

- Otero, P., Hersh, W., et al. (2007). Translation, implementation and evaluation of a medical informatics distance learning course for Latin America. *MEDINFO 2007*, Brisbane, Australia. CD-ROM P421.
- Safran, C., Bloomrosen, M., et al. (2007). Toward a national framework for the secondary use of health data: an American Medical Informatics Association white paper. *Journal of the American Medical Informatics Association*, 14: 1-9.
- Safran, C. and Detmer, D. (2005). Computerized physician order entry systems and medication errors. *Journal of the American Medical Association*, 294: 179.
- Zerhouni, E. (2007). Translational research: moving discovery to practice. *Clinical Pharmacology and Therapeutics*, 81: 126-128.

Eight Years of Distance Teaching and Learning in Biomedical Informatics at OHSU

William Hersh, MD
 Professor and Chair
 Department of Medical Informatics & Clinical Epidemiology
 Oregon Health & Science University
 Portland, OR, USA
 Email: hersh@ohsu.edu
 Web: www.billhersh.info



1

Overview of talk

- Motivations for health information technology (HIT) and education in biomedical informatics
- Overview of OHSU biomedical informatics graduate program
- Description of teaching and learning technologies used by program



2

The picture is bright for HIT in the 21st century

- Recognition of its value, especially the electronic health record (EHR) with clinical decision support (CDS) (Hersh, JAMA, 2002; Bates, 2005)
- Growing recognition of importance of “secondary use” of clinical data for (Safran, 2007)
 - Health information exchange (HIE)
 - Quality reporting and improvement
 - Clinical and translational research (NIH CTSA initiative – Zerhouni, 2007)
 - Public health surveillance and reporting
 - Personal health records



3

But there are barriers and challenges (Hersh, 2004)

Health Care Information Technology Progress and Barriers

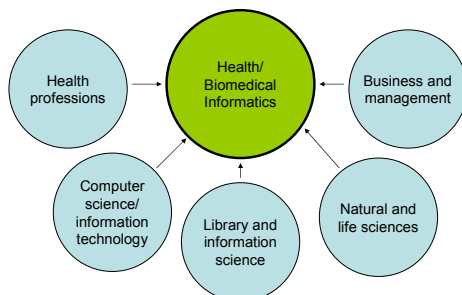
William Hersh, MD
 © 2004. I illustrate some of the 2004 “barriers” to successful HIT implementation, but encourage modeling one’s own “new best used, individualized working” of the barriers.

- Cost
- Technical challenges
- Interoperability
- Privacy and confidentiality
- Workforce → **addressed by our educational programs**

Submitted in partial fulfillment of a master’s degree in public health administration, in the Clinical Informatics program, Oregon Health & Science University, 2004. Published at Oregon Health & Science University, 2004. See also p 225S.



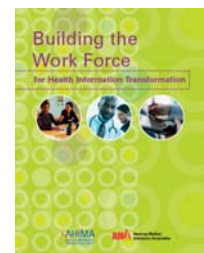
What is informatics competence? It draws on many disciplines



5

Workforce development advocacy being led by AMIA and AHIMA

- Workforce summit (2006)
- AMIA – grant from Robert Wood Johnson Foundation to develop framework for certification in informatics
 - A challenge is that field is interdisciplinary and not “cookie-cutter” like some professions
- AHIMA – recent approval of *Vision 2016: A Blueprint for Quality Education* (2007)
 - Acknowledges substantial change in HIM field
 - Advocates increasing entry level for RHIA certification to master’s level



6

Categories of biomedical informatics practice (Hersh, 2006)

Category	Jobs
Academic	Informatics researcher or teacher
Professional	CIO, Chief Medical/Nursing Information Officer, Developer, Trainer, Health information manager
Liaison	Represent clinical or research community in IT initiatives

- Adapted from Covvey et al., *Pointing the Way*, 2001
- For some individuals, roles may overlap



7

Informatics educational programs at OHSU

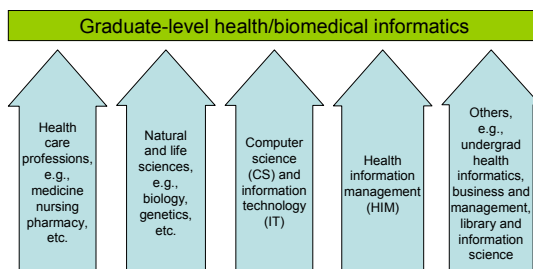
Category	Programs
Academic	- PhD - Postdoc ± master's degree
Professional	- Postdoc ± master's degree - Master's degree - Graduate Certificate
Liaison	- 10x10

