

Chapter IX: QUICK REFERENCE TO ACRONYMS AND ABBREVIATIONS

APC – Accelerated Prevention Campaign
ASTPHLD – The Association of State and Territorial Public Health Laboratory Directors
CAP – College of American Pathology
CLIA – Clinical Laboratory Improvement Act
CMT – Cervical Motion Tenderness
CO – Cutoff
CSPS – Comprehensive STD Prevention Systems
CSTE – Coalition of State and Territorial Epidemiologists
CT – Chlamydia trachomatis
DFA – Direct Fluorescent Antibody Test
DIS – Disease Intervention Specialist
EIA – Enzyme Immunoassay
EPT – Expedited Partner Therapy
GC – Gonorrhea Culture
GZ – Gray Zone
HCFA – Health Care Financing Administration
LCR – Ligase Chain Reaction
LPS – Lipopolysaccharide
MOA – Memorandum of Agreement
MOMP – Major Outer Membrane Protection
NGA – Notice of Grant Award
NGU – Non-gonococcal Urethritis
OPA – Office of Population Affairs
PCA – Probe Competition Assay
PID – Pelvic Inflammatory Disease
PCR – Polymerase Chain Reaction
PT – Proficiency Testing
QA – Quality Assurance
QC – Quality Control
TMA – Transcription Mediated Amplification
TAT – Turnaround Time

GLOSSARY OF TERMS

A

Accuracy – The extent to which a measurement is close to the true value.

Amplification Test – A test which replicates the genetic material (DNA or RNA) of a microorganism such as Chlamydia from a few copies to millions within a few hours. These amplified (replicated) copies can then be detected, usually by photometry or fluorimetry.

Analytical Range – The range of accuracy of a test, e.g., the values (results) of a glucose blood test may range from 0 to 10,000 units; however, test A used to detect glucose is only capable of detecting from 100 to 1,000 units. The analytical range of this test, therefore, is 100 to 1,000 units.

Antibiotics – A chemical substance capable of destroying microorganisms, specifically bacteria.

Antibody – A type of serum protein that is produced by the body in response to foreign antigens. Antibodies assist the body in removing and destroying foreign antigens.

Antigen – Foreign substances that stimulate the body to produce antibodies. Such substances may be used to detect antibodies in the blood serum.

Asymptomatic – A state where a person is infected with chlamydia, but has no clinical symptoms (e.g., friable cervix and/or mucopus).

ASTPHLD – The Association of State and Territorial Public Health Laboratory Directors. The national organization of public health laboratory directors working in states or territorial health departments.

Azithromycin – An antibiotic used to treat chlamydial infections that can be given in a single dose.

B

Bacteria – Any small one-celled (unicellular) microorganism. Bacteria vary in shape (morphologically). They can be spherical (cocci), rod-shaped (bacilli), spiral (spirochetes), or comma-shaped (vibrios).

Batch – A set of specimens (e.g., endocervical swabs) processed and tested during a single run (diagnostic test).

C

Cervical Motion Tenderness (CMT) – Moderate to severe tenderness elicited when the cervix is palpated or manipulated.

Cervicitis – Infection and/or inflammation of the cervix. Can be a sign of chlamydial infection.

Cervix – The narrow neck of the uterus, which extends into the vagina.

CLIA – Clinical Laboratory Improvement Act of 1967 (and amendments of 1988). Sets the guidelines for any clinical laboratory which tests material obtained from human patients [blood, tissue, swabs, etc.]. CLIA is administered through the U.S. Health Care Financing Administration (HCFA).

Clinical Laboratory – A laboratory in which tests directly related to the care of patients are performed. Such laboratories use materials obtained from patients for testing, as compared with research laboratories, where animal and other sources of test material are also used.

Clinical Laboratory Procedure – Analytical procedure (test) performed on any specimens (samples) taken from humans and used to diagnose disease or infection.

Collection Sites – Locations in the body from which a chlamydia specimen may be taken. These sites include: cervix, urethra, rectum, throat, conjunctiva (eye).

Confirmatory Test – A test which is used to confirm positive screening results in order to eliminate false positive results, thereby improving specificity. This test employs a different target molecule than the screening test. For example, *C. trachomatis* enzyme immunoassays (EIA) typically detect specific lipopolysaccharide (LPS); while direct fluorescent antibody (DFA) test, used to confirm a positive EIA test, targets the major outer membrane (MOMP) of *C. trachomatis*. This method is preferred to using a supplemental test (see Supplemental Test).

