ABSTRACT

PRACTICING TECHNICAL AND SCIENTIFIC COMMUNICATION
IN A COMMUNITY HEALTH CENTER

by Misty Lynn Pegue

This report contains four chapters wherein I record my experiences as a full-time, paid Community HealthCorps VISTA (Volunteer in Service to America) at the Southeast Health Center. As a VISTA, I expanded and ensured the clinic’s capacity to provide quality care to the medically underserved population of Bayview Hunter’s Point in San Francisco, California. In Chapter 1, I describe the organizations that sponsored my employment and the nature of my role and VISTA duties. In Chapter 2, I review major projects that I worked on from April 20 to September 15, 2009, the timeframe set aside for my Master of Technical and Scientific Communication internship. In Chapter 3, I describe one major project in detail, the i2iTracks training sessions and tutorials, and I reflect on my internship experiences in Chapter 4.
PRACTICING TECHNICAL AND SCIENTIFIC COMMUNICATION
IN A COMMUNITY HEALTH CENTER

An Internship Report

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Acronyms and Abbreviations

BVHP – Bayview Hunter’s Point
CHC – Community HealthCorps
CHW – Community Health Worker
FOBT – Fecal Occult Blood Testing
MEA – Medical Evaluation Assistant
MTSC – Master of Technical and Scientific Communication
NACHC – National Association of Community Health Centers
NCCC – National Civilian Community Corps
PSA – Public Service Aide
SEHC / Southeast – Southeast Health Center
SFCCC – San Francisco Community Clinic Consortium
SFDPH – San Francisco Department of Public Health
UCB-SO – University of California in Berkeley – School of Optometry
UCSF – University of California in San Francisco
VISTA – Volunteer in Service to America
Chapter 1: Introduction to the Southeast Health Center (SEHC)
To complete the requirements of Miami University’s Master of Technical and Scientific Communication (MTSC) program, I interned at the Southeast Health Center (SEHC) in San Francisco, California, as a Community HealthCorps VISTA (Volunteer in Service to America) from April 2009 – April 2010. Working primarily with a writing mentor, my supervisor, the chronic care team, and the optometry clinic, I expanded and ensured the clinic’s capacity to provide quality health care to the medically underserved population of Bayview Hunter’s Point (BVHP). I developed educational materials that were culturally and linguistically appropriate for multiple audiences. I also helped manage the chronic care registry and wrote grants to ensure the sustainability of chronic care services. Although my full-time, paid VISTA position lasted one year, I worked on these activities during the timeframe reserved for my MSTC internship: April 20 through September 15, 2009. In the rest of this chapter, I describe the VISTA sponsoring process, the organizations that sponsored me, and the nature of my role and volunteer duties.

Sponsoring Process and Sponsoring Organizations
The California Community HealthCorps (CHC), AmeriCorps, and SEHC sponsored my VISTA position. Sponsorship begins when a CHC placement site requests one or two HealthCorps workers (Figure 1). Next, program coordinators locate potential candidates, interview them, and approve them for work. Once the site supervisor also interviews and approves the CHC candidates, they must become official AmeriCorps State/National members or AmeriCorps*VISTA members, depending on the location of the program and the type of position advertised by the placement site.

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In my case, SEHC requested one HealthCorps VISTA worker for the 2009-2010 year. I was selected after applying for the position through the AmeriCorps website and completing phone interviews with the California CHC program coordinator and my supervisor, Dr. Mark Ghaly. To become a VISTA, I was required to attend a four-day pre-service orientation in April 2009. Once I completed this step, I began working at SEHC as an official CHC and AmeriCorps*VISTA member.

**CHC and AmeriCorps**

CHC and AmeriCorps’ partnership exists because they share service-oriented missions. The National Association of Community Health Centers (NACHC) established the CHC in 1995 as a program whose mission includes hiring, training, and developing tomorrow’s health care workers to directly or indirectly ensure that America’s medically underserved and vulnerable populations continue to receive and have access to health care. CHC (2009) aligns its six goals with this mission and points outs its organizational culture:

- Improve the capacity of health centers to provide quality and preventive health care.
- Encourage Community HealthCorps workers to pursue further education and careers in community health through mentorship and experiential learning.
- Increase access to and utilization of primary and preventive health care.
- Increase the quality and availability of preventive and primary care services and programs.
- Foster collaborations and partnerships that ensure the continuity and sustainability of programs and services.
- Create a culture of civic engagement and volunteerism to strengthen preventive and primary care.² (p. 1)

CHC creates and promotes this type of culture in several ways. The organization seeks workers with specific qualities and partners with organizations and programs that have similar missions and cultures. CHC employs economically, ethically, geographically, and racially diverse HealthCorps workers who are willing to serve in equally diverse rural, urban, and suburban communities with large homeless populations located throughout 16 states, the District of Columbia, and Puerto Rico. To find these civically engaged individuals and match them with appropriate communities and health centers, CHC works with AmeriCorps.

AmeriCorps is a national service program established by the Corporation for National and Community Service (CNCS) that provides opportunities for individuals to commit to a year or two years of service as paid volunteers. There are three main types of AmeriCorps programs: AmeriCorps NCCC (National Civilian Community Corps), AmeriCorps State/National, and AmeriCorps*VISTA. CHC offers positions through the AmeriCorps State/National program and the AmeriCorps*VISTA program. VISTA was originally founded in 1965 as a separate program called Volunteers in Service to America, but it was integrated with AmeriCorps in 1993. AmeriCorps*VISTA's mission is to fight poverty through civic engagement and service. By advertising some of its HealthCorps positions as AmeriCorps*VISTA opportunities, CHC

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ensures the individuals it hires will work towards and share its vision of creating a culture of civic engagement and volunteerism.

**SEHC**
I worked as an AmeriCorps®VISTA at SEHC. SEHC opened in November 1979 and has evolved from a stand alone, 330 federally funded community clinic into a primary care clinic within San Francisco’s Department of Public Health (SFDPH). SEHC provides primary and preventive care as well as many public health based services. Specifically, it is a full service health clinic that provides urgent care, drop-in health services for acute needs, psychosocial care, adult and children’s dental services, HIV/AIDS testing and treatment, breast health care, prenatal care, vision care, podiatry, complementary health services, and other services for patients of all ages on an ongoing basis. The clinic is also a strong advocate for new health services that the community needs.

SEHC is located in San Francisco’s Bayview Hunter’s Point (BVHP) district and has continued to provide health services for more than 30 years to large numbers of underserved, low-income residents, most of whom are African American and other people of color. After the naval shipyard closed in BVHP in 1974, many residents lost their jobs. With the cost of living rising, unemployment levels increasing, and the naval shipyard being designated an environmentally unsafe Superfund site in 1994, residents had to choose between moving or living in poverty. According to SFDPH’s Director of Health, Dr. Mitchell H. Katz (2006), 21.7% of BVHP’s 33,170 residents were living below the poverty line in 2001. Aware of statistics such as these, the clinic strives to serve all residents of the BVHP community, including those who continue to

- Live below the poverty line,
- Face a high unemployment rate,
- Live in substandard housing conditions or are homeless,
- Have limited access to affordable, fresh, and healthy foods, and
- Have limited access to health care services.

Understandably, the mission of SEHC is to protect and promote the health of all residents in BVHP and to provide quality, affordable, comprehensive, and culturally proficient health services that are accessible and responsive to the community’s needs. According to the American Academy of Family Physicians (2010), “cultural proficiency is defined as the knowledge, skills, and attitudes/beliefs that enable people to work well with, respond effectively to, and be supportive of people in cross-cultural settings.”

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To achieve its mission, the employees at SEHC work together as a close-knit family internally with each other and externally with patients. The staff consists of skilled, caring and knowledgeable doctors; nurse practitioners; nurses; a podiatrist; a pharmacist; a nutritionist; dentists; eye doctors; social workers; insurance specialists and other support staff (Figure 2). These staff members are proficient in most of the languages spoken in the BVHP neighborhood it serves, which include English, Spanish, Russian, Chinese, Taglog, and Cantonese. Staff members can also call for a translator to help them communicate with patients that speak other languages. SEHC is essentially a brother- and sisterhood of health care workers because the staff members partner with one another and function in multiple roles to provide patients with comprehensive health services in one location.

Although my official title was Community Health Worker (CHW) at SEHC, I also functioned in multiple roles during my MTSC internship. In the next sections, I define my role as a CHW in terms of SEHC’s organizational structure and describe my communication duties as a CHW. In Chapter 4, I reflect on my CHW role and communication duties in terms of SEHC’s organizational design.

Role as a Community Health Worker
I fit into Southeast’s organizational structure as a CHW as Figure 2 highlights. Although several definitions of CHWs exist, my role at SEHC most closely matched the definition cited in Catherine Oakar’s report (2009):

A lay member of a community (1) who applies his or her unique understanding of the experience, language, and/or culture of the populations he or she serves in order to bridge individuals, communities, and health and human services, provide culturally appropriate health education and information, ensure people receive the services they need, provide direct services such as informal counseling and social support, and advocate for

![Figure 2: SEHC Organizational Chart. *I created this chart to show that I fit into Southeast Health Center's (SEHC) organizational structure as a Community Health Worker (CHW).]
individual and community needs (9).\(^6\) (p. 4)

In terms of my salary, goals, and education, my role at SEHC also matched the following description of CHWs in Oakar’s (2009) report:

In terms of whom they target and what their goals are, CHWs can be more socially and community focused or they can be more clinically focused. They can integrate both health and social services or concentrate purely on health issues. They may be responsible solely to the community or they may be employed in a health care setting. CHWs may also act purely as volunteers or they may collect a salary (3). In addition, community health workers may be trained formally..., may be taught the necessary skills in an informal setting, or may simply be self-taught.\(^6\) (p. 4)

As a full-time, paid CHW/VISTA volunteer, I worked primarily with the medical director (my supervisor) as well as the optometry clinic and chronic care team. This team included physicians, a nutritionist, a pharmacist, a chronic care coordinator, a medical records staff member, a nurse, a medical evaluation assistant, and public services aides. We had community and clinically focused goals. Our goals were to expand SEHC’s capacity to provide quality health care to BVHP residents and to help patients better manage their diabetes, high blood pressure, high cholesterol, and heart disease. We also worked together to address patients’ social needs as well as their barriers to care. I used my background in technical and scientific communication, medical and health science, and environmental sciences to perform my CHW duties, and I received formal and informal training throughout and beyond the timeframe of my MTSC internship.

