

AGILE TRAINING ENHANCES CLINICIAN EXPERIENCE IN WEBACUTE ROLLOUT

A Responsive Education Approach

Amama Khairzad, MSc. eHealth; Diana Dini, BSc (Hons), PGCert HI; Debbie Martino, RN, BScN, CAPM; Aerken (Alex) Alikamaer, MSc. eHealth; Abirammi Sivalingam, HBS, PGCert HI

DESCRIPTION

Delivering effective training during digital tool implementation in acute care setting presents challenges such as time constraints, workflow disruption, resistance to change, and electronic medical record (EMR) fatigue. To address these, the Digital Learning Team (DLT) applied agile training methodology during the WebAcute (Web Meditech EMR Interface) rollout. Agile principles such as iterative feedback, user-centered design, and rapid adaptation were embedded to create a responsive and flexible training experience. A mix of in-person, eLearning, and hybrid formats were introduced at key intervals to support clinician schedules and minimize workflow disruption. Real-time support and embedded feedback loops allowed for continuous refinement, promoting engagement and reducing digital fatigue. By anticipating and designing around common barriers, the training was well-received; post-training surveys showed high satisfaction with its flexibility and effectiveness.

OBJECTIVE

To enhance clinician satisfaction and engagement with WebAcute training through agile, flexible, and learner-centered methods.

ACTIONS TAKEN

A learner-centered training model was launched to support system readiness and provider adoption. A survey identified preferences for in-person, eLearning, or hybrid formats. Training began six weeks before Go-Live with in-person sessions available in multiple time slots, while six asynchronous eLearning modules launched four weeks prior for flexible self-paced learning. The hybrid option combined both for accessibility. Validation checkpoints reinforced retention across formats, and agile principles enabled ongoing enhancements to support deliverables. Additional resources included 70+ documents, departmental drop-ins, and at-the-elbow support during Go-Live. Real-time clinician guidance was enabled through proactive monitoring of physician schedules, allowing for just-in-time training and targeted support across all care areas.

