

Sample design document · Concept course

Handling Patient Information Safely

ClearPath HealthOps



HEALTHCARE OPERATIONS COMPLIANCE TRAINING

Handling Patient Information Safely

Small, careful decisions protect patients, teams, and trust.



A 2:25 compliance module that turns a written privacy policy into four actions healthcare operations staff can recall on a busy shift. This is the design document behind the course, written the way ADC writes one for a client.

Concept course. ClearPath HealthOps is a fictional brand. ADC designed and produced this module to show its process. Audience details, the source policy text and the evaluation plan are written by ADC as realistic samples, not client data.

1. Project summary

Staff know the privacy rules but improvise under pressure; the module replaces improvising with four actions they use on every request.

Business problem	Patient details are shared through unverified callers, general team chats and unapproved tools when staff are rushed.
Learners	Front desk, records, billing and scheduling staff in healthcare operations
Behaviour to change	Verify before sharing, share only what is needed, keep it in approved systems, report mistakes at once
Format	Animated explainer with scenario knowledge checks
Runtime	2:25, plus a 3-question quiz
Delivery	SCORM 1.2 package, MP4 master, captions (SRT and VTT), transcript
Success measure	Pass mark 80%; fewer privacy incidents; more near-misses reported

2. Audience analysis

The gap is pressure, not knowledge: every learner has read the policy, and most mistakes happen when a request feels urgent or familiar.

	Assumption	What it means for the design
Roles	Front desk, records, billing, scheduling	Scenarios use requests all four roles receive: calls, chats, a visible screen
Setting	On shift, at a desktop, between calls	Under 3 minutes; works with sound off, so captions are on by default
Prior knowledge	Has read the privacy policy at onboarding	No policy recap; teach the decision, not the rule

	Assumption	What it means for the design
What gets in the way	Urgency, a familiar voice, a busy team chat, convenience tools	Each action is taught inside one of these pressure moments
Language	English at work, Filipino in conversation	Plain, short sentences; no legal terms on screen
Constraints	Mandatory, tracked, repeated yearly	Scored quiz in the LMS; scene-level updates when the policy changes

These are ADC's assumptions for a concept course. With a client, they come from the discovery call and two or three learner conversations.

3. Performance goal and learning objectives

Performance goal: every request for patient information is verified, limited to what is needed, handled in approved systems, and any slip is reported the same day.

After the module, learners will be able to:

1. **Verify:** given a caller who sounds familiar or urgent, confirm their identity through ClearPath's approved process before sharing anything.
2. **Limit:** given an authorised request, share only the details that request needs, and move identifiable details out of general channels.
3. **Use approved systems:** given a faster but unapproved option (personal email, a local folder, a screenshot), keep patient information in approved ClearPath systems.
4. **Report:** given a possible exposure, report it immediately rather than fixing it quietly.

Each objective names the pressure that triggers the mistake, because that is the condition the learner will face on shift.

4. Content outline and framework

The framework is four actions in the order staff meet them on a real request: **Verify** → **Limit** → **Use Approved Systems** → **Report**. Every scene maps to one of them.

Time	Scene	Teaches	Key line
0:00–0:20	The people behind the records	Why it matters	"Handling that information safely is part of the job."
0:20–0:35	Four actions, introduced	The framework	"Verify, limit, use approved systems, and report."

Time	Scene	Teaches	Key line
0:35–0:50	The familiar, urgent caller	Verify	"A familiar name, a confident caller, or an urgent request is not enough."
0:50–1:14	The general team chat	Limit	"Share only the information they need."
1:15–1:35	The convenient shortcut	Use Approved Systems	"Do not move it... simply because they seem more convenient."
1:37–1:58	The screen a coworker saw	Report	"Do not try to resolve it silently."
1:58–2:25	Recap and close	All four	"Small, careful decisions help protect our patients."

Left out on purpose: procedure codes, the legal definition of protected health information, and penalties. Learners already met these at onboarding, and they do not change the decision on shift. The policy itself stays linked from the LMS course page.

5. Assessment map

Three scenario questions cover all four objectives; each wrong answer is a shortcut a busy person would plausibly take.