Control – An artificial specimen with known value (i.e., positive or negative) which is included in every test run in order to monitor the performance of the test. For instance, if your positive control was negative, it would invalidate the results of the particular test run and specimens would have to be re-tested.

CSPS –The development of the Comprehensive STD Prevention Systems (CSPS) program announcement marked a major milestone in the efforts of CDC to implement the recommendations of the Institute of Medicine report, *The Hidden Epidemic, Confronting Sexually Transmitted Diseases*, 1997. With the publication of these STD Program Operation Guidelines, CDC is providing STD programs with the guidance to further develop the essential functions of the CSPS. Each chapter of the guidelines corresponds to an essential function of the CSPS announcement. This chapter on community and individual behavior change interventions is one of nine.

CT – *Chlamydia trachomatis* is the bacterial agent which causes chlamydial infections, the most commonly sexually transmitted bacterial infection in the United States. While Chlamydia are classified as bacteria, they share some properties of both bacteria and viruses.

CTSE – Council of State and Territorial Epidemiologists. This is the national organization of epidemiologists working in state health departments.

Culture – A laboratory test involving the cultivation of microorganisms or cells in a special growth medium.

Cutoff (CO) – A mathematically derived calculation in any given immunoassay which is used to determine which specimens are positive (reactive) or negative (nonreactive). Generally, specimens with values above the CO are positive and those below the CO are negative.

D

Detection Limit – The range (limits) of detection of any test methodology. For example, a *C. trachomatis* amplification test needs only 1-10 organisms to be present in order to detect *C. trachomatis*, whereas an enzymeimmunoassay (EIA) needs 100,000 (10^5) organisms to be present in order to detect *C. trachomatis*.

Diagnostic Test – A test designed to detect chlamydia in a patient presenting with symptoms or risk history, as distinguished from a screening test.

Direct Fluorescent Antibody Test (DFA) – The direct detection of chlamydia (antigen) from a specimen (e.g., endocervical swab, etc.) which is placed on a microscope slide and stained using fluorescently labeled, chlamydia-specific antibody. After proper staining, the slide is viewed under a fluorescent microscope. Chlamydia-positive specimens show apple-green elementary bodies in contrast to a red background of counterstained cells.

DIS – Disease Intervention Specialist – A trained individual working with patients testing positive and their partners to confirm treatment and identify all other potentially infected individuals. The DIS is usually employed by a health department.

DNA Probe – See Nucleic Acid Hybridization Test.

Doxycycline – An antibiotic used to treat chlamydial infections. The standard dosage is 100mg, twice a day, for 7 days.

E

Ectopic Pregnancy – A pregnancy occurring anywhere except in the uterus, usually in the fallopian tubes. It is a serious, potentially fatal consequence of chlamydial infection.

Ectopy – Visible columnar epithelial cells that extend onto the outer surface of the cervix. In younger women or women using hormonal contraceptives, ectopy is considered normal. Ectopy increases the risk of acquiring chlamydia by exposing the more vulnerable columnar epithelial cells.

Enzyme Immunoassay (EIA) – A laboratory test that detects specific antigens or antibodies rather than the organism (e.g., chlamydia) itself.

Erythromycin – An antibiotic used to treat chlamydial infection, especially for pregnant women. The standard dosage is 500mg, taken orally 4 times a day for 7 days.

Etiologic Agent – An agent that causes disease.

External Quality Control – An external control (see control) specimen which is generally shared between multiple laboratories and the results are compared for quality purposes.

Expedited Partner Therapy – Expedited Partner Therapy (EPT) is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.

F

False Negative (Result) – A test result that indicates the absence of a condition when the condition is actually present (group AC@ in Table I). The rate of occurrence of false negative results varies with the diagnostic accuracy and the specificity of the test or procedure. As the accuracy and specificity of a test increase, the rate of false negatives decreases. Certain tests are known to yield false negative results at a certain rate; in all tests, a small number of false negatives will occur by chance alone.

False Negative (Rate) – The rate of occurrence of negative test results in subjects known to have the disease or behavior for which the individual is being tested (see Table I).

False Positive (Result) – A test result that wrongly indicates the presence of a condition when the condition is not present (group AB@ in Table I).

