



Curriculum Development
Centers Program

Awardee of The Office of the National Coordinator for
Health Information Technology

Component 2: The Culture of Healthcare Instructor Manual

Version 3.0/Spring 2012

Notes to Instructors

This Instructor Manual is a resource for instructors using this component. Each component is broken down into units, which include the following elements:

- Learning objectives
- Suggested student readings, texts, reference links to supplement the narrated PowerPoint slides
- Lectures (voiceover PowerPoint in Flash format); PowerPoint slides (Microsoft PowerPoint format), lecture transcripts (Microsoft Word format); and audio files (MP3 format) for each lecture
- Self-assessment questions reflecting Unit Objectives with answer keys and/or expected outcomes
- Application Activities (e.g., discussion questions, assignments, projects) with instructor guidelines, answer keys and/or expected outcomes

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Component Overview

For individuals not familiar with healthcare, this component addresses job expectations in healthcare settings. It discusses how care is organized within a practice setting, privacy laws, and professional and ethical issues encountered in the workplace.

Component Objectives

At the completion of this component, the student will be able to:

1. Describe the major types of clinical personnel involved in healthcare, including their education and training, certification and licensure, and typical roles in healthcare.
2. Describe the major types of settings in which healthcare occurs including ambulatory care, acute and emergency care, hospital based and critical care, and community health and public health settings.
3. Describe the major processes of information gathering, analysis, and documentation used by clinicians to detect, understand, and prevent or treat diseases.
4. Give examples and explain the differences between common forms of care delivery including episodic one-on-one care, multidisciplinary care, interdisciplinary care, care of chronic conditions, population based care, disease management, long-term care, and end of life care.
5. Describe the role of community health and public health in managing illness outbreaks, epidemics, and pandemics.
6. Understand the basic principles of evidence-based practice, including the application of the best evidence in clinical decision-making.
7. Describe common forms of quality measurement, performance improvement, and incentive payment schemes meant to influence care delivery.
8. Discuss the role of medical ethics and professional values in care delivery including such issues as ethical conflicts, and health disparities.
9. Understand the concepts underlying the application of privacy, confidentiality, and security to health care practice and information technology, being able to help individuals and organizations adhere to the HIPAA Privacy and Security Rules.

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Likewise, the above also applies to the Curriculum Development Centers (including Columbia University, Duke University, Johns Hopkins University, Oregon Health & Science University, University of Alabama at Birmingham, and their affiliated entities).

Component 2/Unit 1

Unit Title

An Overview of the Culture of Healthcare

Unit Description

This introductory unit discusses some of the underlying concepts of health, culture, and how health informatics applications can be used to study culture.

Unit Objectives

By the end of this unit the student will be able to:

1. Distinguish between disease and illness. (Lecture a)
2. Discuss the relationship between health and the healthcare system. (Lecture a, b)
3. Define 'culture' in the classic sense, as well as in the modern sense of the term, and what it means for culture to be partial, plural, and relative. (Lecture a, b)
4. Explain the concept of 'cultural competence'. (Lecture a)
5. Explain the concepts and distinguish between 'culture', 'cultural safety', and 'safety culture', as applied to organizations. (Lecture a)
6. Be aware of the multiple cultures that interact in healthcare delivery. (Lecture a, b)
7. Define 'acculturation' and how it relates to working in healthcare settings. (Lecture a)
8. Be able to give examples of health informatics applications of the study of culture. (Lecture a, b)

Unit Topics / Lecture Titles

1. What is meant by "the culture of healthcare"
2. Learning more about the culture of healthcare

Unit References

Lecture 1a

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4. *What Is Cultural Competency?* (2005, October 19). Retrieved November 20, 2011, from U.S. Department of Health & Human Services website: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11>

Lecture 1a Charts, Tables and Figures

1.1 Chart: <http://www.healthsentinel.com/joomla/images/stories/graphs/us-deaths-1900-1965.jpg>. (n.d.). Retrieved November 20, 2011, from Health Sentinel website: <http://www.healthsentinel.com>. Used with Permission.

2.2 Figure: Wagner, E. H. (1998). *Chronic disease management: What will it take to improve care for chronic illness?* Retrieved from Improving Chronic Illness Care website: <http://www.improvingchroniccare.org/change/model/components.html> Used with Permission.