Objective	Taught in	Tested by	Correct answer	Distractor logic
1. Verify	0:35–0:50	Q2: A caller sounds familiar and says it's urgent. What first?	Verify their identity through the approved process	"Share it because it's urgent" and "share part until you're sure" are the exact shortcuts the scene names
2. Limit	0:50–1:14	Q1: A teammate asks for appointment details in a general team chat	Move to the approved system, or answer without identifiable details	"Share only the first name" feels like limiting but is still identifiable
3. Use Approved Systems	1:15–1:35	Q1 (same question)	As above	"Send a screenshot privately" is still outside approved systems
4. Report	1:37–1:58	Q3: A coworker may have seen patient details on your screen	Secure the screen and report the possible exposure	"Ask them not to mention it" is the quiet fix the scene warns against

Scoring: 3 questions, pass mark 80% (all three correct), unlimited attempts, feedback on every answer. Q1 tests two objectives on purpose: limiting and keeping details in approved systems happen in the same moment at work.

Placement: questions run in the LMS straight after the video, while the scenarios are fresh.

6. Design rationale

Four decisions shape the module, each tied to a learning principle an L&D reviewer will recognise.

Decision	Why	Principle
Open with the people behind the records (0:00)	Staff who see the patient behind a record number are more willing to slow down	Relevance and motivation before content
Four actions in the order a request arrives (0:20)	The sequence itself becomes the memory aid on shift	Segmenting; a named framework as an advance organiser
Teach each action inside a pressure moment (0:35 onward)	The rule lands where the mistake actually happens	Scenario-based practice; context-matched learning
Distractors built from real shortcuts (quiz)	Recognising the tempting shortcut is the skill being tested	Retrieval practice with plausible distractors and feedback

On screen: one idea per scene, the action name always visible as a label, and interface overlays on real footage so the approved system and the risky shortcut sit side by side (signalling and the coherence principle, after Mayer and Clark).

Process: the project followed ADC's Discover → Structure → Visualize → Produce → Review → Deliver flow. It maps to ADDIE, with SAM-style review rounds at script, storyboard and draft cut.

7. Script and storyboard excerpt

One dense policy paragraph became four short script lines, one per action.

Source passage (sample written by ADC for this concept course):

Section 4.2: Disclosure of Protected Health Information. Personnel shall not disclose PHI to any party whose identity and authorization have not been confirmed in accordance with Procedure IDV-03. Disclosure shall be limited to the minimum necessary to accomplish the intended purpose. PHI shall not be transmitted via unsecured or non-sanctioned communication channels, including but not limited to personal email, consumer messaging applications and general-purpose collaboration channels. Any actual or suspected unauthorized disclosure shall be reported to the Privacy Office immediately upon discovery.

Policy says	Script says	Action
Shall not disclose PHI to any party whose identity and authorization have not been confirmed in accordance with Procedure IDV-03	Before sharing patient information, verify who is requesting it, using ClearPath's approved process.	Verify
Disclosure shall be limited to the minimum necessary	Even when someone is authorized, share only the information they need.	Limit
Shall not be transmitted via non-sanctioned channels, including personal email, consumer messaging applications...	Do not move it to personal email, local folders, unapproved apps, or other locations simply because they seem more convenient.	Use Approved Systems
Any actual or suspected unauthorized disclosure shall be reported... immediately upon discovery	If information may have been exposed or shared by mistake, report it immediately.	Report

