

## **Education Committee -- Meeting Report**

**Marjorie S. Greenberg, Chair**

### **Summary**

During the 2007 WHO-FIC Network Annual Meeting in Trieste, the Education Committee conducted an Orientation session for new participants on Monday, October 29 and two working sessions, on Monday, October 29 and Wednesday, October 31. This Meeting Report provides a combined summary of both working sessions. About 30 people attended the first working session, and a different combination of about 35 people attended the second session. These participants represented all six WHO Regions and at least 14 Collaborating Centers designated and under designation. The Committee also benefited from the participation of several representatives from the WHO Headquarters and Regional Offices during the respective meetings.

The first working session addressed the Committee's Terms of Reference and its aims to identify best practices and provide a network for sharing expertise and experience on ICD and ICF education and training. The second session reported on progress in developing and evaluating the International Training and Certification Program for ICD-10 mortality and morbidity coders and trainers and developing basic training materials for ICF.

The Committee maintains a list of abbreviations and acronyms and has developed a brochure on the WHO-FIC Network for use by Network members and WHO. The Committee also is working with WHO on development of an electronic training tool for ICD-10 and ICF and with the Network on development of a tool kit for new Collaborating Centers and Centre Heads. Initial versions of both should be available in 2008.

### **Committee Activities Before the 2007 Annual Meeting**

Since the 2006 Annual Meeting in Tunis, the EC had conducted six international teleconferences. In conjunction with the Joint Collaboration (JC) with the International Federation of Health Records Organizations (IFHRO), the Committee also engaged in a three-day joint meeting in the Georgetown area of Washington, D.C., USA on May 9-11, 2007. The collaborative relationship with IFHRO had begun in 2000 to pursue activities of mutual interest.

Additionally, throughout the year the JC completed a series of activities leading up to the 15th World Congress of IFHRO, held May 27-30, 2007 in Seoul, South Korea. At that Congress, members of the JC awarded the first certificates to 12 underlying cause-of-death mortality coders and trainers, who had successfully participated in pilots of the JC exam in Korea and Canada. Honorary trainer certificates also have been awarded to several EC and JC trainers who helped develop the exam.

Actions pursued during the mid-year meeting and six teleconferences comprised many of the agenda items for the working sessions in Trieste, summarized in this Report.

## **Aims and Terms of Reference**

The members of the Education Committee (EC) formally reviewed the Committee's Aims and its Terms of Reference. The Terms had been slightly amended to include development and harmonization of self-learning tools as a general function for all classifications addressed by the Committee. The Committee's Aims include:

- Advising and assisting WHO and the WHO-FIC Network in improving the level and quality of use of the Family of Classifications in Member States;
- Developing an education, training, and certification strategy for the WHO-FIC Network;
- Ensuring that coded and classified health data are consistent, of high quality, and comparable within and among WHO member states; and
- Identifying best practices and providing a network for sharing expertise and experience on education and training.

The members confirmed the Terms of Reference as written. The members concurred that the Education Committee would strive to achieve these Aims by prioritizing such activities for the Reference Classifications, ICD and ICF. The full complement of the Terms had been presented as Appendix 1 in Document C002

## **Papers and Posters**

The Education Committee and the Joint Collaboration presented two annual reports for Network consideration, bearing the following titles:

- 1) WHO-FIC Education Committee: A Status Report 2006-2007 (Document C002)
- 2) Annual Report of the Joint Collaboration Between IFHRO and the Education Committee of the WHO-FIC Network, 2006-2007 (Document C003).

Other papers presented during the meeting were as follows:

- 3) Pilot Testing the Exam Process for International Training and Certification for ICD-10 Underlying Cause of Death Coders and Trainers by Kathy Giannangelo, Joon H. Hong, and Patricia Wood (Document D012)
- 4) Education of ICD in Korea by Joon H. Hong (Document D014)
- 5) Recent ICD-10 Training Experiences by Sue Walker (Document D010)
- 6) Training Course for HIM Trainer in Japan by Yukiko Yokobori, Toshio Oi, Kenji Shuto and Shuzo Yamamoto (Document D032)
- 7) Certifier Training with the French electronic death certification system by Gerard Pavillon (Document D008)
- 8) Model Curricula for Teaching Clinicians to Use the ICF by Geoffrey Reed et al (Document D069)
- 9) Health Professions Manual for ICF: Electronic Review and Comment Process by Lynn Bufka and Geoffrey Reed (Document D015)
- 10) ICF Education at the World Confederation for Physical Therapy Congress 2007 by Catherine Sykes (Document D041)

