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# LMS INSIGHTS: HEALTHCARE SECTOR

Think...

With thanks to Think Associates'  
Tim Newham and Matt Munday.

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## Where are we today?

Healthcare is changing rapidly, around the world. Aging populations, growing populations, better medicines and procedures that extend life, but not always healthy life, all place increased pressures on healthcare systems. At the same time, dramatic improvements in medical techniques and care pathways result in changing skill requirements.

Consider the implications this has on one of the world's largest organisations – the UK's National Health Service. The NHS employs over 1,000,000 people, and spends around £5 billion per year on training (including medical training). The NHS's central HR system team estimated, a couple of years ago, that about £500m is wasted each year on unnecessary retraining in induction programmes.

This can be a perfect storm for learners and learning and development departments. There is less time than ever, less money than in a generation, but also a pressing need to develop new skills, knowledge and behaviours. The old models of master/apprenticeship and classroom training are not scalable enough, and as this is a learning technology guide, you can guess what's coming... technology is an essential part of the mix. One of the ironies is that patient-facing healthcare, in all parts of the world, is a hotbed of cutting-edge technology, whereas many learning and development functions can feel constrained to use the same tools of 'chalk and talk' that they had 30 years ago.

But it's not just the NHS struggling with time and funding constraints. This is a pattern replicated globally – the healthcare sector worldwide is feeling the squeeze, with budget cuts and constant pressure to deliver more for less.





# How are learning management systems used in healthcare?

The two key pressures for L&D within the healthcare sector are time and budget constraints. With healthcare funding a global concern, and a shortage of health workers leading to constant pressure to work longer hours, there are often worries that there is too little money or time left for training.

Implementing an LMS can address these concerns. They can cut the cost of training significantly as part of a blend, replacing some of the face-to-face elements for flexible, reusable and easy-to-access learning content. Additionally, they can save time, allowing learners to choose learning patterns that fit around their busy schedules as they dip in and out of the content wherever they are.

Around 7% of LMS implementations are currently in the healthcare sector. They are being used in many diverse ways, from onboarding and induction to compliance courses and refresher training. Also, healthcare staff shortages mean that many countries are recruiting more and more from overseas, so an integrated LMS platform can form an important part of the recruitment process with quizzes and assessments taken remotely. In the US in particular, increasing patient numbers are

leading to a rise in 'telemedicine' where geographically dispersed medical staff can work with patients from afar, making learning technologies a popular option for reaching these employees with crucial training wherever they are.

We are also seeing a surge in the notion of patients as consumers of healthcare education. With an increase in the number of online diagnostic tools and digital medical resources, it's crucial that the information available is accurate and easily accessible. Long waiting lists often mean people seek out information themselves before contacting medical professionals, so healthcare organisations are thinking about how they can provide up-to-date information to the general public. Learning management and social learning platforms are both potential options for delivering information to this audience efficiently.



**According to WHO, the world is short of 7.2m healthcare professionals.**



# What are we saying?

There was an excellent Twitter chat about learning in healthcare (#wenurses). We could have reproduced dozens of 140 character quotes about the state of learning technology, but we've boiled it down to these two:



**S Wright**

@Woolpacks



Learning definitely needs to be person centred, like the care we give.

9:03 p.m. - 12 Nov 2015



**Nick Lee**

@N1ckL33



More NHS Trusts need to stop being afraid to be different - and try doing e-learning different to the centrally produced stuff!

8:45 PM - 12 Nov 2015



# What do we know about the healthcare sector?

We'd like to start with a couple of instructive direct comments, from nurses working in the NHS:



**“I think e-learning is still quite new and I’m excited to see how e-learning develops in the future”**



**“In my trust e-learning is compulsory. But not everyone has these gadgets to get online and doesn’t know how to ‘e-learn’”**



Many learning technology professionals can sometimes live in a bubble whereby everyone has 24/7 fast broadband and access to more gadgets than we can carry. However, this is not the reality, at work at least, for most healthcare workers.

