Health information science is part of health care. Today the use of technology by health care students is relevant in all parts of their communication. How can we better prepare Camosun students wanting to work in health care to face these various technology challenges in health? How can we bring health care students to be competent, ready and comfortable enough to face the health care technology challenges in their specific field?

Teaching Health Information Science for Health Care Instructors

Handbook activity topic 1 to 4

Dear colleagues,

It is my pleasure to introduce you to this interactive document that will allow you to enjoy teaching health information science with your health care students. This “one stop shopping” handbook will explore four main topics:

1. Confidentiality & access with technology
2. Social media
3. Email / text communication
4. Evaluation of health care web sites

This PDF document will consolidate information from various sources and is available through a simple click from your computer. For each topic, you will find a complete description of the context engaging the learning objectives link to suggestions of diverse pedagogical activities. The choice of this first series of upcoming documents was made possible through multiple conversations through colleagues, clinical nurse educators, and student’s feedback received when teaching in classes, labs and practicums. The readings of research studies, National reports in education and Regulatory body documents have raised concerns on the Information science knowledge, competencies and comfort of health care students and graduates entering the work force.

I was inspired, motivated by colleagues, students and my readings to develop an accessible and comprehensive information document for you to embed in your everyday professional teaching. Since the last edition, the University of Victoria (UVIC) at the Nursing Baccalaureate program has taken the opportunity to embedded in their community course some of these activities with the nursing students. I would like to say thank you to the UVIC students and instructors of the winter 2013 class for your supportive feedback towards this first edition. A special thank you to Heather McCue, nursing student for your specific feedback, I truly appreciated. Since the last edition this handbook was translated in French and adapted to the Quebec’s context by Sylvie Jette under the name: “Enseigner les sciences de l’information dans les soins de santé, manuel de l’enseignant” and presented to RN’s in Quebec. I was honored of this special request for permission to translate my handbook in another language and be part of the reviewing team, thank you Sylvie!

If you would like to discuss about the information provided in this handbook, if you have further suggestions as well recommendations to help me review and enhance this handbook don’t hesitate to consult with me. Has you know Health Care is constantly changing rapidly, health information science too adapts to these constant waves to facilitate the interaction with health care providers and patients.

I wish you good luck in your learning activities,

Respectfully,

Pasquale Fiore

“Be inspired, always learn & teach others”

- Pasquale Fiore, 2012
1- Confidentiality & access with technology for health care professionals

“Security is a significant focus within a computerized patient care record system as well as in a clinical informatics system. Confidentiality is of paramount importance, and measures are put in place to safeguard the information and to control who has access to the data while also adhering to regulations, standards, and applicable laws.”

-Karin Polifko-Harris

Overview (Description):

Health care professionals have been in touch with technology since the beginning of their respective programs in school and various practicum settings. When they graduate and fully enter the health care work force ethical considerations should be always kept first and foremost in their mind in all communication formalities. The protection of a client’s privacy, confidentiality and security of health information is critical in this constant era of evolving technology communication.

Ends-In-View (learning objectives):

This learning activity will provide opportunities to gain an understanding of how health care students are keeping in mind the ethical considerations when they access, view and interact with data through technology. Opportunities will be provided for students to learn:

- What is the difference between privacy, confidentiality and security?
- What have security, confidentiality and privacy lapses led to?
- What are the policies from Vancouver Island Health Authority and the College of Registered Nurses in British Columbia (CRNBC)?

Suggestions of learning activities for the instructor:

What is the difference between privacy, confidentiality and security?

Activity 1:

The instructor can inquire of the students to discuss what are the differences between these three terms? Can they define and provide an example of Privacy, Confidentiality and Security in health care?

Privacy?

- Refers to the right of individuals to keep information about themselves from being disclosed to anyone.¹
  i.e.: If a client had an abortion and chose not to tell a health care provider this fact, the client would be keeping that information private.
- Is the right of the individual to prevent their personal information from being discussed by unwanted persons.²

Confidentiality?

- Refers to the act of limiting disclosure of private matters. After a client has disclosed private information to a health care provider, that provider has a responsibility to maintain the confidentiality of that information.³
- Limits the disclosure of personal information⁴

Security?

- Security refers to the means of controlling access and protecting information from accidental or intentional disclosure to unauthorized people and from alteration, destruction, or loss.⁵
  i.e.: When private information is placed in a confidential HER (Electronic Health Record), the system must have controls in place to maintain the security of the system and not allow unauthorized people access to the data (CPRI work group on Confidentiality, Privacy & Security, 1995).
- Security ensures that access to information is controlled and protected.⁶

The major question when discussing privacy is:
“Who owns the client’s health care data?”

