

# JSGS 887 Clinical Terminologies and Classification Systems

UNIVERSITY OF REGINA CAMPUS	
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<b>TERM:</b>	Winter 2021
<b>CLASSROOM(S):</b>	Online
<b>DATE AND TIME:</b>	Bi-weekly check-ins date and time TBD

## CALENDAR DESCRIPTION

Clinical Terminologies and Classification Systems introduces the principles of taxonomy and purposes of controlled terminologies and classification systems used in Canada and internationally. The course is designed to provide a survey of clinical vocabularies and controlled terminologies and classification systems standards commonly used in health care. It will address the importance of standards conformance, design of interoperable information and systems, and the processes, policies and procedures used in the collection, coding, mapping, and modelling of health data. Labs will require working with clinical, financial, and administrative data in an academic electronic health record system (EHR Go).

## COURSE CONTENT AND APPROACH

Training in clinical terminologies and classification systems (CTCS) is in high demand as employers are hard-pressed to recruit skilled professionals with expertise in this area. In digital health care environments, CTCS knowledge is critical to the future of health care delivery and is used to support the semantic and functional interoperability of health data and systems and support aggregate data exchange. The directed reading component of this course focuses on the basic concepts of data management of coded data and terminologies. Health informatics exchange and formatting standards for technical interoperability including HL7 FHIR and DICOM will be covered in depth in JSGS 888 Health Informatics and Health Information Technology.

The lab component enables students to gain hands-on experience using electronic health record systems for finance and information services management in health care. Clinical and administrative cases and training data sets will be used to develop student competencies in terminology standards.

In addition to EHR Go, publically available datasets and tools will be used in labs as needed. 3M health information systems Canada has also offered to provide a free lab training session on their widely adopted suite of health information tools.

The UR courses LMS will still be required for interactive lectures and learning activities, grading, and the overall management and administration of the course.

As a directed reading course, the material is primarily self-directed. Bi-weekly, individual ‘check-in’ sessions will be scheduled in which the student meets with the course instructor with prepared questions and discussion points about their readings, Based on this discussion, additional readings may be shared to address any identified gaps at the instructor’s discretion. The student is expected to do all required readings and manage their time accordingly. A suggested schedule of topics has been provided to guide directed study activities.

Upon completion of the course students will be able to:

- Design organizational processes to manage the adoption and maintenance of standards;
- Evaluate terminologies for applicability to business problems, scope, granularity, and domain coverage;
- Define, select and validate data elements for clinical databases and information systems, including disease registries and master patient indexes;
- Develop policies and processes for the maintenance of administrative, descriptive, and structural meta-data in the management of data assets;
- Maintain enterprise master patient indexes and apply appropriate record matching techniques for identity management and record linkage;
- Define heuristics and data management processes for mapping and modelling clinical vocabularies, terminologies, and classification systems in a reproducible and accurate manner;
- Describe how artificial intelligence (NLP) is used in the processing of contextually rich and clinically meaningful health data;
- Manage legacy system migration, architecture interfacing, and conversations between source and target data;
- Oversee the use of financial data standards (CIHI MIS standards) and coded data in revenue cycle management and funding formulae;
- Describe the information standards development process and the activities of industry standards development working groups (e.g., ISO, WHO, NIST, IHE);
- Run logical queries and linguistic rules for decision support and generate compliance analytics related to health record completion, delinquent reporting, and overall quality reporting for clinical documentation improvement;
- Analyze coding workflows and data in organizational business processes for improved productivity and service efficiency;
- Implement plans to continuously audit and evaluate the accuracy and validity of computer automated coding, automated mapping, and natural language processing applications;
- Improve communication and the real-time flow of information across health care settings;
- Map clinical data and develop realistic use cases and scenarios to demonstrate intended use, audiences, and systems of use;
- Develop organizational policies to govern the use of clinical concepts, expressions and terms, including the use of jargon and acronyms in clinical documentation.



## COURSE TEXTBOOKS

### Required Resource:

Neehr Perfect ® / EHR Go™ is an academic EHR that houses synthetic data providing EHR-interfaced and exportable data sets at patient, organizational and population levels and across the continuum of care. It will be the primary tool used for lab activities. EHR Go includes self-directed pathophysiology and anatomy training modules that will be used as non-credit supplementary resources for students requiring a ‘refresher’ in biomedical terminology and concepts.