Lecture 1a Images

Slide 11: Gorman, P. (Photographer). (n.d.). [Untitled images of healthcare professionals], Retrieved from author, Used with Permission.

Lecture 1b

1. Agar, M. (1991). The biculture in bilingual. *Language in Society*, 20 , pp 167-182 doi:10.1017/S0047404500016250
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Lecture 1b Charts, Tables and Figures

1.3 Table: Gorman, P. (n.d.) Field Studies to Support HIT Design and Evaluation – Examples. Retrieved from author, Used with Permission.

Unit Suggested Readings

1. Agar. Culture: Can You Take It Anywhere? Invited Lecture Presented at the Gevirtz Graduate School of Education, University of California at Santa Barbara. *International Journal of Qualitative Methods* (2008) vol. 5 (2) pp. 1-12.
2. Boutin-Foster et al. Viewpoint: physician, know thyself: the professional culture of medicine as a framework for teaching cultural competence. *Academic Medicine* (2008) vol. 83 (1) pp. 106
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Student Application Activities

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Component 2/Unit 2

Unit Title

Health Professionals – the People in Healthcare

Unit Description

This unit discusses the health professionals who deliver healthcare and the training needed to work in these professions. The following professionals are described in this unit: physicians, nurses, advanced practice nurses, physician assistants, pharmacists, therapists, allied health professionals, paramedics, EMTs, dental professionals, mental health professionals, and social workers.

Unit Objectives

By the end of this unit the student will be able to:

1. Define terms used in healthcare including clinician, patient, disease, and syndrome and in health professionals' education and training. (Lecture a)
2. Describe the education, training, certification, licensure and roles of physicians including those in primary care and other specialties. (Lecture a)
3. Describe the education, training, certification, licensure and roles of nurses, advanced practice nurses, LPNs, MA's and Medication Aids. . (Lecture b)
4. Describe the education, training, certification, licensure and roles of physician assistants, pharmacists, therapists, allied health professionals. (Lecture c)
5. Describe the education, training, certification, licensure and roles of paramedics, EMTs, dental professionals, mental health professionals, and social workers. (Lecture c)

Unit Topics / Lecture Titles

1. Introduction and Physicians
2. Nursing Professionals
3. Physician assistants, Pharmacists, Therapists, Technicians, Paramedics, Dental Professionals, Mental Health Professionals, Care Coordinators

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Unit References

Lecture 2a

1. Accreditation Council for Graduate Medical Education. (2010). *Number of accredited programs for the current academic year (2010-2011)*. Retrieved from http://www.acgme.org/adspublic/reports/accredited_programs.asp
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5. American Medical Association. (2010). *Health professions associations*. Retrieved from <http://www.ama-assn.org/ama/pub/education-careers/careers-health-care/health-professions-associations.shtml>
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9. Health careers in Michigan. (2010). *Health careers videos*. Retrieved from http://www.michigan.gov/healthcareers/0,1607,7-221-39742_39457---,00.html
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Lecture 2a Charts, Tables and Figures

2.1 Figure Hickman, T. (2010) Retrieved from author, Used with Permission.

Lecture 2b

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Lecture 2c

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Unit Suggested Readings

1. Aboud S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 1 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htmArticle>*
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Student Application Activities

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Component 2/Unit 3

Unit Title

Healthcare Settings – The Places Where Care is Delivered

Unit Description

This unit describes healthcare delivery sites including outpatient care, hospitals, tertiary care centers, academic medical centers, the VA healthcare system, the military health system, the Indian health service, and non-traditional delivery sites such as school-based, community-based, and employer-based sites. It also specifically examines the structure, function and interrelationship between healthcare settings.