Additionally, members of the Education Committee and JC submitted the following 4 Posters for presentation during the Poster Sessions in Trieste:

- 1) The ICD-10 International Training and Certification Program by Kathy Giannangelo (Poster D013p)
- 2) ICF Education: A One Day Course for Physiotherapists by Catherine Sykes (Poster D041p)
- 3) ICF Education: Development of a Core Curriculum by Catherine Sykes (Poster D049p)
- 4) The ICD-10 International Training and Certification Program Examination Process by Kathy Giannangelo (Poster D059p)

## Generic Tasks

- The EC serves as the steward of the “WHO-FIC Abbreviations and Acronyms List”, an ongoing document to which additions are made regularly, and on which a brief report was provided during the working session. New additions to the list are solicited and always welcome. This List now incorporates 164 terms; it was presented as Appendix 3 in Document C002.
- The WHO-FIC Network website has a place for frequently asked questions (FAQ’s), but currently only a few questions are posted. The Education Committee has developed some additional questions and answers, but they have not been posted or recently updated. The Committee believes that populating this section of the website is a good educational opportunity for the Network and has suggested that other committees and reference groups develop FAQ’s on their work efforts, with appropriate links to the respective committee or reference group. A volunteer was sought for coordinating this activity.
- The Committee had developed a WHO-FIC Network Brochure describing the Network, its functions and membership, for broad distribution in paper form or posting on the WHO-FIC website. The Brochure had been presented as Appendix 4 in Document C002. The Committee previously has recommended that the brochure be included with purchases of ICD and ICF books. The JC also has developed a brochure.

## Panel on Best Practices

This panel held during the first working session presented ICD and ICF training experiences conducted in the past year in several WHO regions and suggested advantages and disadvantages of different approaches and other lessons learned. Emphasis also was given to the importance of improving the clinical documentation that is the basis for coding, including training of health information management professionals, clinicians and certifiers of cause of death. The need to develop an empirical basis for the selection of training methods was discussed, with presentation of an assessment tool developed in conjunction with ICF training for clinicians.

### *Recent ICD Training Experiences*

Sue Walker reported on 2007 training experiences in Brisbane, Australia; the Western Pacific Region and India. She described the advantages of these face-to-face workshops, including the fostering of a supportive environment for the students with immediate feedback. Ms. Walker also discussed the advantages and disadvantages of holding “off shore” courses. While the educators have many more administrative responsibilities at their “home office”, there is considerable preparatory work to learn about the participants, their source documents and epidemiological patterns and to prepare suitable exercises and examples in the off shore

environment. A number of recommendations emerged from the SEARO Workshop in India; these included more engagement with the private sector, addressing coding workforce issues, improving clinical documentation and encouraging local and national use of the coded data.

#### *Training Course for HIM Trainer in Japan*

Yukiko Yokobori described the life-long education programs developed by the Japan Society of Medical Record Administration for health information managers in Japan. An accreditation program for health information administrators was initiated in 2005 to promote standardization and train leaders and trainers. A very high standard has been set to apply for accreditation. Challenges identified for the future are to have more certified health information administrators, more wide-ranging education and better coordination with the government and medical societies.

#### *Education of ICD in Korea*

Joon H. Hong of the Korean Medical Record Association (KMRA) provided background on ICD education in Korea, which began in 1965 at Yonsei Institute for Medical Technology. There are now more than 50 two or three-year colleges and 15 four-year universities providing ICD education. In Korea there is no regular or formal education program only for coders; coding is the responsibility of medical records professionals, for whom a national certificate exam is provided on an annual basis. A survey of trainees yielded some of the following suggestions for best practices: more lectures on basic science, mandatory pre-requisites, enhanced quality of lecturers, improvement of teaching methods and materials and implementation of continuing coding education. Ms. Hong concluded that the curriculum required by the government should be updated to produce highly competent coders, the quality of trainers should be improved, greater recognition should be given to the importance of coded data, mortality coding should be added to the curriculum and KMRA should review the necessity of continuing education of coders and a coding certificate exam.

#### *Certifier Training with the French electronic death certification system*

Gerard Pavillon reported on the implementation of an electronic system to register and certify deaths in France in order to improve cause-of-death data quality, reduce delays of data availability and increase confidentiality. The training aspects are to help the physician while he is completing the death certificate with context sensitive help, edits and warnings in real time. However, the physician always can override the advice. Information also is provided to teachers and students in medical schools through a website that is always available. This includes an online booklet on death certification and information on epidemiological results from death certification and legal issues. The experimentation phase for the French system was completed in August 2007.