False Positive (Rate) – The rate of occurrence of positive test results in test of individuals known to be free of a disease or disorder for which the individual is being tested (see Table I).

Friability – Fragile, easily crumbled, especially prone to bleeding. Cervical tissue in some chlamydia infections, for example.

G

Gonorrhea – A common sexually transmitted disease most often affecting the genitourinary tract and, occasionally, the pharynx, conjunctiva, or rectum. Infection results from contact with an infected person or by contact with secretions containing the causative organism *Neisseria gonorrhoea*.

Gray Zone (GZ) – An artificially established range (zone) below a diagnostic test's cut-off (CO) value. The GZ generally ranges from 30%-70% below the CO. Specimens in the established GZ are then re-tested by another methodology in order to increase the test sensitivity, that is, to detect additional positive specimens.

I

Immunoassay – An assay (test) which detects antigens or antibodies.

Infertility – The inability to conceive or carry a fetus to term. Chlamydia-related infertility is most often caused by scarring in the fallopian tubes.

Inhibitor – A substance that interferes with the test's ability to detect the presence or absence of disease. Blood and mucous are examples of potential inhibitors for chlamydia testing.

Internal Quality Control – An internal control specimen made up and used by a particular laboratory (see Control).

K

Kit – A package of test reagents, package insert, etc., which enable a laboratory to perform a particular test. In other words, a chlamydia kit would enable a laboratory to test for chlamydia.

L

Ligase Chain Reaction – An amplification test for chlamydia and/or gonorrhea. A process whereby a strand of DNA can be cloned (replicated) millions of times within a few hours.

LPS – The lipopolysaccharide in the chlamydia organism, a part of the organism. The same LPS is present in all chlamydia species, e.g., *C. trachomatis*, *C. psittaci*, *C. pneumonia*, and others. Any test which detects chlamydia LPS would cross react with all chlamydia organisms.

Lot – Diagnostic kits are manufactured in large quantities (lots). As part of quality control, laboratories record all results from each kit and in order to monitor for any variations which may occur between lots.

M

Mean – The average of the numerical results obtained from a series of analyses.

MOMP – The Major Outer Membrane Protein on the Chlamydia organism. The MOMP is species specific, that is, *C. trachomatis* is different from *C. psittaci*, and so on. Any test which detects MOMP will only react with each separate species. Otherwise said, *C. trachomatis* MOMP will not react with *C. psittaci*.

Mucopus – Green or yellow discharge when viewed on a white cotton swab that has been inserted into the cervical os.

N

Nucleic Acid Hybridization Test (DNA Probe) – The GenProbe Pace 2 assay. A laboratory test which detects *C. trachomatis* ribosomal RNA.

O

OPA – Office of Population Affairs. This is the federal office which administers the Title X family planning program. Part of the Department of Health and Human Services.

P

Package Insert – The written pamphlet in every diagnostic test kit which includes instructions for proper use (kit directions) of the kit. In addition, the package insert contains some or all of the following: information on intended use; summary and explanation of the test; principles of the procedure; reagents provided; special precautions; specimen collection, storage and transport; materials provided/not provided with kit; procedural limitations; performance characteristics; results; and quality control.

Partner Notification – The process of identifying sex partners of patients testing positive and informing them that they are at risk for infection and need to be tested.

Pelvic Inflammatory Disease (PID) – A clinical syndrome identified by a range of symptoms including lower abdominal pain and tenderness, bilateral adnexal tenderness, low-grade fever, and cervical motion tenderness. Serious sequelae (consequences) can include infertility, ectopic pregnancy, and chronic pelvic pain. PID can be one of the serious consequences of chlamydia infections.

Polymerase Chain Reaction (PCR) – An amplification test for chlamydia. A process whereby a strand of DNA can be cloned (replicated) millions of times within a few hours.

Predictive Value Negative – The likelihood that a person with a negative test does not have the disease.

Presumptive Treatment – Also known as epidemiologic treatment. The treatment of patients suspected of having a disease based on identified risk factors and/or clinical findings, without the confirmation of a test result.

Prevalence – The percentage of people in a given population that have a give disease. For example, the prevalence of chlamydia in Clinic A is 5%, that is 5 out of 100 individuals in Clinic A are infected with chlamydia.