**Communication Duties as a Community Health Worker**

My duties as a CHW at SEHC were defined by my three responsibilities as a VISTA and the nature of the work I was hired to perform:

- Health Education
- Resource Generation
- Program Design

My duties within these three areas included information design, document development, health care registry and patient chart management in addition to training medical workers and running the optometry clinic. My specific communication activities included re-designing the clinic’s informational brochure and developing and writing the content needed to expand the clinic's website. I also wrote health scripts about how to perform annual foot screenings on patients with diabetes and how to review medications with chronic care patients by phone. I helped write grants on behalf of the health center as a chronic care team member and as the optometry program assistant. Lastly, I helped train medical workers to use a health care registry called i2iTracks and developed training materials for them to use after the training sessions. I

completed these communication projects along with my other CHW responsibilities. Technical and scientific communicators who choose to work in similar public health positions are also assigned and often expected to complete communication work in addition to satellite duties that are communication-based.

My communication assignments contributed to SEHC in direct and indirect ways. Re-designing the brochure and writing the content for the website directly promoted the services that SEHC provides. Creating health scripts and health care registry training materials allowed me to perform my duties more effectively and provided opportunities for me to create knowledge-sharing documents that would help future CHWs and other medical workers perform their duties effectively as well. Writing grants helped ensure the sustainability and availability of chronic care and optometry services at SEHC.

I provide an overview of these activities in Chapter 2. In Chapter 3, I describe the health care registry training sessions and tutorials in greater detail, and in Chapter 4 I reflect on SEHC’s organizational design and my internship experiences.
Chapter 2: Overview of Major Activities

From April 20 to September 15, 2009, I began four major activities at SEHC and completed three others (Figure 3). I started developing the SEHC website and informational brochure, completed and submitted the “Strength in Numbers” grant, and began researching grants for the optometry clinic. I also completed two health scripts and began training some workers to use the clinic’s health care registry in addition to drafting tutorials for them to use for future reference.

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<tr>
<th>Health Education</th>
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<th>July</th>
<th>August</th>
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<td>Resource Generation</td>
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<td>“Strength in Numbers” Grant</td>
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The time dedicated to these seven major activities varied. Altogether, they comprised 70 percent of my time at SEHC (Figure 4).

Figure 3. Chart of major activities.

Figure 4. Chart showing percent of time dedicated to each major activity during my MTSC internship at SEHC.
In the rest of this chapter, I review the organizational audience, purpose and objectives, project contributions, and outcomes of my internship activities.

**SEHC Website**
Expanding the SEHC website was one of the first major activities that I was assigned.

**Audience of the Website**
My supervisor wanted the expanded website to attract multiple audiences, including potential funders, career/internship seekers, volunteers, researchers, and the general public.

**Purpose and Objectives of the Website Project**
As one of the San Francisco Department of Public Health’s (SFDPH) primary care clinics, Southeast had a brief description of its services, location, and hours published on a single web page within the SFDPH website. This description is shown in Figure 5 on the next page. Dr. Ghaly wanted to link additional web pages to the existing page. His objectives in adding pages were a) to reveal the story of the clinic, b) to describe the mission, vision, and needs of the clinic as a whole, and c) to describe the mission, vision, and needs of the clinic’s individual programs and services.

**Project Contributions**
My main responsibilities in expanding the SEHC website were researching and writing because SFDPH had its own web masters, web developers, and other information technology staff to design, maintain, and publish content to its website. I gathered information for the website through email and informal informational meetings with SEHC staff, converted the information into a format and writing style suitable for the web, took and or collected any necessary photographs to add to the written content, and submitted the drafts to the SEHC staff that I met with as well as to my supervisor, my writing mentor, a project manager, and a web master for evaluation.

More specifically, to gather information, I followed a standard technical communication process. First, I met with some subject matter experts such as SEHC’s providers, nurses, managers, and health workers to discuss specific clinics, programs, and services. My supervisor and a health worker gave me a preliminary list of potential staff members to meet with for this purpose, and I used email or face-to-face requests to set up informational meetings with them. Before the meetings, I created a list of standard questions to ask each staff member. During the meetings, I used a digital recorder to capture all the staff members’ responses to the standard questions and their responses to any probing or follow-up questions. After the meetings, I wrote the content needed to expand the website, took or collected any necessary photographs, and sent the drafts to appropriate individuals for review and approval.

**Outcomes of the Website Project**
After I submitted my drafts to two web designers at SFDPH, they applied the same web page template and cascading style sheet to my drafts so that their general layout, background colors, page headings, text and hyperlink colors matched the design of the SFDPH website. The only difference between my drafts and the existing web page was the layout of and content in the central, white part of the website as shown in Figures 5 and 6. Before submitting the drafts, I
Figure 5. Brief description of Southeast on a single web page within the SFDPH website (http://www.sfdph.org/dph/comupg/oservices/medSvs/hlthCtrs/SEHlthCtr.asp).

Figure 6. Draft of the revised content and description of Southeast (unpublished).
added a navigation bar to the existing page. I noticed that navigation bars were placed to the right of headings and text on other pages in the SFDPH website. I also used this layout for SEHC’s web pages because it balanced and aligned the elements on each web page. To strengthen this balance and alignment further, I removed the large, outdated photograph of SEHC from the bottom of the existing page, replacing it with a smaller, current photograph and aligning it beneath the navigation bar on the right side of the page.

Next, with the navigation bar and photograph added, I revised the text on the home page and drafted the content for approximately 10 additional pages. On the home page, I described the purpose of the website and also forecasted the new pages: the “About Us,” “Our Services,” and “Contact Us” pages. On the “About Us” page, I wrote about the mission, vision, history, and needs of the clinic, fulfilling my supervisor’s first and second objectives for the project. On the “Our Services” page, I included links to some of the clinic’s specialty programs and services and wrote about the mission, vision, and needs of these programs on separate pages, fulfilling my supervisor’s third objective for the project.

I worked on the website from April to late July (Figure 3) until the project was put on hold. This postponement occurred for several reasons. I was assigned to complete other projects with more urgent deadlines, and it was difficult to schedule meetings with busy co-workers to find out about certain clinic programs and services. My supervisor and I also eventually discovered that SFDPH, as a public government agency, could publish content about our clinic’s mission and vision on its website but not content about our clinic’s needs. As a result, web pages were not published, and my supervisor is considering other organizations to host and publish the SEHC website.

**SEHC Brochure**

Re-designing Southeast's informational brochure (shown in Figure 7) was assigned along with expanding the clinic’s website.

**Audience of the Brochure**

The re-designed brochure would best serve individuals interested in receiving primary care and those already engaged in care at the clinic.

**Purpose and Objectives of the Brochure Project**

My supervisor wanted the SEHC brochure to match the SFDPH website. More specifically, his objectives in re-designing the brochure were a) for it to include updated information about all the clinic’s available services, including the hours, appointment times, and telephone numbers just like the website and b) for it to match the color scheme and professionalism of the website.

**Project Contributions**

As I gathered information for the website project, I was also gathering information to update the clinic’s brochure. Consequently, I included the same information in the brochure that I added to the website. I also changed the layout and design of the original brochure to match the SFDPH website.
**Outcomes of the Brochure Project**

Now the revised brochure not only contains updated information about SEHC’s programs and services, it also matches the color scheme and professionalism of the SFDPH website (Figure 8). The turquoise, blue, orange, and white colors on the SFDPH website were completely different from the yellow and black colors in the original SEHC brochure. I used Microsoft Publisher to complete the design objectives of this project: I ensured the cover of the brochure more closely mirrored the home page of the SFDPH website and the rest of the brochure matched the central, white part of the website used to describe SEHC. The re-designed cover now has white text on a blue and turquoise background. These colors and an orange line are also repeated throughout the brochure similar to their repetition on the website. In addition, I included the same updated image of SEHC on the brochure cover that I included on the revised website homepage, and I added a medical icon on the cover and repeated it throughout the inside and back of the brochure. My rationale behind making these changes was to help the audience recognize the clinic and associate it with health care in and for the BVHP community. Adjacent to the medical icon at the top of the brochure cover, I outlined three words—affordable, comprehensive, and quality—from the mission statement to strengthen and further emphasize the association between the clinic and the medical care it provides.

The inside and back of the redesigned brochure also matches the SFDPH website. The text in this part of the brochure is now black similar to the dark gray text used in the central, white part of the SFDPH website. Also, I added images of the medical icon throughout the inside and back of the brochure and made the brochure headings distinctive the same way that I outlined the three words from the mission statement on the cover. I made these changes to help audience members understand, in quickly scanning the brochure, that they can receive many types of health services at SEHC. I also reasoned that audience members with low literacy levels would still be able to see the images of SEHC on the brochure cover and the medical icons on the cover, inside, and back of the brochure and make the connection between what the clinic looks like, what type of organization it is, and what type of services it offers.