#### *Model curricula for teaching clinicians to use the ICF*

In their presentation, Geoff Reed and Lynn Bufka noted the lack of systematic descriptions in the literature on how to teach clinicians to code with ICF competently. The training programs on which they reported initially were developed in conjunction with the Procedural Manual for Health Professionals developed under the auspices of the American Psychological Association. It was designed to be relevant for multiple professions. Length of training ranged from two hours to three and a half days and included both self-directed learning and instructor-led face-to-face learning. Training of Occupational Therapy students was led by Suzy Stark of Washington University with students randomly assigned to two groups for either self-learning or instructor-led

learning. Drs. Reed and Bufka conducted 3 ½ day training sessions in all nine South African provinces for 165 health professionals. A learning assessment was administered to all of the students in the U.S. and South Africa. Knowledge increased significantly in all of the groups, but perceived mastery was significantly higher in the face-to-face learning group. Coding skill increased significantly only in the face-to-face group.

The authors concluded that health professionals can be trained to code and understand the value of ICF to their work. They also believe it is important to develop an empirical basis for the selection of training methods for particular audiences and for specific purposes. The assessment method used seems to have considerable generalizability. If a goal of training is to influence attitudes, results suggest that face-to-face training is more effective. When students experience difficulty with self-guided materials, they may develop more negative attitudes. Intensive face-to-face training also is more effective to teach actual coding. However, self-directed training may be equally effective for teaching basic factual knowledge. Interactive distance learning methods may help overcome disadvantages of self-directed learning.

#### *ICF Education at the World Confederation for Physical Therapy Congress*

Catherine Sykes described a one-day pre-congress workshop on ICF which she delivered at the World Confederation for Physical Therapy Congress in June 2007. There were 25 participants, the majority of whom were using ICF or were working on developing new applications. There were two presenters and four invited speakers, and the style was interactive with questions welcome at any time. Course materials included copies of the short version of the ICF (donated by WHO), the WHO-DAS II and ICF checklist, short and long case histories, a coding example and template. The ICF browser and electronic Functioning and Related Health Outcomes Module (developed by the Australian Collaborating Centre) were demonstrated.

Ms. Sykes strongly recommends being flexible to meet the needs of the participants. This includes tailoring the presentations to their knowledge and experience and using lots of examples drawing on the participants' own experiences. The high presenter to participant ratio facilitated fruitful discussions. She notes that adult learners benefit from social relationships and the opportunity to make new friends with whom they can solve problems, by-products of an interactive teaching style and small groups.

From a content perspective, Ms. Sykes recommends demonstrating the scope and flexibility of the classification and where ICF data collection fits in health information systems. She cautions against being prescriptive and trying to fit too much into too short a time. In summary, Ms. Sykes explained the interest of physical therapists in the ICF stemming from the classification being "a great way to represent their work" of maintaining and restoring maximum functional ability.

#### *Next steps*

During the annual WHO-FIC meeting, other examples of best practices for ICD and ICF training also were identified. The Education Committee would like to package their findings on best educational practices for those planning training, including lessons learned and types of materials available. The market would include the Health Metrics Network, non-governmental organizations, the Collaborating Centers and Statistics Offices.

## **Electronic Training Tool**

Robert Jakob reported on progress in developing the ICD-10 training tool for mortality

coders and certifiers, which is based on the core curricula developed by the Education Committee and Joint Collaboration. The initial contents have been substantially reviewed by experts from WHO and the EC. During the year, the WHO Classification Team obtained funding through the Health Metrics Network for Sue Walker to complete the content of the tool and for a vendor to migrate that content into the electronic environment. Five companies replied to a call for proposals, and the most appropriate, based on capability and cost, will be selected by the end of November. Robert hopes that pilot materials will be ready for evaluation in March.2008. He explained that the developers estimated that students could complete the full ICD-10 mortality coding training in a self-paced manner over about 3 or 4 days, in the venue of their choosing. In the future, it is anticipated that the ICF training materials being developed by the EC and Functioning and Disability Reference Group also will use the same training platform.

The Chair thanked Dr. Jakob for his contributions and support in advancing the work of the EC and JC.