Proficiency Testing (PT) – A program (Cap, AAB, etc.) in which sample (artificial patient specimens) are sent to participating laboratories for analysis. The true value (results) of the samples are unknown by the testing laboratory. The results are reported to the specific program (CAP, AAB, etc.), tabulated, compared to all participating laboratories and reported to the enrolling laboratory.

Q

Qualitative – A test that is qualitative determines the amount of a substance per unit volume or unit weight, e.g., blood glucose normal range 70-115 mg/dl-milligrams per deciliter.

Quantitative – A test that is quantitative determines the amount of a substance per unit volume or unit weight, e.g., blood glucose normal range 70-115 mg/dl-milligrams per deciliter.

Quality Assurance Program (QAP) – A comprehensive set of policies, procedures, and practices used to monitor the services provided in a clinical or laboratory setting. These plans should include protocols for proper record keeping, calibration and maintenance of equipment, monitoring of quality controls and proficiency testing results, and training.

R

Reagent – A substance that produces a chemical reaction in a sample that allows an analyte (the substance being measured) to be detected and measured.

S

Screening Criteria – A set of characteristics used to determine which patients in an asymptomatic population should receive a test for chlamydia.

Screening Test – A test performed to detect chlamydia in a patient presenting for a routine exam, with no symptoms or risk history indicating chlamydia, as distinguished from a diagnostic test.

Selective Screening – Testing for chlamydia in a population using screening criteria, as opposed to universal screening of an entire patient population, or diagnostic testing of patients with symptoms.

Sensitivity – The ability of a test to detect patients who have the disease or condition for which they are being tested.

Specificity – The ability of a test to identify patients who do not have the disease or condition for which they are being tested.

Specimen – A small sample of something, intended to show the nature of the whole, such as blood or urine specimen.

Specimen Adequacy – The quality of the specimen obtained from the patients judged by the number and type of cells sampled, e.g., chlamydia testing, an endocervical specimen which contains any endocervical columnar/cuboidal epithelial cells or metaplastic cells or greater than 100 erythrocytes (RBCs) per field at 200X.

Supplemental Test – A test which is used to confirm positive screening results. This test employs the same target molecule as the original screening test, e.g., *C. trachomatis* enzyme immunoassays (EIA) typically detect specific lipopolysaccharide (LPS); the EIA blocking or neutralizing assay also target this same molecule (LPS). As a general rule, results obtained from using one test should be confirmed using alternate technology (see Confirmatory Test) in order to best decrease the incidence of false positive test results, thereby increasing specificity.

Symptomatic – Presenting with clinical signs of disease.

T

Title X – The federal legislation which supports federally funded family planning clinics.

Transcription Mediated Amplification (TMA) – An amplification test for the detection of chlamydia. A process whereby a strand of RNA can be cloned (replicated) millions of times within a few hours.

Turnaround Time (TAT) – The amount of time it takes to produce a test result, from the time a specimen is received in the laboratory until it is reported out.

U

Universal Screening – Testing for chlamydia in an entire patient population, regardless of symptoms, risk history, or other factors.

Urethritis – Inflammation of the urethra.

Source: Region III Chlamydia Project

QUALITY ASSURANCE GLOSSARY

A

Accountability – To be answerable for one’s practice and for the consequences of such practice.

Accreditation – The process by which an agency or organization evaluates and recognizes an institution or program as meeting certain predetermined criteria or standards.

Assess – To evaluate; appraise; measure

C

Certification – The process by which a nongovernmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association. Such qualification may include:

1. Graduation from an accredited or approved program,
2. Acceptable performance on qualifying examination or series of examination and/or,
3. Completion of a given amount of work experience

Client – One who is considered to be a legitimate member of the decision-making team, who always has some control over the planned regimen, and who is incorporated into the planning and implementation of his/her own care as much as possible. The recipient of care: individual, family, and/or community.

Clinical – Pertaining to actions, actual observations and treatment, by health care practitioners, i.e., nurse, physicians, etc.

Confidentiality – Protection from unauthorized disclosure.

Consensus – Informal ratification; negotiated acceptance among members of a group.

Corrective Action – The ability identified to alter or adjust so as to bring to standard; such as update of knowledge and skills, revision of policy or standard, etc.

Credentials – Certificates or diplomas that give credit or confidence to a title.

Criteria – Predetermined elements against which aspects of the quality of a medical service may be compared. They are developed by professionals relying on professional expertise and on professional literature. There are three types of criteria:

Process Criteria – focus on the nature, sequence of events, and activities in the delivery of client care.

