

# Education Offices and HPT EHR Uptake: Recommendation Playbook

SCHOLAR  
QUERI



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# A Message from SCHOLAR

Thank you for your interest in this recommendation playbook. As the last five years have shown us, learning a new electronic health record (EHR) can be challenging. It's easy to forget that health professions trainees (HPTs) are often learning EHRs for the first time. For the 123,000 HPTs who rotate through VA annually, we must identify effective and efficient EHR learning practices to ensure the best possible educational experience.

In its early years (2021-2024), SCHOLAR engaged EHRM (EHR modernization) sites to inform and improve the rollout of the new Federal EHR ([Appendix 1](#)). In 2025, we shifted to understanding HPT experiences learning VA's homegrown EHR to develop EHR-agnostic recommendations on learning and use. Our dynamic approach involved rapidly synthesizing data to generate recommendations on improving HPTs EHR learning, use, and optimization ([Appendix 2](#)).

Through this process, we've learned how much the factors that influence EHR learning impact HPTs interest in pursuing VA careers, and how important improving EHR learning and usage is to retaining HPTs into the next generation of VA clinicians. We hope this playbook can offer guidance that will not only support HPTs but also help recruit the next generation of VA clinicians.

Best,

Seppo Rinne, MD PhD  
SCHOLAR QUERI



# Executive Summary

SCHOLAR (Strengthening Computer Science Implementation for Health Professions Trainees to Optimize Learning and Reinforce Veteran Care) is a VA QUERI and Office of Academic Affiliations (OAA)-funded evaluation aimed at improving EHR learning and usage among HPTs. Recognizing that EHR experiences significantly influence HPTs' perceptions of the VA and their career decisions, SCHOLAR developed EHR-agnostic, evidence-based recommendations to enhance onboarding, training, and support.

The playbook outlines a four-stage optimization journey. These strategies aim to improve HPT satisfaction, reduce burnout, and increase retention within the VA system—ultimately supporting the development of a skilled, mission-driven future workforce.

## Best Practices for HPT EHR Learning and Optimization

**Onboarding & Access:** Ensure Day One EHR access, empower programs to manage provisioning; designate “HPT Access Champions”, and recognize and formalize roles that support onboarding.

**Formal EHR Learning:** Use best practices in effective learning, including using knowledgeable instructors, prioritizing active learning, using informational funneling. Audit trainings for redundancy and consider selectively developing modules on optimization-enhancing practices.

**Ongoing Support:** Provide self-directed, short-form training, refreshers, and usage resources across a range of formats and modalities, leveraging new HPT Access Champions and cross-program and facility spaces to disseminate effective practices.

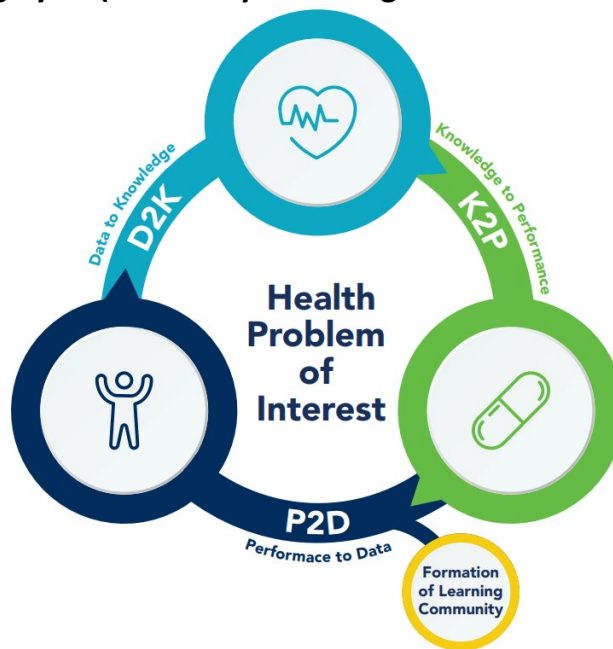
**Clinical Training Culture & Retention:** Be cognizant of the impact of facility culture, engaged supervisors, and peer learning on HPT retention. Conduct regular “temperature checks” to identify EHR-related and broader challenges that may impede positive clinical training experiences.

# Learning Health System Framework

## What is a Learning Health System?

A learning health system (LHS) combines data from its own daily experience with external evidence to generate new knowledge. This knowledge is then put into practice to foster system improvement. An LHS is driven by learning communities – teams of individuals with skills in research, implementation science, systems science, and informatics, that share a common goal of enhancing daily processes and practices.

Figure 1. The Learning Cycle (University of Michigan Medical School)<sup>1</sup>



## Why a Learning Health System?

The SCHOLAR team recognized we could apply the LHS framework to collaborate with partners, learn about the impact of EHR transitions on HPTs, and iteratively improve EHRM for future sites.

## The SCHOLAR Learning Health System

The SCHOLAR evaluation team formed a learning community with OAA and site leaders to 1) identify successful and challenging aspects of EHRM for HPTs, 2) develop data-informed strategies to improve EHRM, and 3) implement and evaluate these strategies at future sites.