This project comprised 12% of my MTSC internship (Figure 4) and was put on hold at the end of June 2009 (Figure 3). When the brochure is completed, however, audience members will pick up a more professional looking document that contains accurate information about the clinic’s hours of operation, telephone numbers, services, and appointment requirements.
Figure 7. Front (top) and inside (bottom) of SEHC’s original informational brochure.
Figure 8. Draft of re-designed brochure.
"Strength in Numbers" Grant
I received my first grant writing assignment in June near the middle of my MTSC internship. I helped write and submit the “Strength in Numbers: Supporting Chronic Care and Prevention” grant working with my supervisor and one of the doctors who headed the chronic care team.

Audience of the Project
As a previous recipient of the “HSF Registry Support Program” grant, the chronic care team at SEHC sought additional support through the “Strength in Numbers” grant. Through the “HSF” grant, the team received funding to hire support staff to manage patient information in i2iTracks, an electronic registry that tracks specific indicators of patients’ health. The team was also able to further develop the chronic care program and strengthen its efforts to improve the health of patients with diabetes, high blood pressure, high cholesterol, and heart disease.

Purpose and Objective of the Grant Project
Through the “Strength in Numbers” grant, the team sought panel management and health worker training as well as funding to develop a second chronic care program focused on improving the rates of fecal occult blood testing (FOBT). FOBT is one type of colon cancer screening that some 50- to 75-year-olds need to get annually.

I learned about the “Strength in Numbers” grant on Thursday, June 11, 2009, and my supervisor told me that it was due on Monday, June 15, at noon. To complete the grant before that deadline, we divided up the work. My supervisor and the provider worked together to complete the questions section and the “Project #2” section. I was responsible for writing the “Project #1: Improving diabetes care” section. My objective for the “Project #1” section was to clearly and concisely describe how SEHC planned to continue implementing activities to improve care for its diabetic patients.

Project Contributions
To achieve my objective, I drafted the introduction, the conclusion, and three supporting paragraphs about the clinic’s point-of-care activities, health registry reports, and 2008 Diabetes Day. I wrote about these three activities because I thought they would make a positive impression on the grantor and because I was familiar with them. I helped the chronic care team complete the first two activities and plan for the third activity, the 2009 Diabetes Day. After reviewing my draft of the “Project #1” section, my supervisor asked a Public Service Aide (PSA) to write about some of the activities she had worked on with the chronic care team since December 2008. She used three paragraphs to describe one more point-of-care activity in the “Project #1” section.

Outcomes of the Project
Following my supervisor’s final review and approval of the “Strength in Numbers” grant, I faxed the completed application before the June 15 deadline. I contacted the grant funder on June 15 to confirm that she had received the grant and received a positive response. On July 2, we were notified that we were one of the 24 medical sites funded by the grant. This project comprised 10% of my MTSC internship (Figure 4).
Optometry Grant
The optometry clinic was a fairly new addition to SEHC, and the optometry grant project was in its infant stage at the end my MTSC internship. Shortly after I started working at SEHC in April 2009, the clinic began providing optometry services for patients in collaboration with the University of California Berkeley’s School of Optometry (UCB-SO). At that time, the optometry clinic operated only on Tuesdays and accepted patients only through in-clinic referral, meaning they needed to be established, primary care patients at Southeast.

Audience of the Project
Dr. Ghaly, my supervisor, was the primary audience and co-writer for this project. He would eventually read, evaluate, and approve the boilerplate and final optometry grant proposal before I submitted it to any prospective funders. He would also add essential information to the final grant such as budgetary data, which was beyond my knowledge and skill set.

Purpose and Objective of the Grant Project
My primary purpose was to locate potential funders and draft a grant proposal that would enable us to sustain the capacity of the optometry clinic. My supervisor wanted me to research and apply for grants that would help the optometry clinic continue to provide eye care services; to start operating on more weekdays; and to have UCB-SO students intern at SEHC, performing administrative and support work as well as temporarily functioning as the optometrist when necessary.

Project Contributions
I had just started researching funders for this project during the first week of September when my internship ended. I located two funders that Dr. Ghaly agreed would be appropriate to apply to: the California Endowment Foundation and the California Healthcare Foundation. He also suggested that I research grant opportunities offered by the Lions Clubs International and LensCrafters, and the optometrist said I should consider applying to Alcon, a global eye care company.

Outcomes of the Project
This project comprised only 5% of my MTSC internship (Figure 4). Steps that I plan to complete for this project, following my research and identification activities, include meeting with my supervisor; contacting funders; writing, revising, and submitting letters of intent and grants; and conducting any necessary follow-up activities with funders.

Health Scripts
During my MTSC internship, I also helped develop two health scripts that functioned as educational materials and knowledge-sharing documents.

Audience of the Health Scripts
These health scripts were essentially transcripts of dialogue and specific actions for staff to use and follow when communicating with patients about their medications and when performing
annual foot exams on diabetic patients. Generally, registered nurses, medical evaluation assistants, and some community health workers performed these duties.

**Purpose and Objective of the Health Scripts**
The purpose of the health scripts was to directly help staff follow standard procedures when communicating and interacting with patients; staff members could also indirectly help patients become familiar and comfortable with the processes of undergoing foot screenings in the exam room and medication reconciliation via the telephone. The Institute of Medicine (2007) panel defines medication reconciliation as the process of documenting “which prescribed medications patients are taking, and if a patient is not taking a prescribed medication, why not” (as cited in Bodenheimer and Laing, 2007, p. 458).  

**Project Contributions**
In May, I worked with two providers who were chronic care team members to develop a medication reconciliation script and a list of commonly prescribed medications for patients with diabetes, high blood pressure, high cholesterol, and heart disease. Also, after I was trained by a registered nurse in June to do annual foot screenings on patients with diabetes, I wrote a second health script about performing the screenings. Now, future workers will be able to use these health scripts, too.

**Outcomes of the Project**
Creating two health scripts comprised 6% of my MSTC internship (Figure 4). These health scripts helped me and can help future CHWs perform their duties properly and effectively. After I was trained to do the annual foot screenings, I used the foot script as a guide. When I did medication reconciliation with patients via telephone, I also used the health script and the list of medications as guides. The nurse and doctors that collaborated with me as I developed the health scripts had worked with patients at SEHC for more than two years. They ensured that the scripts contained culturally and linguistically appropriate language and terms that the patients would understand. In developing the medication reconciliation health script, for example, these staff members knew that patients commonly used the words “pills” and “meds” instead of “medications” or “medicine”. These staff also knew that the most prescribed medications had long, complicated names, that some patients would just describe various characteristics of the pills they were taking, and that some would use abbreviations or other terms to identify their pills. For instance, the doctors knew that some patients identified hydrochlorothiazide as a “HCTZ” or as their “water pill”. These cultural and linguistic nuances and preferences were considered and incorporated into the medication reconciliation health script. The final health script included questions asking patients to spell out the names of the pills they were taking or to describe the shape, color, size, and letters or numbers engraved in or written on the pills.

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i2iTracks Training Sessions and Tutorials
As its second chronic care project for the “Strength in Numbers…” grant, Southeast chose to improve FOBT rates. In its efforts, the clinic collaborated with the University of California San Francisco (UCSF) which was conducting a research project about improving FOBT rates by linking the FOBTs with seasonal flu shots.

Audience of the Project
A PSA, fourth-year medical student, and I were responsible for training certain staff to use i2iTracks, an application that tracks specific information about patients such as whether they need FOBTs and seasonal flu shots. These staff members included a nurse, health worker, and medical evaluation assistants (MEAs).

Purpose and Objectives of the Project
To ensure success in improving FOBT screening rates, the nurse, health worker, and MEA who were directly involved in offering and administering the FOBT screenings needed to be trained to use i2iTracks and to be introduced to the concept of panel management. In preliminary meetings, my supervisor outlined his objectives about the training sessions, which I discuss in greater detail in Chapter 3.

Project Contributions
I wanted these staff members to be trained and to have reference materials, so I worked on developing abridged tutorials for them to use after the training sessions. I took sole responsibility for creating, writing, organizing, editing, and revising the tutorials, and I worked on the documents before, during, and after the training sessions.

Outcomes of the Project
Pre-training activities largely consisted of tutorial development, including project definition, technical editing, writing, and document design. Training activities included using the draft tutorials to prepare for future usability testing. Post-training tutorial activities involved review sessions with my supervisor, the nurse manager, and my fellow trainers; and revision of the tutorials based on suggestions from a trainer and my writing mentor.

In the next chapter, I provide a more detailed description of the background and purpose, objectives, audience, and outcomes of the i2iTracks project in addition to my project contributions.

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8 “Panel” refers to a group of patients who are assigned or paneled to a particular provider at SEHC and to a medical evaluation assistant (panel manager) working with that provider.
Chapter 3: i2iTracks Training Sessions and Tutorials

For one of my major projects, I helped train medical workers to use i2iTracks, one of the clinic’s health care registries, and I developed tutorials for using the registry. In 2006, the SFDPH and the San Francisco Community Clinic Consortium (SFCCC) purchased i2iTracks for its clinics, and Southeast staff began using the application in March 2007 specifically to track diabetic patients’ health based on their vitals, lab values, immunizations, procedures and referrals, and medications. Since 2007, employees’ use of i2iTracks has increased, and their purposes for using it will also expand. In addition to tracking diabetic patient care, the staff will start using the application to track asthma, chronic pain, HIV, mammography, and pap care for all of its patients. I am also helping train certain staff to use the registry to find 50-75 year old patients who needed FOBTs and flu shots for the purposes summarized in Chapter 2 and detailed in the “Background and Purpose” section that follows.