Structure/Resources Criteria – include consideration of the purpose of the institution, agency or program and its legal authority to carry out the mission, organization characteristics; fiscal resources and management; physical facilities and equipment; and status related to accreditation, certification or approval by appropriate voluntary or governmental bodies. The term, structure, is used interchangeably with resources.

Customer – Someone who depends on the timeliness, quality and accuracy of someone else's work.

D

Data – Factual information used as a basis for reasoning, discussion, or calculations.

Data Analysis – The critical review, inspection, and interpretation of a set of data. The ultimate purpose is that of assuring subsequent goal-directed planning so that deficiencies can be corrected.

Data Retrieval – To find and bring in specified information.

Deficiency – Indication of noncompliance to a standard. Categorization of deficiencies helps to prepare for corrective action by identifying a broader perspective and hidden patterns.

Knowledge Problems – one or more individuals did not have sufficient information, knowledge, skill or training. Knowledge deficiency may have been due to inadequate, ineffective, or inappropriate staff development, orientation, training, or recruitment.

Types of Action: Provide educational conference, materials, practice time, individual counseling, individual study, in-service, etc.

Performance Problems: Although knowledge and training were adequate, a task was performed improperly. May have been due to neglect, error, inconsistency, misapplication, or insufficient attention.

Types of Action: Provide feedback, assistance; enforce a policy or schedule; change a job description; provide a reward or sanction.

Motivational Problems – Although knowledge and skill were adequate, and performance should have been simple, a task was not done adequately. Importance of the task may not have been made clear; support may have been lacking; task may have been boring, punishing, trivial; low morale or personality factors may be contributed.

Types of Action: Demonstrate importance, benefits, or reason for the task; provide incentives; support; apply sanctions; make the task more interesting and fulfilling; correct causes of poor morale; confront personality issues.

Supervision Problems – A task was done inadequately due to lack of guidance, authority, or clarity. Supervision was lacking or inadequate; job descriptions, orders, deadlines were not clear; order conflicted; the chain of command was not clear.

Types of Action: Increase or decrease amount of supervision; change the lines of authority; clarify job descriptions and authority; enforce a policy; change a policy.

Communication Problems – A task was done inadequately due to lack of communication, or poor communication. Communication broke down between disciplines, or individuals; language was a barrier; personality problems disrupted communication; lack of formal means of communication.

Types of Action: Establish channels of communication (memo, meetings, regular reports); realign flow of communication to eliminate personality conflicts; provide training in communication skills.

Resource Problems – A task was not done or not completed due to inadequate resources. Equipment was lacking, inadequate, poorly maintained; funds were lacking; poor access to equipment; facilities or space not well scheduled or managed.

Types of Action: Provide needed equipment, repair equipment, modernize facility; provide additional funds; improve access to facilities; change schedules or assignments.

Planning Problems – A task not done adequately because planning was lacking or inadequate. Goals were not stated; plan was not recorded or communicated; deadlines were not set; priorities confused; plans were not consistent with policies.

Types of Action: Identify goals; plan schedule; publicize plan; enforce plan **or** schedule; restate priorities; set up a planning meeting; make realistic plans.

Documentation Problems – Even if a task was done, it was not documented or not properly documented. Policy on documentation may not be clear; time, forms, or format for documentation may not be clear; documentation may not be taken seriously; writing may be illegible.

Types of Action: Clarify policy and importance of documentation; provide new forms; provide training on documentation procedures; enforce a policy; change a policy.

Documentation – The objective recording of health provider's observation, findings, actions and interactions and client's observation, actions, interactions and responses to care/therapy.

E

Effectiveness – The extent to which pre-established objectives are attained as the result of an activity.

Element – A component, feature, or principle of something basic; part. Broadest term of any of the basic irreducible or principles of anything, concrete or abstract. Minimum essential evidence of an aspect of care.

Evaluate – To ascertain, fix the value or worth of. To examine and judge. Appraise; estimate; may imply judgment based on rather rough calculations.

Evaluation – The process of ascertaining or fixing of value through considered judgments:

1. Is a generalization describing a judgment based on many measurements and knowledge.
2. Is a process by which we gather information as a basis for improvement.

F

Follow-up Action – The activity to determine the effectiveness of the prescribed corrective action.