# Recommendations

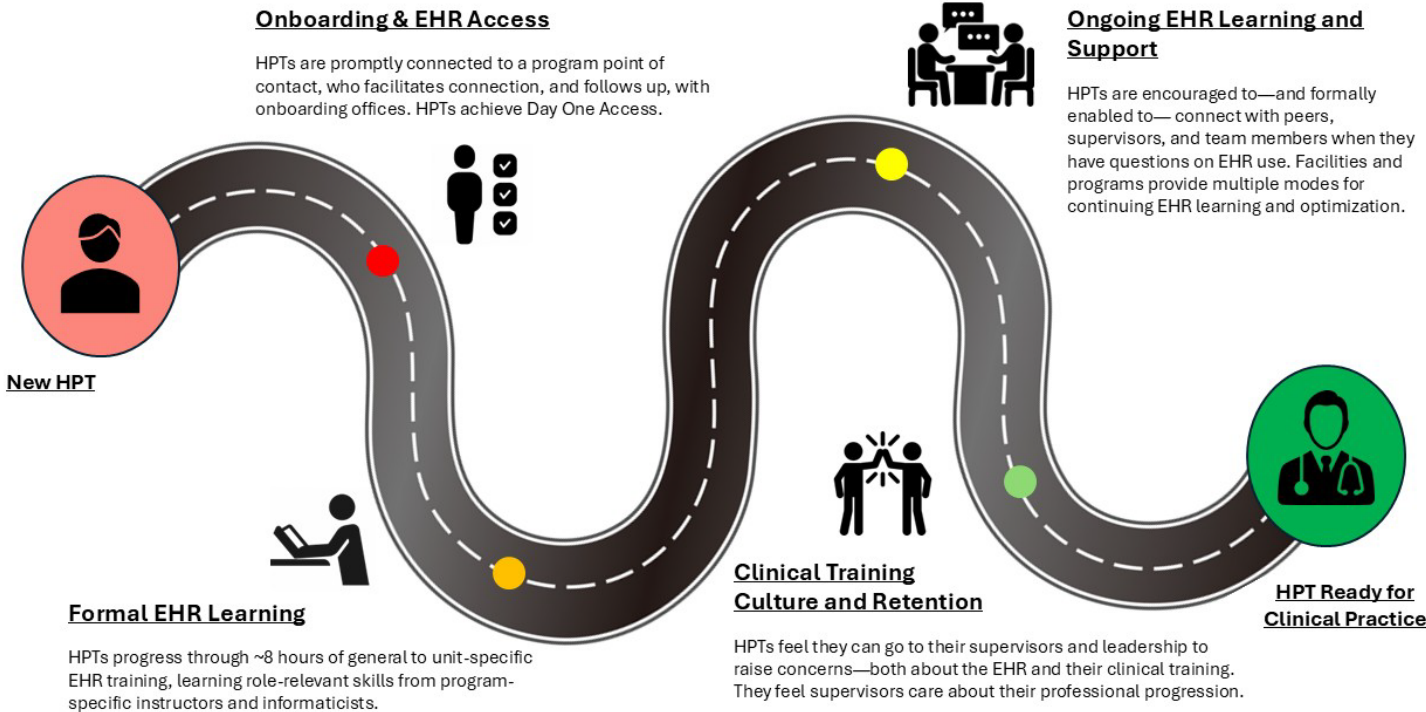
A poor perception of or a bad experience with VA’s EHR *can* discourage HPTs from VA careers ([Appendix 3](#)). While the EHR does not unilaterally disincline HPTs from VA careers, some HPTs describe it as a meaningful component in their career decision making. Targeting pain points in EHR learning and optimization can support VA’s mandate to prepare the next generation of health professionals.<sup>2</sup>

*“[I have] clinical delays and frustration with doing routine daily tasks... [the EHR] is a big reason why I find the VA a frustrating place to work as a resident.”*

- **HPT Survey Respondent**

Our recommendations align four stages of an HPT’s EHR optimization journey. Each stage is an opportunity to create a positive and engaging experience within clinical training (Figure 2). Click on each header to go to each section of the playbook.