I began this project in late July 2009 and continued working on it after the end of my MTSC internship in September. In Appendix A, I include a schedule of the training sessions completed by this month, and I include copies of the tutorials developed thus far in Appendix B. In the rest of this chapter, I present the background and purpose of this project, the procedures and model I followed while training the workers and developing the tutorials, and the outcomes of the project at the end of my internship.

Background and Purpose of the Project

In becoming a more patient-centered clinic and tracking its patients’ health care needs, Southeast planned to adopt and implement population/panel management practices. In my supervisor’s (2009) words,

> For years, the provider has been the center of the relationship between [the] patient and the clinic. In an era where access is difficult and part-time providers work as part of full-time teams, this centrality in the patient-clinic relationship has become shared. The role of the panel manager helps actualize this shared position between providers and other clinic staff. For SEHC, the move toward panel management specifically identifies another staff member as a connector between the patient and the clinic: the patients should have another person within the clinic they can depend on and build a relationship with in order to take better charge of their health. Ultimately, the panel managers will become part “panel owners” along with the provider. The more eyes watching out for the patient the less likely a detail will be missed or an opportunity lost...Tracking a provider’s panel for a specific health care maintenance activity may help us achieve better care for our patients. This task has been made easier by the i2i Registry.⁹ (p. 1)

Southeast first implemented population/panel management practices with the FOBT-flu project, a chronic care project described below and in the 2009/2010 “Strength in Numbers” grant application:

[Southeast’s] current rate of colon cancer screening is 38% for individuals aged 50-70. Thirty out of thirty-eight percent of those individuals are screened with fecal occult blood

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testing [FOBT]. Given the scarcity of resources for patients to receive flexible sigmoidoscopy or colonoscopy, we will focus on improving our FOBT rates. We will continue to utilize public service assistants, RNs, MEAs and health workers in our efforts to outreach, provide health coaching and organize population management for this very important screening test. We will organize our FOBT work in a similar manner to our diabetes registry work in an effort to improve our rates, with our QI [Quality Improvement] team participating in developing innovative outreach and follow-up mechanisms for our patients. One such innovation is our participation in a project that pairs FOBTs [with] flu shots, in an effort to improve our FOBT rates.\(^\text{10}\) (p. 13)

The FOBT-flu project referenced in the above description began when Southeast partnered with the University of California – San Francisco (UCSF), the institution researching FOBT rates and seasonal flu shots. According to UCSF, the San Francisco Department of Public Health’s colorectal screening policy recommends that 50- to 75-year-olds receive annual FOBTs when their test results are abnormal. One way to ensure these patients are receiving FOBTs is to link the screenings with other annual tests. UCSF decided to link FOBTs with seasonal flu shots. When UCSF conducted pilot studies of this FOBT-flu project at two other primary care clinics in San Francisco, the clinic’s FOBT-flu rates increased significantly. The University hoped to see similar increases in FOBT-flu rates at Southeast.

Before we at Southeast could begin this project, however, we first needed to understand how to implement it and how to use the i2iTracks registry to locate patients who were eligible for FOBTs and seasonal flu shots. In implementing the project, UCSF explained that the study would officially begin September 28, 2009 and end in January 2010, although Dr. Ghaly planned to continue focusing on colorectal cancer screenings and FOBTs until February 2010. Every one-to-two weeks during the UCSF timeframe, Southeast would participate in the study by alternating between FOBT-flu weeks and normal weeks at the clinic. Patients 50 to 75 years old who had not had a seasonal flu shot within the last year, a colonoscopy within the last 10 years, and a flex sigmoidoscopy within the last five years were eligible to receive flu shots and FOBTs and eligible to be counted in the study during FOBT-flu weeks and normal weeks. Specifically, during FOBT-flu weeks, UCSF instructed MEAs and registered nurses to offer eligible patients FOBTs along with their seasonal flu shots. During “normal” weeks, clinic staff would follow normal procedures of offering seasonal flu shots to eligible patients without offering them FOBTs.

For MEAs and registered nurses to perform their FOBT and panel management duties more easily and more efficiently, they needed to be trained to use i2iTracks. According to Dr. Ghaly (2009), this application would enable the health workers to do the following:

a. Identify and develop a list of patients due for FOBTs.
b. Function as panel managers, reviewing the list of patients with the provider.
c. Reach out to patients in order to support them through the process of completing the FOBTs.
d. Document the status of his/her efforts with the goal of achieving 100% compliance with the colorectal cancer screening recommendations.9 (pp. 1-2)

A PSA, fourth-year medical student, and I were selected to train the workers in i2iTracks. The PSA and I had already been trained on how to use this application, but the medical student who also worked with us had not. Therefore, we reviewed i2iTracks with him beforehand so he would be more prepared and feel more comfortable training the staff when neither of us was available to train them.

Procedures
Since SEHC did not have established, in-house guidelines about conducting training sessions and developing training materials, I tried to follow the procedures in the MTSC problem-solving model—a model that includes guidelines for developing effective communications. The steps and tasks in the model aligned well with the pre-training, training, and post-training activities that I anticipated completing for the i2iTracks project, especially the tutorials. In the rest of this chapter, I explain how I used the MTSC problem-solving model to conduct the i2iTracks training sessions and develop the tutorials.

Defining the Problem
My first two pre-training activities included planning the i2iTracks training sessions and creating a training schedule. These two activities were based on the tasks outlined in the first step of the MTSC problem-solving model: define the problem. This step involves identifying the purpose of the project and analyzing its context and audience. Specifically, during this step, technical communicators should perform the following tasks:

- Specify the purpose of the communication (organizational function, reader’s use, writer’s intention, and so forth).
- Analyze the context (constraints, conventions, and so forth).
- Analyze the audience.11

These tasks should assist the communicator in developing objectives for the communication.

Defining the problem helped me to understand the context behind the training sessions and tutorials as well as to set objectives, plan the sessions, analyze the audience, and develop a training schedule, and consider other purposes.

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Analyzing the context
Contextual analysis includes analysis of the situation surrounding a communication, the communicator, the work environment, subject matter and medium as well as constraints and conventions. The context of my i2iTracks project began when SEHC planned to adopt and implement better patient-centered, panel management practices with the help of an electronic patient registry and tracking application called i2iTracks; however, certain clinic workers needed training in panel management in addition to training in how to use i2iTracks. Dr. Ghaly, my supervisor, revealed this problem in a preliminary meeting in which he also gave three of us the task of “solving” the second part of the problem—training certain staff to use i2iTracks. He selected us for this purpose because the chronic care coordinator and a former public service aide (PSA) had already trained us to use i2iTracks. Although we were not trained to use every feature in i2iTracks, we knew how to use it to complete multiple tasks associated with panel management. Dr. Ghaly wanted us to teach these software skills to the trainees.

Identifying the objectives
By defining the problem and explaining the context beforehand, Dr. Ghaly helped me understand the need for the training sessions and tutorials. He also helped identify general objectives for the training sessions and tutorials:

- Help trainees gain access to the i2iTracks application.
- Show trainees how to track referrals to ensure patients keep their subspecialty appointments.
- Show trainees how to create and track follow-ups about patient’s health care maintenance.
- Show trainees how to create and/or run searches to find lists of patients that meet or do not meet certain criteria.
- Show trainees how to run health registry reports and how to contact the software administrator when a new health registry report is needed.
- Show trainees how to use i2iTracks to generate correspondence (letters and labels) for individual patients and groups of patients.
- Explain to trainees how to troubleshoot various issues with i2iTracks.

Planning the training sessions
Based on these general objectives, we trainers discussed topics that the trainees needed to understand before training began, while it was occurring, and after it was done. These topics included briefly re-explaining the concept of panel management, making sure the trainees understood the purpose of i2iTracks and why they were being trained, going over the processes of using i2iTracks for panel management, and adding some tips and tricks of using Microsoft Word and Excel 2003 and 2007 when certain features of i2iTracks would not work properly. Although the general objectives of the training sessions and tutorials did not change, the audience and training purposes changed, which I explain in the next section.

Analyzing the audience
A large part of audience analysis is identifying all the members of the audience and their needs and anticipating how they might use a document or other communication. For the i2iTracks tutorials, Dr. Ghaly had already identified the primary audience members: the trainees. Other audience members included reviewers such as my writing mentor, supervisor, and fellow trainers. My responsibility was to anticipate how the primary audience might use the trainings
and tutorials to complete their panel management duties. The original group of staff that I was assigned to train for the FOBT-flu project consisted of medical evaluation assistants (MEAs), a health worker, and a nurse. After the end of my MSTC internship, I also trained other nurses, volunteers, and health workers. These trainees were mostly women, and their ages ranged from 25 to 55. Their computer skills also varied as well. Many of the nurses and health workers used computers daily to complete their responsibilities at the clinic, so their skills were more advanced than the MEA’s skills, which were mainly hands-on, patient-oriented versus computer-oriented.