EHR go is a cloud-based online platform that does not require any special downloads or plugins. All activities completed within the EHR can be exported in various formats and then uploaded on to the UR Courses LMS for grading and reporting. Students will require a subscription to access EHR Go, which can be purchased online.

*EHR Go Subscription:* <https://web21.ehrgo.com/register>

Please create your EHR Go account by going to: <https://ehrgo.com>. Select Subscribe in the upper, right corner and enter the following HIIM Student Program Key: **S63E76**

Follow the on-screen instructions to create your account and apply your subscription. Refer to the student guide for more information: <https://ehrgo.com/student-guide/>. There are several subscription terms available and the students are welcome to choose which works best for them; however, quarter coverage is recommended for this course (\$45 USD). The subscription does not start until the student activates on the EHR Go site.

### Directed Readings – Core Reading List

#### *Books:*

There are several free, full-text online textbooks that will be used in this directed reading course:

- Benson, T., & Grieve, G. (2016). Principles of health interoperability : Snomed CT, HL7 and FHIR (Third ed., Health information technology standards). Permalink: [https://casls-primo-prod.hosted.exlibrisgroup.com/permalink/f/2k7505/01CASLS\\_REGINA\\_ALMA51135310810003476](https://casls-primo-prod.hosted.exlibrisgroup.com/permalink/f/2k7505/01CASLS_REGINA_ALMA51135310810003476)
- Bhattacharyya, S. B. (2015). Introduction to SNOMED CT. Singapore: Springer Singapore Pte. Limited. Permalink: [https://casls-primo-prod.hosted.exlibrisgroup.com/permalink/f/1ed2416/TN\\_cdi\\_askewsholts\\_vlebooks\\_9789812878953](https://casls-primo-prod.hosted.exlibrisgroup.com/permalink/f/1ed2416/TN_cdi_askewsholts_vlebooks_9789812878953)
- Dalianis, H. (2018). Clinical Text Mining Secondary Use of Electronic Patient Records (1st ed. 2018.. ed.). Permalink: [https://casls-primo-prod.hosted.exlibrisgroup.com/permalink/f/2k7505/01CASLS\\_REGINA\\_ALMA51163658920003476](https://casls-primo-prod.hosted.exlibrisgroup.com/permalink/f/2k7505/01CASLS_REGINA_ALMA51163658920003476)
- Elkin, P. (2012). Terminology and Terminological Systems (1st ed. 2012.. ed., Health Informatics). Permalink: [https://casls-primo-prod.hosted.exlibrisgroup.com/permalink/f/2k7505/01CASLS\\_REGINA\\_ALMA51151946810003476](https://casls-primo-prod.hosted.exlibrisgroup.com/permalink/f/2k7505/01CASLS_REGINA_ALMA51151946810003476)

- Černý, K. (2013). Guide to Basic Medical Terminology. Prague: Karolinum Press. Permalink: [https://casls-primo-prod.hosted.exlibrisgroup.com/permalink/f/1ed2416/TN\\_cdi\\_proquest\\_ebookcentral\\_EBC4395899](https://casls-primo-prod.hosted.exlibrisgroup.com/permalink/f/1ed2416/TN_cdi_proquest_ebookcentral_EBC4395899)
- Saba, V. K. (2006). Clinical care classification (CCC) system manual. New York: Springer Publishing Company. Permalink: [https://casls-primo-prod.hosted.exlibrisgroup.com/permalink/f/1ed2416/TN\\_cdi\\_askewsholts\\_vlebooks\\_9780826103543](https://casls-primo-prod.hosted.exlibrisgroup.com/permalink/f/1ed2416/TN_cdi_askewsholts_vlebooks_9780826103543)