Try sharing one ward PC between 10 staff, and have that PC run 12-year-old operating systems, and also have that PC tied up most of the day with patient information system work. Or try walking half a mile across a large hospital site to a library or internet café. Or try working as a community nurse with only a ‘feature-phone’ for company.

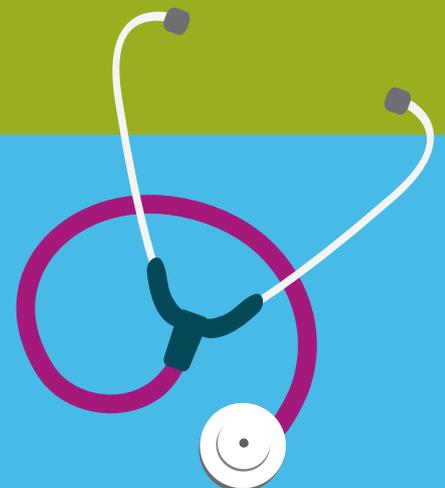
We’re generalising, of course – there are also a huge number of very computer-literate people who are pushing the boundaries of technology-enabled learning. But the range in healthcare is probably greater than anywhere else.





## So what does that mean for a learning management system?

- **Design the system for the learner**, not the learning and development function. Think about user experience – is it really obvious where to go, what to click, what I should be learning? As soon as you have ‘the training course about how to use the LMS’, you’ve lost. Keep It Simple, Sister.
- **A related point - do the clever stuff behind the scenes.** We might spend weeks with clients on complicated audience targeting and reports generation, all so that the experience for busy learners is incredibly straightforward. Simple for the learner doesn’t mean trivial to implement. Be careful that you’re not the learning-tech equivalent of “I’m sorry about the long letter. I didn’t have time to write you a short one”
- **Quality data in, quality data out.** Keeping track of organisation structure data, management hierarchies, even new starters and leavers, is tricky in a sprawling, 15,000-person healthcare organisation. We usually have information architecture and data cleansing workstreams in our projects. It can result in nightmarish spreadsheets, but it’s worth it in the long run for accurate reports that keep the army of auditors at bay.
- **Curate before you create.** There’s a lot of excellent learning content out there and it’s not all tied to national systems. The trick is to select content (be that e-learning, videos, factsheets or networking groups) smartly, and help the learner by signposting. If they have to resort to Google, you’ve no idea whether they’re learning the most relevant or up to date things.
- **Personalise the learning experience.** Give people different routes to obtain and test their knowledge. Do all of the staff really need the 45-minute information governance course? Can you segment your audience and provide short refreshers, or allow people to pass (robust) online assessments?



### “While we’re talking about assessments...

If the test is easy to pass, it’s wasting everyone’s time. When testing content for our LMS implementations, I’ve passed lots of specialised clinical e-learning assessments. And you really don’t want me anywhere near you in a hospital!”

**Tim Newham**, Think Associates



# Learning management systems in action



## Sussex Partnership NHS Foundation Trust

Sussex Partnership NHS Foundation Trust was created following a series of mergers between Trusts, leading to a complex set of IT infrastructures. This meant that multiple platforms were being used to access and track learning with mixed experiences, making for a less-than-ideal learner experience with many logins and sources for learning.

**Think Associates** worked closely with the Trust to consolidate the existing data, simplify tracking and reporting to meet audit and quality goals and to improve the learner experience using Totara LMS. They also helped design new compliance blends to bring together existing resources and e-learning, as well as creating new e-assessments content and SCORM packages. As well as this, they were able to pull in historical tracking data from multiple sources to create new reports in Totara LMS which was ready for the launch of the new platform.

The six-week turnaround from project initiation to installation, followed by three weeks of configuration, admin training and testing meant the whole LMS went live in under 10 weeks. The improved reporting enables the Trust to report accurately on its compliance data, with significant cost savings contributing to greater efficiency across the Trust. Sussex Partnership NHS Foundation Trust now has an LMS which is fit for the future, and works as part of successful blends for improved learning experiences and results.

