

# Documentation & Resources to Support SNOMED CT Implementation

*SNOMED CT Implementation Advisor (SIA) Scheme  
2012 Progress Report*

Presenters: David Markwell, Mikael Nyström,  
Alejandro Lopez Osornio, Sarah Ryan,  
Mark Shafarman & Harold Solbrig

Chief I&I Officer and SIA Scheme participants  
International Health Terminology  
Standards Development Organisation



# Documentation & Resources to Support SNOMED CT Implementation

## Introduction

David Markwell



# Documentation & Resources to Support SNOMED CT Implementation

---

- **Audience**

- People involved in designing, developing, procuring, deploying or maintaining SNOMED CT implementations.
- People interested in participation in the SNOMED CT Implementation Advisor (SIA) scheme in 2013

- **Objectives**

- To make attendees aware of the SIA scheme, its objectives, approach, progress so far, and opportunities for future involvement.
- To introduce documentation updates developed as SIA assignments to offer improved access to authoritative specifications and experience-based implementation guidance.



# Documentation & Resources to Support SNOMED CT Implementation Overview

---

- The SNOMED CT Implementation Advisor (SIA) scheme
- Short presentations by each SIA participant
- Plans for the SIA Scheme in 2013
- Questions & Discussion



# SNOMED CT Implementation Advisor Scheme

---

- Established this year to address need to ...
  - Increase availability of skilled implementation resources
  - Address known gaps in documentation and other implementation support services
- Similar approach to Consultant Terminologist Program
  - Initiated by the Chief Terminologist in 2011 and now in its second year
- One year scheme
  - Estimated eighty days for learning activities and assignment work
- Five participants this year
  - Three seconded by their employers
  - Two funded by IHTSDO (using budget for work items undertaken as assignments by SIA participants)



# Aims of the SIA scheme

---

- To train and mentor people with existing knowledge of SNOMED CT
  - To enhance their implementation focused knowledge and skills
  - To assess them for accreditation as Registered SNOMED CT Implementation Advisors (RSIA).
- To progress IHTSDO Workplan items related to SNOMED CT Implementation
  - Utilizing assignments undertaken by SIA trainees
  - Including developing and updating documents that support wider and more consistent implementation of SNOMED CT



# Documentation & Resources to Support SNOMED CT Implementation

## SIA Participant Presentations

---

- Getting to know SNOMED CT
- Frequently Asked Questions
- Technical How to Guides
- Enhanced Implementation Guidance
- Consistency, Glossary and Documentation Review



## Documentation & Resources to Support SNOMED CT Implementation

# Getting to know SNOMED CT

- A personal perspective
- Developing introductory “How to” guides

Mark Shafarman





# A personal perspective

---

- I've been active in HL7 and CEN TC 251 during the last two and a half decades, and more recently in ISO TC 215 and CIMI (the Clinical Information Modeling Initiative).
- In the same time period, I've also been involved in creating networked, integrated health information systems for both start-up and established companies, and have had experience with the generic problems of binding standard vocabularies to information-model based systems
- Along the way, I became what is now known as an “information architect” and increasingly concerned with enabling the semantic interoperability of clinical information between real-time systems (e.g. various networked, integrated clinical information systems), and also with the secondary use of such data for various types of medical research, public health, and utilization



# In an 'ordinary' coding system

---

- Each code has a single unique human-readable term
  - This acts as a textual definition of the code meaning
- Each textual definition (a single term) is uniquely associated with a code.
- Limitations of 'ordinary' code systems
  - Axes that group and/or organize the meaning of codes, are either not represented or have an ad-hoc structure that is not described in a formal logical (and implementable) way
  - No formal way of extending the system for different countries, languages, clinical specialty use cases, etc.
  - No specified methodology for mapping an 'ordinary' coding system to other coding systems
  - No way, within the coding system, to create logical expressions that can be used in rules-based processing



# SNOMED CT: more than just a coding system

---

- Multiple ways of representing a concept: Fully Specified Names, Preferred Terms, and Synonyms
- A basic logical model for clinical terminology
- Multiple computable ways of expressing the relationships between and among concepts: including an expression language (that can be used by “reasoners”)
- Computable (and formally extensible) ways of defining logical metadata specifying the needed types of relationships

All of these “design features” define not just a terminology, but are effectively

- an **architecture** for implementing the terminology
- an **architecture** for using that terminology in a number of related applications, from terminology services and servers, to clinical decision support and research



# Learning about SNOMED CT

---

- My first introduction to SNOMED was in 1983
  - When CAP was distributing 9-track tapes and two companion printed volumes... and there's been a lot of progress & evolution since 1983!
- My current introduction to SNOMED CT began with a number of IHTSDO tutorials, followed by the User Guide and Editorial Guide, and the Technical Implementation Guide
  - But it wasn't easy arriving at the 'big picture.' I knew about lots of details, but they weren't fitting together
- And unlike "ordinary" coding systems, I could not get a "feel" for SNOMED CT by paging through a code book or viewing simple linear files
- For a beginner like myself, experimenting with one of the publicly available SNOMED CT browsers was a good place to start putting together all the bits and pieces ...