Activity 2:

Case study.⁷

You are the nursing supervisor from a 3-11 pm shift. While making rounds one evening, you come upon a small group of nurses around the centralized computer; you overhear some of their conversation. They are discussing a colleague who was newly diagnosed with AIDS and a sexually transmitted infection (STI). You find out that their colleague is a patient on another medical-surgical unit. The nurses found out this information as they were scanning the patient listings in the hospital. In fact, this particular group of nurses regularly scans the inpatient listing to see if they know anyone.

Let the students work on this case study by asking them three main questions linked with the information previously provided on privacy, confidentiality and security:

1. What is your first response, as a supervisor, to this situation?
   
   Answers to explore:
   - Breach of confidentiality
   - Security measures – Who should have access to viewing the data

2. What are the parameters for seeing confidential information on a computer system at work?
   
   Answers to explore:
   - Confidential information involves two main components:
     - Limit the access to who sees private information
     - Accountable to maintain confidential information private

3. What is the next step for you, as a supervisor, to take?
   
   Answers to explore:
   - Consult what are the policies for maintaining confidentiality.
   - Consult what are the policies for maintaining security of health information
   - Consult what are the policies for working with electronic data and informatics
   - Document the event
   - Professional discussion with each staff member involved referring to Health Care Agency Policies and follow the appropriate disciplinary procedures
   - Meet with Quality and Control in your facility
   - Inform the Chief Information Officer
   - Bring the issue forward at your next Leadership / Management meeting

What have security, confidentiality and privacy lapses have led to?
Do your students know?

Activity 3:

Ask students to offer one example of how the breach of privacy, confidentiality and security affects patients’ lives? Provide them tangible examples below with each term (more information is available by clicking the hyperlink)

When breaching privacy this has led to:

- Stolen patient data (On instant store credit card applications)
- Photos of a dying patient made public (Facebook)
- Patient records improperly disposed of (In a public dump)
- Personal discussions involving patients (Facebook)
- Patient information posted online (Facebook)
- Patient information faxed to a business (An auto shop)
- The selling of patient information (A recycling center)
- Patient information improperly disposed of, then "stolen" (On an interstate highway in Arkansas, then with a TV reporter)
- Patient information leaked (Online)
- Patient information reproduced, posted publicly (Facebook and in cell phone photos)
When breaching confidentiality this has led to:

- Patient personal identity is not protected and information is available to the general public
- Loss of sense of security and trust in the relationships between patient and health care professionals.
- Confidence in the medical care system is eroded
- Liability and legal actions against a group of health care professionals.

When breaching security this has led to:

- Criminals getting the home addresses of vulnerable patients
- Life insurance companies getting data which led to the denial of an application for insurance.
- Unauthorized people at both health insurance companies and patient employees getting patient data.

What are the policies from the College or Registered Nurses in British Columbia (CRNBC) & Vancouver Island Health Authority?

Activity 4:

- Look at the interactive module on Privacy and Confidentiality in Nursing Practice from CRNBC & download the workbook tool available: Privacy and Confidentiality in Nursing Practice Workbook.
- Explore the Practice Standard: Privacy and Confidentiality from CRNBC.

For further information on Confidentiality explore a case study available at CRNBC web site:

Barb case study – Disclosure — making an ethical decision

Barb works in a private group home. Jamie, a competent 20 year-old resident with cerebral palsy, has been staying with his parents for the past week. When he returns in the evening with his mother, Barb notices that he seems nervous and quieter than usual. The support worker, while helping him get ready for bed, notices bruises on his arms and legs. His mother explains he fell at home. Concerned, the support worker alerts Barb. After assessing Jamie and talking with him privately, Barb believes he may have been physically abused. Barb knows she must make sure Jamie is safe and get him any needed medical assessment and treatment.

Since Jamie is a vulnerable adult, she believes he is at risk of harm. She wonders what her professional, legal and ethical responsibilities are.

Activity 5:

- Explore with your students the Vancouver Island Health Authority web site:

Frequently asked questions
Specific recommendations from CRNBC:
When use of technology - Electronic documentation:  

A client’s electronic health record (HER) is a collection of the personal health information of a single individual, entered or accepted by health care providers, and stored electronically, under strict security.

As with traditional or paper-based systems, documentation in electronic health records must be comprehensive, accurate, timely, and clearly identify who provided what care (College of Nurses of Ontario, 2002). Entries are made by the provider providing the care and not by other staff. Entries made and stored in an electronic health record are considered a permanent part of the record and may not be deleted. If corrections are required to the entry after the entry has been stored, agency policies provide direction as to how this should occur.

Most agencies using electronic documentation have policies to support its use, including policies for:

- correcting documentation errors or making “late entries”;
- preventing the deletion of information;
- identifying changes and updates to the record;
- protecting the confidentiality of client information;
- maintaining the security of the system (passwords, virus protection, encryption, firewalls);
- tracking unauthorized access to client information;
- processes for documenting in agencies using a mix of electronic and paper methods;
- backing-up client information; and
- a means of documentation in the event of a system failure.