## In focus: nurse revalidation with Think Associates

We are supporting our healthcare clients to manage this process in user-friendly and light-touch ways, using the powerful e-portfolio and appraisal functionality within Totara LMS.

We have created new online forms which replicate the NMC Revalidation templates (CPD Log, Practice-Related feedback, Reflective Accounts, Practice Hours), enabling organisations to launch an NMC-compliant e-portfolio solution very quickly.



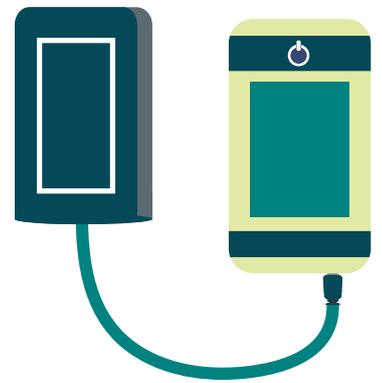


System customisations can be created quickly and easily where required to supplement the core functionality, and the fact that Totara LMS can accommodate different appraisal templates/approaches simultaneously means that nursing staff can benefit from undertaking appraisal in a Trust-wide system with cross-organisational reach and relevance. There are a number of ways for nurses themselves to record and track their own CPD e-portfolios as part of the evidence-gathering process.

Totara LMS also includes a 360 degree feedback module as standard. The appraisal module in Totara LMS works well for the formal recording of the Reflective Discussion and Confirmation, but as well as the appraisal builder, there are a number of features and system elements in Totara LMS which can be used to track/record nurse CPD and reflective evidence, all of which can be incorporated into a Revalidation Portal. See below for an example of a Revalidation e-portfolio:



In this example from Central and North West London NHS Foundation Trust, nurses click the buttons at the bottom of the portal page to access and update the different elements of their e-portfolio (with visibility for Managers and Confirmers).



# Building a business case

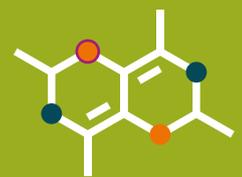
We know about the challenges faced by organisations in the healthcare sector, and we know that learning technologies can be an effective way to address these challenges head-on.

Placing an LMS at the heart of this learning strategy can help save time and money spent on training, and make the whole learning experience more user friendly and effective. So how do we go about convincing our stakeholders that this is the case? It might surprise you to know it's not all about money, as Tim Newham explains...



## Financials are important, however...

If your business case majors on cost saving, you might get some initial attention but we find you'll struggle long term. We find the best business cases focus on enabling longer-term changes in learning behaviours, and providing just-in-time support for employees, rather than for example saving some money on classrooms. This is because (a) budget holders in the NHS at least have massive cost-reduction targets and whatever figures you can conjure up for your LMS will be tiny in comparison to other cost-saving initiatives; (b) people don't believe headline ROI figures anyway and most importantly (c) the real reason for introducing more technology to learning is to increase the effectiveness of learning, not just the efficiency.



**“If your CEO is asking about return on investment in learning, he doesn't really believe in the value of learning”**



## Break your implementation into small steps.

Save the award-winning multi-media, fully immersive game-like learning experience for year 2 or 3. If you can get your stakeholders saying things like “I didn’t think it would be this easy” or “it just works”, you’ll have then earned the trust and credit to do the clever stuff.



## Think broadly.

In healthcare, learning and performance are, rightly, tightly linked. From performance-related pay, to competency-related pay rises, there are strong overlaps between an individual’s record of learning and their appraisal/performance outcomes. There are also links between the employer’s learning/performance processes, and professional body requirements for CPD and revalidation. Your LMS platform needs to be flexible and open to integrate workflow and lower the administrative overhead.



## Take time to engage.

Large healthcare organisations are incredibly complex beasts, and political and rational power can come from the least-expected places. Your business case will be much stronger if you’ve got the backing of as many groups as possible, including the important staff-side (union) groups. And of course don’t forget the IT department, but don’t add to their workload. Make it easy for them to say yes.