# Exploring SNOMED CT using a browser

---

- I started to explore the subtype hierarchies
  - Clinical finding, Procedure, Observable Entity, Body Structure, Organism, etc.
- That was followed by exploring in the opposite direction
  - Beginning with a word or phrase,
  - finding matches in different subtype axes
  - looking at its descendants, until I found the concept I wanted
- At that point I was able to discover further details:
  - the Fully Specified Name
  - the Preferred Term in a particular supported language
  - what types of qualifiers could be applied and what were their own subtype hierarchies
  - definitions of concepts, implemented in the SNOMED CT expression language
- Only then, could I go back to the tutorials and release documents and “see” how the parts of SNOMED CT fit together



# Introducing SNOMED CT to various user communities

---

- My experiences with SNOMED CT have provided me with the necessary background to write short “How To Guides” for several types of audience:
- Basic How To Guides
  - For example:
    - How to understand SNOMED CT
- Clinical How To Guides
  - For example:
    - How SNOMED CT can represent various “domains/areas” of clinical knowledge: the basic clinical axes (“top level concepts”)
- Technical How To Guides
  - For example:
    - How to obtain SNOMED CT release files



## Documentation & Resources to Support SNOMED CT Implementation

# Frequently Asked Questions

- Accessible, authoritative answers to common questions
- Integrated links to specifications and guidance

Mikael Nyström



# FAQ query example

---

## What is “Stockholm”?

Stockholm is the capital and the largest city of Sweden and constitutes the most populated urban area in Scandinavia. [see [Ref #1](#)]

Stockholm is located on Sweden's south-central east coast, where Lake Mälaren meets the Baltic Sea. [see [Ref #2](#)] The central parts of the city consist of fourteen islands. [see [Ref #3](#)]

## Related Information

- [Sweden](#)
- [Scandinavia](#)
- [Baltic sea](#)
- [Arlanda airport](#)
- [Hotels in Stockholm](#)





# Developing FAQ answers

---

- Select keywords for the question
- Search released documents using the keywords
  - Technical Implementation Guide
  - User Guide
  - Editorial Guide
- Collect references to all relevant document sections
- Read the relevant sections and make an outline for the answer
- Write the answer with references to (a subset of) the relevant sections in an easy accessible language, but with the correct terminology
- List all relevant sections in the end of the answer



# Evaluation of methods

---

- **Benefits**
  - Easy accessible answers
  - Answers in line with the released documents
  - Easy to acquire more information using the references
  - Find errors in the released documents
  - Find gaps in the released documents
- **Drawbacks**
  - Centrally time consuming method (but not for the community)
- **Is it worth it?**
  - Yes



# What is a "preferred term"?

---

Each concept has one description of type preferred term in each dialect and its term is a common word or phrase used by clinicians to name that concept. Unlike the fully specified name the descriptions of type preferred term do not need to have a unique term. Occasionally, the term in a description of type preferred term for one concept may also be identical to a term in a description of type synonym or preferred term for a different concept. Interpretation in these cases will depend on context of use. [see [Descriptions](#)]

The use of a description can vary between different languages, dialects and contexts, so a description may be a preferred term in one dialect and a synonym in another dialect. [see [Descriptions](#)] Language reference sets are used to specify the type of a description in a specific situation. [see [Language Reference Set](#)]

## Related Information

- [Descriptions](#)
- [Relationships between files](#)
- [Description File](#)
- [Language Reference Set](#)
- [Description Format Reference Set](#)
- [Managing duplicate terms](#)
- [Concept Enumerations for descriptionTypeId](#)
- [Language Reference Sets](#)
- [Description Format Reference Set](#)



# Current FAQ areas

---

- General Questions
- Terms and Descriptions
- Relationships between Concepts
- Expressions, Precoordination and Postcoordination
- <http://www.ihtsdo.org/faq>



## Documentation & Resources to Support SNOMED CT Implementation

# Reference Set “How to Guides”

- Step by step guides on working with Reference sets (with Integrated links to specifications and guidance)

Harold Solbrig



# Reference Sets

---

- New to Release Format 2 (RF2)
- Extensible and maintainable replacement for RF1 subsets and cross maps
- Not to be confused with “subset”
  - Reference sets will support subsets...
  - ... but also support a whole lot more
    - Ordering, additional properties, relationships, maps, languages, ...