Creating a training schedule

Being aware of the audience members’ and our limited schedules also helped us realize how complex and challenging it was to plan, create, and follow a set training schedule. I worked at SEHC full-time as a health worker and also as an optometry program assistant with multiple responsibilities that often kept me busy. The PSA worked part-time at SEHC and part-time at Maxine Hall, another SFDPH primary care clinic. She also had multiple responsibilities at both clinics. The third trainer was a fourth-year medical student employed full-time at Family Health Center, another SFDPH clinic, with his own responsibilities as well.

The trainees were also busy. Some of the nurses and health workers had their own schedule of patients. Although they saw these patients during AM and PM sessions, they had down time to perform panel management when patients did not show up. Many of the health workers and MEAs, on the other hand, often had limited down time to perform panel management duties because they worked with multiple patients and providers simultaneously. Both the nurses and MEAs also helped with lab duties when needed. As a result, the nurse manager had to give these workers protected time to function as panel managers and to be trained.

Thus, organizing the training sessions and working around multiple schedules seemed almost impossible. However, during August and September, some of the providers were going on vacations or taking time off for other reasons, which freed up some of the MEAs and nurses’ time. We decided to use these “provider-light” days to train some of the staff. Our goals were to train them one-on-one for one to two hours each, with one trainer instructing one trainee for up to two hours during the AM and PM sessions. The nurse manager let us know up to a day before (or on the same day) when the trainees would be free. (See Appendix A for the completed training schedule).

Considering additional purposes of the training and tutorials

In learning about the audience members’ limited schedules, I realized that they were being trained and would use the tutorials for multiple purposes. Although my main training purpose was to teach workers to use i2iTracks to find patients needing FOBTs and flu shots, I learned that the nurses would eventually use the training sessions and tutorials to understand how to track patients with asthma and childhood immunization needs and the health workers would use the training and tutorials to track patients with mammogram and chronic pain medication needs. Being aware of these additional purposes helped me to anticipate further how the trainees might react to the tasks explained in the training and tutorials, how much information they needed or already knew about using computers and their panel management roles, under what circumstances and time constraints they might use the tutorials, and whether the trainees might use the tutorials as general references or as specific guides.
Designing a Solution
My second pre-training activities involved gathering resources to develop the i2iTracks tutorials and design the solution. These activities were equivalent to the tasks listed in the second step of the MTSC problem-solving model: design a solution. To design a solution to a problem the following tasks should be performed:

- Make preliminary decisions about the communication’s medium, form, style, production, distribution, and so forth.
- Gather necessary information (interview, use printed and computerized sources, and so forth).
- Draft the solution or communication (for example, in print: write rough draft and sketch figures).
- Design the finished product (for example, in print: choose typefaces; design layout, and so forth).

All of these tasks should result in a testable communication, a pilot version, or review copy.

I performed similar tasks in designing a solution and communication for the i2iTracks training and tutorial problem. I gathered resources and designed a solution.

Gathering resources for the tutorials
The development of the i2iTracks training materials resulted from my personal desire for the trainees to have materials for future reference. Thus, I took sole responsibility for writing, organizing, creating, editing, and revising the materials. I decided to gather information from resources that were already available. These resources included the i2iTracks’ 100-page, online help manual, some protocols specific to diabetes that a former PSA documented before leaving for medical school, the notes I took during my training sessions with the chronic care coordinator, and two existing user guides developed by the SFDPH and the SFCCC. It was necessary to develop new, abridged materials because the other resources either were not tailored to the clinic or the situation or because they were either outdated or too lengthy. In the sections that follow, I explain why these resources were not effective documents for the i2iTracks project that I was assigned and how I designed a solution to revise the tutorials.

Online manual. The first resource I gathered information from was the i2iTracks online help manual. Although this manual was comprehensive, it was too lengthy (approximately 100 pages), and it included instructions about accessing parts of the software that SEHC staff would not be able to access. These two aspects of the online manual (extra length and unnecessary information) could increase confusion and deter the trainees from using the materials. Thus, I decided that the SEHC tutorials would be more concise and the unnecessary information would be edited out to reduce confusion. Also, if the trainees had questions about parts of the i2iTracks software that were inaccessible, I planned to include a troubleshooting section instructing them to contact the software administrator.

PSA protocols. The second resource that I used to develop the i2iTracks tutorials were protocols written by a former employee. These protocols were written to help users perform panel management duties for patients with chronic care problems (diabetes, heart disease, strokes, and
hypertension). Because these protocols were too specific, I decided that I needed to develop more general i2iTracks tutorials for the trainees—tutorials that could be used for multiple purposes and used to find and track patients with other types of health problems or health needs.

**My training notes.** I also considered the handwritten notes that I had taken when I was first trained to use i2iTracks. Unfortunately, my notes were unorganized and illegible, and I discovered that I had not written down all the steps needed to completed tasks successfully in i2iTracks. I could not use the notes since they were hard to follow and understand even for me. I also could not use them because I anticipated that all the trainees would want to access my notes, possibly simultaneously, following the training sessions. Considering my notes as a resource helped me decide to make the i2iTracks tutorials electronic files that everyone could access.

**Existing user guides from SFDPH/SFCCC.** Another resource that I used in developing the i2iTracks tutorials was two existing user guides. The first 32-page guide was created in 2007 and many of the steps were inaccurate and the graphics outdated because the software had been updated since that year. The second 25-page user guide was recent in that it was created in July 2009. However, the second user guide was too general: it was written to help workers from all the clinics in the SFCCC and SFDPH. Dr. Ghaly wanted i2iTracks tutorials developed for the particular needs of SEHC and its staff members.

**Designing the solution**

Using the information gathered from these resources, I edited, re-organized, and re-drafted the i2iTracks tutorials for SEHC staff. Specifically, I used all the existing resources as models, deleting potentially confusing information, keeping important content, and adding content based on the needs of the trainees. I kept the same layout, typeface, and font of the existing resources because proximity, alignment, repetition, and contrast were used properly and effectively in them. I also used some graphics from the other resources and added and edited my own images to my drafts. These drafts or pilot versions were then used in the training sessions as guides for the trainers and reference and testing materials for the trainees.

**Testing the Solution**

Before the i2iTracks training sessions, I tested the pilot versions of the tutorials by submitting them to my writing mentor and a fellow trainer for review. I revised the tutorials based on their comments and used the documents to conduct the training sessions. In addition, I plan to test the tutorials after the trainees complete all their training sessions, and I met with my supervisor or the nurse manager and the trainers to try to gather more responses and insights about the utility of the tutorials during post-training review sessions.

These activities fit with the third step of the MTSC problem-solving model: test the solution. According to the model, technical communicators should perform the following tasks to complete this step:

- Design procedures for testing or reviewing the communication.
- Present the pilot version or review copy to a sample of the audience or to reviewers.
- Gather responses from the audience or reviewers.
- Analyze the responses.11
Gathering insights before the training sessions

After submitting the first drafts of the i2iTracks tutorials to my writing mentor and a fellow trainer for review and evaluation, they told me ways to improve and revise the documents. Specifically, I received the following insights from these reviewers:

- Use active voice throughout the tutorials whenever possible, especially for the instructions.
- End all of the instructions with consistent punctuation.
- Spell out and or abbreviate the title of the software, i2iTracks vs. i2i, consistently throughout the tutorials.
- Include more screenshots (versus text).
- Place arrows, numbers, and labels next to screenshots when they are used as figures for multiple steps.
- Use consistent levels of headings.
- Delete unnecessary information from the overviews and steps, and add needed information or missing steps.

These insights were taught in my MTSC coursework and stemmed directly from my writing mentor’s and another trainer’s comments. An interesting side note is that some of my mentor’s comments and the reviewer’s comments were similar although each had different educational backgrounds. For instance, my writing mentor earned her Bachelor of Science degree in mathematics, English, and secondary education and her Master of Technical and Scientific Communication degree from Miami University. The trainer, however, earned her Bachelor of Science degree in Neurobiology, Physiology & Behavior from the University of California - Davis. Despite these academic differences, however, they both recommended more screenshots and less text. Also, in terms of the instructions, they both recommended that they be made clearer by adding, rewording, and or deleting information. I valued these similarities because I understood my writing mentor’s comments from a technical and scientific communication perspective and the trainer’s comments from the trainees’ perspective, particularly since her academic background most closely matched the scientific background of the majority of the trainees.

Conducting the sessions

After the i2iTracks tutorials were reviewed, I revised them accordingly as the drafts show in Appendix B and used them as guides for the training sessions. I conducted the sessions one-on-one with the trainees or as a group at different times and on different days. These sessions lasted for one to two hours as the times indicate in the training schedule in Appendix A. All of the training took place at Southeast in one of the available offices during AM and PM clinic sessions. This office had all the equipment that I needed for the training sessions, including a computer and at least two chairs where I could sit with the trainees.

Gathering insights after the training sessions

I received additional insights about the training sessions and tutorials during post-training review sessions with various individuals. The sessions with my fellow trainers and my supervisor or the
nurse manager were essentially informal, progress meetings. In these meetings, we discussed various topics and changes regarding the training sessions and tutorials. We used these meetings to discuss any frustrations or joys experienced by the trainees, the unpredictable training schedule, and the progress of the sessions. The medical director or nurse manager reiterated knowledge and skills that they each wanted the MEAs and nurses to have after the completion of the training sessions.