Guidelines for nurses using electronic health records are as follows:

- never reveal or allow anyone else access to your personal identification number or password as these are, in fact, electronic signatures;
- inform your immediate supervisor if there is suspicion that an assigned personal identification code is being used by someone else;
- change passwords at frequent and irregular intervals (as per agency policy);
- choose passwords that are not easily deciphered;
- log off when not using the system or when leaving the terminal;
- maintain confidentiality of all information, including all print copies of information;
- shred any discarded print information containing client identification;
- locate printers in secured areas away from public access;
- retrieve printed information immediately;
- protect client information displayed on monitors (e.g., use of screen saver, location of monitor, use of privacy screens);
- use only systems with secured access to record client information; and
- only access client information which is required to provide nursing care for that client accessing client information for purposes other than providing nursing care is a breach of confidentiality.

References:

8 CRNBC Practice Support : Nursing Documentation, March 2007
Canada Health Infoway is helping Health Care Agencies across the country to implement Electronic Health Record Infostructure (EHRI)

Here is their web site:

Canada Health Infoway

Here is an interesting report on:

Electronic Health Record Infostructure (EHRI) Privacy and Security Conceptual Architecture, June 2005
That explains the 10 components on Privacy and Security p. 25-33.

Other references:

American Medical Informatics Association (AMIA)
American Medical Informatics Association – Nursing
Canadian Nursing Informatics Association (CNIA)
Canadian Organization for Advancement of Computers in Health (COACH)
International Medical Informatics Association (IMIA)
NurseONE
Privacy and Confidentiality CRNBC practice standard
White Paper: A Nurse’s Guide to the Use of Social Media, NCSBN
2- Social media for health care professionals

“Not only do the CRNBC Standards of Practice set the requirements for practice in the concrete world, they apply to the virtual world as well.”


Overview (Description):

Health care professionals are exploring new ways of connecting, communicating and embracing the power of quick information at their fingertips with various social media: blogging, tweeting, texting, Facebook, YouTube Channel and by enrolling on web sites like nurse.com. How can these social media be helpful for health care professionals? What are the professional behaviours to respect and to apply in this virtual world? How a professional relationship with clients takes another medium to care with the same compassion & empathy?

Ends-In-View (learning objectives):

This learning activity will provide opportunities to gain an understanding of how a health care professional interacts with social media. Opportunities will be provided for students to:

- Describe the history of social media and the various components
- Describe how social media can enhance your professional practice
- Describe what are the boundaries and professional behaviours to respect.

Suggestions of learning activities for the instructor:

- Describe the history of social media and the various components:

Learning Activity 1:

View these 16 interactive modules with your students from this web site, The Social Media Course. This will provide a comprehensive overview of social media advantages:

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<td>The medical search engines</td>
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<td>3</td>
<td>The Google Story</td>
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<td>Being up to date with RSS</td>
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<td>The medical blogosphere</td>
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<td>Wikipedia: the power of masses</td>
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<td>YouTube New media in medicine</td>
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<td>Education in social media era</td>
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<td>Virtual words in Medicine</td>
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- Describe how social media can enhance your professional practice:

**Learning Activity 2:**

View with your students the following social media site that demonstrates the dynamic of professional communication for healthcare providers and patients interacting in their respective groups. The trusting, respectful and confidential e-therapeutic relationship between health care professionals & clients on specific social media is just an extension of the face to face interaction in their concrete world.

- Mr. Ed Bennett: [Three things I've learned about healthcare social Media](#)
- [Mayo Clinic Center for Social Media](#)
- [Mrs. Sarah Stewart: Midwifery Health professional blog](#)
- [Diary of a Cancer Patient](#)
- [About e-Patient Dave](#)
- [Sharing info on Social Media in Canadian Healthcare](#)

As demonstrate above enhancing healthcare social media communication appropriately will help health care students and yourself to:

- Find and share information with the healthcare community
- Network with Research institutions, Hospitals, Education organizations, Regulatory Colleges and interdisciplinary colleagues around the world.
- Create, generate and post content that is accessible immediately anywhere.
- Finding and sharing information with your peers efficiently.

**Learning Activity 2a: Let’s have a look at a Canadian RN who has melded his passion for nursing and informatics:**

- Mr. Robert Fraser MN. RN. Web site is a good example of a nurse who has created ideas and is changing the world at no costs. Here is his web site link: [Nursing Ideas](#)

More information on Mr. Robert Fraser:

- His [professional website](#).
- His book won the 2011 American Journal of Nursing Book of the Year Award:
  - *The Nurse's Social Media Advantage: How Making Connections and Sharing Ideas Can Enhance Nursing Practice*

Pat Rich, Director, Online Content at the Canadian Medical Association, noted in a recent presentation at the 2011 Medicine 2.0 conference:

“Both physicians and patients are learning how to use social media to expand the connectivity and conversations regarding health”
Describe what are the boundaries and professional behaviours to respect:

**Learning Activity 3:**

Through the following three case studies from CRNBC students will have the opportunity to discuss about the appropriateness of social media and professionalism:

**Case study # 1 – Anna**

Anna blogged to stay in touch with her family, friends and former colleagues. She wrote colourfully about her community and work, always careful not to use names. Her former colleagues often commented on her posts, sharing their own stories. They agreed that sometimes clients were unappreciative and managers didn’t care.