## **Review of Health Professions Manual for ICF**

Lynn Bufka, on behalf of the American Psychological Association (APA), invited meeting participants to review updated chapters in the APA's forthcoming *Procedural Manual and Guide for a Standardized Application of the ICF: A Manual for Health Professionals*. The Manual, initially released as a monograph in 2003, primarily will become an electronic product. APA has released one component, and in the near future will release additional components of the revised Manual, representing the domain structure of the ICF, for online review by persons familiar with the ICF. The Body Functions domain is the first available for full review on the APA project website: <http://icf.apa.org>.

## **International Training and Certification Program**

### *Status Report*

Margaret Skurka and Sue Walker, co-chairs of the Education Committee's Joint Collaboration (JC) with IFHRO, reported on the International Training and Certification Program, being pursued under the JC. In past years, core curricula for mortality and morbidity coders and certifiers of cause of death have been developed and questionnaires on ICD-10 training materials have been circulated. During the current year, the first certificates to practicing underlying cause-of-death coders and trainers had been awarded, following successful pilots of the coder self-assessments, trainer applications and coding examination in Canada and Korea. Underlying cause-of-death training materials from Australia, Korea and the United States also have been recognized as meeting the JC standard, following quantitative and qualitative reviews. Next steps include moving beyond the pilot phase for the underlying cause of death certification process and the development of a similar process for morbidity coders. The JC also is developing a roster of experienced and qualified trainers.

Ms. Skurka and Ms. Walker explained that the goals of the Training and Certification Program are to improve the quality of coded mortality and morbidity data and the status of ICD coders. The examination-based certification program recognizes the substantial body of knowledge required of ICD-10 coders. The first phase of the program is focusing on mortality coding. The mortality examination itself had been under development with the Mortality Reference Group for about two years. The examination had been designed to present 50-60 case-oriented complex

questions, requiring about 5 hours to complete in a proctored environment. The questions represent the broad range of coding issues encountered in applying the ICD. The JC had determined that a score of 80 percent or better would be satisfactory and would subsequently lead to awarding of the certificate.

Ms. Skurka reported that 12 coders were recognized during the 15th IFHRO Congress in Seoul, Korea, in May 2007. They were presented certificates during the closing session of the Congress. Ten of the newly certified coders are from Korea, and two are from Canada. Additionally, among the certified coders from Korea, four also were awarded Trainer Certificates, indicating that they had successfully completed an additional ten questions and had demonstrated experience as ICD-10 trainers. Finally, several experienced ICD-10 trainers, who had helped design the examination, received honorary certificates.

Ms. Walker described the next steps in these ongoing, dynamic processes; as she explained, the need for improving the accuracy and quality of mortality and morbidity coding is continuous. She said that additional work is underway to develop a similar examination and certification program among morbidity coders. The EC and JC currently are consulting with the Morbidity Reference Group (MbRG) about how to address the morbidity phase of the program. Although needed revisions to morbidity coding rules in Volume 2 may take several years, the JC feels that it is important to move forward with this component of the program using the current rules to benefit countries that do not use a clinical modification and do not have an established health information management association or profession. A conference call with the MbRG chairs will be scheduled in December.

It might be important to expand the availability of training programs in various media, in light of some of the so-called “information paradox” difficulties regularly addressed by the Network that can inhibit skilled persons from engaging in conventional mortality or morbidity coding training. The EC Chair noted that these international efforts have been established, but they are not intended to supplant any existing similar training programs already underway in some countries. Ms. Greenberg mentioned the rigorous coding instruction plan already in place in Japan as an example of a “free-standing” national model of training that can co-exist with these parallel, international efforts. Ms. Walker summarized by observing that the overall goal of these ongoing training and certification activities is to set a new, consistently high benchmark or standard representing “good coder practice and competence,” and she thanked the members of the EC and JC for contributing to that goal.

During discussion, Ms. Donna Glenn from the North American Collaborating Center mentioned that the examination also had been piloted at the Research Triangle Park, North Carolina campus of the U.S. National Center for Health Statistics. She will be providing a report for the evaluation being conducted by the American Health Information Management Association Foundation of Research and Education (AHIMA FORE).

