Why Clinicians still Struggle in Epic and Oracle Health 12 Months After Go-Live?

Key Highlights

- Clinician training does not end with EHR go-live, it marks the start of adoption.
- Clinicians can increase productivity, accuracy, and confidence with ongoing EHR training.
- Issues like workflow, system changes, and inadequate post-go-live support results in HER fatigue.
- Healthcare organizations can increase EHR adoption and identify skill gaps by using continuous proficiency measurement.

Introduction

Even though the system may be stable twelve months after an Epic or Oracle Health go-live, physicians may still have trouble with sluggish workflows, repeated paperwork, and incomplete work that takes up evenings. Reason? Because putting an EHR into place is just the first step. It requires constant assistance, training, and optimization to help doctors use it effectively.

There is a big difference. Despite the fact that many doctors still required more help, NHS EPR usability data show that 44% of clinical staff received no continuous EHR training after go-live.

The software is not always the issue. Both Oracle Health and Epic have a lot of features, but if training is discontinued after implementation, physicians could never be able to use them efficiently. The difficulty is increased by new hiring, software changes, and evolving clinical workflows.

Building long-term electronic health record (EHR) competency and moving past go-live preparedness are top priorities for healthcare executives. Here’s why the issue still exists and how health systems may support clinicians in becoming more self-assured and productive.

The First Year of Stabilization

EHR adoption success is different from go-live success

A good go-live indicates that the new system is working, that important problems are being handled, and that clinicians are able to perform crucial tasks. It does not guarantee that they will be able to finish that task quickly, confidently, or reliably.

Organizations focus on data transfer, system configuration, process testing, training delivery, and operational readiness during deployment. These are crucial priorities. But they don’t assess if every physician can use the system successfully months later; rather, they assess whether the technology can be introduced successfully.

This distinction is important since EHR optimization is a continuous effort. A physician may be

able to record an encounter without knowing how to customize a template, take use of accessible shortcuts, or effectively manage a complicated process. According to a 2025 study on EHR implementations by the KLAS Arch Collaborative, 73% of the 22 organizations with recently installed EHRs that assessed clinician experience had Net EHR Experience Scores that were below average following delivery. Put another way, launching the technology is just the first step.

The Enablement Cliff Following Go-Live

Clinicians may have access to help desks, floor walkers, super users, classroom sessions, and specialized implementation teams during go-live. They are able to handle the sudden change with the help of this focused assistance.

However, these tools frequently become less accessible as the project draws to a close. Clinical teams must put what they have learned into practice while handling actual patient interactions, conflicting priorities, and novel circumstances that were not fully covered in training.

This is where the gap in enabling arises. Although first training offers a foundation, it is unable to foresee every workflow unique to a particular specialization, atypical clinical event, software upgrade, or individual learning need.

Ironically, support may be most evident during implementation, but the need for focused, hands-on learning persists long after.

Oracle Health and Epic Face the Same Long-Term Difficulty

Poor clinician proficiency should not be automatically attributed to either Oracle Health or Epic. Both platforms include tools for training and implementation in addition to supporting intricate clinical workflows. However, setup, specialization, workflow design, local implementation choices, and the caliber of continuing education all affect an individual user’s experience.

Certain workflows may be obvious to some doctors while requiring more time and organized practice for others. Additionally, Oracle Health settings might vary by product and module, thus generalizations regarding a single, universal learning curve are untrustworthy. The vendor that an organization chooses is not the common problem. It is if the organization keeps developing clinician competency even after the implementation team retreats.

How the Struggle Looks Ten Months Later?

Clinicians Continue to Be Slow and Take Work Home

Difficulty utilizing the EHR may no longer appear to be a training issue a year after it goes live. It could appear to be a workload issue. Clinicians have to spend more time finding information, updating paperwork, traversing records, and doing repeated tasks. Healthcare workers frequently refer to this period of time as “pajama time” because work that cannot be completed during the clinical day spills into the evenings.

Thus, cutting down on pointless EHR work involves more than just saving clicks. It is about saving time and attention for patient care while assisting doctors in completing necessary duties within sustainable working hours.

The EHR Optimization Gap Is Simple to Overlook

Many clinicians have enough knowledge to carry out their daily responsibilities, but they seldom advance to using the system more effectively.

Personalized note templates, SmartPhrases in Epic, order sets, favorites, and other workflow shortcuts are examples of tools that may be available, depending on their settings and permissions. Oracle Health may offer comparable optimization opportunities, however product and implementation names and functionalities differ.

Clinicians create workarounds when they are ignorant of these capabilities or do not have the time or resources to practice them. Even when a better workflow is available, these workarounds have the potential to become ingrained.