A comment from a former client caused Anna to re-read her blog. She saw that her descriptions had details such as when things happened and client ages, genders and health issues. Anyone who knew Anna, the clients or the agency would know who she was talking about. In addition, her posts and the comments from her colleagues were disrespectful of clients and workplaces. Seeing that she had crossed a line, Anna deleted her blog.

Eventually Anna’s employer learned of the blog. He said Anna had breached clients’ privacy and damaged the community’s trust in the agency and its employees. In addition, he called her previous employer to tell them about their staff’s comments on the blog and their failure to report that Anna was breaching confidentiality. Anna and two other nurses were reported to their regulatory college.

Postscript: After resolving her employer’s complaint and learning how to share her experiences responsibly, Anna began blogging again.

**Case study # 2 – Justin**

As an emergency nurse, Justin saw his share of trauma patients. After a rainy night shift involving a bad car accident, Justin tweeted a photo to several colleagues and described his client’s injuries. Someone sent the photo to other staff. When a nurse recognized the background in the photo, she reported it to her manager. The manager was concerned about a breach of client privacy and investigated. The photo was traced back to Justin. Even though the client was not recognizable, Justin was disciplined for breaching his client’s privacy and breaking policy by using his personal cell phone to take a client’s photo.

Postscript: Justin realized that taking and sharing the photo was impulsive and inappropriate. He is aware of his employer’s policy on photography and knows he is responsible for understanding and following such policies. He now keeps his phone in his locker while working.

**Case study # 3 – Karan**

Karan works with a group of young mothers. The moms started a Facebook group to share issues and support each other through parenting challenges. Karan accepted an invitation to join and she often logs in to scan the page.

She was concerned when one mom posted she was having a rough time and feeling very low. Karan, trying to be supportive, commented, “I know last week was difficult. Are you still on your meds? Why don’t you drop in tomorrow and we can talk.”

After work, another mom stopped Karan in the grocery store and said, “I didn’t know Micayla was on meds, I thought you couldn’t take meds when you were breastfeeding!” Karan was horrified to realize that her supportive comment on Facebook was a violation of confidentiality. She told the mom that she could not discuss another client. Then she pulled out her phone, logged into Facebook and deleted her
comment. She now questions whether she should have accepted the invitation to join the group.

Postscript: Karan spoke with her manager about what happened. Together they are developing agency policy for using social media with clients.

Specific recommendations from CRNBC & other organizations:

Here are the 9 recommendations from CRNBC for using social media:

1. **COMPETENCE** — Build your social media competence. You need to know the technology and have the skills and judgment to use it appropriately and ethically. Know that even if you use the highest privacy settings, others can copy and share your information without your knowledge or permission. Be aware of social media’s evolving culture and changing technology. Reflect on the intent and possible consequences of your online behaviour – before you blog, post or tweet.

2. **IMAGE** — Manage your virtual image. Use the same level of professionalism in your online interactions as you do face-to-face. Keep your personal and professional lives separate. Use different accounts for personal and professional activities.

3. **CONFIDENTIALITY** — Do not share any client information on social media sites without client consent. Leaving out details when you post information or images does not protect client privacy. Report confidentiality breaches to the right person, right away.

4. **PRIVACY** — Respect your client’s privacy and protect your own. Be aware that using social media to seek information about your clients could affect your relationship with the client or create a responsibility for you to act. Set and maintain your privacy settings to limit access to your personal information.

5. **BOUNDARIES** — Maintain professional boundaries. Just as with face-to-face relationships, you must set and communicate these boundaries with clients online. Anticipate requests from clients and know how you’ll respond. End your professional relationships appropriately. Be ready for, and don’t accept, “friend” requests.

6. **EXPECTATIONS** — Use caution if you identify yourself as a nurse online. If you do so, others may ask for advice, which could lead to a nurse-client relationship. Using a name that hides your identity does not release you from this expectation. Know this and practise accordingly.

7. **INTEGRITY** — Protect your and the profession’s integrity. Use proper communication channels to discuss, report and resolve workplace issues – not the internet. Refer to colleagues or clients online with the same level of respect as you would in the workplace. Before you blog, tweet or share information about your practice, reflect on your intentions and the possible consequences. Understand that “liking” someone’s disrespectful comments is not much different than making them yourself.