Unit Objectives

By the end of this unit the student will be able to:

1. Differentiate the range of care delivery organizations, including primary care, specialty care, tertiary care, inpatient and outpatient facilities, long-term care hospitals, and long-term care facilities (Lecture a)
2. Analyze the organization of healthcare delivery from the perspective of a “continuum of care,” such as ambulatory services, in-patient care, long-term care, and end-of-life care (Lecture a)
3. Evaluate the similarities and differences of community hospitals, teaching hospitals, and community health clinics (Lecture a)
4. Describe the various departments and services offered by an outpatient clinic, community hospital, academic medical center, and long-term care facility (Lecture b)
5. Explain the ways in which these departments interact and the services relate (Lecture b)
6. Speculate on the data and information that are created and used by people in these departments (Lecture b)
7. Describe ways in which medical and/or information technology has improved interdepartmental communication and how that has improved the patient experience (Lecture b)

Unit Topics/Lectures

1. Range of care
2. Continuum of care
3. Departments and services

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4. Interrelationships
5. Medical data use and impact

Unit References

Lecture 3a

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2. Centers for Medicare and Medicaid Services. (2011). What are long-term care hospitals? Retrieved from <http://www.medicare.gov/publications/pubs/pdf/11347.pdf>
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Lecture 3a Charts, Tables; Figures

3.1 Figure: Hickman (2012). Represents the range of care delivery and the referral patterns between the types of care of delivery organizations. (CC BY-NC-SA 3.0).

Lecture 3b

1. Longnecker DE, Patton M, Dickler RM. (2007). Roles and responsibilities of Chief Medical Officers in member organizations of the Association of the American Medical Colleges. *Academic Medicine*, 82(3), 258-263. Retrieved Jan 2012 from http://journals.lww.com/academicmedicine/Fulltext/2007/03000/Roles_and_Responsibilities_of_Chief_Medical.9.aspx.
2. Medicare Payment Advisory Committee. (2004). Chapter 7: Information technology in health care. In Report to the Congress: new approaches in Medicare. Retrieved Jan 2012 from: http://www.medpac.gov/publications%5Ccongressional_reports%5CJune04_ch7.pdf*
3. Scribd. (2011). Organizational structure of a hospital. Retrieved Jan 2012 from <http://www.scribd.com/doc/20884108/Organizational-Structure-of-a-Hospital>.
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6. University of Rochester Medical Center. (2011). Strong Memorial Hospital organizational chart. Retrieved Jan 2012 from <http://www.urmc.rochester.edu/strong-nursing/about/documents/NursingOrgChart.pdf>.

Lecture 3b Images

3.2 Chart: Example of a healthcare organizational structure (Hickman 2012, CC BY-NC-SA 3.0).

Student Application Activities

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Component 2/Unit 4

Unit Title

Healthcare Processes and Decision Making

Unit Description

This unit describes the process used by a clinician to make a diagnosis and determine a care plan. This includes gathering information from the patient as well as other objective and subjective sources, managing and organizing the information, comparing the information to known states of disease, and developing a care plan for the patient.

Unit Objectives

By the end of this unit the student will be able to:

1. Describe the elements of the 'classic paradigm' of the clinical process (Lecture a).
2. List the types of information used by clinicians when they care for patients (Lecture a).
3. Describe the steps required to manage information during the patient-clinician interaction (Lecture a, b, c).
4. List the different information structures or formats used to organize clinical information (Lecture b).
5. Explain what is meant by the 'hypothetico-deductive' reasoning process (Lecture a, b).
6. Explain the difference between observations, findings, syndromes, and diseases (Lecture a, b, c).
7. Describe techniques or approaches used by clinicians to reach a diagnosis (Lecture a, b, c, d, e).
8. List the major types of factors that clinicians consider when devising a management plan for a patient's condition, in addition to the diagnosis and recommended treatment (Lecture e).

Unit Topics/Lectures

1. The clinical process - overview of the classic paradigm
2. Gathering data and analyzing findings
3. Making a diagnosis
4. Choosing therapy
5. Communicating the plan

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Lecture 4a

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Lecture 4a Charts, Tables, Figures

- 4.1 Table: Types of information that clinicians utilize when making decisions
- 4.2 Table: Comparison of the classic paradigm with the operating room.
- 4.3 Table: Comparison of the classic paradigm with the operating room and acute complex illness.
- 4.4 Table: Comparison of the classic paradigm with the operating room, acute complex illness and emergency dept.

Lecture 4b

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Lecture 4b Charts, Tables, Figures

4.6 Table: Hierarchy for clinical data . Evans, D.A., and Gadd, C.S.,(1989); Managing coherence and context in medical problem-solving discourse. In: Evans DA, Patel VL, eds. Cognitive science in medicine: Biomedical modeling. Cambridge, MA: MIT Press; 211-255.