**Figure 2. HPT Optimization Journey and Hyperlinks to Recommendations**

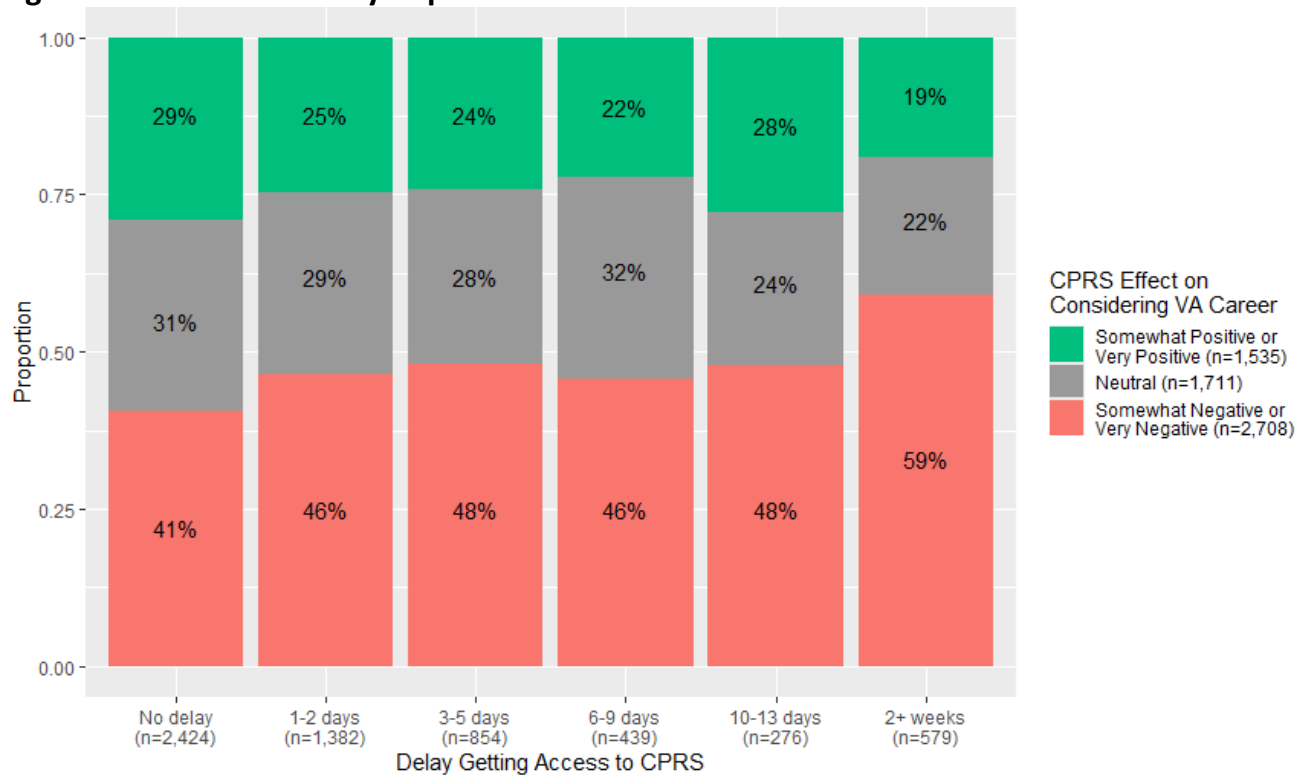


# Onboarding and EHR Access

**Clinical training programs should take a proactive role in coordinating HPT EHR onboarding and access, with Education Offices playing a supplementary, supportive role.**

Ensuring on-time EHR access for HPTs is **an early investment with high returns for HPT care contributions and positive VA experiences**. HPTs who start VA orientation without EHR access experience exponential lags in EHR uptake, resulting in high and prolonged frustration, ultimately negatively impacting desire to pursue careers at VA (Figure 3). As onboarding is often HPTs first contact with VA, it is critical to have systems in place to increase fulfillment of Day One Readiness: having HPTs provisioned and ready to do clinical training on their first day.

**Figure 3. EHR Access Delay Impact on HPT Consideration of VA Career**



Additionally, **delayed EHR access creates burdens for supervisors**, as they must take on the work of HPTs who cannot use the EHR or act as care multipliers for established providers.

**Program control over EHR provisioning was associated with fewer EHR access delays.**

While sites' Offices and programs can face similar challenges (e.g., changing policies, role turnover, unresponsive onboarding partner offices), specialty programs can often coordinate and prioritize their HPTs' access through these barriers faster than centralized Education Offices—especially as Education Offices often lack enough staff FTE for their sites' complexity levels and number of HPTs rotating annually. Programs can have their own Applications Coordinators (ADPAC) to facilitate access. Education Offices can support programs by having specific roles follow up with unresponsive partners.

**Designate program 'HPT Access Champions' to be points of contact for tracking HPT provisioning and EHR access.**

Some sites have **exceptional individuals** (e.g., Program Directors, Education Officers) who go above and beyond standard obligations to onboard HPTs in a timely manner. These individual champions are highly effective; however, the sustainability of this individual-dependent model is limited when there is no formal recognition of responsibilities. The VA Chief Resident role may be a fitting position for these responsibilities; for sites lacking this position, consider another role or identity that can improve HPT engagement and offer expertise.

***“The thing that sours most people...is if they have issues getting access, it creates a bad taste even if everything else is 100% beautiful.”***

