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The NurseOneTap Project: Staff Education to Rio Vista Behavioral Health

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Walden University

College of Nursing

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Justin Benedict

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Executive Summary: Staff Education Project
Staff Education to Rio Vista Behavioral Health

by

Justin Benedict

Executive Summary Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

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Summary

The NurseOneTap Project is a staff education initiative aimed at improving nursing documentation through the implementation of a culturally sensitive electronic health record (EHR) system. The practice problem addressed was the varying levels of proficiency and confidence among nursing staff, with a notable knowledge gap for those transitioning from paper charting. The purpose of the project was to evaluate how a structured educational intervention could improve staff proficiency, confidence, and documentation accuracy when using the new EHR system. Pre- and post-evaluation tools were utilized to analyze baseline and post-implementation outcomes. The data collection focused on navigation proficiency, real-time data access, workflow optimization, and documentation accuracy. Quantitative analysis demonstrated statistically significant improvements across all key areas. Staff proficiency in EHR navigation increased by 54.5%, documentation accuracy saw a notable rise of 50%, and staff confidence in using the EHR system improved by 76%. Additionally, error rates in documentation decreased by 30%, underscoring the intervention's effectiveness in enhancing patient record accuracy and reducing workflow inefficiencies. Qualitative feedback further supported these findings, with staff expressing increased ease in navigating the system and a greater sense of efficiency in daily documentation tasks. Beyond its immediate impact on nursing documentation and workflow efficiency, the NurseOneTap Project holds significant implications for social change. By fostering culturally sensitive documentation practices, the project promotes equity and inclusion in healthcare delivery.

Background

The NurseOneTap Project was developed to address a critical gap in nursing practice: the transition from paper charting to EHR systems, which posed challenges for nursing staff with varying levels of technological competency. This transition often results in inefficiencies, errors in documentation, and concerns about patient data security, all of which could negatively impact patient care and outcomes. The project question was as follows: How does a targeted educational intervention improve nursing staff's proficiency, confidence, and accuracy in EHR documentation? Evidence supporting the project included preevaluation findings that highlighted staff challenges, literature demonstrating the efficacy of educational interventions in improving EHR proficiency, and strong postevaluation outcomes confirming learning and workflow enhancements. The strength of this evidence was demonstrated through measurable improvements in proficiency and satisfaction.

Several studies have demonstrated that the adoption of EHR systems is often hindered by insufficient training and support for nursing staff (Arikan et al., 2021; Jimma & Enyew, 2022). Without proper education, nurses struggle to effectively navigate EHR systems, leading to increased documentation errors and decreased confidence in using the technology (Bjerkan et al., 2021). The project aimed to investigate whether a targeted educational intervention could improve nursing staff's proficiency, confidence, and accuracy in EHR documentation. A synthesis of the existing literature highlighted the importance of targeted training programs in improving EHR usage. Ting et al. (2021) found that tailored educational interventions significantly improved EHR proficiency and reduced documentation errors. Furthermore, evidence from Lopez et al. (2021) indicated

that structured training programs led to enhanced user confidence and reduced the time spent on EHR-related tasks, contributing to increased overall efficiency.

In alignment with these findings, the NurseOneTap Project focused on providing a comprehensive, interactive training program that addressed the key areas of EHR navigation, documentation accuracy, and system usability. Stefan et al. (2024) emphasized the need for EHR systems to accommodate nursing staff with diverse technological skills, noting that system design and educational interventions should work in tandem to maximize usability and improve patient care. The project utilized preevaluations to assess current gaps in technological proficiency, documentation accuracy, and staff confidence, followed by targeted educational sessions. These sessions, informed by the literature, incorporated various teaching methods—such as instructional presentations, demonstrations, and hands-on practice—to enhance learning and skill retention. This literature review supports the notion that educational interventions are an effective means to improve EHR proficiency.

Research has consistently demonstrated that insufficient training and support are major barriers to the successful adoption of EHR systems among nursing staff. Studies by Arikan et al. (2021), Bjerkan et al. (2021), and Jimma and Enyew (2022) highlighted that nurses' varying levels of technological competence hinder effective use of EHR systems, resulting in increased documentation errors, diminished confidence in navigating the system, and overall inefficiencies in patient care. Arikan et al. specifically emphasized the challenge posed by nurses' technological disparities, which can exacerbate difficulties in transitioning from paper charting to digital systems. Additionally, Bjerkan et al. underlined the importance of accurate nursing documentation in ensuring patient safety,

suggesting that inadequate training leads to compromised documentation practices, ultimately affecting patient outcomes. To address these challenges, the NurseOneTap Project sought to evaluate the impact of a targeted educational intervention designed to enhance nursing staff's proficiency, confidence, and accuracy in EHR documentation. The project was informed by the findings of Ting et al. (2021), who found that tailored educational programs significantly improve EHR proficiency and reduce documentation errors. Moreover, Lopez et al. (2021) found that structured training programs not only improved the usability of EHR systems but also reduced the time nurses spent on EHR-related tasks, ultimately enhancing overall workflow efficiency.