4.7 Table: Depiction of how the Hierarchy for Clinical Data might work for man with Edema, or swelling of the ankles

Lecture 4c

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Lecture 4d

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Lecture 4d Charts, Tables, Figures

4.8 Figure: The complex and dynamic processes that are in play when a patient care problem has to be translated into problem management by the clinician. Mohan, V. (2010)

4.9 Chart: Decision Analysis Chart. Mills (1991) <http://www.nlm.nih.gov/nichsr/hta101/tree15.jpg>. Retrieved Nov. 2010 from the National Library of Medicine website <http://www.nlm.nih.gov>.

4.10 Table: Evolving Management Plan. Mohan, V. (2010)

Lecture 4e

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Lecture 4e Images

Slide 3: Corner, T. C. (1905). http://commons.wikimedia.org/wiki/File:Sir_William_Osler.jpg. Retrieved November 2011, from Wikimedia Commons website: <http://commons.wikimedia.org>. Public domain image (PD-US).

Student Application Activities

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Component 2/Unit 5

Unit Title Evidence-Based Practice

Unit Description

This unit describes the application of evidence-based medicine (EBM). The discussion begins with the framing of clinical questions that can be answered by appropriate evidence. It then demonstrates how to find and apply the best evidence for answering four major types of clinical questions: interventions, diagnosis, harm, and prognosis. The unit also introduces summarizing of evidence (systematic reviews) as well as clinical practice guidelines and concludes with a discussion of the limitations of EBM.

Unit Objectives

By the end of this unit the student will be able to:

1. Define the key tenets of evidence-based medicine (EBM) and its role in the culture of healthcare (Lecture a, b)
2. Construct answerable clinical questions and critically appraise evidence answering them (Lecture b)
3. Apply EBM for intervention studies, including the phrasing of answerable questions, finding evidence to answer them, and applying them to given clinical situations (Lecture c)
4. Understand EBM applied to the other key clinical questions of diagnosis, harm, and prognosis (Lecture d, e)
5. Discuss the benefits and limitations to summarizing evidence (Lecture f)
6. Describe how to implement EBM in clinical settings through clinical practice guidelines and decision analysis (Lecture g)

Unit Topics/Lecture

1. Definitions and application of (EBM)
2. Interventions
3. Diagnosis
4. Harm and prognosis
5. Summarizing evidence
6. Putting evidence into practice

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Unit References

Lecture 5a

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Lecture 5b Charts, Tables and Figures

- 5.1 Figure: Adapted from Mulrow, (1997) Mulrow, C., Cook, D., & Davidoff, F. (1997). Systematic reviews: critical links in the great chain of evidence. *Annals of Internal Medicine*, 126, 389-391.
- 5.2 Figure: Adapted from Hayne's "4S" model of the Hierarchy of Evidence: Haynes, R. (2001). Of studies, syntheses, synopses, and systems: the "4S" evolution of services for finding current best evidence. *ACP Journal Club*, 134, A11-A13.
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Lecture 5c

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Lecture 5d

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Lecture 5d Charts, Tables and Figures

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Lecture 5e Charts, Tables and Figures

5.5 Chart: Survival Curve, Adapted from Dunn, S. (2002). Survival Curves: The Basics: CancerGuide.

Lecture 5f

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Lecture 5g

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Lecture 5g Charts, Tables and Figures

5.6 Chart: Example guideline algorithm for the flu shot (Hersh, 2010)

5.7 Chart: Decision analysis for anticoagulation in atrial fibrillation – adapted from (Gyatt, 2008)

Student Application Activities

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Component 2/Unit 6

Unit Title Nursing Care Processes

Unit Description

This unit describes the processes used by a nurse in making clinical decisions and assessing patients. It also describes how nurses are trained, where they work and the procedures that they perform.

Unit Objectives

By the end of this unit the student will be able to:

1. Learn what nurses do and how they are trained (Lecture a)
2. Learn how nurses make clinical decisions and assess patients (Lecture b)
3. Learn about the settings where nurses work (Lecture a, c)
4. Learn about the procedures that nurses perform (Lecture c)

Unit Topics/Lectures

1. Nursing roles, responsibilities and work settings
2. Nursing process including clinical judgement and patient assessment; legal and societal expectations; roles in improving patient care
3. Nursing routines and procedures including invasive procedures, administering medication, documenting procedures and technology

Unit References

Lecture 6a

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Student Application Activities

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Component 2/Unit 7

Unit Title

Quality Measurement and Performance

Unit Description

This unit describes the concepts of quality measurement and performance improvement. The unit begins by setting the context of known quality problems in healthcare and then describes how quality is measured and efforts to improve it. The unit also discusses the role of information technology, incentives for quality improvement, and quality measurement under meaningful use.