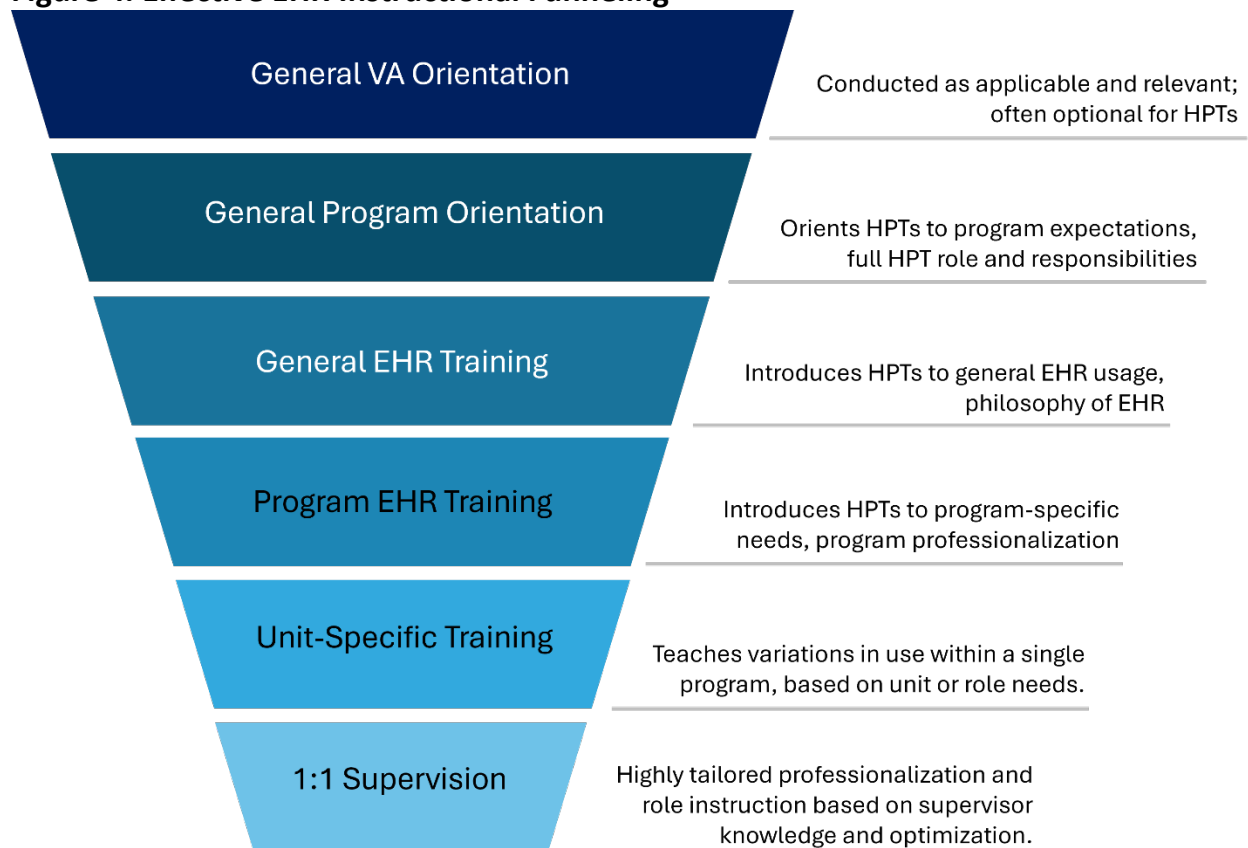
**-HPT Participant**

# Formal EHR Learning

## Funnel HPT EHR training over the course of onboarding, from broad to increasingly role-tailored instruction content.

VA sites where HPTs had high confidence in their EHR use tended to approach EHR learning through a 'funnel' structure: HPTs begin orientation with a common overview of the EHR to learn its scaffolding and infrastructure before they move into HPT-, program-, then unit-specific training (Figure 4). This structure can mitigate HPT perceptions that the content they learn in EHR training is not relevant for their role-specific needs. Programs should build in process improvement via a periodic assessment and possible modification of their TMS and program specific trainings.

**Figure 4. Effective EHR Instructional Funneling**



## **Leverage dedicated, EHR-knowledgeable program individuals (e.g., program informaticists, knowledgeable preceptors) to conduct program- and unit-specific EHR instruction.**

There appear to be no standard requirements or role recommendations on who conducts EHR training during HPTs' orientation. Training conducted by **program informaticists and dedicated EHR instructors** is associated with higher HPT satisfaction in instruction, confidence of uptake, and more advanced learning.

## **Prioritize active learning modalities based on real role-relevant situations in EHR instruction.**

Active learning is a teaching approach where learners participate in the learning process, rather than passively receive information (e.g., role play, debate, think-pair-share). Active learning is a gold standard in instruction; students who learn information or skills through activities that build 'muscle memory' are not only more satisfied with instruction<sup>3</sup>, but also have improved long-term knowledge retention,<sup>4,5</sup> demonstrate improved communication on learned topics, and are better problem-solvers.<sup>6</sup> Examples of active learning activities include mock patients or case studies.

## **Prioritize curation of existing EHR trainings over adding new modules.**

HPTs already have a fair amount of EHR training within their broader orientation (~8 hours, dependent on program). It is critical to ensure training targets the most high-impact aspects of HPT practice and educational needs, and that total time is also tracked to align goals of efficiency with fulfilling educational domain knowledge.