**Articles (Preliminary):**

- Abrams, K. J., & Knight, B. (Eds.). (2016). Canadian terminology standards certification curricular competencies. London, ON: Canadian Health Information Management Association.
- Alakrawi ZM. Clinical Terminology and Clinical Classification Systems: (2016). A Critique Using AHIMA's Data Quality Management Model Perspectives Heal Inf Manag [Internet]. Available from: <http://perspectives.ahima.org/clinical-terminology-and-clinical-classification-systems-a-critique/>
- Amin M, Dhir R. Data Representation, Coding, and Communication Standards. (2015). Surg Pathol Clin;8(2):109-21. doi: 10.1016/j.path.2015.02.001. PMID: 26065786.
- Alwaysheh A, Wilcke J, Elvinger F, Rees L, Fan W, Zimmerman K. (2018). A review of medical terminology standards and structured reporting. Journal of Veterinary Diagnostic Investigation;30(1):17-25.
- Bargmeyer, B., Gillman, D. (2000). Meta standards and metadata registries: An overview.
- Blobel, B., (2013). Knowledge representation and management enabling intelligent interoperability: Principles and standards IN Data and Knowledge for Medical Decision Support, IOS Press European Federation for Medical Informatics and IOS Press
- Bloomrosen M, Berner ES. (2019). Section editors for the IMIA Yearbook section on health information management. Findings from the 2019 International Medical Informatics Association Yearbook section on health information management. Yearb Med Inform. 28(1):65-68.
- Bowman, Sue E. "Coordination of SNOMED-CT and ICD-10: Getting the most out of electronic health record systems." Perspectives in Health Information Management Spring 2005 (May 25, 2005). Building a metadata schema: Where to start. ISCO/TC 46/ SC11N800R1
- Cimino J. J. (2011). High-quality, standard, controlled healthcare terminologies come of age. Methods of information in medicine, 50(2), 101–104.
- Cuggia, M, Avillach, P, Daniel, C. (2014). Representation of patient data in health information systems and electronic health records In Medical Informatics, e-Health, Health Informatics. Springer-Verlag, France.
- Daniel, C., Sinaci, A., Ouagne, D., Sadou, E., Declerck, G., Kalra, D., Charlet, J., Forsberg, K., Bain, L., Mead, C., Hussain, S., & Laleci Erturkmen, G. B. (2014). Standard-based EHR-enabled applications for clinical research and patient safety: CDISC - IHE QRPH - EHR4CR & SALUS collaboration. AMIA Joint Summits on Translational Science proceedings. AMIA Joint Summits on Translational Science, 2014, 19–25.
- Duclos, C, Burgun, A, Lamy, JB, Landais, P, Rodrigues, JM, Soualmia, L, Zweigenbaum, P. (2014). Medical vocabulary, terminological resources and information coding in the health domain In Medical Informatics, e-Health, Health Informatics. Springer-Verlag, France.
- Dugas M, Jöckel KH, Friede T, Gefeller O, Kieser M, Marschollek M, Ammenwerth E, Röhrig R, Knaup-Gregori P, Prokosch HU. (2015). Memorandum "Open Metadata". Open Access to Documentation Forms and Item Catalogs in Healthcare. Methods Inf Med;54(4):376-8.
- Eivazzadeh, S., Anderberg, P., Larsson, T. C., Fricker, S. A., & Berglund, J. (2016). Evaluating health information systems using ontologies. JMIR medical informatics, 4(2), e20.
- Embi PJ, Weir C, Efthimiadis EN, Thielke SM, Hedeem AN, Hammond KW. (2013). Computerized provider documentation: findings and implications of a multisite study of clinicians and administrators. J Am Med Inform Asso;20(4):718-26.