Unit Objectives

By the end of this unit the student will be able to:

1. Define healthcare quality and the major types of quality measures: structural, process, and outcome measures (Lecture a)
2. Describe the current state of healthcare quality in the United States (Lecture a)
3. Discuss the current healthcare quality measures used in various healthcare settings in the US, including those required for the HITECH meaningful use program (Lecture b)
4. Describe the role of information technology in measuring and improving healthcare quality (Lecture c)
5. Describe the results of current healthcare quality efforts in the US (Lecture c)

Unit Topics/Lectures

1. Definitions and framework for assessing quality
2. What is known about healthcare quality
3. Current quality measures in use
4. Role of IT and informatics
5. Results of current approaches to quality assessment

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Lecture 7a Charts, Tables and Figures

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Component 2/Unit 8

Unit Title

Ethics & Professionalism

Unit Description

This unit describes the traditions and values that guide physicians, nurses, and allied health professionals. It explores medical ethics, professionalism and legal duties and applies ethics and professionalism to specific topics, including health informatics.

Unit Objectives

By the end of this unit the student will be able to:

1. Provide an orientation to ideas about medical ethics and professionalism (Lecture a)
2. Explore the relationships among ethical ideals, professionalism, and legal duties (Lecture a, b)
3. Apply the general principles of ethics and professionalism to specific topics (Lecture c, d)
4. Examine ethical issues in health informatics (Lecture d)

Unit Topics/Lectures

1. Ethics and professionalism
2. Ethical and legislative standards and how they interact
3. Contemporary topics in medical ethics
4. Ethical issues in health informatics

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Lecture 8a Charts, Tables, Figures

Figure: Four basic principles of healthcare (CC BY-NC-SA 3.0, 2012).

Table: Non-Maleficence (CC BY-NC-SA 3.0, 2012).

Figure: Ethical dilemma (CC BY-NC-SA 3.0, 2012).

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Lecture 8b Charts, Tables, Figures

- 8.4 Figure: Standards of Professionalism (CC BY-NC-SA 3.0, 2012).
- 8.5 Chart: Healthcare fraud (CC BY-NC-SA 3.0, 2012).
- 8.6 Table: Protection of whistleblowers (CC BY-NC-SA 3.0, 2012).

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Lecture 8c Charts, Tables, Figures

8.7 Table: Pros and Cons of medical futility (CC BY-NC-SA 3.0, 2012).

8.8 Table: Pros and Cons of advance directives (CC BY-NC-SA 3.0, 2012).

8.9 Table: Protection of whistleblowers (CC BY-NC-SA 3.0, 2012).

8.9 Table: Primary and secondary interests in medical practice (CC BY-NC-SA 3.0, 2012).

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Lecture 8d Charts, Tables, Figures

8.10 Figure: Conflicts of interest (CC BY-NC-SA 3.0, 2012).

8.11 Figure: Duties to patients (CC BY-NC-SA 3.0, 2012).

Student Application Activities

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Component 2/Unit 9

Unit Title

Privacy & Security

Unit Description

This unit defines privacy, confidentiality, and security of health information, including the HIPAA Privacy and Security Rules.

Unit Objectives

By the end of this unit the student will be able to:

1. Define and discern the differences between privacy, confidentiality, and security (Lecture a)
2. Discuss the major methods for protecting privacy and confidentiality, including through the use of information technology (Lecture b)
3. Describe and apply privacy, confidentiality, and security under the tenets of HIPAA Privacy Rule (Lecture c)
4. Describe and apply privacy, confidentiality, and security under the tenets of the HIPAA Security Rule (Lecture d)

Unit Topics/Lectures

1. Definitions of privacy, confidentiality, and security
2. Tools for protecting privacy and confidentiality
3. HIPAA Privacy Rule
4. HIPAA Security Rule

Unit References

Lecture 9a

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9.1 Figure 1 Adapted from Sweeney, L. (1997). Guaranteeing anonymity when sharing medical data, the Datafly System. Proceedings of the 1997 AMIA Annual Fall Symposium, Nashville, TN, 51-55.