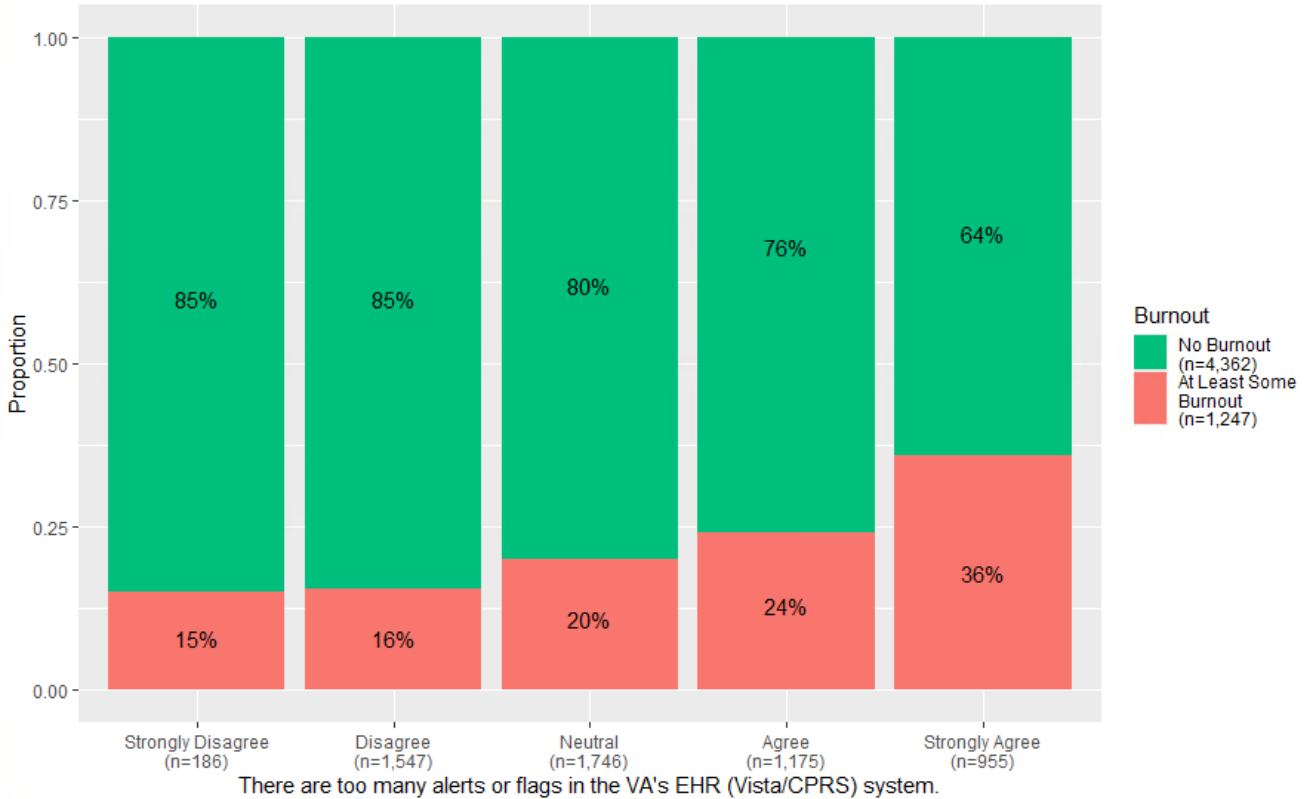
**Programs should conduct periodic audits/formal needs assessments** of all required and recommended EHR related trainings for new HPTs (e.g., TMS and in-person units).

Programs should eliminate redundant content, content that is outside the roles of HPTs, and identify content gaps. After eliminating redundancy, programs may selectively add content based on identified gaps, which may be specific to facilities or programs, such as the following:

- **Develop and incorporate modules on optimization and personalization.** VA EHR *proficiency* often comes long after capacity. For HPTs who will be at VA long-term, instruction on personalizing their EHR experience (e.g., creating templates and menus for frequent EHR functions), or optimizing it (e.g., dot phrases, keystroke training, Voogly,<sup>7</sup> Booster) could increase efficiency, making the up-front time investment worthwhile. Moreover, personalizing and optimizing one's EHR experience can also reduce common fatigue factors. For example, a setup that

reduces redundant and unnecessary alerts and flags can not only reduce mental fatigue for HPTs but also reduce the risk of burnout-related safety risks (Figure 5).

**Figure 5. Percent of HPTs Experiencing Burnout, Corresponding with Perceptions of ‘Too Many Alerts or Flags in The VA’s EHR’**



In addition to formal optimization training, programs should invest in developing and maintaining optimization resources. Facilities often develop templates that align with documentation best practices, which may be tailored to specific clinical services. As HPTs became more familiar with the EHR, they gain awareness of what skills or knowledge they need to use it more effectively. Effective reference materials (e.g., flowcharts, searchable files, share drives, handbooks, cheat sheets, how-to guides) require time to develop and maintain; however, they facilitate EHR uptake and can greatly reduce the duplication of effort involved in repeated 1:1 instruction. Additionally, resources are available when supervisors are not.

***“After two years I probably still learn something new [about the EHR] every day.”***

**-Program Director**

- **Develop and incorporate training modules on areas and topics most at risk for patient safety issues.** HPTs and their supervisors repeatedly identified common ‘pain points’ in using the EHR/workflows where errors or threats to patient safety could emerge (e.g., documentation that takes place in MS Word, then is copied into notes/chart, tuning out flags after regularly encountering many false flags). When examined against EHR workflow best practices, these errors or threats may not support VA and clinical best practices in documentation. There is an opportunity to better educate and inform HPTs of these ‘most at risk’ practices early in their training to support reinforcement and acquisition of high-quality documentation practices. HPTs further learn to recognize and avoid these potential pitfalls and build muscle memory for attention early on.

# Ongoing EHR Learning and Support

**Increase formats of, and access to, self-accessible training, refreshers and usage resources for use across clinical training.**

- **Accessible, self-directed training:** Instructors do not always have the capacity to provide continued, personalized instruction; the returns on the time investment may further diminish as instruction becomes more tailored for specific units and HPT roles. Moreover, trainees often lack protected time for continuing EHR education. In such cases, **instruction that can be conducted asynchronously and in short-form content**, such as video, are particularly useful.
- **Refresher sessions:** Knowledge maintenance training is particularly useful for HPTs who have been away from VA and need to refamiliarize themselves with its EHR. Refresher sessions may take place at intervals that align with rotations back to VA, or at scheduled times throughout the year. Instructors should have specific clinical area expertise to be capable of responding to inquiries on EHR ‘buttonology,’ EHR professionalism, and patient population specific needs. It is critical that these refresher sessions be protected time (e.g., first ten minutes of the day, in clinic).
- **Usage resources:** Resources that articulate basic EHR functions, filtering into specific service needs, fulfill multiple functions. They create a foundation for EHR navigation and orientation (providing early clarification for HPTs on what they will be expected to learn and know). Moreover, they can provide standardization in EHR optimization and supervision by teaching preferred workflows for basic EHR activities, smoothing HPT transitions across program units and mitigating informational siloing. Education Officers can incorporate resource creation and maintenance into specific roles’ position descriptions or responsibilities (e.g., EHR Champion).