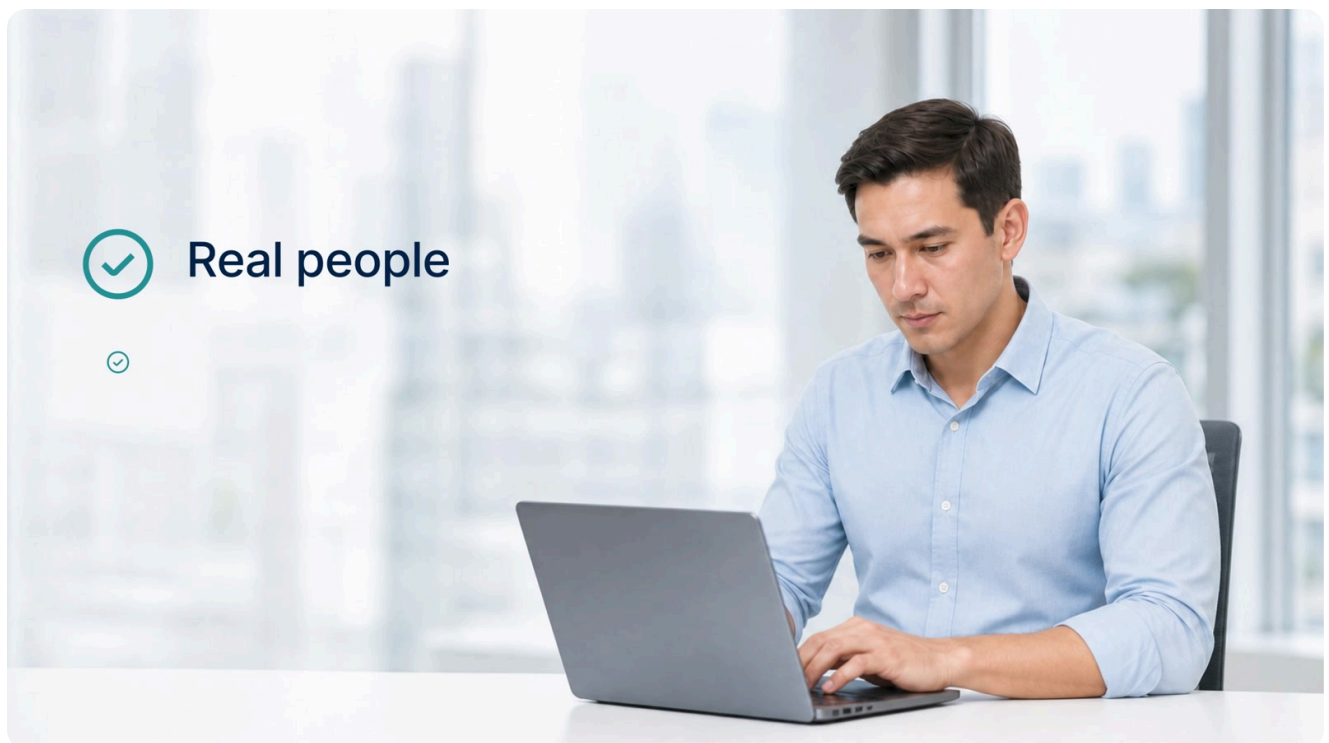
Rewrite rules used: one action per sentence; "PHI" becomes "patient information"; procedure codes become "ClearPath's approved process"; every line starts with what the learner does.

Storyboard excerpt (stills from the final module)

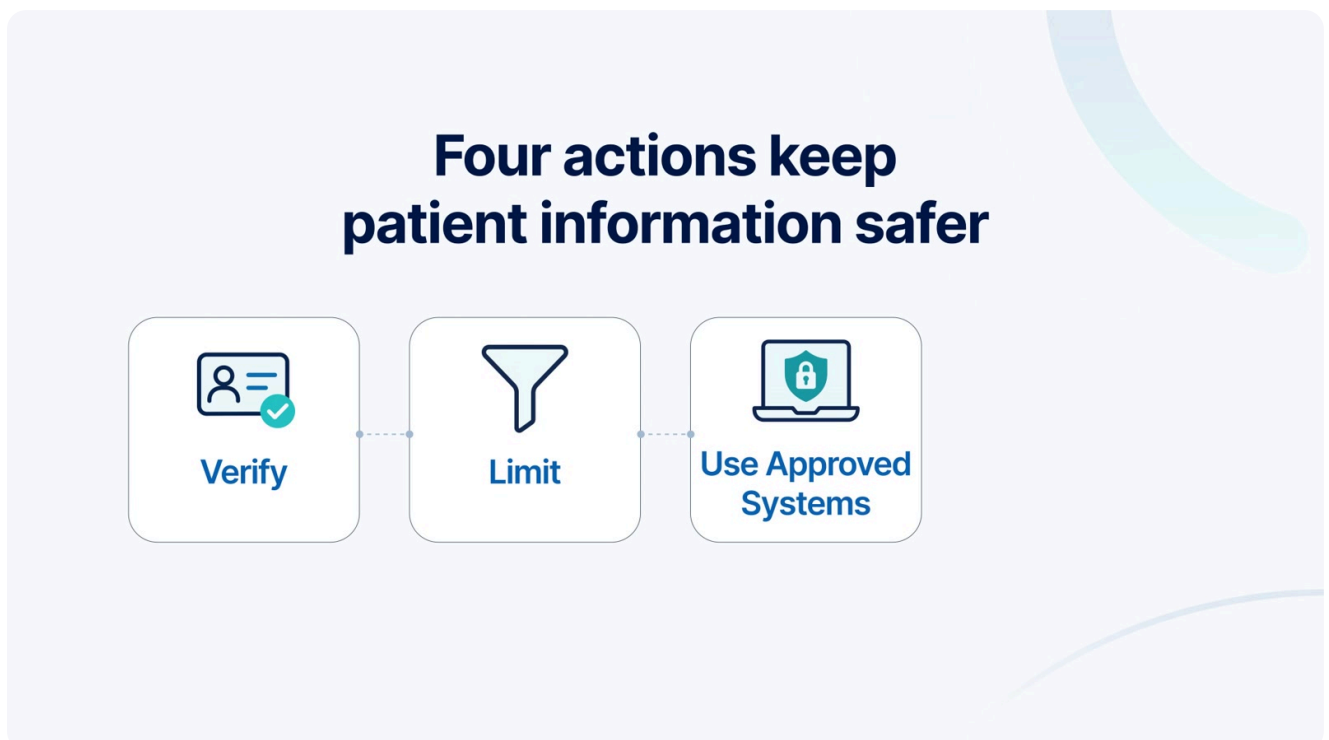
0:00 • Title. Staff member on a clean ClearPath brand field. *Narration:* "Every day, healthcare operations teams work with information connected to real people..." *On screen:* Handling Patient Information Safely.