Reasons Why Epic and Oracle Health Continue to Be a Challenge for Clinicians

1. Ongoing EHR training discontinued at go-live

The launch date is frequently taken into consideration when designing the first training program. After installation is finished, role-specific learning, optimization workshops, and organized refresher courses may be less common. This is problematic since physicians don’t experience real-world scenarios until they start utilizing the system on a regular basis. Through experience, they learn about novel situations, intricate workflows, and chances to enhance their working techniques.

According to the NHS EPR findings previously mentioned, despite significant need for further support, 44% of clinical staff did not receive any continuing training following go-live. They use the system exactly as they learned it at launch, even if their needs have changed, if there isn’t a defined program for continuing EHR training.

What’s helpful: Create a continual education program that offers support for new features, optimization sessions, workflow-specific practice, and refresher training. Make education available outside of regular class times.

2: Medical professionals learned the fundamentals but never learned how to Optimize

The practical goal of go-live training is to assist physicians in securely completing critical tasks in the new system. Advanced personalization and efficiency strategies can be neglected when time is of the essence.

A clinician might be able to enter a note, but they might not know how to properly use an authorized template. A nurse might be aware of a typical workflow, but they might not be aware of helpful shortcuts for documentation or navigation. Because no one has shown a better method, a doctor might keep doing monotonous tasks by hand. Poor performance is not always indicated by these gaps. The limitations of the initial training program can be reflected in them.

What’s helpful: Include role-based, sophisticated EHR optimization in the learning strategy. Practice the processes that physicians really carry out using realistic scenarios. Instead of relying solely on attendance to confirm competency, demonstrate performance.

3. No accurate method for assessing proficiency

Attendance, course completion, and satisfaction surveys are used by many organizations to

assess training success. These are helpful indicators, but they don’t show whether therapists are capable of carrying out the appropriate activities.

Clinical education and informatics teams find it difficult to differentiate a knowledge gap from a usability issue, a setup difficulty, or a need for more practice without workflow-level understanding.

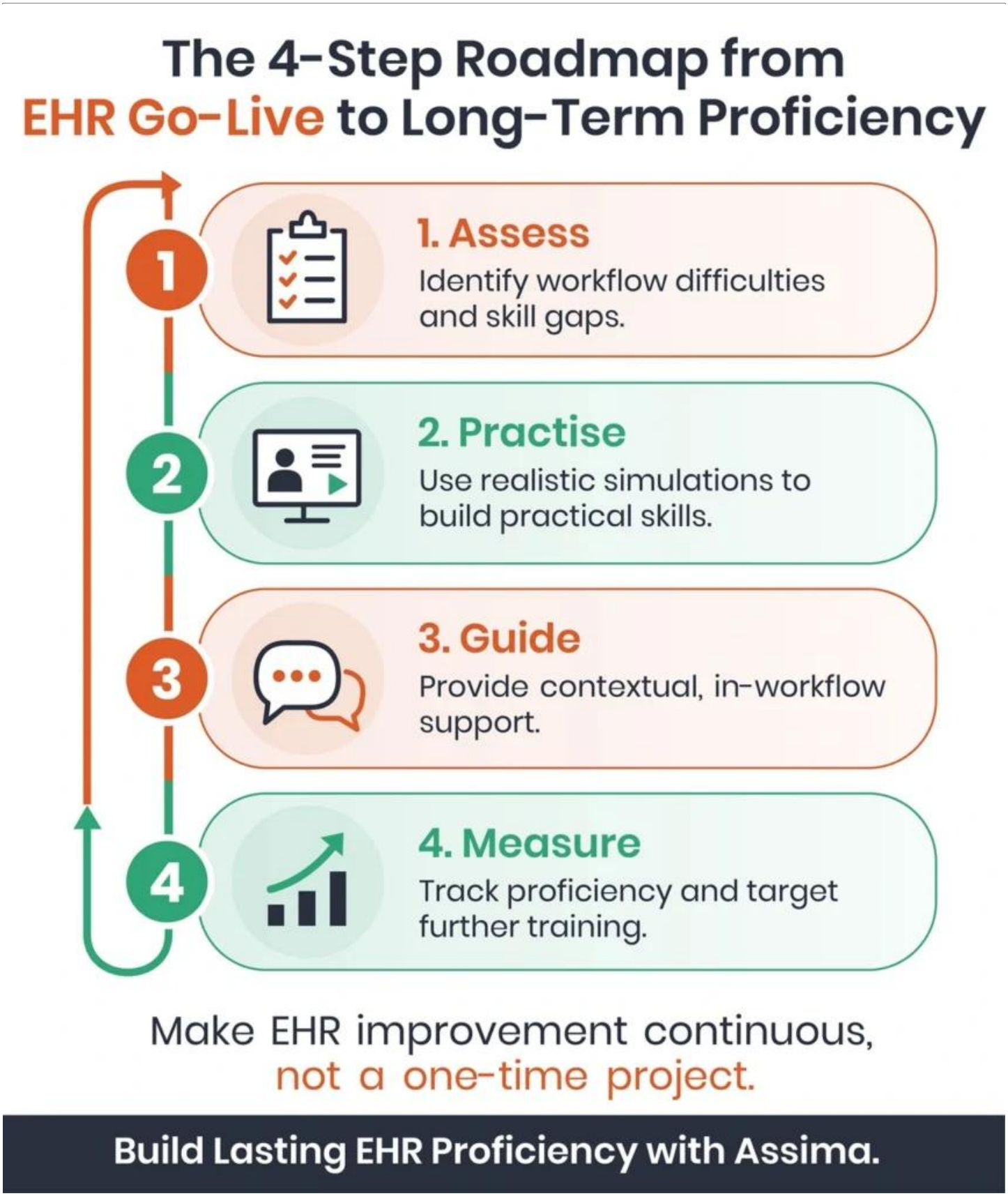
What’s helpful: Describe proficiency in terms of visible tasks. To determine where more training or system enhancement is required, combine scenario-based evaluations, physician input, support trends, and relevant EHR usage metrics.