- Gambarte ML, Osornio AL, Martinez M, Reynoso G, Luna D, de Quirós FGB. A practical approach to advanced terminology services in health information systems *Stud Health Technol Inform* [Internet] 2007;129(Pt 1):621–5.
- Gansel X, Mary M, van Belkum A. (2019). Semantic data interoperability, digital medicine, and e-health in infectious disease management: a review. *Eur J Clin Microbiol Infect Dis*;38(6):1023-1034.
- González Bernaldo de Quirós, F., Otero, C., & Luna, D. (2018). Terminology Services: Standard Terminologies to Control Health Vocabulary. *Yearbook of medical informatics*, 27(1), 227–233.
- Ha˘yrinen K, Saranto K, Nyka˘nen P (2008) Definition, structure, content, use and impacts of electronic health records: a review of the research literature. *Int J Med Inform* 77:291–304
- Halper M, Gu H, Perl Y, Ochs C. (2015). Abstraction networks for terminologies: Supporting management of "big knowledge". *Artif Intell Med*;64(1):1-16.
- He, Z., Geller, J., & Chen, Y. (2015). A comparative analysis of the density of the SNOMED CT conceptual content for semantic harmonization. *Artificial intelligence in medicine*, 64(1), 29–40.
- Imel M, Campbell J. (2003). Mapping from a Clinical Terminology to a Classification. *AHIMA's 75th Anniv Natl Conv* [Internet]
- Imler, TD, Vreeman DJ, Kannry, J. (2016). *Healthcare Data Standards and Exchange In Clinical Informatics Study guide: Text and review*, Springer International Publishing, Switzerland.
- Kalra D, Blobel BGME (2007) Semantic interoperability of EHR systems. *Stud Health Technol Inform* 127:231–245
- Kalra D. (2006). Electronic health record standards. *Yearb Med Inform*:136-44.
- Kim J, Macieira TGR, Meyer SL, Ansell Maggie M, Bjarnadottir Raga RI, Smith MB, Citty SW, Schentrup DM, Nealis RM, Keenan GM. (2020). Towards implementing SNOMED CT in nursing practice: A scoping review. *Int J Med Inform*;134:
- Kucharz EJ. (2015). Medical terminology: Its size and typology. *Wiadomosci Lekarskie (Warsaw, Poland : 1960)*;68(3 pt 2):413-416.
- Lee D, de Keizer N, Lau F, Cornet R. (2014). Literature review of SNOMED CT use *J Am Med Informatics Assoc* [Internet];21(e1):e11–9.
- Marc, D. T., Beattie, J., Herasevich, V., Gatewood, L., & Zhang, R. (2017). Assessing Metadata Quality of a Federally Sponsored Health Data Repository. *AMIA ... Annual Symposium proceedings. AMIA Symposium, 2016*, 864–873.
- Mi˘narro-Giménez JA, Martı́nez-Costa C, Karlsson D, Schulz S, Gøeg KR. (2018). Qualitative analysis of manual annotations of clinical text with SNOMED CT. *PLoS One*;13(12):e0209547.
- Monsen K, Honey M, Wilson S. (2010). Meaningful use of a standardized terminology to support the electronic health record in New Zealand. *Appl Clin Inf*;1: 368–376
- Moreno-Conde A, Moner D, Cruz WD, Santos MR, Maldonado JA, Robles M, Kalra D. (2015). Clinical information modeling processes for semantic interoperability of electronic health records: systematic review and inductive analysis. *J Am Med Inform Assoc*;22(4):925-34.
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- Nickel, B., Barratt, A., Copp, T., Moynihan, R., & McCaffery, K. (2017). Words do matter: a systematic review on how different terminology for the same condition influences management preferences. *BMJ open*, 7(7), e014129. <https://doi.org/10.1136/bmjopen-2016-014129>
- Rector AL. (1999). Clinical terminology: why is it so hard? *Methods Inf Med*;38(4-5):239-52.
- Reid B, Coote A, O'Connor P., Berry J, Hentry D, Aisbett C. (2011). Coded data quality for Casemix payment Insights from two external audits. *BMC Health Services Research* 11 (Supple 1): A8
- Reid, B. (2013). *Casemix systems and their applications In Health Information Governance in a Digital Environment*. IOS Press.
- Rosenbloom ST, Miller RA, Johnson KJ, Elkin P, Brown SH. (2006). Interface Terminologies: Facilitating Direct Entry of Clinical Data into Electronic Health Record Systems *J Am Med Inf Assoc* [Internet] 1303277–88

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- Schulz S, Rodrigues JM, Rector A, Chute CG. (2017). Interface Terminologies, Reference Terminologies and Aggregation Terminologies: A strategy for better integration. *Stud Health Technol Inform*;245:940-944.
- Staccini, P, Daniel, C, Dart, T, Bouhaddou, O. (2014). *Shaing data and medical records In Medical Informatics, e-Health, Health Informatics*. Springer-Verlag, France.
- Stanfill MH, Williams M, Fenton SH, Jenders RA, Hersh WR. (2010). A systematic literature review of automated clinical coding and classification systems. *J Am Med Inform Assoc*;17(6):646-51
- Weberm JH, Price, M, Davies, I. (2015). Data quality by contract: Towards an architectural view for data quality in health information systems In *Knowledge Representation for Health Care*, pg. 143 – 157. In Spring International Publishing, Switzerland.
- Whittenburg, L, Jacobs, AK. (2015). Use of standards terminologies in healthcare IT In *Mastering Informatics:A Healthcare Handbook for Success*. ProQuest Ebook Central