**Figure 6. Potential resource formats, creator roles, and possible topics**

Resource Formats	Creator Roles	Possible Topics
<ul style="list-style-type: none"><li>• Flowchart</li><li>• Process Map</li><li>• Interactive Module</li></ul>	<ul style="list-style-type: none"><li>• Education Officers</li><li>• Program EHR Trainers</li><li>• HPTs conducting QI Projects</li></ul>	<ul style="list-style-type: none"><li>• Boosters</li><li>• Voogle</li><li>• Quick Orders</li><li>• Dragon</li></ul>

## [Formally engage supervisors for EHR uptake through designation of an HPT EHR Champion role.](#)

Supervisors have limited bandwidth and high workloads which compete for time against instructing HPTs and developing resources on EHR use. Programs can incentivize a

designated point of contact for providing formal and informal EHR support beyond initial training to HPTs through creation of an ‘EHR Champion’ role.

Establishing and fulfilling this role will require coordination among a range of program and facility personnel, depending on facility size and needs: site directors should be responsible for assuring that the local champion is available to trainees.

### **Promote sharing effective practices in EHR learning across programs and facilities.**

Much of HPTs’ EHR optimization is done informally (e.g., through 1:1 supervision, informal resource sharing). Unfortunately, this means that successful optimization often depends on the quality and bandwidth of an HPT’s supervisor and immediate teams. This means there are opportunities to standardize and promote effective and well-received practices among programs, and possibly across facilities.

Employees involved in disseminating effective practices will be those who have familiarity with HPTs’ usage and concerns in learning VA’s EHR—these roles may vary depending on a program’s orientation and training structures (possibly comprising Program Directors, supervisors, Education Officers, Designated Education Officers (DEOs), or HPT EHR Champions). Leadership should encourage intra-facility best practices sharing (e.g., protected time for EHR workshops, case study or in practice publications). VA Offices, such as OAA, may create spaces for dissemination (e.g., best practices highlights at monthly OAA-DEO-VAO (VISN Academic Officer) meetings, hosting a best practice conference and a central repository for submitted training materials).

# Clinical Training Culture and Retention

## Facilitate and promote a culture of EHR support.

HPTs acquire EHR culture and satisfaction from their teams and programs. Their colleagues' can have a particularly high impact on HPTs' clinical training experiences and takeaways on VA systems and workflows. When colleagues' attitudes are negative and critical of the EHR, HPTs quickly and keenly pick up on it.

*“During the first half of the program, the floor I was on did not create a good learning or working environment...There was a lot of negativity ... I am now on a different unit in the hospital and absolutely loving it!”*

- HPT Survey Respondent

Teams should not be disingenuous about their feelings of the EHR but recognize that they are modeling professional behavior to HPTs: adjust expectations, instruction, and attitude accordingly. Programs may also highlight strengths of VA's EHR— for example, its ability to provide longitudinal patient data, which is tremendously valuable for a range of specialties (e.g., mental health, pharmacy).

## Use program or facility “temperature checks” on HPT wellbeing to probe into EHR challenges and concerns.

High EHR experience sites often conduct ‘temperature checks’ with HPTs: they utilize interviews or other engagement with a random sample of HPTs to understand facility strengths and pain points in clinical training. These spaces are an opportunity to probe specifically into EHR usage and challenges, as programs otherwise wait for HPTs to use annual HPT surveys to elevate issues. Periodic temperature check, which help sites make iterative changes in real time, are also more effective at understanding the challenges HPTs with short rotations have at VA, as many of these individuals are often missed by annual engagement.