# Reference Sets

---

Are Maintainable –

- All reference sets are based on a common model that supports
  - change history
  - point in time query
  - incremental update
- RF2 comes with a core set of table structures that address a variety of existing needs including...
- ... the definition of RF2 tables themselves, making additions relatively straight forward

The process of loading, querying, updating and extending reference sets, however, is a non-trivial process...



# Working With Reference Sets

---

SIA task is, for each reference set, documenting:

- The intended purpose
- Sample content
- How to
  - Load and Update
  - Query
  - Create and extend
  - Disseminate
- Using SQL (MySQL) and command line utilities





# Focus Area

---

- Reference Set Implementation How To Guides
  - How to Use a Simple Refset as a Subset of Concepts
  - How to use a Language Refset
  - How to use a Simple Map Refset
  - How to use a Complex Map Refset
- Extension Maintenance How To Guides
  - How to Create and Manage an Extension
  - How to Create a Simple Reference Set
  - How to Represent Subsets of Concepts Using a Refset
  - How to Represent a Mapping Using a Refset (simple and complex maps)
  - How to Represent Term Preferences Using a Refset (e.g. for languages and dialects)
  - How to Update a Refset to Take Account of Changes Between Releases



# Reference Set How To Outline

---

- Overview
- Before You Start
- Table Layout
- How To Create and Load SQL Tables (e.g. MySQL)
  - SNAPSHOT Release
  - FULL Release
- How to (task)
  - SNAPSHOT Release
  - FULL Release
  - Unix Command Line
- Additional References
  - Cross references to other Documentation



# Example

## How to determine whether a concept is a member of a simple reference set

### SNAPSHOT Release Type

The following query returns 1 if *component sctid* is a member of the simple reference set identified by *refset sctid* and 0 otherwise

```
SELECT count(*) FROM simplerefset_ss
WHERE refsetid = (refset sctid) AND active = 1
AND referencedComponentId = (component sctid);
```

### FULL Release Type

```
SELECT count(*)
FROM simplerefset_full srs,
  (SELECT id, MAX(effectiveTime) AS effectiveTime FROM simplerefset_full WHERE refsetId = (refset sctid) GROUP BY id) as srs_keys
WHERE srs.id = srs_keys.id AND srs.effectiveTime = srs_keys.effectiveTime AND active = 1
AND referencedComponentId = (component sctid);
```

### Command Line

The following command (a) removes the header line, (b) extracts the active, refsetId and referencedComponentId columns, (c) filters for active entries in *refset sctid*, (d) extracts the referenced component sctid column (e) filters for a *referenced component sctid* and (e) counts the results, which will yield either a 0 or a 1

```
tail +2 der2_Refset_SimpleSnapshot_INT_20120731.txt | cut -f 3,5,6 | grep ^1\\t(refset sctid) | cut -f 3 | grep (referenced
```



## Documentation & Resources to Support SNOMED CT Implementation

# A standard approach to SNOMED CT terminology service requirements

- Using Common Terminology Services 2 (CTS2) to assist  
SNOMED CT implementation

Harold Solbrig



# Terminology Services

---

## Extending Terminology Services portion of Technical Implementation Guide

- Adding Common Terminology Services 2 (CTS2) Implementation Guide



# Common Terminology Services 2

---

- HL7 and OMG Standard
- Defines a set of structured models for terminological resources, including:
  - Entity Descriptions – Concept Id + “lexical properties”
    - Preferred names and synonyms by language
    - Textual definitions
    - Additional annotations and properties
  - Relationships – bridges OWL and RF2 models
  - Maps – model for simple and complex map refsets
  - Value Sets – includes simple refsets and query definitions



## Common Terminology Services 2

---

CTS2 also provides standard mechanisms (REST and SOAP) for loading, querying and updating terminological components

- Allows software developers to create tools that load, query and present RF2 content in a structured fashion
- CTS2 services can be
  - Deployed locally
  - Federated and queried over the internet

Example:

<http://server.org/cts2/entity/74400008> - give me all descriptions and definitions of SCTID 74400008



# CTS2 Implementation Guide

---

## Formal mapping between RF2 content and CTS2 Structures

- Goal is consistent, interoperable implementation of CTS2 based terminology services
- First draft of guide ready for release
- Next steps will be dissemination, review and completion