### Websites (Preliminary):

- EU Interoperability Framework (EIF): [https://ec.europa.eu/isa2/home\\_en](https://ec.europa.eu/isa2/home_en)
- Dublin Core™ Metadata Initiative : <https://dublincore.org/>
- Canada Health Infoway: Standards Resources for COVID-19: <https://infocentral.infoway-inforoute.ca/en/standards/standards-covid19>
- Canada Health Infoway: Canadian Standards: <https://infocentral.infoway-inforoute.ca/en/standards/canadian>
- International Classification of Diseases 11th Revision: <https://icd.who.int/en/>
- International Standards Organization: <https://www.iso.org/committee/54960.html>
- Integrating the Healthcare Enterprise: <https://www.ihe.net/>
- Open Biomedical Ontologies Foundation: <http://www.obofoundry.org/>
- Staistica Data and Meta-data eXchnage: <https://sdmx.org/>
- HL7 International: <https://www.hl7.org/>
- SNOMED International: <https://www.snomed.org/>
- ICD-10-CA and CCI: <https://www.cihi.ca/en/version-2018-icd-10-ca-and-cci-classifications>



## COURSE OUTLINE AND ASSIGNMENTS

All assessed elements are to be submitted by stated deadlines. Each student is evaluated on the following assessed elements worth a total of 100%:

Assignment	Due	Percent
<b>1. 10 x Simulated Practical Assignments</b>	<b>Bi-weekly</b>	<b>20%</b>
a) EHR Go activities throughout course		(2% each)
<b>2. Rapid Review Formative Assignment</b>	<b>Feb 15<sup>th</sup></b>	<b>10%</b>
a) Rapid review proposal		(10%)
b) Student prepared annotated bibliography of 5 key resources		(5%)
<b>3. Concept Analysis Mapping</b>	<b>Apr 2<sup>nd</sup></b>	<b>20%</b>
a) Concept Map	Apr 2 <sup>nd</sup>	
b) Oral Presentation	TBD	
<b>4. 2,000-word Written Final Assignment</b>	<b>Apr 16<sup>th</sup></b>	<b>45%</b>
a) Rapid review of evidence within CTCS		