Impacted Provider Groups by Volume

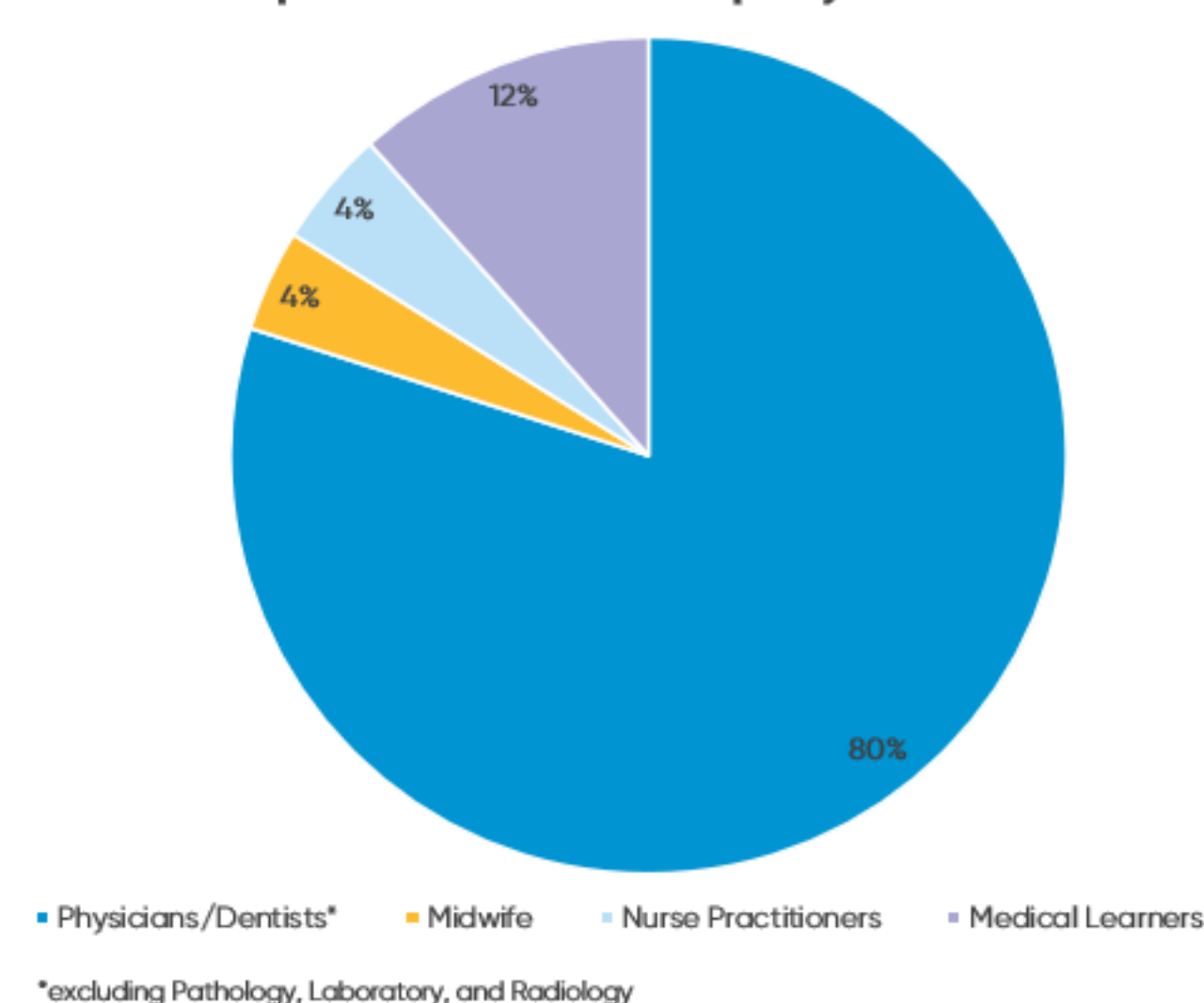


Figure 1. (Left) Providers identified as impacted by the WebAcute implementation and therefore included in the training scope. (Right) Key topics and workflows to be addressed during training.

Core Routines for Training Content

- Introduction to WebAcute
- Introduction to Chart Navigation
- Introduction to Computerized Provider Order Entry (CPOE)
- Introduction to Transfer/Admit Routine
- Introduction to Provider Documentation (Pdoc)
- Introduction to Discharge