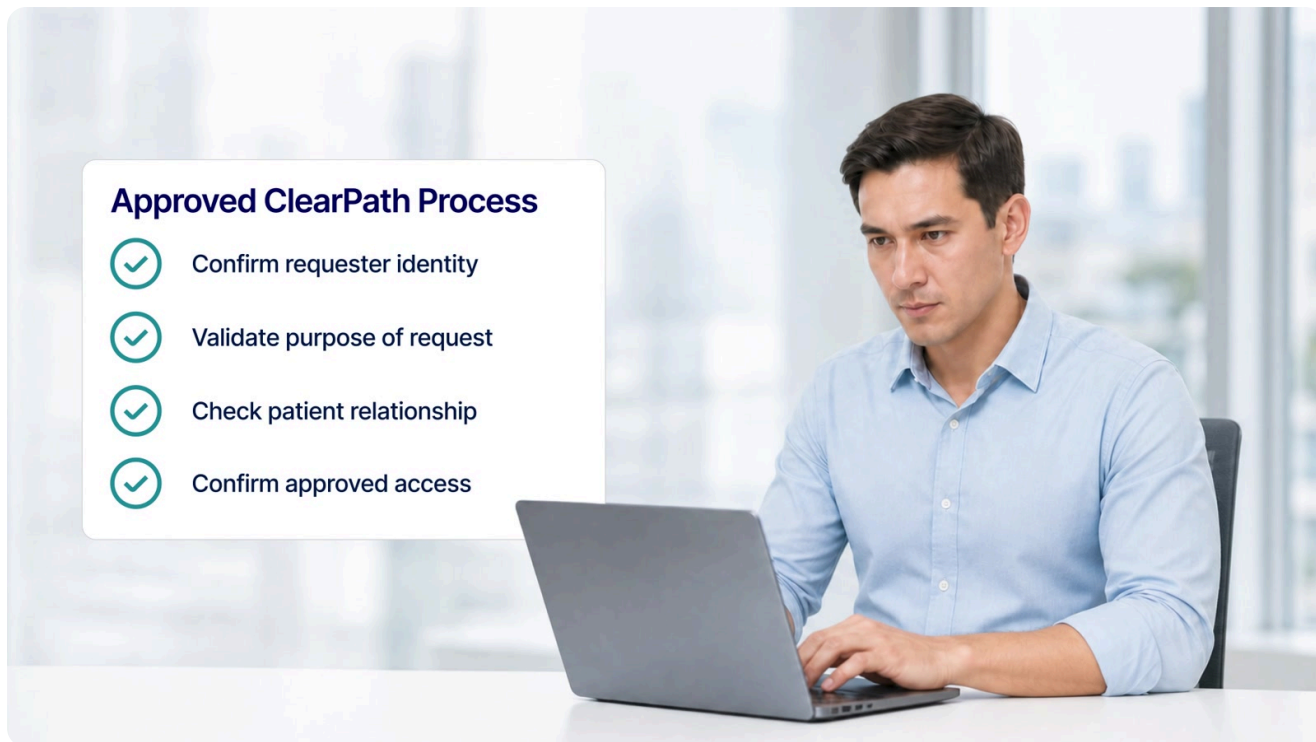
0:15 · Why it matters. The same staff member at a laptop; two check labels build in. *Narration:* "Handling that information safely is part of the job." *On screen:* Real people · Handle with care.