4. The EHR’s workflows are always changing

An EHR is a dynamic training topic. Work output can be impacted by software updates, configuration modifications, new integrations, updated organizational policies, and changing clinical processes.

Another layer is added by AI. Clinicians must comprehend, assess, and use novel workflows brought about by ambient documentation, summarization, and other AI-enabled technologies. Enabling a new feature alone does not guaranty that clinicians are aware of when to use it, how to evaluate its results, or how it aligns with their duties.

What’s helpful: Linking software and workflow modifications to timely learning updates is helpful. After major changes, go over the training materials, explain the changes, and offer hands-on opportunity to learn new workflows.



A Workable 90-Day Strategy to Boost EHR Competency

A targeted improvement program, as opposed to another widespread training rollout, is the next course of action for health systems that are still experiencing issues a year after go-live.

Days 1–30: Determine the largest gaps

- Get input from medical professionals working different shifts and expertise.
- Examine recurrent support requests, issues with documentation, and pertinent EHR usage trends.
- Determine high-friction workflows and separate configuration or usability issues from training requirements.
- Set a baseline for the chosen operational measures, clinician experience, and proficiency.

Days 31–60: Provide focused assistance

- Workflows that have a significant operational or clinical impact should be given priority.
- Provide accessible in-app coaching, targeted refresher courses, and role-specific simulations.
- Add onboarding requirements, new workflows, and optimization features.
- Assign owners to updates for training materials and configuration problems.

Days 61–90: Quantify, improve, and repeat

- Examine the physicians' ability to illustrate the chosen workflows.
- Examine clinician comments and compare outcomes to the baseline.
- Examine whether task-related friction or support demand has altered while taking into consideration other variables that can affect outcomes.
- Improve instructional materials and share effective interventions with other groups.

Making proficiency a continuous operating duty instead of a milestone that was purportedly reached at go-live is the crucial shift.

Step 2: Bridge License to Habit Deliberately

Pair pre-use simulation, which builds competency before employees touch the live system, with in-app guidance, which sustains it in the flow of work until the tool becomes routine. Research on enterprise tool adoption shows that peer-supported adoption sustains roughly double the usage of top-down mandate-driven rollouts. Equip internal champions to model the habit and support peers through the awkward early weeks of real-system use. The two-part bridge, structured practice plus in-flow reinforcement, is what converts a deployment into an embedding.

Conclusion

It is rarely as easy as blaming the program or repeating the initial training when clinicians continue to have trouble with Epic or Oracle Health a year after the system goes live.

Certain problems call for improved configuration or a redesign of the procedure. Others are

caused by a lack of consistent EHR training, lost opportunities for optimization, employee turnover, evolving technology, and the lack of accurate competence assessment.

The EHR becomes accessible upon go-live. Clinicians can benefit from it in the long run with ongoing enablement. Assima supports this endeavor with proficiency-focused learning analytics, in-the-flow assistance, and simulation-based systems training. These strategies can assist health systems in creating a more sustainable route from deployment to assured, efficient EHR use when combined with EHR capabilities and clinical informatics knowledge.

Want to see how Assima supports ongoing systems training?