**Planning a usability test**

In addition to receiving responses and insight from multiple reviewers about the tutorial drafts, I plan to use a final training session to test the usability of the tutorials and to receive insight from the primary audience. Conducting a usability test was not considered during the pre-training activities due to the trainer and trainees’ limited schedules. To integrate a usability test, however, I decided to prepare for one during the training sessions. More specifically, during the last two training sessions, I plan to observe the trainees trying to use i2iTracks to complete tasks and plan to develop a usability test based on my observations. After the trainees complete five sessions each, I will have them go through one last session where I ask them to perform tasks following my explanations or demonstrations of the tasks. I will also ask them to note aloud any problems, difficulties, or questions that they have. I will then revise the tutorials based on the results. Another trainer also decided (after two training sessions) that she will test the medical workers’ knowledge and skills in the future and let them use the tutorials as cheat sheets, presenting another potential opportunity for me to gather information before conducting the usability test (PSA, personal communication, September 15, 2009).

**Implementing and Evaluating the Solution in the Future**

Future post-training activities will include review sessions with the trainees and final testing, revision, production, and distribution of the i2iTracks tutorials. These activities will fulfill the tasks in steps four and five of the MTSC problem-solving model: implementing and evaluating the solution.

Implementing the solution should include the following tasks:

- Revise the solution or communication in light of the test or review results.
- Produce it (print it, tape it, film it, and so forth).
- Package it.
- Deliver it.\(^1\)

The outcome of this step should be a final, delivered version of the communication.

The last step in the MTSC model is evaluating the implemented solution in which the technical communicator should

- Design an evaluation method.
- Use the method.
- Analyze results.\(^1\)
Similar to the outcome of step three, the outcome of this last step should result in insights about how to better solve the existing problem as well as future problems.

I did not begin these last two steps of the MTSC problem-solving model before the end of my internship in September 2009. In fact, the last activity that I performed was in step three: gathering responses from the audience and reviewers. I did revise the tutorials based on my reviewers’ comments, but the tutorials in Appendix B are draft versions and not final copies.

**Planning to implement the solution**
Although I did not get to implement and evaluate the final solution, I plan to complete these steps in the future. For instance, I will definitely place finalized, electronic versions of the tutorials in a folder in the clinic’s shared drive so that all the trainees can access them and print them when necessary. Should the tutorials need updating in the future, the editor can access them from the shared drive as well.

**Planning to evaluate the solution**
Also, for the final evaluation method, I will conduct a usability test after the trainees complete their five training sessions. None of the trainees will know that I am conducting the usability test because I do not want them to feel that they are being evaluated instead of the tutorials, which could interfere with the test as well as with their learning. By conducting the test after the completion of the training sessions, I hope to gain additional insights about how to improve the tutorials. Specifically, the usability test might help me gain a more thorough and complete understanding of how the trainees use the tutorials, what information and graphics they find useful in the draft tutorials, how to best accommodate their different preferences in revising the tutorials, and how to ensure accessibility and sustainability of the tutorials.

**Work Completed**
By September 16, 2009, I conducted four one-on-one training sessions and participated in six trainer/trainee group sessions as shown in Appendix A. Also by this date, all the MEAs, the nurse, and the CHW had completed at least two i2iTracks training and tutorial sessions, and two MEAs had completed three sessions. Consequently, I had already developed tutorials for the first 3 training sessions by September 16, 2009 (Appendix B), and materials for the first two training sessions were reviewed by another trainer and my writing mentor.

**Work to be Completed**
I will continue to work on the i2iTracks training and tutorial activities. Several trainees will need to participate in two to three more training sessions, and I will work on developing tutorials for the remaining training sessions. Once the training sessions are completed, the tutorials for these sessions will undergo usability testing in which the medical workers will use the documents and report any problems, missing steps, or incoherent instructions to me or to the other trainers. I will then revise the tutorials, save them in the clinic’s shared drive, and print and distribute them again. I will also consider putting printed copies of the tutorials in a notebook and placing them in a central location for future workers to use and revise.
In the next chapter, I reflect on my experiences as an apprentice technical and scientific communicator working in a community health center with a semi-holographic design.
Chapter 4: Practicing Communication in a Community Health Center

Technical and scientific communicators employed in community health centers are often expected to function in multiple roles and to complete their communication work along with other duties, which might include, be supported by, and support their communication duties. I experienced this multiplicity working at SEHC as a Community Health Worker (CHW) and functioning as an apprentice technical and scientific communicator. The MTSC program and my undergraduate degree helped prepare me to fulfill these roles and to begin and complete some of the communication projects I was assigned. In the rest of this chapter, I reflect on the multiplicity of my CHW role in terms of SEHC’s organizational design and describe my internship contributions in terms of CHW competencies.

SEHC’s Semi-Holographic Design

SEHC is a semi-holographic organization in that most of its employees have single job titles but function in multiple roles. All these roles are essential to the operation of the clinic. Calvin L. Streeter (1992) describes holographic organizations in terms of the redundant roles, or functions, that their employees, or operating units, might have:

When redundant functions are designed into an organization, extra functions are added to each operating unit so that each component of the system performs a range of functions instead of a single, specialized one. For example, agencies that are organized around the principle of job sharing or job rotation are designed with redundant functions. Workers are trained to perform more than one job within the agency by rotating from one service unit to another. If the need arises, any worker can be temporarily assigned to any area of the agency because all workers are familiar with the activities, policies, and procedures of the different service units that constitute the agency.

Organizations designed with redundant functions are holographic in that each part of the organization has a range of knowledge and skills relevant to the overall functioning of the system. Unlike organizations based on redundant parts, where the sum of the individual units makes up the whole, organizations based on redundant functions have the capacities required for the overall functioning of the system built into each part. This design method is much more adaptable to changing environmental conditions and is more reliable when individual components fail. When changes in the environment require the organization to perform new functions, it has the ability to alter either its overall operation or some aspect of it to meet the new demands.12

This type of holographic organizational design proved effective at SEHC, particularly on days when staff with certain skills could not work due to illness, family emergencies, and so forth. Other employees trained to perform their functions could fill in for them. For instance, the medical director could function as the director of the clinic as well as a provider, quality improvement member, and manager or provider of the day. Similarly, SEHC’s providers could function as providers of the day, and some could also function as chronic care leaders and quality improvement members. The operations manager, registration clerk, and a health worker could function as receptionists when needed. SEHC’s three registered nurses could function as nurses,

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patient dischargers, and announcers. The nurse manager could also perform these three functions when needed and could act as a quality improvement member. One of the medical records staff members could function as a medical evaluation assistant when needed, and the medical evaluation assistants could function as panel managers. Some of the CHWs could also function as panel managers. Like these employees, I had one job title, CHW, at SEHC but functioned in multiple roles, including an apprentice technical and scientific communicator role. During my MTSC internship, 70% of my CHW duties, as described in this internship report, were technical communication duties.

When technical communicators work in organizations like SEHC that have a holographic or semi-holographic organizational design, they are often expected to function in many roles and complete their communication work in addition to their other duties. These duties may include programming, educating, interrogating, managing, coordinating, planning, and so forth.

Technical communication students interested in working or performing an internship in community health centers should

- Understand how community health centers operate and what type of organizational design the clinics’ have;
- Develop clear communication skills, including the ability to market themselves to co-workers who can benefit from their capabilities;
- Anticipate repetitious, monotonous work in addition to numerous challenges and numerous opportunities to develop new skills, and
- Locate a mentor or supervisor who recognizes the competencies of technical communicators and the value that they can add.

**Learning About SEHC’s Operational and Organizational Design**

Although technical communication students can use various techniques to find out how community health centers operate and what type of organizational design they have, I found out how SEHC operated through orientation meetings and onsite visits. During my VISTA orientation meeting, I learned about the Community HealthCorps as well as the structure of VISTA and community health centers. I learned that although SFDPH operates SEHC and other primary care clinics in San Francisco, a board of community residents governs the clinics and the organizational design of each health center depends on the clinic director, staff, and patients. For instance, SEHC has one medical director, a limited number of staff, and a large number of patients who have been historically underserved and suffer from multiple chronic diseases such as diabetes and HIV. Most of the staff members can function in multiple roles when necessary to meet the needs of these underserved patients. I also learned these operational and organizational facts before I began working by visiting the clinic, talking with my supervisor, and observing the staff members in action. Technical communication students can use similar techniques to find out about the operational and organizational design of other community health centers.

**Developing Clear Communication Skills in the MTSC Program and at SEHC**

Before working in community health centers, students should also develop clear communication skills. These skills should be learned through classes and will also be learned on the job. In both settings, students should realize that developing clear communication skills involves more than just learning how to write well. It involves all aspects of communication, including speaking,
facilitating meetings and other events, researching, interviewing, managing knowledge, designing information, editing, managing projects, ensuring accessibility and usability, and being able to market themselves to co-workers who can benefit from their capabilities. I developed many of these communication skills while taking courses in the MTSC program and strengthened them while working on projects during my internship. For example, in both the MTSC and my internship, I learned and applied effective information design and usability techniques, technical writing and editing principles, interviewing and grant writing techniques, knowledge management and accessibility principles. I also conducted audience analysis in my classes and during the internship. As a new intern at SEHC, I was initially unfamiliar with the staff and patients and their characteristics, culture, and needs. The staff members who were sometimes part of the audience for my projects and sometimes my project collaborators were already familiar with patients and sometimes assumed I was already familiar as well. When I asked about the patients, however, the staff remembered that I had not been at SEHC as long as they had and politely answered all the questions that I needed answers to before I could successfully begin, continue working, and complete my assigned projects.