## Documentation & Resources to Support SNOMED CT Implementation

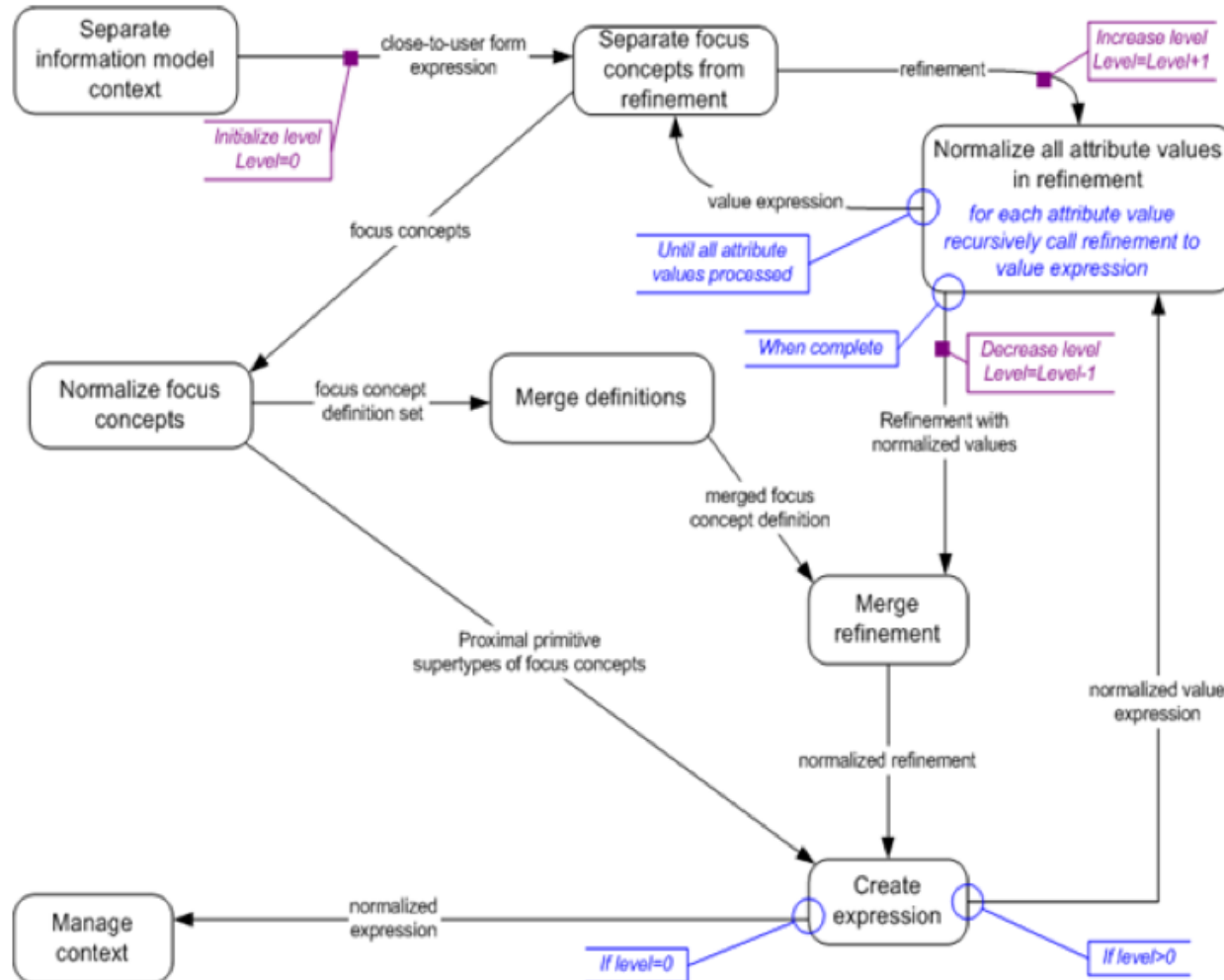
# Enhanced Implementation Guidance

- Supporting precoordination and postcoordination
- Approaches to using SNOMED CT to address EHR use cases

