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# Medical Vocabulary for Healthcare Managers

## Course: Body Systems, Clinical Records and Reports

6 – 10 September 2027  
Milan





## Medical Vocabulary for Healthcare Managers Course: Body Systems, Clinical Records and Reports

**Ref:** 397\_23981 **Date:** 6 – 10 September 2027 **Location:** Milan **Fees:** 5500 GBP

### Programme Summary

Medical Vocabulary for Healthcare Managers, covering body systems, clinical records and reports, is the subject of this one-week training course for non-clinical hospital managers, health insurers, healthcare administrators and ministry planners at managerial level, ending in a clinical record reading guide for one service. Managers sign off budgets and claims built on documents they cannot fully read. The programme moves from principles of medical terminology, through diagnosis of reading gaps, to design of tools and checks, then to application on real record types. Mars Training Centre UK delivers this Medical Vocabulary for Healthcare Managers programme for non-clinical leaders.

### The Business Case

When managers cannot read a discharge summary, an operative note or a claim narrative, they depend on intermediaries for every judgement, queries multiply and coding errors pass unnoticed. Managers who grasp the structure of medical language can question a record, spot inconsistencies and brief clinicians precisely, which shortens review cycles.

- Review Time: Falls as managers read records and reports without waiting for translation by clinicians.
- Documentation Quality: Improves as inconsistent terms and unclear abbreviations are spotted early.
- Claims Accuracy: Rises as diagnoses and procedures are matched to the services billed.

### Principles and Evidence Base

- Medical word-part analysis prefixes, roots and suffixes: It structures the term-building exercises in Sessions 1 and 2.
- Body systems and anatomical position conventions: They organise the term review by system in Sessions 2 and 3.
- WHO ICD-10 classification: It frames the reading of coded diagnoses in claims and reports in Session 4.
- Cognitive load principles in learning: They shape the short, repeated practice used across all sessions.

### Intended Participants

- Hospital managers who approve budgets and policies for clinical services without clinical training.
- Insurance and payer reviewers who assess claims narratives and authorisation requests.
- Healthcare administrators who manage records, referrals and reporting.
- Ministry planners who read clinical audit reports and service data.



The programme serves public and private hospitals, health insurers and health authorities, and suits mixed groups needing a shared working vocabulary.

## Learning Outcomes

1. Participants will be able to construct the meaning of unfamiliar medical terms from their word parts.
2. Participants will be able to identify the main body systems and the conditions and procedures linked to each.
3. Participants will be able to interpret common clinical abbreviations and flag those that are ambiguous.
4. Participants will be able to evaluate a clinical record or report for completeness and internal consistency.
5. Participants will be able to diagnose terminology gaps that cause queries, delays or claim errors.
6. Participants will be able to design a reading guide and query routine for one clinical service.

## Programme Structure

### Day 1: Medical Vocabulary for Healthcare Managers Principles

How is medical language built, and why does it matter to a manager?

- Word-Part Analysis Method
- Common Prefix and Suffix Table
- Anatomical Position and Direction Terms
- Pronunciation and Spelling Pitfalls List
- Managerial Reading Purpose Map

### Day 2: Body Systems and Clinical Conditions

Which terms describe each body system and its common conditions?

- Cardiovascular and Respiratory Term Review
- Digestive and Urinary Term Review
- Nervous and Musculoskeletal Term Review
- Endocrine and Reproductive Term Review
- Condition and Procedure Pairing Table

### Day 3: Diagnosing Reading Gaps in Clinical Records

Where do records and reports lose managers today?

- Discharge Summary Annotation Exercise
- Operative Note Structure Guide
- Abbreviation Ambiguity Audit
- Query and Delay Log Analysis
- Term Confusion Pair List



## Day 4: Designing Reading Tools and Checks

What tools help managers check records and claims reliably?

- ICD-10 Chapter Navigation Sheet
- Diagnosis and Procedure Consistency Check
- Record Completeness Checklist
- Clinician Query Template
- Approved Abbreviation List Design

## Day 5: Applying Medical Vocabulary to One Service

Is the reading guide ready for use by a service team?

- Applying the Session 2 Term Review to Service Records
- Testing the Session 3 Gap List on Sample Reports
- Checking the Session 4 Tools on Live Claim Narratives
- Rehearsing the Clinician Query Conversation
- Completing the Clinical Record Reading Guide

## Methodology

The programme uses a structured exercise method built on anonymised record extracts, report excerpts and claim narratives. Participants build terms from word parts, annotate real document types in pairs and test their understanding in short quizzes with clinician-style feedback. Discussion centres on what a manager must verify rather than diagnose.

- Suggested activity: Annotating a discharge summary and listing the queries a manager would raise.
- Suggested activity: Matching diagnoses with procedures in sample claim narratives.
- Suggested activity: Building an abbreviation list for a service and removing ambiguous entries.

## Capstone Output

Each participant completes a clinical record reading guide for one service. It holds a term list by body system, an abbreviation list, a record completeness checklist, a consistency check for diagnoses and procedures, and a query template. The guide is used to onboard managers, speed up record and claim review and standardise clinician queries.



## Frequently Asked Questions

### **Is medical vocabulary for healthcare managers suitable for people with no clinical background?**

Yes. Medical vocabulary for healthcare managers starts from word parts and assumes no clinical training, only regular contact with clinical documents or decisions that rest on them.

### **Which references does medical vocabulary for healthcare managers rest on?**

Medical vocabulary for healthcare managers rests on word-part analysis, body system conventions, the WHO ICD-10 classification and cognitive load principles in learning.

### **How is the reading guide from medical vocabulary for healthcare managers used at work?**

You use the clinical record reading guide to onboard colleagues, speed up record and claim review, and standardise clinician queries.

### **How does medical vocabulary for healthcare managers differ from a programme on medical coding?**

Medical vocabulary for healthcare managers centres on reading and questioning records, while a medical coding programme centres on assigning classification codes to them.