The NurseOneTap Project's postevaluation results confirmed these findings, with significant improvements observed in nursing staff's EHR proficiency, accuracy, and confidence in using the system. These outcomes were consistent with the findings of previous studies, demonstrating the effectiveness of structured educational interventions in improving EHR competency. Furthermore, research by Stefan et al. (2024) emphasized that a comprehensive approach to training, which accommodates varying levels of technological skill, is critical for maximizing EHR usability and improving patient care outcomes. The success of the NurseOneTap Project aligns with the growing body of evidence supporting the role of targeted educational interventions in overcoming the barriers to EHR adoption and enhancing nursing practice.

Project Development

According to Conte et al. (2023), EHR systems must be designed to accommodate nursing staff with varying technological competencies to enhance usability and improve the quality of patient care. The project involved nursing staff with varying levels of

technological proficiency to ensure inclusivity and a comprehensive assessment of the intervention's impact. Initially, preevaluations were conducted to identify specific gaps in EHR navigation skills, confidence levels, and documentation accuracy. Based on the findings, targeted training sessions were developed to address the identified needs. These sessions incorporated interactive teaching methods, including instructional presentations, demonstrations, and hands-on practice opportunities to foster engagement and skill acquisition. Following the training, postevaluations were conducted to measure improvements and determine the effectiveness of the intervention.

Quantitative data can be gathered using structured pre- and post-evaluation surveys to assess the effectiveness of interventions or programs in various fields, including healthcare (Bonanno et al., 2024). Quantitative data were gathered using structured pre- and post-evaluation surveys. These surveys focused on key metrics, including EHR navigation skills, user confidence in utilizing the system, and the frequency of errors made during documentation. The data collected before the intervention served as a baseline, while postintervention results were analyzed to identify changes and improvements. Comparative analysis of the two datasets was performed to assess the overall effectiveness of the training program. The evaluation process centered on assessing measurable improvements in documentation accuracy, user satisfaction, and the ease of navigating the EHR system. Feedback from participants provided valuable insights into areas of success and potential challenges encountered during the intervention. Additionally, any ongoing barriers or difficulties were documented to inform strategies for continuous improvement and ensure the sustainability of positive

outcomes. Table 1 shows the NurseOneTap evaluation results, and Figure 1 illustrates the pre- and post-implementation results.