Alejandro Lopez Osornio

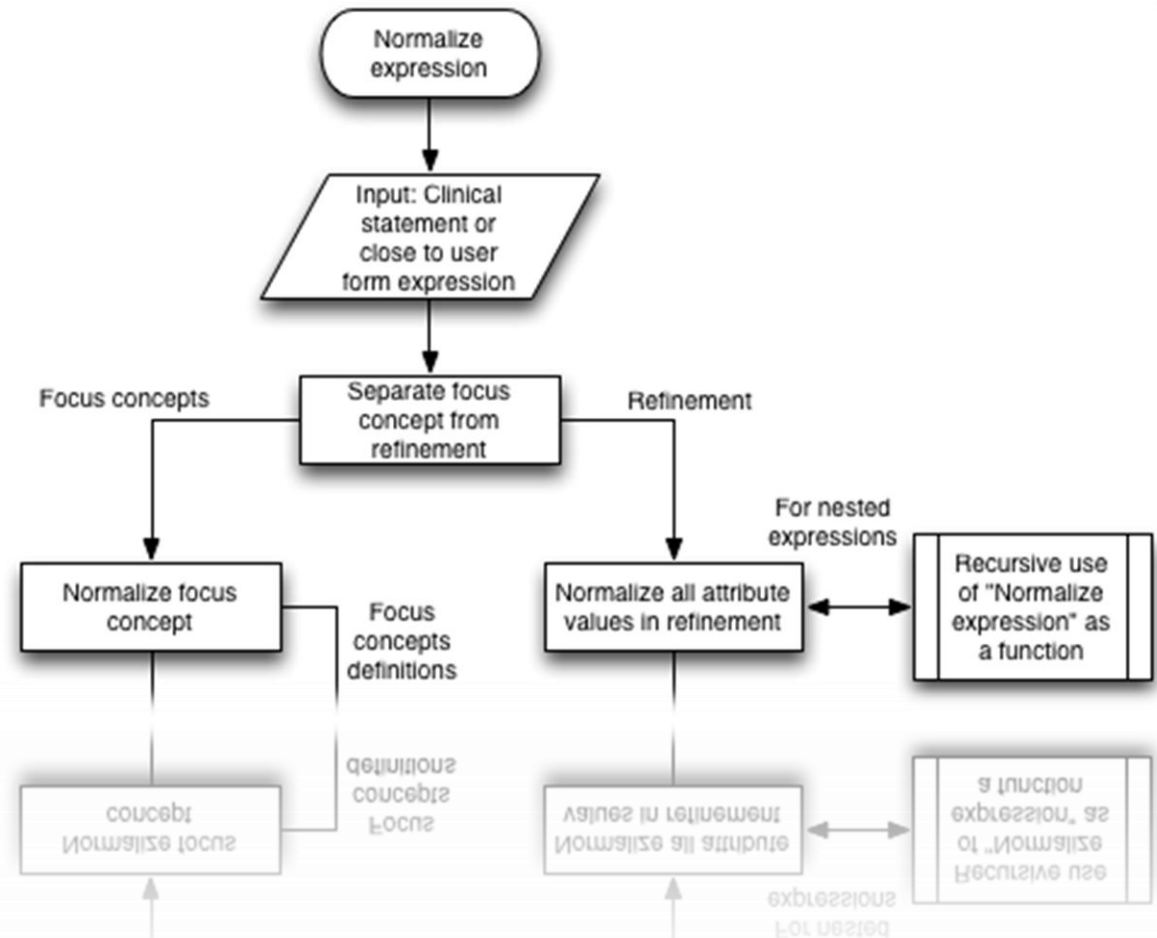
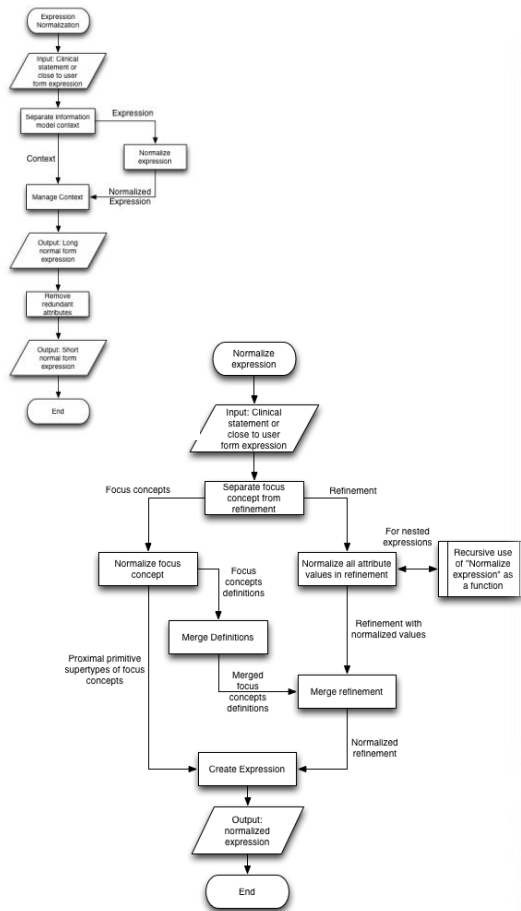


# Expressions normalization documentation





# Expressions normalization documentation





# Expressions normalization documentation

## 7.8.2.4.4.2.1. Separate focus concepts from refinement

The set of focus concepts in the expression is passed to the [Normalize focus concepts](#) process.

If the expression contains a refinement, this is passed to the [Normalize attribute values in refinement](#) process.

