them in a sandbox

A second approach is to train hospital staff inside a live training environment with dummy data.

The issues with this approach include:

- **It's expensive.** Maintaining this live environment can cost tens and even hundreds of thousands of dollars a year.
- **Unstructured learning.** A training environment might lack the proper structure necessary to guide someone on how to perform certain tasks from A to Z in the most expeditious manner. Users might get lost, wander inside the application and not follow the course content you want them to learn. This problem is compounded for rarely performed tasks that have to be relearned.

Classroom-only training with static images and video

The de-facto solution to create training content is using an authoring tool or screen recorder to capture screenshots, create slides and distribute them using an LMS. The downsides of this approach are the following:

- **No hands-on experience.** Staff members can't be expected to know the ins and outs of a system without ever experiencing the real thing. A classroom-only approach to training can lead to learning gaps.
- **One-size-fits-all media doesn't suit everyone.** Different employee types and demographics have specific needs. "Some respond better to printed training materials, while others want to watch videos or take interactive classes online." – Hans van Herwaarden, L&D manager at Zuyderland
- **Updating training content is a grind.** With every minute update to the software, content creators have to retouch the training material. Moreover, they have to make sure that each time, their screen captures don't record confidential patient information. This represents a time sink that could be better spent creating advanced content.

Assima's patented solution accelerates your staff's speed to competency - without disrupting patient care

Our platform creates a guided interactive simulation of your software that allows doctors and

nurses to train on what looks and *feels* like the real thing – down to every field, click, drop down etc.

This has several benefits that go beyond training:

1 - Data anonymization. By freeing yourself of static screen captures and using [Assima's authoring tool](#) to create training content, you can easily remove sensitive patient data from your material in one go – without going back to every slide.

2 - Update content quickly. Content can be quickly updated as the application changes. This ensures the training stays up-to-date and relevant. The time savings on maintenance translates to more time to create advanced content for rarely used but critical processes.

3 - Cut costs and workload for IT. Our simulation replaces expensive live training environments. This reduces work for the IT department and decreases your maintenance costs.

4 - Detailed tracking & reporting. You can track in granular detail when and where every user clicks and what they entered in each field. In other words, you have a complete view of what each user is doing right and wrong while they practice. This lets management, human resources and learning & development teams track and report how well everyone is doing and pinpoint where processes and training could be improved.

What happens when we go live?

Once live, users aren't just left aimless. Hospital staff are guided by a [digital coach](#) – at the ready to provide real-time help or step-by-step guidance on unfamiliar tasks.

You can push out contextual messages, compliance checks and personalized alerts so that users never feel *stuck* during a process. Users can ask questions and find documentation related to a task using our enterprise search function in seconds.

All this convenience is provided without ever touching your application source file or database.

How does Assima tackle issues with conventional approaches to training in hospitals?

[Read about how Assima helped train 2,500 nursing staff at Zuyderland on their new SAP systems.](#)

Learning by doing vs trial by fire

- Search and access any help documents from one place, in seconds.
- Users are assisted in real-time from basic functionalities to rarely done tasks.
- Users can be confident that any medical and billing detail is double-checked against a range of databases by our virtual coach.

Holistic training solution vs live training environment

- Empowers both users and content creators throughout the training cycle: from lesson

creation & maintenance to onboarding, performance support and reporting.

- Sanitizes your training material of sensitive patient data.
- Keeps your users informed of frequent updates in process and compliance requirements while they are on the job – eliminating the need for retraining.

Guided interactive simulation vs classroom-only training

- Hospital staff benefit from hands-on experience in a life-like replica of your software.
- Puts guard rails on the learning process to ensure users stay on track.
- Supports many media outputs including interactive classes, video and printed training materials – all stored in a single, centralized, easy-to-maintain system.

Related Resources:

What does Assima's solution look like in practice?

Scenario 1#: Scheduling an echocardiogram for the first time.

Picture this.

A staff member logs into your application.

They are familiar with basic things like accessing menus or admitting a patient.

They now have to carry out a more complicated process or simply a task they aren't familiar with yet. Let's say scheduling an echocardiogram.

User types "schedule an echocardiogram" into the search bar at the top right of the screen.

A list of documents appears including pdfs, videos or a step-by-step guide.

The step-by-step guide is chosen and guides the staff member through the navigation of the system and where each piece of information should be entered.

Result: No need to interrupt a colleague for help, no calls to the help desk necessary. All this is done in real-time, at the point of need.

Scenario 2#: Preventing medical errors when writing down a prescription.

A doctor is faced with a screen to enter a new prescription.

A prompt appears to inform the doctor that the patient has medicine prescribed for him or by another doctor.

The Digital Coach advises that it is best practice for the doctor to review these medicines first and to decide whether they should be continued while in hospital.

At the same time, a guide is also offered to take the doctor to the screens that manage this process. Once this is done, the doctor enters the medicines prescribed for the patient.

The Digital Coach takes this medicine and dosage, along with the home prescribed medicines (if they are still valid) and other pertinent medical information and sends them to an AI provider.

The AI provider then informs the Digital Coach if anything conflicts with a prior medical history and the Digital Coach notifies the doctor of any anomalies.

Result: The doctor feels assured that the prescription has been reviewed by an intelligent and up to date review.

[Read more about how Assima is helping healthcare workers at NHS hospital](#)

Assima works on any HTML-based application. Here's a list of applications Assima has worked with:

- Epic
- Cerner
- Orbis
- Oceano

- Pics
- Oracle
- SAP

- Salesforce
- Workday
- Infor
- MS Dynamics