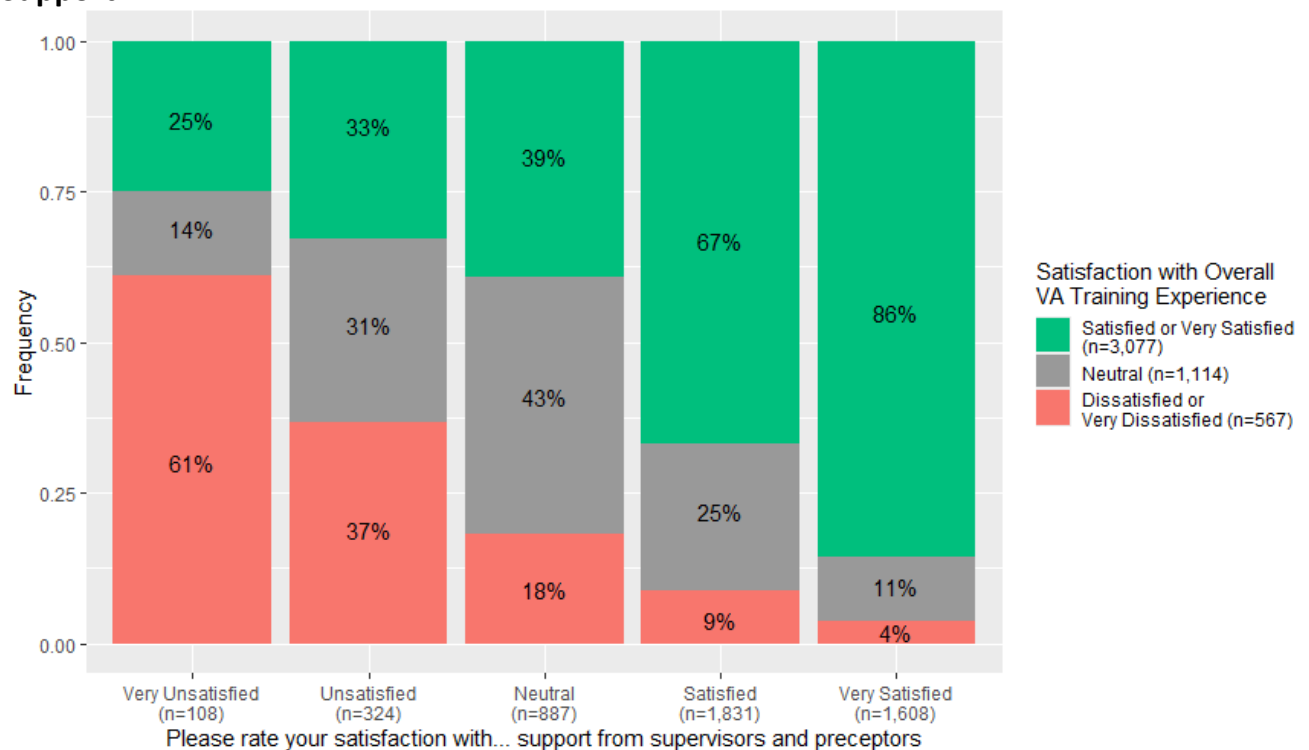
*“CPRS is like stepping back in time. One of my colleagues described it as ‘dial-up chart notes’” which is extremely accurate. CPRS is outdated and negatively impacts patient care because I spend more time clicking redundant buttons in CPRS than I do providing care to patients.”*

- HPT Survey Respondent

**Leverage the positive impact of supervisors, mentors, area nurses on retention, especially within programs that have lower retention rates.**

HPT clinical environments with a positive and supportive learning culture pay dividends in enhancing HPT’s clinical training, consequently increasing desire to pursue future careers at VA. Exceptional individuals can meaningfully enhance HPT’s clinical training experience; the reverse is also true (Figure 7).

**Figure 7. HPT Overall VA Training Satisfaction, by HPT Satisfaction with Supervisor Support**



Highly effective HPT programs were selective in choosing supervisors and mentors, emphasizing the importance of choosing people who were passionate about improving HPT experiences. Programs can consider creative solutions to incentivize engaged supervisors and mentors, given preceptor time demands, including through protecting time for supervision, offering faculty development activities on precepting, and/or offering coaching programs.

*"I'm big on customer service...my expectation is that all our staff are giving HPTs a warm handoff, that we're supporting them ... to do what we can to make it the best experience as possible because our goal is to retain them ... I'm always focused on the experience of the resident. They are our future workforce."*

- Site Leadership

In situations where programs have less opportunity to select among intrinsically self-motivated clinicians and mentors, protected time, in addition to a culture of engaging HPTs on EHR learning and function, can have particularly high impacts on HPT retention.

### **Facilitate spaces where HPTs can be resources for one another.**

**HPTs not only provide emotional and professional support for one another; they also provide meaningful amounts of informal EHR support to one another.**<sup>8</sup> HPTs can support one another's work when formal supervision is not present, including after hours and on weekends. Programs that intentionally create and facilitate spaces where HPTs can share best practices (e.g., dedicated time during didactics, lunch and learns) had positive peer cultures where HPTs felt they had another productive, positive venue for learning the EHR while also becoming health care professionals.

# Implications: EHR Experiences Matter for HPTs

Learning a new EHR is hard—regardless of which EHR is being learned, as well as whether the new learner is an HPT or an employee. EHR experiences are rarely the *sole* factor to drive HPTs away from VA careers... but they are ***meaningful, impacting experiences*** that can turn an HPT off from VA when combined with other negative clinical training experiences.

*“My feeling of burnout at the VA is directly related to the logistical burden of CPRS (and other logistics of the VA system). I have not experienced this level of EHR overhead at any other site (where we use Epic).”*

**-HPT Survey Participant**

While these recommendations are EHR agnostic, they have many implications as VA continues forward with EHRM. At the time of writing, VA accelerated its new Federal EHR deployment schedule after a nearly two-year-long pause. Prior EHRM experiences have highlighted clear opportunities to improve HPTs EHR use. As VA continues rolling out the new EHR, it will need to identify high yield strategies to support HPTs.

Developing recommendations on EHR optimization can be a challenging endeavor: there is much outside of the realm of local (and even national) stakeholder ability to change—not least the structure of VA’s EHR itself.