8. **POLICIES** — Know and follow employer policies on using social media, photography, computers and mobile devices, including personal, at work. If you communicate with clients via social media, work with your employer to develop policies.

9. **ACCOUNTABILITY** — Make sure you can answer for your actions. Reflect on why, how and when you use social media and help others do the same. Know that personal use of social media while working could be viewed as client abandonment. If you are unable to discuss your online behaviour with others, consider this a red flag. Use professional judgment to keep your obligations to clients, colleagues and employers front and center.

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9 CRNBC, Social Media, [Professionalism, nurses and social](https://www.crnbc.org/social-media-professionalism-nurses-and-social/)
From the University of Ottawa  
School of Nursing Faculty of Health Sciences  
Guidelines for professional conduct for students p.2

**Social network sites (Facebook, Twitter):**
- Remember that security of social network sites may not protect information posted;
- Respect confidentiality, especially patient confidentiality. Do not post pictures or discuss patient information on these sites;
- Avoid posting anything (comments, pictures) that could bring you, the School, or the nursing profession into disrepute if it became public knowledge;
- Consider the consequences and impact on your professional life of posting too much personal information; potential employers may check your social network sites before hiring.

Here are other documents that can guide your teaching on social media:

- [From the BC Children’s Hospital and the BC Women’s Health Center: Guidelines for participating in online communities and social networking.](#)
- [Model Policy Guidelines for the Appropriate Use of Social Media and Social Networking in Medical Practice sites](#)
- [Using social media: practical and ethical guidance for doctors and medical students](#)

In Reflection for students:

- Prior of entering the nursing program have you made any changes to your social media accounts?
- After learning more in depth about social media are you planning to modify some of your security options or internet behaviours towards Facebook, Twitter & Blogs?
- Do you think healthcare professional’s best practice should possess a professional social media and a personal account to separate their private vs. public life?

References:

- [The Nurse’s Social Media Advantage: How Making Connections and Sharing Ideas Can Enhance Your Nursing Practice](#)
- [Nursing 2.0, College of Nurses of Ontario the standard Fall 2011, p.10](#)
- [The new nurse: Rob Fraser says nurses need to tweet, blog and learn from each other more.](#)
- [Wiki where you work: Supporting professional practice activities](#)
- [Using social media to market yourself](#)
- [Professional Advisory Use of Electronic Communication and Social Media, Ontario College of Teachers](#)
3- **Email / text communication for health care professionals**

**Overview (Description):**

Healthcare professionals can now express themselves through multiple channels of health information science communication systems. The written patient document is being replaced slowly by electronic health records (EHR) and sending a short email with an attached numerated scan document seems the reality of today's health technology. The challenge is what exactly are the core elements that we need to teach health care students when sending a professional email and/or a text communication?

**Ends-In-View (learning objectives):**

This learning activity will provide opportunities to gain an understanding of how health care students should communicate in writing through the two most common health information science communication channels (emails and text messaging). Opportunities will be provided for students to learn:

- What are the core elements to include when writing a professional email?
- What are the core elements to include when writing a professional text message?
- What are the expected rules when establishing a professional communication?

**Suggestions of learning activities for the instructor:**

*What are the core elements to include when writing a professional email?*

**Learning Activity 1:**

Students participate in the writing of a professional draft email to be sent to their instructor.

Because of cyberspace viruses it is strongly recommended to use your school/hospital email account if you don't want your email to fall in the junk mail box or being caught in the software virus filter.

**Step 1. Write a descriptive subject title line:**

- Capture the attention of your reader with a *brief* and *straight* to the point title; never send a message with no subject line and include course dept/number. :
  
i.e.: NURS 133 - *Need an appointment to discuss: the family assessment essay.*
  
i.e.: NURS 143 - STAT – *I am sick and will not be able to write the math quiz.*

*STAT in higher case letter if you want an answer immediately*
Step 2. Write a salutation:

- “Hey”, “yo”, “Sir” and “Pasquale” are very informal nomination and are considered not very polite. Using Dr. or official title prior to writing their last-name is a must when writing a professional email.  
  * i.e.: Greetings Dr. Johnson, Greetings professor Fiore or if the instructor allows you to salute with their first name: Greetings Pasquale.

Step 3. Provide some “meat” to the succinct “bone” context / What have you done prior to send your request?.

- “I am a nursing student in your N 133 course section X. I have been working on my preparation questions prior to meet my assigned family for the assessment interview and unfortunately I don’t understand the McGill Model. I have been reading these articles #1, #2 and #3, as well the readings from the pages xyz in Potter and Perry but I am not sure if these questions will be pertinent for the family assessment interview that I have planned next week.”

Step 4. What is the purpose of your email? Ask with a clear action question.

- I would like to validate with you if my 5 written questions below are suitable for this family context interview? 

Step 5. Ask a clear question with a direct call to action.