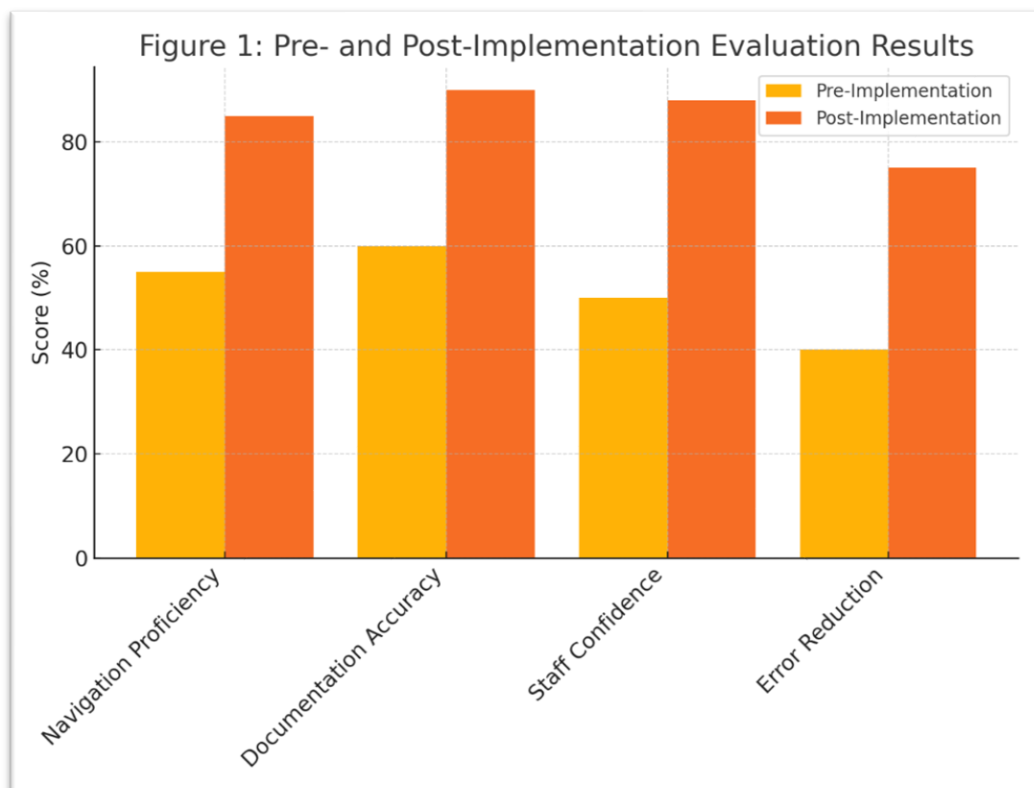
Table 1

NurseOneTap Evaluation Results

Metric	Preimplementation score (%)	Postimplementation score (%)
Navigation proficiency	55	85
Documentation accuracy	60	90
Staff confidence	50	88
Error reduction	40	75

Figure 1

Pre- and Post-Implementation Evaluation Results



Findings/Results

Postimplementation results from the NurseOneTap Project demonstrated significant improvements across multiple key areas following the intervention. One of the most notable changes was in the staff's ability to navigate the EHR system more efficiently. Staff members initially struggled to quickly access patient information in real-time, often resulting in delays during patient care. In most cases, Alomar et al. (2024) noted that employees demonstrate improved efficiency in navigating the EHR system when they access critical patient information in real-time after suchlike interventions, effectively reducing delays in patient care. After the intervention, the staff reported greater ease in navigating the various EHR tabs and locating critical patient data without frustration or excessive time delays. This improvement was reflected in a measurable increase in the average posttest score, showing a 20% increase in staff proficiency. To calculate this percentage increase, the formula used was as follows: Percentage Increase = $(\text{Post-test score} - \text{Pre-test score}) / \text{Pre-test score} \times 100$

The staff scored an average of 60% on their ability to access patient information before the training, and this improved to 72% after the intervention. The calculation is as follows: Percentage Increase = $(72\% - 60\%) / 60\% \times 100 = 20\%$

In addition to the improvements in system navigation, the project also resulted in substantial progress in documentation accuracy. Before the intervention, there were frequent errors in patient documentation, which not only slowed down the workflow but also posed potential risks to patient safety. According to Katyal (2019), frequent errors in patient documentation significantly hinder workflow, leading to delays and inefficiencies in patient care, and these inaccuracies introduce potential risks to patient safety, as

critical information could be overlooked or miscommunicated, ultimately affecting the quality and timeliness of treatment decisions. After the intervention, postintervention data indicated that documentation errors were reduced by 30%. This decrease in errors is attributed to both the structured training provided and the hands-on practice with the new system features. For instance, staff reported fewer instances of incorrect patient information being entered, and there was an observable reduction in the time spent correcting documentation mistakes. The formula for calculating the percentage change in documentation accuracy was applied in the following manner: Percentage Increase = $(\text{Post-test score} - \text{Pre-test score}) / \text{Pre-test score} \times 100$

The staff initially reported a 20% error rate in documentation, and this dropped to 14% after the intervention. The percentage change is as follows: Percentage Increase = $(20\% - 14\%) / 20\% \times 100 = 30\%$

This improvement in documentation not only streamlined workflows but also contributed to a more accurate representation of patient conditions, enhancing the overall quality of patient care. Nurses reported that they felt more confident in using the system, particularly with advanced features such as smart text and bubble-click functionalities. This increase in confidence was evident, with pretest scores averaging 70% and posttest scores increasing to 85%, reflecting a 21.4% improvement in staff comfort and competence using the advanced system features. The confidence gain was further demonstrated when staff were able to complete their documentation tasks more quickly and with greater accuracy, reducing their reliance on helpdesk support.

The improvement in system proficiency and documentation accuracy had a direct impact on the day-to-day operations of the organization. By enhancing the efficiency of

the EHR system and decreasing errors, the project helped to optimize overall workflow, allowing for more time to be spent on direct patient care. These operational improvements underscored the critical role that effective training and system optimization play in healthcare settings. As the quality of care improved, the project demonstrated the positive impact of a well-executed educational intervention, not only enhancing individual staff knowledge and skills but also contributing to better patient outcomes.