Table 1. Separate focus concept from refinement

	Expression
Original expression	<p><a href="#">12676007</a>   <a href="#">fracture of radius</a>   + <a href="#">397181002</a>   <a href="#">open fracture</a>   :</p> <p><a href="#">272741003</a>   <a href="#">laterality</a>   = <a href="#">7771000</a>   <a href="#">left</a>  </p> <p><a href="#">42752001</a>   <a href="#">due to</a>   = <a href="#">297186008</a>   <a href="#">motorcycle accident</a>  </p>
Focus Concept	<p><a href="#">12676007</a>   <a href="#">fracture of radius</a>   + <a href="#">397181002</a>   <a href="#">open fracture</a>  </p>
Refinement	<p><a href="#">272741003</a>   <a href="#">laterality</a>   = <a href="#">7771000</a>   <a href="#">left</a>  </p> <p><a href="#">42752001</a>   <a href="#">due to</a>   = <a href="#">297186008</a>   <a href="#">motorcycle accident</a>  </p>



# Post-coordination vs. Managed content additions

---

- *“Alternative approaches to expanding SNOMED CT coverage”*



# Post-coordination vs. Managed content additions

---

- Post-coordination
  - Expressions Reference Table (ERT)
  - Expressions normalization and subsumption / equivalence computer
  - User Interface widgets for guided structured data entry
- Managed Content Additions (MCA)
  - New concepts, descriptions, relationships
  - Uses a standard DL Classifier
  - User interface based on text search or direct concept references
  - Secondary coding of user suggestions



# Post-coordination vs. Managed content additions

	Post coordination	Extension
Data entry	Structured forms, expression discovery from text phrases	Text search
Subsumption and equivalency testing	Normalization process	DL Classifier
Editorial effort	Distributed, users do the refinement. Cheap.	Centralized, more costly.
Upgrade to new SNOMED CT releases	Check all expressions or compute with hist. rels.	Check all concepts
Risk of errors	Limited impact of errors	Requires continuous QA process



# Post-coordination vs. Managed content additions

	Post coordination	Extension
Re-usability	Expressions are not looked up	Available in text search
Text representation	Can be computed	Natural, human readable text representation
Accuracy of the representation	The user defines logically.	The user describes using text.
Usability by clinical users	Training required.	No training required.
Representation of primitives	Not available, only refinements.	Supported.
Sharing (Interoperability)	Shared with no changes	Need to be transformed into expressions





# Real world examples

- Boundaries between Information Model and Terminology Model (i.e. “Family history of malignant tumour of colon”)

Information model	Terminology model
Table: family_history Field: history_sctid = 363406005	363406005   Malignant tumour of colon
Table: problems_list Field: problem_sctid = 363406005 Field: context_sctid = 281666001	363406005   Malignant tumour of colon   281666001   Family history of disorder
Table: problems_list Field: problem_sctid = 312824007	312824007   Family history of cancer of colon   ... Or ... 281666001   Family history of disorder  : {246090004 Associated finding  = 363406005 Malignant tumor of colon }



# Real world examples

---

## ■ Representing the knowledge in a sample clinical record

CASE #1: HEART CARE SUMMARY VISIT DATE: 21/07/2004  
PATIENT: Minnie Mouse HOSPITAL: Hospital no 1

An 80-year-old patient presents herself in an outpatient clinic due to breathlessness and a lot of fatigue. The primary diagnosis is heart failure. Allergies are unknown. The patient is not diabetic and there is no answer to the question whether the patient had pain.

ON EXAMINATION (21/07/2004):  
Oedema around knees. JVP at ear lobes level. Tachycardia.

Most recent ECG (17/07/2004):  
Shows a heart rate of 73, atrial fibrillation and previous anterior infarct.

REQUESTED TESTS:  
Glucose tolerance test  
Check potassium in two weeks.

THERAPY:  
Patient was recommended to start spironolactone 25mg/d.  
Suggest increase carvedilol to 25mg twice per day.



# Real world examples

- Representing the knowledge in a sample clinical record

HISTORY:	422625006   History of present illness section
An 80-year-old patient presents herself in an outpatient clinic	33022008   Hospital-based outpatient department
due to breathlessness and a lot of fatigue.	267036007   Dyspnea   84229001   Fatigue   : 246112005   Severity   = 24484000   Severe
The primary diagnosis is heart failure.	84114007   Heart failure
Allergies are unknown.	396782006  medical history unknown : { 246090004  Associated finding =106190000  Allergy }



# Real world examples

- Forms

Diabetes II Form	417319006   Record of health event
Height	50373000   Body height measure (observable entity)
Smoking status	<b>Yes:</b> 77176002   Smoker (finding) <b>No:</b> 8392000   Non-smoker (finding)
Signs of Peripheral neuropathy?	<b>Yes:</b> 373573001   Clinical finding present  : {246090004  Associated finding =302226006   Peripheral neuropathy  }  <b>No:</b> 373572006   Clinical finding absent  : {246090004  Associated finding =302226006   Peripheral neuropathy  }
Metformin	109081006   Metformin (product)   <i>Optional: (394725008   Diabetes medication review (procedure)  )</i>