*Suggested Reading Schedule*

WEEK # (Date)	KET TOPICS & THEMES	EHR Go Activities
1 - 2 (Jan 11 <sup>th</sup> – 24 <sup>th</sup> )	<ul style="list-style-type: none"> <li>– Overview of Clinical Terminologies and Classification Standards in Canada (See <a href="#">list</a>);</li> <li>– Standards Development Organizations (e.g., International - ISO, HL7, WHO and Canadian Standards Organizations – see <a href="#">list</a>);</li> <li>– Purposes and Uses of Clinical Terminologies and Classification Systems;</li> </ul>	Pathophysiology and Pharmacology Review (60 minutes) - <b>Optional</b> : <a href="https://web21.ehrgo.com/rd/?courseActivityId=12571">https://web21.ehrgo.com/rd/?courseActivityId=12571</a> SNOMED CT (60 minutes): <a href="https://web21.ehrgo.com/rd/?courseActivityId=12735">https://web21.ehrgo.com/rd/?courseActivityId=12735</a>
3 - 4 (Jan 25 <sup>th</sup> – Feb 7 <sup>th</sup> )	<ul style="list-style-type: none"> <li>– Coded Data Quality;</li> <li>– Terminology Services;</li> <li>– Coding Audits;</li> <li>– Clinical Documentation Improvement; Computerized Automated Coding Quality;</li> <li>– Abbreviation Use Policy;</li> <li>– Data Management;</li> <li>– Health Databases, Warehouses and Registries including Master Patient Indexes</li> </ul>	Introduction to Chart Deficiencies (75 minutes): <a href="https://web21.neehrperfect.com/rd/?courseActivityId=11668">https://web21.neehrperfect.com/rd/?courseActivityId=11668</a> Communication in the EHR (90 minutes): <a href="https://web21.neehrperfect.com/rd/?courseActivityId=12482">https://web21.neehrperfect.com/rd/?courseActivityId=12482</a>
5 - 7 (Feb 8 <sup>th</sup> – 28 <sup>th</sup> )  <b>Reading Week: Feb 15 – 20</b>	<ul style="list-style-type: none"> <li>– Meta-data Standards;</li> <li>– Meta-data Management;</li> <li>– Documentation Management;</li> </ul>	Structured and Unstructured Data (60 minutes): <a href="https://web21.ehrgo.com/rd/?courseActivityId=12637">https://web21.ehrgo.com/rd/?courseActivityId=12637</a> EHR Documentation Standards (30 minutes) : <a href="https://web21.neehrperfect.com/rd/?courseActivityId=171">https://web21.neehrperfect.com/rd/?courseActivityId=171</a> Evidence Based Practice Clinical Audit T2DM (60 minutes): <a href="https://web21.neehrperfect.com/rd/?courseActivityId=5868">https://web21.neehrperfect.com/rd/?courseActivityId=5868</a>
8 - 9	<ul style="list-style-type: none"> <li>– Semantic Interoperability for Coordination;</li> <li>– Mappings and Crosswalks;</li> <li>– Versioning;</li> </ul>	Classification and Terminology Systems (45 minutes): <a href="https://web21.neehrperfect.com/rd/?courseActivityId=11577">https://web21.neehrperfect.com/rd/?courseActivityId=11577</a>
10 - 11	<ul style="list-style-type: none"> <li>– Syntactic Interoperability for Information Sharing (Health Information Systems);</li> <li>– Clinical Document Architecture (HL7); Artificial Intelligence and Natural Language Processing</li> </ul>	Health Information Exchange (60 minutes): <a href="https://web21.ehrgo.com/rd/?courseActivityId=12533">https://web21.ehrgo.com/rd/?courseActivityId=12533</a> Cause and Effect: Clinical Decision Support Evaluation (60 minutes): <a href="https://web21.neehrperfect.com/rd/?courseActivityId=12489">https://web21.neehrperfect.com/rd/?courseActivityId=12489</a>
12 - 13	<ul style="list-style-type: none"> <li>– Casemix Methodologies</li> <li>– Management Information Standards (financial)</li> <li>– Aggregate Data Standards</li> </ul>	UHDDS and the EHR (45 minutes): <a href="https://web21.ehrgo.com/rd/?courseActivityId=12743">https://web21.ehrgo.com/rd/?courseActivityId=12743</a>
<i>Optional: Students will have access to the full suite of biomedical terminology and inpatient and outpatient individual patient coding activities (not graded and may completed at own discretion).</i>		

## **DESCRIPTION OF ASSIGNMENTS**

### EHR Go Activities – 20% (2% per assignment)

Activities are structured assignments for the EHR. Four types of activities are available and include: orientation (foundational concepts and informatics), knowledge (case study), skills (documentation practice), and application (clinical simulation) activities. Most assigned activities are application-based, including an assignment, instructions, and learning objectives. Students will submit their work by uploading the completed activity document to the UR Courses LMS and will be graded on completion (1% per assignment) and accuracy (70% or higher pass rate) (1% per assignment).

### Concept Analysis Mapping – 20%

**Due:** No later than **Friday, April 2<sup>nd</sup> at 11:59 p.m. Saskatchewan (SK) time.**

**Submission/Format:** Submit your completed assignment via Turnitin, the UR Courses assignment submission tool, through the "Assignment Submission Portal" in the **Assignment** section. For Turnitin assistance, see the tip sheet and manual in that section.

**Evaluation:** The concept map is worth 20% of your final grade in this course.

**Details:** The concept map will be one page with no restrictions on page layout and size. Each concept map should include at the very least nodes representing concepts and lines or connectors between nodes representing relationships (e.g., cause-and-effect relationships, conceptual hierarchies/typologies, etc). Students will present their concept map with supporting examples and evidence.

Concept mapping is an active learning approach that allows students to construct meaning from course materials. You will develop a structured concept map graphic linking, differentiating and relating concepts and ideas covered in the course readings and your prior knowledge and interpretations. This assignment also provides an opportunity to practice of knowledge structure representation.

Students are encouraged to iteratively develop their concept map throughout the course. To design the map students may use free online visualization tools such as Kumo, Cmap Tools, Vue or MindMeister, or paid tools such as MS Visio. You will also present your concept map to the class.