Proficiency in Core Topics

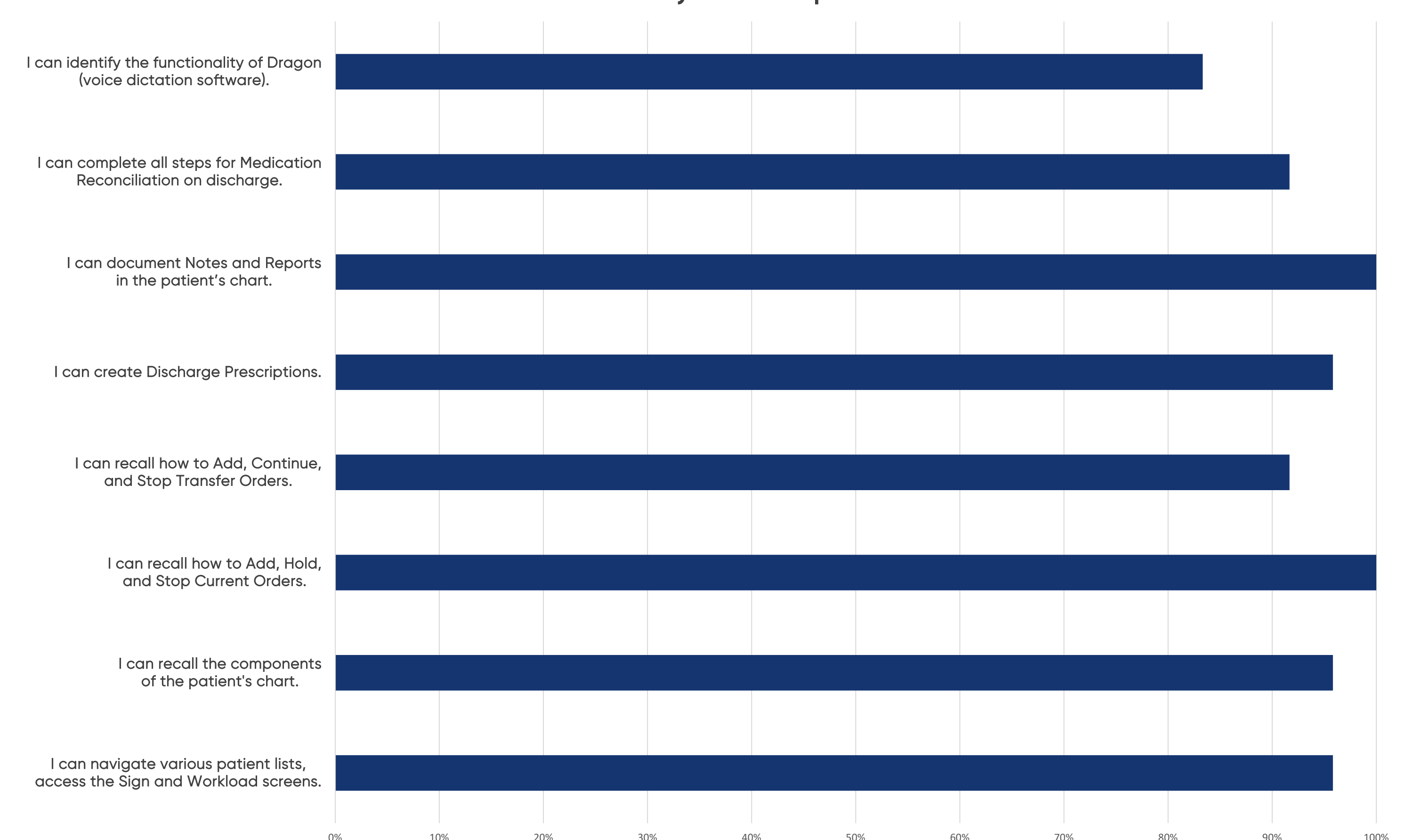


Figure 3. Post-training self-assessment and reflection survey results assessing proficiency in core topics (n=24).

Comparison between Baseline Preference and Actual Completion

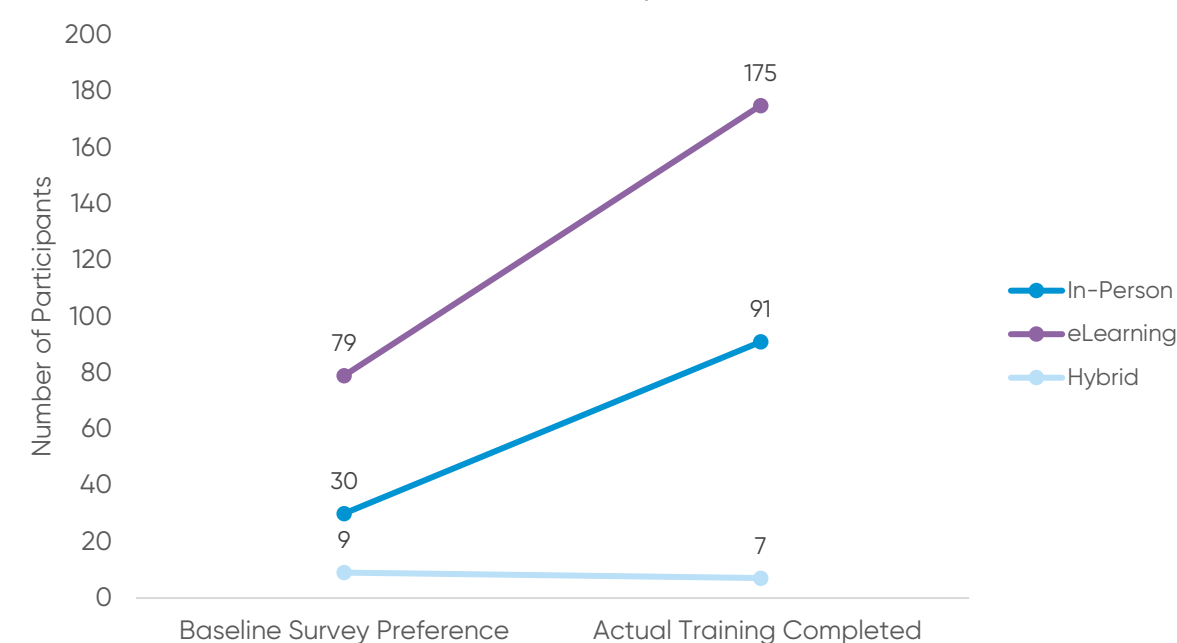


Figure 2. Baseline training stream preferences based on survey respondents (n=119) and actual training completion per stream (n=273).

Supplemental Activity	Count
Pre Go-Live Drop In Sessions	14 Providers
Post Go-Live Education Support At-The-Elbow (April 29-June 11, 2025)	128 Instances
Department Meetings Attended	4 Departments

Table 1. Supplemental support activities carried out by DLT.

SUMMARY OF RESULTS

At baseline, 25% of respondents preferred in-person training, 67% eLearning, and 8% hybrid. After training, 33% completed in-person, 64% eLearning, and 3% hybrid. In the post-training survey, 80% strongly agreed or agreed to feeling well prepared for daily clinical tasks. Additionally, 90% reported proficiency in key tasks like writing prescriptions and documentation. The training satisfaction was rated highly, averaging 4.5 out of 5 and a few respondents suggested including more diverse clinical case scenarios.

LESSONS LEARNED

Embedding agile principles of flexibility, iterative feedback, and real-time support in training improves clinician engagement, minimizes disruption, and enhances readiness during digital system implementations.