**Completing Repetitious, Challenging, and Enjoyable Work**
Technical communication students should also expect to complete repetitious, monotonous work in community health centers in addition to experiencing numerous challenges and numerous opportunities to develop new skills. Just like I discovered this fact in working at SEHC, students will discover which type of work challenges them the most as well as which type of work they enjoy the most and the least. I enjoyed working with patients more than I enjoyed completing repetitious, monotonous work such as data entry. Other students may enjoy completing repetitious, monotonous work or they may, as I did, enjoy more challenging work in a community health center; they may also recognize numerous opportunities to acquire new knowledge and develop new skills. At SEHC, I learned about public health policies, clinic policies, patients’ medical health, medical insurance, medical records and health information technology, clinic efficiency and flow processes, patients’ access to care at the clinic, patients’ high no show rates, health disparities, and so forth. I also completed a training course in health coaching and learned more about physicians and other health care careers such as nursing, medical and office assisting, and physician assisting. Other students may have similar or different opportunities at community health centers.

**Working with My Mentor and Supervisor**
Lastly, technical communication students should locate a mentor or supervisor who recognizes the competencies of technical communicators and the value that they can add. I had both a mentor and supervisor during my MTSC internship. My mentor was not a staff member from SEHC, but she did work as a communications director at a health care foundation. My supervisor was a practicing pediatrician and the medical director at SEHC. At the beginning of my internship, communication between my mentor and me and between my supervisor and me was one way. They reviewed my projects, made suggestions about how I could improve my work, and I accepted those suggestions and revised accordingly. As my internship progressed, however, I began asking questions about the projects before, while, and after I started working on them, and I asked for suggestions about specific concerns that I had. My mentor and supervisor welcomed this change from one-way to two-way communication and interaction because it helped them gauge whether I understood the project objectives and why I revised or
did not revise documents based on their suggestions. Working with a mentor who was an expert technical writer and a supervisor who earned a medical degree and functioned as a clinic director helped me produce work during my MTSC internship that was accessible, coherent, and medically accurate.

**Supervisor’s Reflections on My Internship Contributions**

In his final written evaluation, my supervisor pointed out some internship contributions I made while I was completing my CHW duties and working on the communication projects I was assigned, especially the i2iTracks project. He focused on the three areas (program design, resource generation, and health education) that he hired me to work in and described my internship contributions in terms of my official CHW title and the core competencies that these workers should have.

The Community Health Worker Initiative of Boston (2007) identified the following 10 core competencies that CHWs should possess: 13

*Outreach Methods & Strategies*
- Ability to identify and document needs and health topics relevant to the priority population.
- Ability to document and help create networks and establish partnerships with other CHWs and companies for the purposes of coordinating care and enhancing resources.

*Special Topics in Community Health*
- Ability to work with unique populations of the community (underserved, hard-to-reach, and vulnerable).
- Ability to describe the special needs and characteristics of particular communities (homeless, communities of color, and linguistic minorities).
- Ability to participate in developing, administering, and critiquing appropriate evaluation and planning efforts to improve services in particular areas.
- Ability to train and supervise other CHWs.

*Community Capacity Building*
- Ability to work with others in the community to organize effective, culturally appropriate community education initiatives.
- Ability to document community needs and assets so that clients, service providers, and officials can have more effective information in responding to community concerns and can evaluate community issues to plan for appropriate, effective responses at collective and individual levels.

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**Client & Community Assessment**
- Ability to ask open-ended questions to solicit client information and allow clients to explain their responses.
- Ability to apply good listening skills, especially listening across cultures.
- Ability to convey information in ways that use bilingual and bicultural abilities.
- Ability to maintain on-going documentation about the community by accessing and using health status and demographic information.
- Ability to document results in ways that respect client confidentiality, allow for an effective response, meet agency and professional standards, and support the agency’s processes of evaluation and planning.

**Culturally Based Communication and Care**
- Ability to identify and respect linguistic differences in the various cultures in the community.
- Ability to recognize and define cultural and social differences (such as different understandings of religious beliefs, health-related beliefs and practices, generational differences, traditions, histories, and socioeconomic systems).

**Support, Advocacy, & Coordination of Care for Clients**
- Ability to obtain and share knowledge of community resources for health care, social services, and additional support services.
- Ability to build and maintain networks of individual and institutional community resources and referrals.
- Ability to advocate effectively with others so that clients receive needed care in a timely fashion.
- Ability to provide information for individuals and communities to advocate for their own needs.

**Health Education for Behavior Change**
- Ability to promote appropriate health information within the community and use accessible formats for conveying that information.
- Ability to respond to client questions and/or fears in calming and honest ways.
- Ability to work effectively in groups with other community workers to understand and promote change.
- Ability to provide indicators of risky behavior and signs of possible health problems in a manner that allows clients to face current or potential problems with minimal fear and avoidance.

**Writing & Technical Communication Skills**
- Ability to edit one’s work to increase clarity and improve the message.
- Ability to use computers for word processing, internet searching, and data presentation.
- Ability to maintain a chronological record of one’s written and technical products, including dates of submittal.
- Ability to engage in oral and written self-assessments of one’s own writing and technical communication skills, including plans for improvement.
Effective Communication

- Ability to use appropriate, accurate and non-judgmental language.
- Ability to practice active listening and attending to client concerns (including body language).
- Ability to paraphrase (reframe) what clients say to ensure a mutual understanding.
- Ability to ask open-ended questions to solicit client information.
- Ability to use written and visual materials that convey information clearly and respectfully to clients, other service providers, and community residents.

Application of Public Health Concepts & Approaches

- Ability to describe and understand the rules of interacting with the health and human services systems in the context of their work.
- Ability to define and implement preventive health measures with clients and community.
- Ability to recognize and advocate for one’s own and one’s peers needs for support and supervision.
- Ability to participate in on-going meetings and conferences regarding issues that influence CHW work and one’s ability to function effectively as a CHW.

I developed and used all of these competencies during my MTSC internship. For instance, in writing the “Strength in Numbers” grant, I used eight of the 10 competencies. I used outreach methods and strategies, community health topics, capacity building, client and community assessment, coordination of care for clients, writing and technical communication skills, effective communication skills, and public health concepts and approaches. Specifically, I documented the needs of diabetic patients in the grant as well as the needs of SEHC staff in providing care for those patients. As a result, we established a partnership with the funders and received training and monetary support to further coordinate and enhance resources for both patients and staff.

I also used four of the 10 CHW competencies to work with staff to design the website, brochure, and health scripts. These competencies include culturally based communication and care, health education for behavior change, writing and technical communication skills, and effective communication skills. As described in Chapter 3, I met with SEHC staff to learn about the programs and services at the clinic. I asked the staff open-ended questions, probed for more information, listened actively, and documented everyone’s responses. I revised and added this information on the expanded website and in the updated brochure. I also worked with two doctors and a nurse to develop the health scripts. These staff members worked with patients from BVHP for more than two years. They were familiar with the patients, their culture, and their linguistic abilities or lack thereof. As a result, they guided me in what type of language and terms to use when examining patients’ feet during annual foot screenings and asking patients about the medications they were taking.

In developing the i2iTracks tutorials, I used five of the 10 competencies mentioned on the previous pages. I used writing and technical communication skills to edit, re-organize, develop, and revise the tutorials. I also used client assessment, effective communication skills, community health topics, and public health concepts and approaches to train the medical workers to use the i2iTracks registry.
By describing my internship contributions in terms of the 10 CHW competencies, my supervisor was pointing out that my CHW duties included communication work and other roles that helped the clinic serve patients better. He was also acknowledging the value that I added to the clinic in managing knowledge, designing information that he and others needed, and communicating that information in oral or written formats.

**Closing Thoughts**
Completing my internship in a community health center allowed me to function as a technical and scientific communicator in multiple ways: as a knowledge manager, writer, editor, project manager, information designer, trainee, trainer, and subject matter or software expert. Within each of these roles, I improved my communication skills and knowledge of various health conditions including HIV, chronic pain, diabetes, hypertension, heart disease, and strokes. At the end of my internship, I realized that completing core courses in the MTSC program and practicing as a CHW and an apprentice technical and scientific communicator increased my confidence about working successfully in the medical and health sciences field and the technical communication field.
# Appendix A - i2iTracks Training Schedule

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
<th>Hours Completed</th>
<th>Description</th>
<th>Trained By</th>
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<tr>
<td>F1</td>
<td>MEA</td>
<td>8/3/2009</td>
<td>1</td>
<td>SS 1 - Intro to i2i, individual pt search</td>
<td>MP</td>
</tr>
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<td>8/19/2009</td>
<td>1</td>
<td>SS 2 - Review, brief intro to panel search</td>
<td>MP/KW</td>
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### Table 2. Differences between the LCR and i2iTracks

<table>
<thead>
<tr>
<th>Patient Data in LCR</th>
<th>Patient Data in i2iTracks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official patient medical record</td>
<td>Not official patient medical record</td>
</tr>
<tr>
<td>Detailed clinical information: All clinical information</td>
<td>Summarized clinical information:</td>
</tr>
<tr>
<td>available electronically for patient</td>
<td>Only contains indicators being tracked by clinics and relevant for</td>
</tr>
<tr>
<td>Data updated in real-time</td>
<td>intervention at clinic’s patient panel level</td>
</tr>
<tr>
<td>Information to update in the LCR:</td>
<td>Data updated daily or hourly</td>
</tr>
<tr>
<td>- Demographics</td>
<td>- Tracking type(s)</td>
</tr>
<tr>
<td>- PCC/PCP assignment</td>
<td>- Visit history</td>
</tr>
<tr>
<td>- Financial classification</td>
<td>- Third party labs</td>
</tr>
<tr>
<td>- Problems</td>
<td>- Education</td>
</tr>
<tr>
<td>- Some immunizations</td>
<td>- Medications</td>
</tr>
<tr>
<td>- Labs</td>
<td>- Some procedures/referrals</td>
</tr>
<tr>
<td>- Health maintenance procedures</td>
<td>- Self-management goals</td>
</tr>
<tr>
<td>- Allergies</td>
<td>- Treatment plans</td>
</tr>
<tr>
<td>- Active/Inactive status</td>
<td>- Goals</td>
</tr>
<tr>
<td></td>
<td>- Other profile items</td>
</tr>
</tbody>
</table>
II. Access to i2iTracks

i2iTracks can be accessed by employees of the SFPDH and SFCCC for the purpose of reporting, patient care, and data entry. Every user should have and use individual login information. **To access i2iTracks, you must have a DPH Active Directory Account AND an i2iTracks application account. In order to obtain these accounts, you must have signed and submitted the Network Services Form and the Non-Disclosure or Confidentiality Agreement. You can also contact the Help Desk to request access to these accounts.**

To Log into i2iTracks
You can find i2iTracks in multiple ways.