View a guide on how to use 'Three Concept Map Tools' by University of Waterloo's Dr. Mark Morton available at: <https://youtu.be/PODBS-YbRc0>



**Concept Analysis Map Presentation Rubric (Exemplary = 4 marks, proficient =3 marks, and so on)**

	<b>Exemplary – 4</b>	<b>Proficient - 3</b>	<b>Progressing - 2</b>	<b>Partial - 1</b>
<b>Identification of concepts</b>	Map identifies the important concepts and provides evidence of understanding of knowledge domain on multiple levels	Map includes most important concepts and provides evidence of understanding knowledge domain on some levels	Map includes some of the Important concepts provides evidence of understanding knowledge domain on limited or one domain	Map includes few concepts with most important concepts missing and limited or non-existent evidence of understanding knowledge domain
<b>Interconnectivity among concepts</b>	Evidence of understanding relationships and how all concepts are interlinked with many other concepts	Evidence of understanding of most relationships and how most concepts are interlinked with other concepts	Evidence of understanding of some relationships and how some concepts are linked to other concepts	Evidence of understanding of few relationships and how limited number of concepts are linked to other concepts
<b>Descriptive connectivity and efficiency of links</b>	Succinct and accurate description of all relationships through links  Each link is distinct from all others, concisely describes relationship and is used consistently throughout the map	Proficient and mostly accurate description of most relationships through most links  Most links are distinct from others, considerably describe most relationships, and is used mostly consistently throughout the map.	Often clear and sometimes accurate description of some relationships through some of the links  Some links are distinct from others, moderately describe some relationships, and are used with some or limited consistency throughout the map	Vague and partially accurate description of most relationships through most links  Most links are not distinct but rather synonymous to each other, describe vaguely any relationships, and are used with no consistency throughout the map.
<b>Evidence of hierarchical organization and use of examples</b>	All concepts are organized hierarchically with clarity and with extensive number of relevant examples and links	Most concepts are organized in hierarchical order with considerable clarity and with substantial number of examples and links provided	Some concepts are organized in hierarchical order with fair with moderate number of examples and links	Limited concepts are organized hierarchical or none at all, and there is a limited number of examples and links provided
<b>Critical thinking and communication</b>	Map provides evidence of complex and sophisticated critical thinking; most appropriate selection of type of concept map that allows for exceptional level of understanding	Map provides some evidence of mostly complex and substantial critical thinking; appropriate selection of concept map that allows for proficient level of understanding	Map provides evidence of moderate critical thinking; the concept map selected allows for moderate level of understanding	Map provides evidence of limited critical thinking; the type of concept map allows for basic level of understanding

Adapted from [Jennings, D. \(2012\)](#) and Carlton University

Rapid Review Proposal (15%) and Report (45%) – 60%

- Due:** No later than **Friday, April 16 at 11:59 p.m. Saskatchewan (SK) time.**
- Submission/Format:** Submit your completed assignment (in Word or pdf format) via Turnitin, the UR Courses assignment submission tool, through the "Assignment Submission Portal" in the **Assignment** section. For Turnitin assistance, see the tip sheet and manual in that section.
- Evaluation:** The formative proposal is worth 15% and the final assignment paper is worth 45% of your final grade in this course.
- Details:** The written paper should be roughly 2,000 words (250 words/page, 8 pages 12 pt. font, double spaced), not including references. Please reference the Chicago Manual of Style's author-date system or the American Psychological Association (APA) style (see the JSGS Referencing Quick Guide posted to the URCourses site or access the online version available through the University of Regina library catalogue).

This assignment provides the opportunity to present a rapid review and in-depth analysis of a substantive issue relevant to clinical terminologies and classification systems in Canada. Your paper should include a review of relevant academic and grey literature and a discussion analysis of health service policy and/or management implications.