However, we must recognize that as EHRM continues, the nature of what is considered ‘unchangeable’ may shift given differences in the new EHR’s function, standardization, and support structures. Program leadership at early EHRM sites were brought into feedback processes to refine workflows ill-suited for VA needs. While this becomes more challenging as more sites adopt the new EHR, the transition does represent a critical—and likely singular—opportunity for stakeholders who otherwise lack the ability to shape processes on and around the EHR to get involved in these conversations. Moreover, many of the strategies outlined in this playbook (e.g., developing standardized optimization resources) can be a beneficial process in place during the transition to the new Federal EHR, which is known for having many pathways to conduct a single task.

# Top Takeaway: Help HPTs Love VA

## HPTs care about VA's mission

At the core, HPTs express a profound appreciation for VA's mission. Whether HPTs pursue VA careers or not, the vast majority find meaning and value in "serving those who served."

*"Excellent preceptors and learning environment! A great example of what healthcare can be when it is not bound by patients' ability to pay for care".*

- HPT Survey participant

## Final Thoughts

As the new Federal EHR rollout has recently been expedited, VA has an opportunity to ensure HPTs are at the forefront of EHR learning, adoption and excellence. Investing in a positive, supportive learning environment and VA experience provides VA a successful EHR rollout, and a future workforce of highly skilled employees dedicated to the VA mission.



# Thanks and Acknowledgements

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- Edwin Wong, PhD – Multiple Principal Investigator

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# Appendix 1. SCHOLAR Background

## What is SCHOLAR?

SCHOLAR started in 2021 with an original focus on enhancing change management for HPTs at early sites undergoing VA's EHRM. In 2024, VA implemented a nationwide pause in rolling out the new EHR in response to the negative user experiences from the first five sites to transition. In response to this pause, SCHOLAR pivoted to examine HPT training in VA's legacy EHR to identify more general recommendations, regardless of the EHR that is being learned.

SCHOLAR identifies and promotes effective EHR learning practices to support positive VA clinical training experiences. As EHRM resumes, SCHOLAR will continue to identify and refine EHR-agnostic practices for teaching and optimizing HPTs' EHR usage, with a goal of improving HPT recruitment and retention and informing future EHRM success.

As a partnered quality improvement evaluation, SCHOLAR utilizes a mixed-methods design combining qualitative and survey data (see [Appendix 2](#) for detail on data collection and analysis).

## Operational Partnership

SCHOLAR emerged from its sister project, EMPIRIC (EHR Modernization Partnerships Integrating Rapid Improvements to Care), which focuses on clinician and staff experiences at the first sites to transition to the new federal EHR. While engaging supervisors, leadership, and HPTs at the first transition site, the evaluation team discovered that HPTs faced unique challenges—and experienced unique EHR support needs—that meaningfully distinguished them from other frontline users.

*“SCHOLAR is one of the best examples of a partnered evaluation that I have seen.”*

### -EHRM Investigator and stakeholder

At the same time, VA's Office of Academic Affiliations (OAA) approached QUERI to acquire support for a partnered evaluation initiative on HPT EHRM experiences. QUERI connected the EMPIRIC evaluation team and OAA based on EMPIRIC's emergent findings from the first transition site. This partnership has blossomed into a productive, multi-year mission united by the shared goals of enhancing clinical training while ensuring HPTs can be full, engaged contributors in safe patient care.

## SCHOLAR's Impact

Within VA, iterative data collection, recommendation generation, and findings dissemination has led to tangible changes in the way VA rolls out its new Federal EHR at VA Medical Centers. Notable changes include:

- Reducing the length of HPT virtual (TMS) trainings to prepare to use the new Federal EHR from ~20 hours to ~8 hours.
- Expanding the physical presence and accessibility of VA's National EHRM Supplemental Staffing Unit (NESSU) to HPTs in the first two weeks of go-live and maintaining virtual access in the two months after go-live.

*“Without SCHOLAR, we would have been blind, because we would not have known where to put our effort...it's gotten us that chair at the table to make the changes to make experiences better for HPTs...no matter where you are in VA, if you don't have the data, you don't have a voice.”*

-Operational partner

# Appendix 2. Data and Analysis

## Quality Improvement Evaluation

Playbook recommendations come from a mixed-methods quality improvement evaluation comprising stakeholder engagement, national surveys and interviews.

### *Identifying Sites for Engagement*

The Health Professional Trainee Electronic Health Record Experience survey was fielded nationally to VA HPTs across the 153 VA facilities that host HPT training programs via Qualtrics from August 9 to September 7 2024. Participants were sent an initial survey invitation followed by two additional follow-up reminders. Approximately 33,769 survey invitations were distributed via email, and 7,188 participants responded to at least part of the survey. The survey response rate was 21.28%. See Descriptive Statistics section for more information.

Using responses to the survey item "I feel very confident using the VA's EHR (Vista/CPRS)", SCHOLAR collaborated with OAA to select three sites from high and low deciles to engage as cohorts for qualitative data collection. The resulting cohorts represented a range of urban/rural geographies, health professional trainee program size, and facility complexity levels.

### *Qualitative Data Collection and Analysis*

SCHOLAR conducted interviews with facility leadership (DEOs, Education Officers), program directors and supervisors from key VA-based and GME training specialties (Internal Medicine, Psychiatry, Nursing, Pharmacy, Psychology, and Orthotics/Prosthetics), and HPTs. A total of 52 participants were interviewed (see Table A1). Interviews were conducted between December 30, 2024 and April 16, 2025.

# Appendix 3. Effect of VA's EHR on HPT Consideration of a VA Career