## Documentation & Resources to Support SNOMED CT Implementation

# Consistency and Review

- Developing a glossary
- Cross-checking consistency
- Invitation to review documents and add comments

Sarah Ryan



# Developing a consistent IHTSDO Glossary

---

- **Starting Point**
  - Glossary material in web-published guidance materials
    - Editorial Guide, Technical Implementation Guide, etc.
  - Extract of glossary definitions from various IHTSDO documents
    - Articles of Association, Affiliate License and a range of other agreements and specifications
- **Methodology**
  - Using IHTSDO Glossary Task Force Guidelines
  - Review entry by entry
    - Starting with material not published in current web materials
  - Cross-check
    - Different definitions of the same term
    - Different terms with similar definitions
    - Usage of terms in existing documents
  - Log issues for review



# IHTSDO Glossary Progress

---

- Draft IHTSDO Glossary included in July 2012 release
  - Web version: [www.ihtsdo.org/glossary](http://www.ihtsdo.org/glossary)
  - Direct web lookup of phrases
    - [www.ihtsdo.org/define/\[word-or-phrase\]](http://www.ihtsdo.org/define/[word-or-phrase])
  - Downloadable PDF file [www.ihtsdo.org/glossary.pdf](http://www.ihtsdo.org/glossary.pdf)
- Further work continuing
  - Add new entries
  - Resolving issues identified in the first phase
- Review required
  - Please post comments or corrections as new issues at [www.ihtsdo.org/doc\\_issue](http://www.ihtsdo.org/doc_issue)
- Revised version of the IHTSDO Glossary
  - Due for publication with the January 2013 release



# Cross checking document consistency

---

- As the range of documents grows it is increasingly important to check consistency between different documents
  - Technical Implementation Guide and other web-based guides
  - The IHTSDO Glossary
  - “How To” guides and “Frequently Asked Questions” are reviewed
- Using publishing tools based on the DITA standard our documents are
  - Integrated with reuse of material and extensive cross-referencing
  - This helps to improve overall consistency of documents
  - ... but there is no substitute for review and we welcome your input on any issues you find in web-published SNOMED CT documentation





# Collabnet Issue Tracker

---

- SIA participants use the SIA issue tracker to share comments and work towards resolution
- Each issue is logged in the tracker
  - Issues are put into categories
  - Problem is defined in a textual description
  - Assigned to someone for resolution
  - Completed review is noted and removed from active list
- A public documentation issue tracker is also available for anyone who is registered to use the IHTSDO Collabnet
  - The IHTSDO encourages feedback on its web based documentation using this tracker
  - Please help us to improve the documentation by using this service at: [www.ihtsdo.org/doc\\_issue](http://www.ihtsdo.org/doc_issue)

# Documentation Issue Tracker

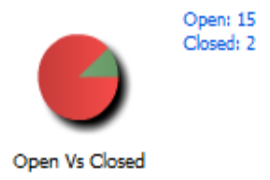
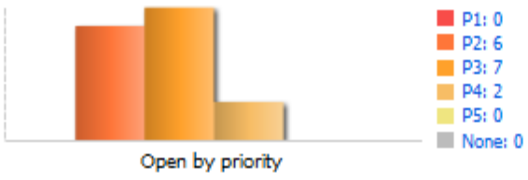
[http://www.ihtsdo.org/doc\\_issue](http://www.ihtsdo.org/doc_issue)



## tracker1391 : SNOMED CT Documentation Issues Summary

**Name:** SNOMED CT Documentation Issues

**Description:** This tracker is to be used to track issues reported in the SNOMED CT Release documents including Guides and related documents. Please do NOT use this tracker for comments on or questions about SNOMED CT design or content. The tracker is only reviewed intermittently while updating documents for the next release. To add a comment, suggestion or correction please: 1) Check that the comment is not already in the tracker - if it is consider adding a comment to that item. 2) Create a separate Artifact for each comment. 3) Use the Submit New Artifact button. 4) Give the comment a meaningful title 5) Give a reference (document, section number, title, etc) to help us locate the relevant page.