G

Guidelines – Prepared directions or instructions outlining practice and/or policy.

I

Implement – To carry into effect, fulfill, accomplish. To give practical effect to. To provide a definite plan or procedure to ensure fulfillment.

Incident – Any event that is not consistent with the routine operation of client care. The event may be an accident that causes bodily harm or property damage.

L

Licensure (Provider) – The process by which an agency of government grants permission to a person to engage in a given profession or occupation by certifying that those licensed have attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonable and well protected.

Licensure (Agency) – State recognition and authorization to operate.

M

Malpractice – Malpractice or negligence consists of the failure of a professional person to act in accordance with the prevalent professional standards or failure to foresee possibilities and consequences that a professional person having the necessary skill and training to act professionally should foresee. Malpractice has been defined as a bad, wrong, or injudicious treatment resulting in injury, unnecessary suffering, or death to the client and proceeding from carelessness, ignorance, lack of professional skill, disregard for established rules or principles, neglect, or malicious intent. Professional misconduct, improper discharge of professional duties, or failure to meet the standard of care of a professional which resulted in harm to another.

Measure – To ascertain the dimensions, quantity, quality, or capacity of. Device for gauging the quantity and quality of some aspect of health services by comparison.

Model – A description used to help visualize something that cannot be directly observed.

N

Nursing Diagnosis – The assessment made within the scope of professional nursing practice, which describes a health state or the potential alteration in a health state.

P

Peer – A person of the same rank, value, quality, ability; equal standing with another.

Peer Review – Review of colleagues by colleagues. The process by which registered nurses, actively engaged in the practice of nursing, appraise the quality of nursing care in a given situation in accordance with established standards of practice.

Plan of Care – A plan for interventions which includes treatment, teaching/counseling, and follow-up:

1. Evaluate the quality and quantity of care
2. Identify the strengths and weaknesses of care
3. Provide evidence to be utilized as the basis of recommendations for new or altered policies and procedures to improve care.

Problem-Oriented System – The problem-oriented system is the application of the scientific method of problem solving to the management of client care and encompasses three basic steps:

1. The problem-oriented record
2. The audit of problem-oriented records to identify deficiencies
3. Correction of deficiencies found in audit of the record

Promote – To further the growth or establishment of, to work actively and stir up interest for the accomplishment of. To raise or move forward to a higher or better position.

Protocol – Written and signed agreement between the physician(s) and registered professional nurse(s) delegating medical tasks to the registered nurse for the clinical management of the client.

Purpose of Visit – Reason for client visit; may also be recorded as chief complaint or problem.

Q

Quality – A characteristic or attribute of something, excellent, superiority, degree, or grade of excellence. The distinguishing characteristics that determine the value, rank or degree of excellence.

Quality Assurance Program – The mechanisms to efficiently and effectively monitor health care. A program executed to make secure or certain the excellence of health care and services. The term is applied to programs as limited as that of an administrative unit of health care agency and as broad as that of a community, a region, a state or a nation.

R

Reference(s) – Source(s) of information.

Resources – Nursing practice resources include equipment and supplies, nursing administrative structure, nursing practice procedures and policies.

Responsibility – A thing, person, or task that one is answerable to.

Retrospective Audit (Closed Record) – Review of past or closed states, activities, or behaviors; that of assessing records for documented evidence of desired behavior.

T

Training – Public Health Nursing has elected to combine all training for nursing personnel into the broad concept of Staff Development with five components. The definition of Staff Development and the five components as accepted by nursing are:

Staff Development – a process which includes both formal and informal learning opportunities to assist public health nursing personnel to perform competently in fulfillment of role expectations with the Department.

Continuing Education – planned learning experience beyond a basic nursing education program. These experiences are designed to promote the development of knowledge, skills and attitudes for the enhancement of nursing practice, thus improving health care to the public.

In-service Education – planned instructional or training programs provided by the Department designed to increase competence in a specific role.

Orientation – a process by which new staff are introduced to the philosophy, goals, policies, procedures, role expectations, physical facilities, and special services in a specific work setting. Orientation is provided at the time of employment and at other times when changes in roles and responsibilities occur in a specific work setting.

Accredited Training – all types of training where academic credit is offered in at least one course, by college, university, or other types of school.

Source: Georgia Department of Human Resources, Division of STD/HIV Training & Quality Assurance and Epidemiology Branch.