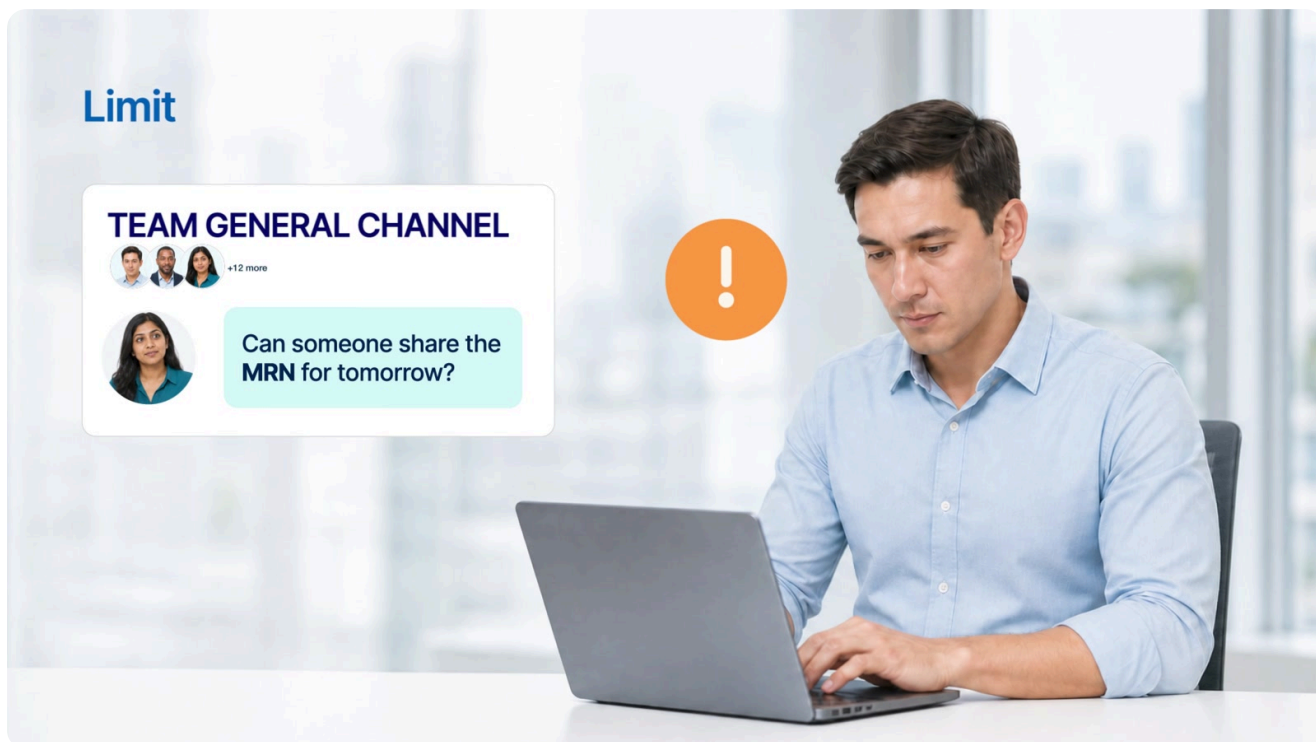
0:30 · The framework. Four action icons appear left to right, in the order a request arrives. *On screen:* Verify · Limit · Use Approved Systems · Report.



0:41 • Verify. An information request card is answered with the approved process checklist. *Narration:* "A familiar name, a confident caller, or an urgent request is not enough." *On screen:* Confirm requester identity · Validate purpose · Check patient relationship · Confirm approved access.



0:57 • Limit. A general team channel asks for a patient's MRN; an alert flags it. *Narration:* "Avoid patient-specific details in open team chats." *On screen:* Team general channel, warning marker.