#### *Pilot Testing the Exam Process*

A paper and poster by Kathy Giannangelo, Joon H. Hong and Patricia Wood provided more details on the pilots for the exam process. In the small Canadian pilot, Patricia served as the proctor for two staff at Statistics Canada, who sat for the exam, and handled all of the logistics, scoring, etc. In Korea, a considerably larger effort with many more candidates and the necessity to translate all exam materials was coordinated by the Korean Medical Record Association (KMRA). Refresher workshops were held in both Canada and Korea before candidates sat for the exam; all coder candidates completed the self assessment developed by the JC, and all trainer candidates completed the trainer application. Although there was no fee for the two Canadian coders, the JC

approved the KMRA charging a fee to cover their expenses for administering the exam to the 23 candidates.

Both pilots identified a number of issues related to specific exam questions and the opportunity for the JC to refine the exam, self assessment and exam processes. The KMRA will be offering a second exam in December 2007 to complete their pilot.

The Chair extended the EC's and JC's explicit thanks to the KMRA for their abundant assistance in translating and administering the certification examination, and their logistical support and hospitality during the 15th IFHRO Congress. Moreover, she recognized the substantial contributions of EC members, Drs. Cássia Maria Buchalla and Ruy Laurenti from the Collaborating Center for the Family of International Classifications in Portuguese, who had invested many hours of labor developing the examination questions, and Patricia Wood who conducted the Canadian pilot and is chairing a workgroup on refining the examination methods and content.

Next steps include obtaining additional questions from the MRG to create a pool of questions that can be used in future exams, formalizing the test administration processes and evaluating the overall process.

#### *AHIMA FORE Contract and Evaluation*

The National Center for Health Statistics (NCHS) awarded a contract to AHIMA FORE in 2006 to pilot and evaluate the International Training and Certification Program. Kathy Giannangelo has served as project director and will be replaced by Rita Scichilone following Ms. Giannangelo's transition to a new job. The objectives of the evaluation are to assess the extent to which the program operated as expected, the strengths and weaknesses of the processes and methodologies implemented and the effectiveness of the outreach strategy. Ms. Giannangelo shared the outline of the evaluation and the questions that will be addressed. Although the current NCHS contract terminates in December, efforts are underway to extend the contract through June 2008, allowing for incorporation of data from other pilots.

### **Joint ICF Education Project with FDRG**

#### *Development of a core curriculum*

Catherine Sykes and Cassia Buchalla have drafted a core curriculum for an introductory course on ICF as a joint EC-FDRG project. The draft was created with reference to the core curricula developed by the EC and JC for ICD coders and, where possible, common modules were considered. The development also reflects a review of the ICF educational materials submitted to the ICF INFO database maintained by the Dutch Collaborating Centre; most of the materials in the database were developed for health and related clinicians, researchers and students. Educational materials most commonly used are presentations with slides and case studies.

The draft core curriculum had been discussed by the FDRG during its session earlier in the week, at which time it was suggested that the FDRG also develop a "two-minute reader" for introducing persons to the ICF and its conceptual model. There was insufficient time during the EC session to discuss the curriculum, but it will be circulated to the membership for comments. After the curriculum is finalized, it will be necessary to develop content for each module.

#### *Development of Basic Training Materials*

Cassia Buchalla explained that the objective is to develop a suite of simple and accessible ICF training materials, which can be available on the WHO-FIC website. The project includes the

following steps:

1. Characterize information from the ICF INFO project
2. Collect additional information from the owners or developers of the educational materials reported in the project through a short questionnaire
3. Liaise with the FDRG project on coding guidelines, which will be an important component of the training materials
4. Draft a core curriculum (see above)
5. Obtain and review the existing training materials to identify common content for the introductory course
6. Draft the introductory course

The first four steps were conducted during 2007, and the fifth is in process. It is the goal of the project group to identify the easiest, clearest and most objective approaches for each knowledge cluster in the core curriculum, taking into consideration the best practices reported by the developers. Members of the writing group who will draft the introductory course are Cassia Buchalla, Catherine Sykes, John Hough, Lynne Bufka, Mathilde Leonardi and Nenad Kostansjek. Marijke de-Kleijn also volunteered Huib ten Napel. Dr. Leonardi pointed out that more than 2000 people have been trained with the Italian ICF training module and they would like to coordinate with the long-distance training being developed by the EC and FDRG in conjunction with WHO.

### **Other Business and Discussion of Future Work**

The Chair announced that the EC and JC will hold a mid-year meeting in the Washington, D.C. area in May 2008. This will be in conjunction with meetings of the International Collaborative Effort on Automating Mortality Statistics and the Mortality Reference Group. The EC and JC also will continue to hold bi-monthly teleconferences, with the next one in December.