- “Will it be possible to meet at your office for 20 minutes and discuss my 5 questions stated below based on the McGill Model?”

Step 6. Conclude your email with an acknowledgment

- “Thank you for your taking the time to reply to my email”, “I appreciate your time and thank you for scheduling an appointment with me”

Step 7. Sign with your complete name (first and last name) and your complete professional title.

- “Marco Smith, CCNS, 1st year section 4.”

Tips prior to hitting the send key to your email:

- **Read your email again and ask yourself:**
  - Are there any spelling mistakes?
  - Is the intent of the email stated politely?

- **If it’s a touchy/sensitive issue have a colleague review your email ask them:**
  - Would you be comfortable receiving this email?
  - If not, would you qualify this email as rude?
  - Instead of emailing, do you think you should call the other person and take the time to book an appointment instead?
What are the core elements to include when writing a professional text message?

Learning Activity 2:

Students participate in the elaboration of a professional text communication to be sent to their instructor.

This is a new trend in business to send a professional text message but no particular rules have been written in health care. Here are the major points to respect prior to sending a professional text message to your colleague or a teacher.

Here are some of the rules written by the BBC World Service, *improve your professional skills Emails, text messages, business reports, presentations and negotiation*, 2004

6 top tips for sending texts to business contacts

1. Identify the most important information in the message you want to send. What does the person who receives the text really need to know? If you try to write too much, you may run out of space.

2. Identify words which you can abbreviate easily. But remember – if your abbreviations are unusual or contain letters and numbers (e.g. ‘l8r’ for ‘later’) the recipient might not understand the message.

3. Avoid long introductions. Unlike emails, you don’t need to say ‘Dear…’. However, you could start with a simple ‘Hello.’

4. Although this is a formal situation, you don’t need to use lots of formal language. Keep your message brief.

5. End your message with your name, so that the recipient knows who has called!

   *i.e.*:  
   
   Hello,
   I am ready for my head to toe. Are you available to meet, 4N. John

Important note: if this is the first time you are connecting with the sender by text you should include your professional profile contact information with your message. Go to contact directory on your smart phone and find your professional profile contact. Choose share contact and then select contact by using message. This will automatically allow your sender to save your information, now your name appears on their smart phone text message application. *Make sure to create a professional profile contact prior to send your information*. Other applications will also allow you to exchange your professional profile contact information when you are in an official event and networking.

What are the expected rules when establishing a professional communication?

Learning Activity 3:

Students explore how other educational institutions have more explicit guideline policies for their healthcare students.

*BSN Student Guide & Policies*

*2011-2012*

*From the Okanagan College*

*Communicating professionally (p.8-9)*
Communication between students, professors/teachers and others on campus and away from campus is expected to be respectful and professional.

Students will use their myOkanagan email address for all email communication.

Voice mail is less reliable than e-mail. Students are asked to send email messages from their myOkanagan email account to the email address of the professor/teacher rather than leaving messages on the telephone.

Professors/teachers are not expected to respond on evenings, weekends, or during statutory holidays and vacation.

Students are reminded that emails sent to professors and other professional contacts be composed in a manner that is respectful in tone and content. A professional email address (myOkanagan) must be used at all times. Students are required to ensure that email messages do not reflect the following:

- Over-familiarity
- Use of first name without permission
- Abuse of email etiquette

It is the student’s responsibility to check email to your myOkanagan account on a regular basis (at least daily) or more often according to the norms set out in each course. Students will receive BSN program messages to your myOkanagan account.

University of Ottawa
School of Nursing Faculty of Health Sciences
Guidelines for professional conduct for students p.2

**Communication:**
Effective communication is an essential skill for all members of the School, whether interactions are face to face or electronically mediated. To aid positive communication, the following behaviors should be respected:
Electronic communication:

E-mail:

- Use @uottawa.ca e-mail address for all school related matters. This is the address the university staff and faculty will use to communicate with students;
- Use both a greeting and closing for e-mail messages. If in doubt, use “Dear …” and “sincerely” in formal messages;
- Do not respond immediately to e-mails if you are upset. Wait to calm down;
- Consider how the tone of the vocabulary used might be misinterpreted by others;
- Before sending e-mails, ensure the message is clear and the language is respectful to the recipients;
- Only copy people who need to know the information in the e-mail;
- Remember that e-mails are considered written documentation and can be requested by participants in disputes. Consider what 3rd parties might think of your messages.

Specific recommendations from CRNBC when sending a professional email communication:

ELECTRONIC MAIL

The use of e-mail by health care organizations and health care professionals is becoming more widespread as a result of its speed, reliability, convenience and low cost. Unfortunately the factors that make the use of e-mail so advantageous also pose significant confidentiality, security and legal risks.

