



## Scope training by role, not by module

Training fails in four predictable ways: it is **scheduled too early**, it **teaches features instead of roles**, there is **nowhere realistic to practice**, and **nobody owns the materials** once the project ends. This worksheet turns each of those into a field you have to fill in. Complete the header once per project, then one row per role.

### PROJECT — COMPLETE ONCE

|                                      |                                                 |                                                                                                                          |
|--------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| ORGANIZATION / PROJECT               | GO-LIVE DATE                                    | TRAINING WINDOW<br><i>Two weeks or less before go-live. Earlier competes with everything else on a clinician's mind.</i> |
| PRACTICE ENVIRONMENT READY BY        | LOADED WITH REALISTIC DATA?<br><br><i>Y / N</i> | IF NO — WHAT IS MISSING                                                                                                  |
| WHO OWNS THE MATERIALS AFTER GO-LIVE | WHERE THEY LIVE                                 | IN A FORMAT THE CLIENT CAN EDIT?<br><br><i>Y / N — and first review date</i>                                             |

### ROLES — ONE ROW EACH

| ROLE<br><i>and how many</i> | TASKS THEY MUST BE ABLE TO DO<br><i>in the order they actually do them</i> | PRACTICE DATA<br><i>the records they will rehearse on</i> | OBSERVABLE CHECK<br><i>a task you could watch someone fail</i> | CHECKED BY<br><i>name / date</i> |
|-----------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------|----------------------------------|
|                             |                                                                            |                                                           |                                                                |                                  |
|                             |                                                                            |                                                           |                                                                |                                  |
|                             |                                                                            |                                                           |                                                                |                                  |
|                             |                                                                            |                                                           |                                                                |                                  |
|                             |                                                                            |                                                           |                                                                |                                  |
|                             |                                                                            |                                                           |                                                                |                                  |

**The test for the Observable check column:** could someone watch this and record a failure? "Understands the medication module" cannot fail — there is no observation that would contradict it. "Completes a medication reconciliation unassisted in under four minutes" can. If a check has no failing state, it is not a check; it is a reassurance with a box next to it.

## WORKED EXAMPLE — TWO ROWS FILLED IN

| ROLE                                 | TASKS THEY MUST BE ABLE TO DO                                                                                                                                                                        | PRACTICE DATA                                                                                                                | OBSERVABLE CHECK                                                                                                                                                        | CHECKED BY |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| <b>Registration clerk</b><br>6 staff | Search for an existing patient · verify insurance · create a new record · attach a referral · collect a copay · print the face sheet · handle a patient with no referral · handle a duplicate record | 40 records copied from a real Tuesday morning, de-identified — including the two duplicates and the walk-in with no referral | Registers a new patient unassisted in under 6 minutes, and correctly routes the walk-in with no referral.<br><i>8 of 10 staff pass on first attempt.</i>                |            |
| <b>Med-surg RN</b><br>31 staff       | Take handoff · review the MAR · document a PRN · complete medication reconciliation on admission · escalate a critical result · chart a fall                                                         | Six admission scenarios built from real charts, one with a home medication list that conflicts with the discharge summary    | Completes a medication reconciliation unassisted in under 4 minutes and flags the conflicting home med. <i>Checked on a sample of 8 nurses two weeks after go-live.</i> |            |

**Note what the example does not say.** Not "trained on registration." Not "competent in the MAR." Every entry names a task, a condition, and a number — because the point of the exercise is to find the one role that is not ready while there is still time to do something about it.

## HOW TO USE THIS

1. **Fill the header first, at project start** — not two weeks out. Three of the four fields describe decisions that get much more expensive to change later.
2. **One row per role, not per department or per module.** If two people do genuinely different work, they are two rows, even with the same job title.
3. **Write the task list in the order the work happens**, including the awkward paths. The walk-in with no referral is where training earns its money.
4. **Build the practice data from real records**, de-identified. A demo environment full of clean invented patients teaches the happy path, and the workarounds then get invented at go-live under pressure.
5. **Re-check a sample two weeks after go-live.** Attendance is not competence, and the gap almost always sits in one specific role rather than across the whole staff.

**Want a second opinion on your training plan?** Send us the plan as it stands and we will read it against the four failure modes above, then write back with the ones it is currently exposed to and what we would change first. No charge, and no obligation after it. [info@health-chex.com](mailto:info@health-chex.com)