Implementing a New EMR. How Should We Train the Staff?
Maria del Mar Rodriguez, MSHI, CNS, BSN, RN, CNOR; Katherine O’Hara, MPA, BSN, RN,CPAN
Devon McKanna, BSN, RN, CPAN; Skyelar Decker, BSN, RN, CCRN

Background
- Transitioning from an existing EMR to a new system can be a daunting task for nurses. Effective user training is essential to alleviate nurses’ stress and increase their knowledge of new EMR (Vehko, et al, 2019).
- Virtual live training (VLT) was provided by the EMR vendor. Feedback following the VLT revealed a need for additional training, and that training be tailored to the nurses’ roles and responsibilities.
- Educational content that is pertinent to the clinical needs of the nursing staff is better understood and recalled than non-specific content (Lopez, Omizo & Whealin, 2018).
- Given this need, EMR Super Users developed an in-person training initiative to supplement the VLT.

Methods
- This was a quality improvement project.
- Feedback surveys were conducted following both the VLT and in-person training to evaluate nurses’ readiness to document patient care in the new EMR. The post-training surveys each yielded 40 responses.
- Nurses were asked about their level of confidence using the new EMR, and if content from each training session met their role specific needs.

Results
- Of the 40 perioperative nurses surveyed following in-person training, 92.5% (n=37) felt more confident documenting patient care in the new EMR, versus 15% (n=6) following the VLT.
- Furthermore, 92.5% of nurses (n=37) reported that in-person training was more specific to their roles and responsibilities than the VLT.

Discussion
- The nursing staff felt more confident in their documentation after the supplemented in-person training.
- Using in-person, role specific training to support the VLT has shown to be an effective training strategy for transitioning to a new EMR.
- Future recommendations include providing nurses with in-person, role specific training to increase their learning and overall confidence in charting.
- Limitations of this study include a small sample size and an inconsistent population of nurses surveyed. Follow up studies should survey the same exact population of nurses post-VLT and in-person training.

References