## Engagement is wider than the organisation.

Find out what’s worked elsewhere. Healthcare organisations have the great benefit of not being cut-throat competitors so you can go and talk to the hospital down the road about what they’re doing. There are some excellent collaborative networks in the UK NHS. This is similar to our ‘don’t take risks’ point above. One size won’t fit all, but if you know the project and system you’re considering has worked in a similar organisation, you’re taking away one of the major points of uncertainty. Budget holders and decision makers like this too!



# Where are learning technologies headed?

We see a number of trends – make sure your system is flexible and future proof enough to take advantage of these! Few of these are healthcare specific, but they are particularly important to this sector:

- **From e-learning to technology-enhanced learning.** There's been an artificial divide between 'online learning' and 'all the other sorts of learning'. This is narrowing quickly, not least because of the great work of people like Charles Jennings and Julian Stodd. We prefer to talk about technology enhancement – where can technology seamlessly and invisibly help the learner? Whether that's easy online booking of classroom sessions, or intranet broadcasts of medical lectures, or even just persuading IT departments that Twitter is a great tool for collaborative sharing and learning.
- **From corporate-centred to learner-centred** – learners often feel 'done to' by the learning management system. It becomes more of a learner control system. People are forced into standard pathways of learning, with little personalisation. Forward-looking organisations flip this, from 'you must complete learning pathways' to 'you must demonstrate competence'. This actually works really well in healthcare, where supervision-based models of real-world learning encourage a 'show me how you do that' approach. When learners take responsibility for their learning, they make smart decisions about where to learn (and that can often be outside of the corporate boundaries). Ask them to collect a portfolio of evidence, and then empower managers to assess that portfolio and make decisions about the competence and learning needs of their team. This also has the excellent side effect of repositioning the L&D function from 'policeman' or at best guardian, to designer and facilitator.
- **From monolithic systems to federated systems.** In times of constrained budgets, doesn't it make sense to get economies of scale from everyone using the same approach? In theory yes, but in our experience designing a healthcare-wide system to take account of all types of organisations, and all sorts of learners and processes, is a herculean task doomed to failure. A better, more resilient solution is to encourage local decisions about learning content and platforms, sharing where possible, but focus on open data standards. Use these open data standards to allow free flow of learner data between organisations. The adoption of Open Badges is an excellent example of this.

# Want to learn more?

If you're in the healthcare industry and want to find out more about using Totara LMS, we can help.

You can contact Think Associates at [info@think-associates.co.uk](mailto:info@think-associates.co.uk), or get in touch with Totara Learning at [enquiry@totalms.com](mailto:enquiry@totalms.com) to learn more about how Totara LMS can be used to cut costs, save time and deliver learning in your organisation.



Two large white speech bubbles are the central focus. The left bubble contains a thought bubble icon, the text 'Think...', and the website 'www.think-associates.co.uk'. The right bubble contains the Totara logo (a green leaf), the text 'For more information about Totara Learning visit: www.totaralearning.com', and a purple speech bubble icon. Surrounding these are various icons: a blue speech bubble with three white lines, an orange speech bubble, a green speech bubble with three white lines, a white arrow pointing down, a green gear, and a yellow puzzle piece.

Interested in more Totara LMS healthcare case studies?

[CLICK HERE TO GET INSPIRED](#)

# ABOUT TOTARA

## About Totara

Totara Learning is rapidly transforming the learning technology software market. Our products include the award-winning Totara LMS, a functionally rich learning management platform and Totara Social, an enterprise Social Learning Network designed to foster collaboration, communication and knowledge sharing.

Totara Learning products are open source, highly flexible and bring powerful freedoms to all organisations with formal and informal learning needs, both within the workplace and the extended enterprise. They are used by many industry sectors, including finance, retail, energy, health, government and not-for-profit organisations. Customers range from small to large multinational corporations – a testament to our innovation, robust versatility and scalability.



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