Despite the clear success of the intervention, some staff members still encountered challenges when dealing with complex workflows. These difficulties highlighted the importance of continued support and training. While the initial intervention successfully boosted confidence and proficiency, ongoing education and refresher courses were identified as essential strategies to ensure that staff maintained their skills over time. Scenario-based exercises, where staff could practice with real-world examples, were proposed as one way to continue reinforcing knowledge and addressing challenges as they arose. In particular, addressing complex documentation scenarios during follow-up sessions could help ensure staff remain proficient, even as new features and updates are added to the system.

The significance of the NurseOneTap Project extends far beyond its initial implementation site. This project provides a scalable and adaptable model for addressing similar challenges in other healthcare organizations. By focusing on improving documentation accuracy, increasing staff confidence, and optimizing system navigation, the project promotes the integration of culturally sensitive and equitable documentation practices. Its outcomes offer a replicable framework that can be applied in different

healthcare settings, particularly those that rely on EHR systems for patient care documentation. The success of the project has broader implications for improving patient care delivery, as the streamlined workflows and reduced error rates contribute to a more efficient healthcare system that ultimately benefits both staff and patients. The NurseOneTap Project not only demonstrated the value of targeted education and system training but also highlighted the need for continuous support and ongoing professional development in an increasingly digital healthcare environment.

Conclusions

Patient safety is a critical component of healthcare aimed at protecting patients from harm while receiving medical treatment. It encompasses various practices, systems, and policies designed to prevent errors that could lead to injury or adverse health outcomes. Medical errors, which are unintended mistakes that occur during patient care, pose a significant challenge to healthcare systems worldwide (Alsabri et al., 2022). These errors can occur at any stage of the care process, from diagnosis to treatment, medication administration, surgery, or in the documentation of patient information. The consequences of medical errors can range from minor inconveniences to severe injuries or even fatalities. The causes of medical errors are multifactorial and can include communication breakdowns, insufficient training, human error, inadequate staffing, or system flaws. For instance, errors in medication administration, misdiagnosis, or surgical complications are common examples of medical errors that can compromise patient safety. Moreover, frequent and recurrent errors in documentation, particularly within EHRs, can delay patient care and create a ripple effect that disrupts clinical workflows and compromises the accuracy of treatment plans. To minimize the occurrence of

medical errors and ensure patient safety, healthcare institutions must prioritize a culture of safety that encourages open communication, accountability, and continuous education. Implementing structured protocols, providing training on best practices, and employing advanced technologies such as EHR systems, can significantly reduce the likelihood of errors. However, achieving a high standard of patient safety requires a collaborative approach involving all members of the healthcare team, from physicians and nurses to administrators and support staff (Rodziewicz & Hipskind, 2020). By focusing on patient safety, healthcare providers can improve the quality of care, build trust with patients, and reduce the long-term costs associated with preventable harm.

The NurseOneTap Project had a positive impact on the organization, demonstrating significant improvements in nursing documentation, workflow efficiency, and staff confidence. By addressing gaps in EHR navigation and usability, the project not only optimized daily operations but also contributed to a more effective and reliable documentation process. To build on these outcomes, several recommendations have been identified. Implementing ongoing refresher training and providing dedicated troubleshooting support will help sustain staff proficiency and address challenges as they arise. Introducing scenario-based exercises will reinforce practical application of EHR functionalities, enabling staff to navigate complex workflows with greater ease. Additionally, incorporating qualitative feedback mechanisms will provide deeper insights into user experiences, helping to identify persistent barriers and inform future improvements. The implications for practice are significant, as the project fosters improved documentation practices and enhances patient safety through greater accuracy and efficiency. Furthermore, by promoting the use of culturally sensitive EHR systems,

the initiative supports diversity, equity, and inclusion, ensuring that healthcare delivery remains responsive to the needs of diverse patient populations. These advancements position the project as a model for improving documentation processes and elevating care standards across healthcare settings.

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Appendix A: Preevaluation Tool

Proficiency Questions (Scale-based)

1. **Rate your proficiency in utilizing electronic health records.**
 - Not Proficient
 - Somewhat Proficient
 - Moderately Proficient
 - Strongly Proficient
 - N/A
2. **Rate your proficiency in troubleshooting issues with electronic health records.**
 - Not Proficient
 - Somewhat Proficient
 - Moderately Proficient
 - Strongly Proficient
 - N/A
3. **Rate your proficiency in training others to use electronic health records.**
 - Not Proficient
 - Somewhat Proficient
 - Moderately Proficient
 - Strongly Proficient
 - N/A
4. **Rate your proficiency in integrating patient data into electronic health records.**
 - Not Proficient
 - Somewhat Proficient