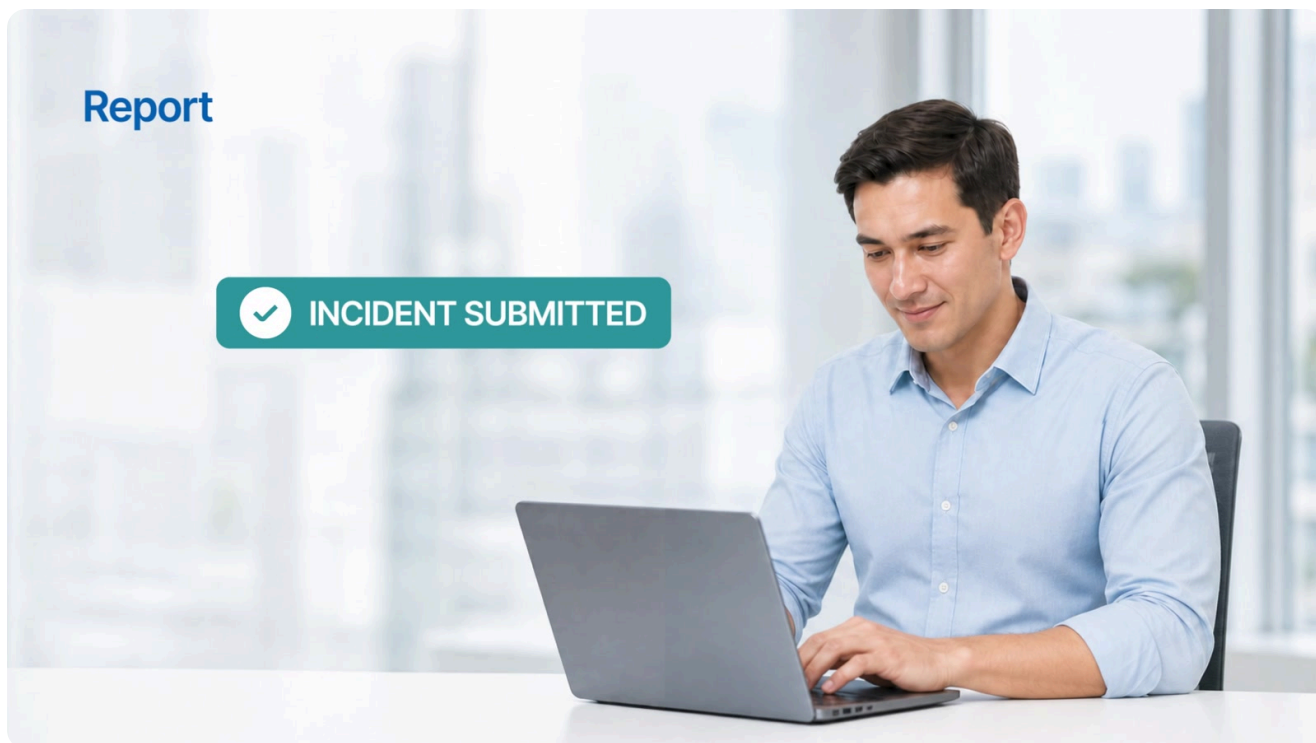
1:18 • Use Approved Systems. The same request answered inside ClearPath Secure Exchange, with the MRN shared as a protected link. *Narration:* "Patient information should stay inside approved ClearPath systems." *On screen:* ClearPath Secure Exchange.



1:41 • Report. A coworker passes behind while a patient case is open on screen. *Narration:* "If information may have been exposed or shared by mistake, report it immediately." *On screen:* Patient Case Workspace.



1:51 • Report, resolved. The incident form is sent. *Narration:* "Fast reporting helps the right team respond." *On screen:* Incident submitted.



8. Delivery and evaluation plan

The module ships as a tested SCORM 1.2 package, and the client gets a plan for proving it worked at three levels.

LMS setup

Setting	Value
Standard	SCORM 1.2
Completion rule	Video watched to the end and quiz passed
Pass mark	80% (3 of 3), unlimited attempts
Reported fields	Status, score, time in course, resume point
Tested on	Desktop and mobile in a test LMS, before handover

Accessibility: captions on by default (SRT and VTT), full transcript, on-screen text kept to short labels, quiz usable by keyboard.

Evaluation plan (recommended measures, not results; concept courses have no learners yet):

Level	What to measure	Source	When
1. Reaction	"Was this relevant to your job?" one-question rating	LMS survey after the quiz	At completion
2. Learning	First-attempt pass rate, per question	LMS quiz report	First 30 days
3. Behaviour	Patient details found in general chats	Quarterly spot check of team channels	Before and 90 days after launch
3. Behaviour	Near-misses and exposures reported	Privacy Office log	Monthly

Expect reported near-misses to rise in the first months: staff reporting what they used to fix quietly is the course working. A low first-attempt score on Q2 points to verification needing a refresher, not the whole module.

Working with ADC

Every ADC project starts with a document like this one, agreed before production begins. Your experts give a kickoff call, one script review and one review per draft; ADC handles structure, script, visuals, production and LMS packaging, with one point of contact.

Book a 30-minute discovery call at aurora-dc.com to see which of your repeat training topics would gain most from being built once.