## SNOMED CT Documentation Issues (15 Items)

Priority	Artifact ID : Title	Assigned To	Submitted By	Status	Category
2	artf225707 : Include scope note for each release in web documents	David Markwell (CIIO - IHTSDO)	David Markwell (CIIO - IHTSDO)	Open	Suggestion
2	artf225649 : Refinability Refset - not in release - is in Compatibility package	David Markwell (CIIO - IHTSDO)	David Markwell (CIIO - IHTSDO)	Open	Error
2	artf226066 : RelationshipGroup and inactive concepts	David Markwell (CIIO - IHTSDO)	David Markwell (CIIO - IHTSDO)	Open	Addition
2	artf226216 : RF1 specific mentions of Description	David Markwell (CIIO - IHTSDO)	David Markwell (CIIO - IHTSDO)	Open	Typo
2	artf226214 : User Guide is too RF1 specific	David Markwell (CIIO - IHTSDO)	David Markwell (CIIO - IHTSDO)	Open	Error
2	artf226215 : What is SNOMED CT	David Markwell (CIIO - IHTSDO)	David Markwell (CIIO - IHTSDO)	Open	Suggestion
3	artf225823 : Clarify algorithm for Expression Normalisation (7.2.8.2.4)	David Markwell (CIIO - IHTSDO)	David Markwell (CIIO - IHTSDO)	Open	Query
3	artf226217 : Concept lookup	David Markwell (CIIO - IHTSDO)	David Markwell (CIIO - IHTSDO)	Open	Suggestion
3	artf226478 : Concept non-current inactivation refset	David Markwell (CIIO - IHTSDO)	David Markwell (CIIO - IHTSDO)	Open	Suggestion
3	artf225791 : Glossary navigation	David Markwell (CIIO - IHTSDO)	David Markwell (CIIO - IHTSDO)	Open	Suggestion
3	artf226479 : Inactive Description should not contain "concept non-current" status	David Markwell (CIIO - IHTSDO)	David Markwell (CIIO - IHTSDO)	Open	Typo
3	artf226912 : Link assertion	David Markwell (CIIO - IHTSDO)	David Markwell (CIIO - IHTSDO)	Open	Addition
3	artf225610 : Typo	David Markwell (CIIO - IHTSDO)	David Markwell (CIIO - IHTSDO)	Open	Typo
4	artf226887 : description format/type reference set inconsistency	David Markwell (CIIO - IHTSDO)	Dion McMurtrie (CIIO - IHTSDO)	Open	Query
4	artf226740 : 'Time' glossary item inconsistent with RF2 'Time' datatype definition	David Markwell (CIIO - IHTSDO)	Dion McMurtrie (CIIO - IHTSDO)	Open	Query

**Click Here to add a new comment**

**Submit New Artefact**



## Submit Artifact

Title:\*

Description:\*

Group:

Status:\*

Category:\*

Customer:

Priority:

Assigned To:

Planning Folder:

Reported in Release:

Estimated Effort:

Attachment:

Document:\*

Reference:



## Documentation & Resources to Support SNOMED CT Implementation

# Looking forward: improving the SIA scheme

- Lessons learned so far
- SIA Scheme Plans for 2013

David Markwell



# SIA scheme year one evaluation (so far)

---

- So far the SIA scheme has met three key objectives
  - Increasing availability of SNOMED CT Implementation related knowledge and skills
  - Delivering work on assignments that will benefit the wider SNOMED CT implementation community
  - Providing experience that can be used to make further iterations of the scheme more effective in meeting these goals
- More will be done over the next three months
  - To ensure the scheme fully meets its year one expectations
  - To apply the lessons learnt in to the 2013 SIA Scheme
  - To consider the potential for continuing input from the “SIA class of 2012” to enhance the learning experience for next year’s participants



# Lessons Learnt and Planning for 2013

---

- **Earlier call for applications and selection process**
  - Call for applications early November 2012
  - Selection process in December with final decisions early January 2013
  - Scheme will run from early Feb 2013 to end January 2014.
- **Clarification of criteria for selection**
  - Clearer distinction between expectations for funded and seconded participants
  - Short assessment of applicant skills
  - Phone interviews with short-listed candidates
- **Modest increase in number of participants**
  - Probably six depending in quality of applications
- **Face-to-face meeting**
  - Early initial face-to-face meeting to kick things off
  - Slight increase in required face-to-face meeting time over year
- **Clearer initial specification of assignments**
  - Based on methods and templates developed in year one
  - Closer link of IHTSDO funding support to assignment delivery
- **Regular tutorial program**
  - Sharing of presentation load between CIIO, previous SIA participants and later in the year participant led sessions



## Documentation & Resources to Support SNOMED CT Implementation

# Questions & Discussion

### CONTACT DETAILS

Documentation: [www.ihtsdo.org/doc](http://www.ihtsdo.org/doc)

Documentation tracker: [www.ihtsdo.org/doc\\_issue](http://www.ihtsdo.org/doc_issue)

SIA Scheme information: [www.ihtsdo.org/sia](http://www.ihtsdo.org/sia)

Web site: [www.ihtsdo.org](http://www.ihtsdo.org)