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Lecture 9b Charts, Tables, Figures

9.2 Chart. Flow of information in healthcare (Rindfleisch, 1997).

9.3 Chart. Health information security is a trade-off (CC BY-NC-SA 3.0, 2012).

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Student Application Activities

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Component 2/Unit 10

Unit Title

Sociotechnical Aspects: Clinicians and Technology

Unit Description

This unit looks at the challenges of adapting work processes to new technology, and the resulting impact on quality, efficiency, and safety. This unit also examines the phenomena of social and technical resistance to change, especially among clinicians.

Unit Objectives

By the end of this unit the student will be able to:

1. Describe the concepts of medical error and patient safety (Lecture a, b)
2. Discuss error as an individual and as a system problem (Lecture a)
3. Compare and contrast the interaction and interdependence of social and technical “resistance to change” (Lecture c)
4. Discuss the challenges inherent with adapting work processes to new technology (Lecture c)
5. Discuss the downside of adapting technology to work practices and why this is not desirable (Lecture c)
6. Discuss the impact of changing sociotechnical processes on quality, efficiency, and safety (Lecture a, b)

Unit Topics/Lectures

1. Medical errors
2. Patient safety
3. Sociotechnical aspects of healthcare

Unit References

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Student Application Activities

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Component Acronym Glossary

ACF – Administration for Children and Families
ADA – American Dental Association
ADL – activity of daily living
AHRQ – Agency for Healthcare Research and Quality
AIDS - Acquired immune deficiency syndrome
AMA – The American Medical Association
AoA – Administration on Aging
ATSDR – Agency for Toxic Substances and Disease Registry
CCU – critical care unit
CD-10-PCS - The International Classification of Diseases, 10th Revision, Procedure Coding
CDC – Centers for Disease Control and Prevention
CDHC - Consumer Driven Health Care Plans
CDS – Clinical Decision Support
CDT - Code on Dental Procedures and Nomenclature
CMS – Centers for Medicare and Medicaid Services
CPI – Consumer Price Index
CPT - Current Procedure Terminology
CT – Computerized Tomography
DNR – do-not-resuscitate order
DRG - Diagnosis Related Groups
EBM – Evidence Based Medicine
ED - Emergency Department
EDI - Electronic data interchange
EMT – emergency medical technician
EMTALA – Emergency Medical Treatment and Active Labor Act
EPO - Exclusive Provider Organization
ER – emergency room
FDA – Food and Drug Administration
FFS - Fee-for-service
GDP – gross domestic product
HCO – Health Care Organization
HCPCS - Health Care Common Procedure Coding System
HHS – Department of Health and Human Services
HIPAA – Health Insurance Portability and Accountability Act
HIT – Health Information Technology
HITECH Act - The Health Information Technology for Economic and Clinical Health Act
HIV - Human immunodeficiency virus

HMO - Health Maintenance Organization
HRSA – Health Resources and Services Administration
ICD-10-CM - The International Classification of Diseases, 10th Revision,
Clinical Modification,
ICD-9-CM - The International Classification of Diseases, Ninth Revision,
Clinical Modification
ICU – intensive care unit
IHS – Indian Health Service
IPA – independent practice association
JC – Joint Commission
JTTS – Joint Theater Trauma System
LPN – licensed practical nurse
LRN - Lab Response Network
MCO - Managed care organization
MHS – Military Health System
MRI – Magnetic Resonance Imaging
MRSA - methicillin-resistant Staphylococcus aureus
National Drug Codes (NDC
NATO – North Atlantic Treaty Organization
NIH – National Institutes of Health
NOS – Not Otherwise Specified
OIG – Office of Inspector General
OR – operating room
PA – physician assistant
PMPM - per member per month
POS - Point of Service Plan
PPO - Preferred Provider Organization
PTSD – post-traumatic stress disorder
RBRVS - Resource Based Relative Value Scale
RN – registered nurse
SAMHSA – Substance Abuse and Mental Health Services Administration
TBI – traumatic brain injury
VA – Department of Veterans Affairs



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