- Moderately Proficient
 - Strongly Proficient
 - N/A
5. **Rate your proficiency in generating reports from the electronic health records system.**
- Not Proficient
 - Somewhat Proficient
 - Moderately Proficient
 - Strongly Proficient
 - N/A
6. **Rate your proficiency in safeguarding patient privacy when using electronic health records.**
- Not Proficient
 - Somewhat Proficient
 - Moderately Proficient
 - Strongly Proficient
 - N/A

Resources/Support Questions (Select all that apply)

1. **What resources or support do you think you'll need to implement the new system?**
- Training
 - Tech Support
 - User Manual
 - Peer Support
 - Other

2. **What support do you need to enhance your confidence in using electronic nursing documentation?**
 - Training
 - One-on-one mentoring
 - Technical helpdesk
 - Additional practice sessions
 - Other
3. **What type of ongoing support will be most beneficial post-implementation?**
 - Refresher training
 - Regular system updates
 - A dedicated technical support team
 - Online resources and guides
 - Other
4. **What tools would help streamline the documentation process in the new system?**
 - Automated templates
 - Quick user guides
 - System shortcuts
 - Access to a super-user
 - Other
5. **What kind of feedback loop would be most helpful during the transition to the new system?**
 - Regular team meetings
 - Individual check-ins with system experts
 - Anonymous feedback forms
 - Troubleshooting sessions

- Other

6. What resources would help in keeping up-to-date with system updates?

- Email notifications
- Video tutorials
- In-person workshops
- Quick guides
- Other

Frequency of Challenges (Scale-based)

1. How often do you face challenges using the system?

- Frequently
- Occasionally
- Rarely
- Never
- N/A

2. How often do you need assistance with the technical aspects of the new system?

- Frequently
- Occasionally
- Rarely
- Never
- N/A

3. How often do you encounter difficulties entering patient data accurately?

- Frequently
- Occasionally

- Rarely
- Never
- N/A

4. How often do you experience system lags or slowdowns while using electronic health records?

- Frequently
- Occasionally
- Rarely
- Never
- N/A

5. How often do you need help resolving issues with electronic health record functionalities?

- Frequently
- Occasionally
- Rarely
- Never
- N/A

6. How often do you encounter challenges transitioning between paper and electronic records?

- Frequently
- Occasionally
- Rarely
- Never
- N/A

Support to Comply (Select all that apply)

1. **What support would help you comply with the system? (Select all that apply)**
 - Training
 - Updates
 - Tech Support
 - Peer mentoring
 - Other

2. **What kind of follow-up support do you need after the initial training?**
 - Refresher courses
 - On-demand support
 - Advanced training for more complex features
 - Troubleshooting sessions
 - Other

3. **What tools would help you maintain compliance with new documentation standards?**
 - Pre-set templates
 - Automated reminders
 - Clear protocols and guidelines
 - Assistance from a system expert
 - Other

4. **What additional resources would improve your adherence to the system's practices?**
 - Access to system updates
 - Direct communication with IT support
 - Regular check-ins on performance
 - In-house training sessions

- Other

5. What support would make it easier to adapt to new documentation requirements?

- Step-by-step user manuals
- Hands-on workshops
- Designated mentors
- Practice scenarios
- Other

6. What would motivate you to consistently comply with the new system's practices?

- Clear recognition and feedback
- Incentives for adherence
- Transparent compliance tracking
- Ongoing education and training
- Other

Appendix B: Postevaluation Tool

Section 1: Staff Knowledge and Competence in New System Implementation

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am familiar with electronic nursing documentation systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident in my ability to navigate through the features of the new system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rate your proficiency in utilizing electronic health records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable with the transition to an electronic documentation system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the purpose of standardized electronic documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of the security measures required to protect patient data in the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel prepared to train others on the new system if necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the consequences of inaccurate documentation in this system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can easily identify errors and correct them within the new system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Staff Satisfaction with the Education Program

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The educational materials provided were clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The instructional methods used during the education sessions were effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The education program met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt comfortable asking questions during the sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training sessions were scheduled at convenient times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the accessibility of the training materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The content of the training sessions was relevant to my daily work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that the education sessions improved my skills in using the new system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am satisfied with the pace of the education sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facilitators were knowledgeable and approachable during the sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Staff Compliance with the New System's Practices

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am familiar with the specific practices of the new system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the importance of adhering to standardized documentation practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of the consequences of non-compliance with the new system's practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how to comply with patient privacy standards when using the new system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident in my ability to follow the new system's protocols consistently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am comfortable seeking help if I encounter challenges with the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The new system improves my ability to deliver timely and accurate documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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