For more details – <http://www.ohsu.edu/dmice/education>



8

There are many pathways into biomedical informatics



9

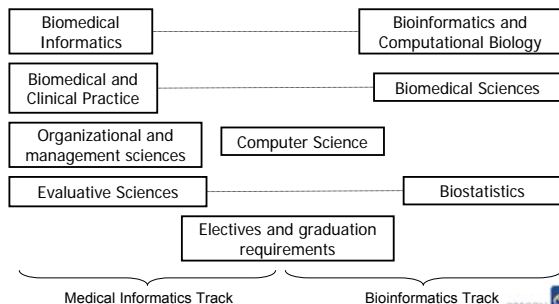
Informatics curriculum at OHSU – general principles

- Aims to cover the “full spectrum” of biomedical informatics (Hersh, 2005; Hersh, 2007)
- Curriculum centered around “knowledge base”
 - Core knowledge at master's level
 - PhD adds advanced courses and research
 - “Building block” approach allows progression to higher levels
- Have two established “tracks” and another in development
 - Medical informatics – clinically oriented
 - Bioinformatics – focused on genomics and bioscience
 - Health information management – advancing field historically focused on medical records
 - A possible future track? – public health informatics



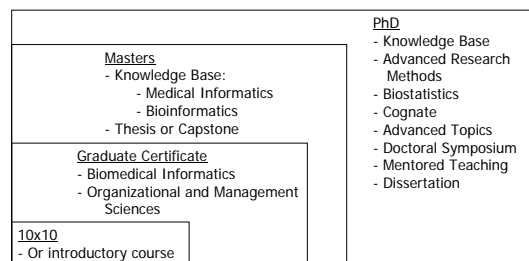
10

“Knowledge base” and its “domains”



11

Building block approach to curriculum



12

Educating the liaisons – 10x10

- Partnership with American Medical Informatics Association (AMIA) to meet Charles Safran's (2005) stated need to education one physicians and one nurse from each US hospital in informatics
 - Or, put another way, aim to educate 10,000 health care providers by 2010
- Course consists of introductory on-line course and adding one-day face-to-face session
 - Initial offering well-received (Hersh, IJMI, 2007)
 - Nearly 400 graduates so far (almost 4% of the way there!)
 - Other partners are also offering courses

AMIA 10x10™
10,000 Trained by 2010

13



Educating beyond our site – distance learning

- (Hersh, JAMIA, 2001)
- Initially in Graduate Certificate, now master's
- Teaching modalities include
 - Voice-over-Powerpoint lectures
 - Threaded discussions
 - Readings, virtual projects, etc.
- All courses delivered via Blackboard, which we license at departmental level
 - Undertaking pilot evaluation with Sakai

14



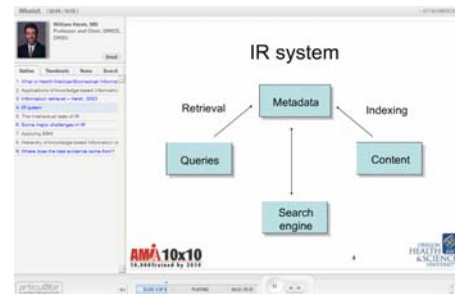
A major teaching modality is on-line lectures

- Developed using Articulate tool, which
 - Allows narration on individual slide basis
 - Outputs content in Flash
 - Allows learner to navigate slide by slide
- Also made available to learner
 - PDF of Powerpoint slides
 - MP3 file of sound from lecture

15



Example Articulate screen



16



Some reflections after eight years

- Courses are not correspondence courses; interaction is a core component
 - Amount of interaction in discussion boards far exceeds any that could ever occur in a classroom
- “Distance” courses popular among people who live in Portland and even on-campus students
 - We (and registrar) no longer distinguish between in-person and on-line offerings of courses
 - Many “on-campus” courses also make use of “distance” tools
- Have created a virtual community
 - Meet at AMIA, HIMSS, OHSU, etc.

17



New models for education can be developed with this technology

- Translation of 10x10 course into Spanish for Latin American audience (Otero, 2007)
- Offered in partnership with *Hospital Italiano* of Buenos Aires, Argentina
- Over 150 participants from 10 countries have completed course so far



18



Current and future directions

- Growth of OHSU educational program
 - First couple PhDs have finished, more in pipeline
 - 160 alumni have been awarded 168 degrees
 - Over 500 enrolled in Graduate Certificate Program
 - NLM training grant recently renewed through 2012
- Expansion of 10x10 and related programs – ~380 have completed and new partnerships have been formed, e.g., American College of Physicians and Mayo Clinic
- Graduates have successfully found employment and rewards at a variety of levels
- Distance learning has enabled access to a much wider audience

19



For more information

- Bill Hersh
 - <http://www.billhersh.info>
- OHSU Department of Medical Informatics & Clinical Epidemiology
 - <http://www.ohsu.edu/dmice>
- OHSU educational programs
 - <http://www.ohsu.edu/dmice/education>
- American Medical Informatics Association
 - <http://www.amia.org>
- AMIA-OHSU 10x10
 - <http://www.amia.org/10x10/partners/ohsu/>
- American Health Information Management Association
 - <http://www.ahima.org>

20