E-mail can be likened to sending a postcard. It is not sealed, and may be read by anyone. Because the security and confidentiality of e-mail cannot be guaranteed, it is not recommended as a method for transmission of health information. Messages can easily be misdirected to or intercepted by an unintended recipient. The information can then be read, forwarded and/or printed. Although messages on a local computer can be deleted, they are never deleted from the central server routing the message and can, in fact, be retrieved.

Having considered these risks and alternative ways to transmit health information, e-mail may be the preferred option to meet client needs in some cases. Guidelines for protecting client confidentiality when using e-mail to transmit client information are as follows:

- obtain written consent from the client when transferring health information by e-mail;
- check that the e-mail address of the intended recipient(s) is correct prior to sending;
- transmit e-mail using special security software (e.g., encryption, user verification or secure point-to-point connections);
- ensure transmission and receipt of e-mail is to a unique e-mail address;
- never reveal or allow anyone else access to your password for e-mail;

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- include a confidentiality warning indicating that the information being sent is confidential and that the message is only to be read by the intended recipient and must not be copied or forwarded to anyone else;
- never forward an e-mail received about a client without the client’s written consent;
- maintain confidentiality of all information, including that reproduced in hard copy;
- locate printers in secured areas away from public access;
- retrieve printed information immediately; and
- advocate for secure and confidential e-mail systems and protocols.

From the nurse’s perspective, it is important to realize that e-mail messages are a form of client documentation and are stored electronically or printed in hard copy and placed in the client’s health record. E-mails are part the client’s permanent record and, if relevant, can be subject to disclosure in legal proceedings. E-mail messages are written with this in mind.

Similar to physicians’ orders received by fax, if physicians’ orders are received by e-mail, nurses use whatever means necessary to confirm the authenticity of the orders.

**In Reflection for students:**

- Do you have an email account set with your school / hospital institution?
- How will these general rules change the way you will communicate next time with your instructors? Colleagues/Peers and friends?
- Have you asked your instructor at the beginning of the term how would they like you to communicate with them? If yes, did you inquire about how they prefer to interact with you by email/Text/Phone? Do they allow informal greetings?
- Have they specified how often they read their email? How long do you need to wait for a response to a sent email? What should you do next if they don’t reply in 48 hours? Do you know what the next step is?
- What will you take into considerations, knowing now the CRNBC documentation guidelines, when writing a professional email communication in practice vs. writing an email to your instructor? What are the differences? What are the similarities?

**References**

[Writing Effective Email: Top 10 Email Tips](https://www.dennisjerz.com/email/email.html), Posted by Dennis G. Jerz and Jessica Bauer, on March 8th,
4- Evaluation of health care web sites by health care professionals

“We are in an electronic environment where credibility, authority, and subject expertise are not always readily apparent”

- Dickstein et al., 1997.

Overview (Description):

Today the number of health care web sites on the World Wide Web (WWW or 3W) is quickly increasing and this can cause difficulties for clients to discern which 3W content have reliable information. Health care professionals are confused with the number of Health web sites that clients are referring too and don’t always have the time to validate the content accurately given by these virtual sources. How can all stakeholders feel more confident about the credibility, authority and reliability of the information consulted at the glance online?

Ends-In-View (learning objectives):

This learning activity will provide opportunities to gain an understanding of how Health care professionals determine the validity of a health care web site. Opportunities will be provided for students to:

- Learn what is the HONcode certification, the history, and the principles underpinning this voluntary certification system.

- Learn how to use a simple mnemonic: “Am I PLEASED with the Site?” to evaluate a web site. Use the word PLEASED in the asking question.

- Learn how to evaluate a web site with a formal evaluation grid from Leslie Teach.

Suggestions of learning activities for the instructor:

*Learn what is the HONcode certification, the history, and the principles underpinning this voluntary certification system.*

**Learning Activity 1:**

Information provided to the students by the instructor (lecture)

Students participate by researching and consulting health care web sites that they are familiar with and evaluate if these virtual sources are HONcode certified.
What is the HONcode certification?

Here is the symbol that you will find on HON certified Health Care web sites:

![HONcode Logo](image)

i.e.:

BC Cancer Agency

Canadian Paediatric Society

International Medical Informatics Association

The history: how did it started?

Even before HON was launched in early 1995, several members of the Net community – healthcare professionals as well as ordinary "surfers" – were complaining how difficult it was to assess the reliability of information.

Of particular concern was the uncertain quality of medical advice provided on growing numbers of Web sites and the lack of scientific evidence behind claims made for commercially-available treatments. HON also noticed that many sites were not providing even basic user orientation, like the source of cited documents, Webmaster contact information, last-update notices on pages or information on their organisational structure and funding.

Then as now, these omissions were in most cases free of malicious intent. But user trust and good business practices go hand in hand: such information is essential if Web sites are to attract and successfully retain customers.