A. *From the “DPHNet” site*

1. Type [http://dphnet/](http://dphnet/) in the web address bar and press the “Enter” key.

2. Click on the ![CHN Intranet button](image.png) button and the “CHN Intranet” site will load.
3. Follow the steps under section “B. From the ‘CHN Intranet’ site.”

**B. From the “CHN Intranet” site**

1. Type [http://insidechnsf.chnsf.org/](http://insidechnsf.chnsf.org/) in the web address bar and press the “Enter” key.

2. Click on **Applications** in the menu at the top of “CHN Intranet” page and a list of clinical applications will load.

   Note: You can also click on **COPCNet** in the menu at the top of this page instead and follow the steps under section “C. From the ‘Community Oriented Primary Care’ site”.

3. Click on the “Web Systems (Citrix Portal)” hyperlink.

4. Follow the steps under section “D. From the ‘Web Systems (Citrix Portal)’ site.”
C. From the “Community Oriented Primary Care” site

1. Type http://10.80.12.146/copc/default.asp in the web address bar and press the “Enter” key.

2. Click on Citrix Portal in the menu bar near the top of the screen.

3. Follow the steps under section “D. From the ‘Web Systems (Citrix Portal)’ site”.

D. From the Web Systems (Citrix Portal) site

1. Type http://citrix.in.sfcph.net in the web address bar and press the “Enter” key.

2. Enter your DPH Active Directory (aka Citrix) username and password.
III. i2iTracks Navigation Menus and Buttons

There are commonly used menu options and buttons in i2iTracks. Once you are logged into i2iTracks, navigating (finding your way around) is similar to most Windows-based software programs. Across the top of your screen you see the title bar, menu bar, and shortcut toolbar.

Menu Bar

The menu bar includes a list of menus. You will mostly use the Patients menu and its associated options for purposes listed below. To select a menu, click its name and its associated options will display beneath the menu name. Some menus (like Setup and Reports) may have a secondary menu (or a sub-menu). A few items in the Tracking Setup menu have multiple sub-menus associated with them. This is indicated by an arrow next to the menu item. To access the secondary menu, click the appropriate menu name.

- **File** - stores system tools, security, and Tracks Today
- **Setup** - includes the libraries and system configurations
- **Patients** - includes multiple ways to access patient information and/or group patients
  - **Patient Info** finds individual patients
  - **Search for Patients** finds groups of patients
  - **Tracked Patients** finds patients with particular tracking types
The Recall, Referral, Follow Up, and Task Managers manages patients that have been grouped together for recall, referral, follow up, outreach or other purposes

- **Find** - lists patient specific reports you can run to access and manage your data
- **Reports** - print outcomes and statistical data on groups of patients
- **Windows** - shows you the open windows you currently are working on in i2iTracks
- **Help** - provides access to on-line Help Documentation and i2iTracks log-in data

**Shortcut Toolbar**
Beneath the menu bar is a shortcut toolbar with icons. To use a shortcut icon, double-click the icon. You are automatically taken to the option selected. You can also perform any of the shortcut actions through the menu bar.
Other Important Navigation Tools

- **Browse Button**: A button with three dots ⋮ indicates that it is a browse button. It allows you to view more options for certain fields.

- **Exit Button**: You can close or exit i2iTracks in two ways:
  1. Click the "X" in the upper right corner
  2. Select **File** from the menu bar and click the **Exit** option
II. Standard Patient Search

When you are ready to create your standard patient search, you can add a new search or find and run an existing search.

To create a Patient Search

1. Select “Patients > Search for Patients” on the menu bar or click the Patient Search icon on the shortcut toolbar.

2. A window will display with the list of Patient Searches previously created. The first search group you will see is called “Default”, which means you are viewing searches that are not assigned to a group. These searches are periodically removed.

3. Choose to run an existing Patient Search or add a new search.
**A. To run an existing search**

1. Use the drop-down menu to select the search group where the previously created search is located.

2. Click on the search you want to run.

3. Click the “Do Search” button.

The Patient Search results window will display with the name of the search at the top and a list of patients meeting your search criteria. You can sort the list by clicking any of the column headings.
B. To add a new search

1. Click the “Add” button.

The “Patient Search Properties” window will open showing the default “General” tab.

2. Select the Search Group where you wish to save your search.

3. Type your Search Name.

Use your health center acronym before any new searches that you create. For example, if Southeast Health Center creates a search for
patients on Coumadin, that search should be named **SEHC_Coumadin Pts**.

4. Assign a description if needed.

5. On the “Filters” tab, select the criteria for the desired list of patients.
   
The search will automatically include the “Active” patients filter.

6. Click the “Add” button to bring up the list of folders categorizing the different search folders.

Note: Inside of these search folders are filters. Each folder like the “General” folder has a plus or minus. The plus means the folder is closed and the minus means the folder is opened. A main folder must be opened to view its filters.
7. Click the plus or minus sign next to each main folder to open or close it.

8. Highlight the desired filter and click the “OK” button.

Note: Each filter requires you to complete more information about your search. For example, if you pick the “Age” filter under the “Demographics” folder, you are prompted to enter the age range; if you pick “Tracking Types” under the “General” folder, you are prompted to select a specific Tracking Type.

1. Click the arrows, circles, checkboxes, and browse buttons “...” next to any fields as necessary to complete more information about your search.

2. Click the “OK” button when you are finished.
9. Click the “Fields” tab, which lets you pick which types of information you want to see in your search results.

10. Change the default fields by selecting the option called “Show the following fields in the search results.”

11. Click the “Add” button.

12. Choose a category from the drop-down menu.
13. Click the box next to the fields to be added and click the “OK” button.

14. Click the “OK” button again to save your search.

15. Locate and click on the name of the search you just created or click on a previously created search.

16. Click the “Do Search” button.
The Patient Search results window displays with the name of the search at the top and a list of patients meeting your search criteria. You can sort the list by clicking any of the column headings.
I. Patient Letters & Address Labels

The Letters feature is used to create all correspondence: recall letters, and announcements, patient education materials, and forms that can be printed and sent to the patient. The Labels feature is used when you want to create mailing labels to affix to envelopes or pre-printed postcards.

Letter examples include:

- Annual Pap Smear Letters
- Normal Lab Test Letters
- Abnormal Lab Test Letters
- Dental Cleaning Reminders
- Flu Shot Clinic Announcements
- Immunization Reminder
- Medical Release of Information Form
- Diabetes Patient Education Form
- Blood Pressure Check Letters

II. Generating Letters & Labels

You can generate correspondence for an individual patient and for a group of patients.

To Create Correspondence for an Individual Patient

1. From the i2i menu bar, select Patients > Patient Info.

   You can find your patient by entering the following information in the search box and clicking the binoculars icon or by clicking on the Advanced Lookup button and entering this patient information:

   - ID number (the MRN of the patient)
   - First name of the patient
   - Last name of the patient
   - Social security number of the patient
2. Choose your patient by clicking on his/her name and double-clicking or clicking the "OK" button.

   The Patient Information screen displays with the data about the patient you just selected.

3. Click Actions.

4. Select Print Letters from the Actions menu.

5. You are prompted to choose the type of letter from a list. Click the letter type to highlight it, and click OK.

6. Select a printer destination to print your letters.

7. Once your letter has printed, click Yes at the prompt if your letter(s) printed successfully.

   i2i will keep track of each letter that is sent to the patient.
To Create Correspondence for a Group of Patients Using a Patient Search

1. From the i2i menu bar, select *Patients > Search for Patients.*
   The window displays with a list of patient searches previously created.
2. If desired, select a group from the drop-down menu.
3. Highlight the previously created Patient Search that you would like to run and click the "Do Search" button.
   The Patient Search results window displays with a list of patients meeting your search criteria. This list can be sorted by clicking on any of the column headings.
4. Now that you have the population of patients from your search, select the checkboxes next to the patients that you want to receive the letter. The buttons of the right side of the screen will also allow you to:
   - **Select All** - This button will place a checkmark in every patient's box, therefore selecting all patients.
   - **Select None** - This button will remove the checkmark from every patient's box, therefore deselecting all patients.
5. Once you have chosen your patients, click the *Print Letters* or *Print Labels* button.
6. At the prompt, choose the letter/label from a list of letter or label types by clicking the type and clicking OK.
7. Select a printer destination to print your letters or labels.
8. Once all of your letters have printed, click “Yes” at the prompt if your letter(s) printed successfully.

   Note: i2i will keep track of each letter that is sent to the patient, but i2i will NOT keep track of each label that is printed.