A rapid review is a type of knowledge synthesis in which components of the systematic review process are simplified or omitted to produce information in a short period of time. As the assignment is mostly student-directed, you will need to submit formative work to gain approval to pursue the rapid review topic. Your proposal should include a(n):

- search question, topic or issue that you intend review (half page summary)
- search strategy (e.g., keyword search terms and initial yield; grey or academic sources)
- annotated bibliography

The annotated bibliography should describe the general content of 5 resources that you intend to include in your final rapid review paper. Describe each article and provide a brief explanation on how you expect it to contribute to your final paper meaningfully. **The rapid review proposal is due by February 15<sup>th</sup>, 2021.**

The rapid review should include an introduction, background, methods, key findings and a discussion of implications of review findings for policy in Canadian health care settings. For the purposes of the assignment, policies are not limited to “Big P” policies in the form of laws, regulations but may include practice/management policies (i.e., “small p” policies such as organizational policies and management decisions for local stakeholders). Students may refer to best practices for conducting and reporting on rapid reviews within *Rapid Reviews to Strengthen Health Policy and Systems: A Practical Guide* available at <https://www.who.int/alliance-hpsr/resources/publications/rapid-review-guide/en/>, or review online webinar resources on how health policy researchers routinely conduct rapid reviews on the Cochrane Collaboration website at <https://training.cochrane.org/resource/rapid-reviews-strengthen-health-policy-and-systems>. **The rapid review report is due April 16<sup>th</sup>, 2021.**

## EVALUATION

Unless otherwise specified, students will be evaluated in accordance with the JSGS Grade Descriptors of the Graduate Student Handbook ([https://www.schoolofpublicpolicy.sk.ca/documents/student-resources/2018-19\\_JSGS%20handbook\\_UofR-FINAL.pdf](https://www.schoolofpublicpolicy.sk.ca/documents/student-resources/2018-19_JSGS%20handbook_UofR-FINAL.pdf)).

## **LATE ASSIGNMENTS**

Assignments are accepted through URCourses, up to the end of the course (April 16<sup>th</sup>, 2021). Any assignments that are submitted beyond the end of the course are awarded a grade of 0. It is envisaged that you can organize yourself to complete the assignments at your own pace throughout the period the course is running and are able to meet deadlines for individual assignments.

## **STUDENTS WITH SPECIAL NEEDS OR REQUIRING ACCOMMODATIONS**

The University of Regina wishes to support all students in achieving academic success while enjoying a full and rewarding university experience.

The Centre for Student Accessibility upholds the University's commitment to a diverse and inclusive learning environment by providing services and support to enable students with disabilities, health conditions, illnesses, and injuries, to approach their studies in an equal and effective manner. The Centre for Student Accessibility aims to encourage independence, self-advocacy, and equality for all students while maintaining privacy and confidentiality.

Students who need these services are encouraged to register with the Centre for Student Accessibility to discuss the possibility of academic accommodations and other supports as early as possible. The deadline to register and/or request accommodation letters for instructors coincides with the W drop deadline for courses each semester. To register with the Centre for Student Accessibility, please book an appointment with an Accessibility Advisor by calling 306-585-4631. For further information on what is required to register and receive academic accommodation, please explore the Centre for Student Accessibility website.

## **STUDENTS EXPERIENCING STRESS**

Students in this course who are experiencing stress can seek assistance from the University of Regina Counselling Services. For more information, please see the attached document, visit this website: <http://www.uregina.ca/student/counselling/contact.html>, or call (306) 585-4491 between 8:30 AM to 4:30 PM Saskatchewan time Monday to Friday.

## **ACADEMIC INTEGRITY AND CONDUCT**

Ensuring that you understand and follow the principles of academic integrity and conduct as laid out by the University of Regina (available at <https://www.uregina.ca/gradstudies/current-students/grad-calendar/policy-univ.html#conduct>) is vital to your success in graduate school. Ensuring that your work is your own and reflects both your own ideas and those of others incorporated in your work is important: ensuring that you acknowledge the ideas, words, and phrases of others that you use is a vital part of the scholarly endeavour. If you have any questions at all about academic integrity in general or about specific issues, contact your course instructor to discuss your questions.

## **USE OF VIDEO AND RECORDING OF THE COURSE**

Video conference sessions in this course, including your participation, will be recorded and made available only to students in the course for viewing via Canvas (U of S)/Moodle (U of R) after each session. This is done, in part, to ensure that students unable to join the session (due to, for example, issues with their internet connection) can view the session at a later time. This will also provide you the opportunity to review any material discussed at your convenience. Consent to recording is presumed by attendance at live webinars. If any students have concerns with this approach, please notify the instructor in advance of the session.

Please remember that course recordings belong to your instructor, the University, and/or others (like a guest lecturer) depending on the circumstance of each session and are protected by copyright. Students may record sessions for their own use (i.e., they are not permitted to distribute the recordings).