HON's discussions with Webmasters and information providers soon showed they were anxious to improve their services and would happily follow some simple, broadly-accepted rules and guidelines for content presentation. Out of this, in July, 1996, sprang the first version of the HON Code of Conduct for medical and health Web sites (HONcode).

The HONcode aims to raise the quality of healthcare information available on the Net. It is a voluntary certification system based on an "active seal" concept. While primarily intended for healthcare site developers and publishers, the blue-and-red HONcode seal on subscribing sites also helps users identify sources of reliable information.
It addresses, among other things, the authority of the information provided, data confidentiality and privacy, proper attribution of sources, transparency of financial sponsorship and the importance of clearly separating advertising from editorial content.

The HONcode today

Over the first ten months of its existence, after a large open to discussion and comment the HONcode was slightly modified and also expanded from six to eight principles. The current version has remained unchanged since April, 1997. This version is the result of a consensus amongst webmaster and key players. It has been translated and is in use in 35 different language versions.

The eight principles

1. Authority
2. Complementarity
3. Confidentiality
4. Attribution
5. Justification
6. Professionalism
7. Transparency of the financing
8. Advertising
Let's take the BC Cancer Agency Web Site.

We can observe the HONcode certification symbol at the bottom of the home page, left site corner.

If we now click on Verify here near the HONcode logo.
You will have access at a complete detailed information on how the web site complies with the HON eight principles.

Another interesting and quick method to evaluate a web site is to answer these 7 signs of a healthy Health – related website criteria:

The 7 signs of a “healthy” health-related website

1. You know who sponsors the site.
2. The information or website is dated.
3. The website uses an editorial or advisory board.
4. The site offers a clear privacy policy.
5. You can provide feedback.
6. Canada-specific information is given
7. The website doesn’t try to replace your doctor.

(Click on the link above and this will provide you more information on the 7 signs)
Learning Activity 2:

Information provided to the students by the instructor (lecture)

Students participate by researching and consulting health care web sites that they are familiar with and evaluate if these virtual sources are respecting the PLEASED mnemonic.

Learn how to use a simple mnemonic: “Am I PLEASED with the Site?” to evaluate a web site. Use the word PLEASED in the asking question.\(^\text{11}\)

To determine whether you are PLEASED, consider the following:

**P- Purpose.** What is the author’s purpose in developing the site? Are the author’s objectives clear?

**L- Links.** Evaluate the links at the site. Are they working? Links that do not take you anywhere are called dead links. Do they link to reliable sites?

**E- Editorial** (site content): Is the information contained in the site accurate, comprehensive, and current? Is there a particular bias, or is the information presented in an objective way? Who is the consumer of the site: is it designed for health professionals, clients, consumers or other audiences? Is the information presented in an appropriate format for the intended audience? Look at the details, too. Are there misspellings and grammatical errors? “Under construction” banners that have been there forever?

**A- Author:** Who is the author of the site? Does that person or group of people have the appropriate credentials? Is the author clearly identified by name and is contact information provided?

**S- Site:** Is the site easy to navigate? Is it attractive? Does it download quickly or have too many graphics and other features that make it inefficient?

**E- Ethical:** Is contact information available or the site developer and the author? Is full disclosure available on the author and the purpose of the site? Is the information easy to find or is it buried deep in the website?

**D- Date:** When was the site last updated? Is it current? Does the information need to be updated regularly?

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**Learning Activity 3:**

Information provided to the students by the instructor (lecture)

Students participate by searching their key words in the HONcode for medical professional search. After retrieving a few websites they decide which one they wish to analyse with the evaluation grid from Leslie Teach.

Searching with [HONcode for medical professional](#):

I.e.: Ask the students to search the word **Crestor** and click at all the web sites suggested at the HONcode for medical professional search. Choose one web link and evaluate the health web site with Leslie Teach evaluation grid.

- **Learn how to evaluate a web site with a formal evaluation grid from Leslie Teach.**

  **Health Related Web Site Evaluation Form:**

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<tr>
<td>1. Website information</td>
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<td>2. Content</td>
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<tr>
<td>3. Accuracy</td>
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<td>4. Author</td>
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<td>5. Currency</td>
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<td>6. Audience</td>
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<td>7. Navigation</td>
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<tr>
<td>8. External links</td>
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<tr>
<td>9. Structure</td>
<td></td>
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</tbody>
</table>

  Total score: Excellent / Adequate / Poor

  [Click this link: The interactive online evaluation grid.](#)

  [Click this link: PDF evaluation grid from Leslie Teach.](#)
In Reflection for students:

- Students are invited to reflect on this statement from Karin Polifko-Harris, 2004:

“The internet continues to change the way that professionals as well as patients obtain information. Today, patients are much more informed because of the wealth of knowledge available on the internet. It is the health care provider’s responsibility, however, to ensure that the information they receive is accurate and applicable to their particular situation.”

References:
