Introduction

This is the user manual for the web-based application aimed at supporting the implementation of ICD-11 Field Trial core study protocols, called ICD-FiT (ICD Field trials).

The web application

The web-based application is currently hosted by the dept. of Mathematics and Computer Science at the University of Udine, Italy. The provisional address for the system is:

http://icdfit.uniud.it

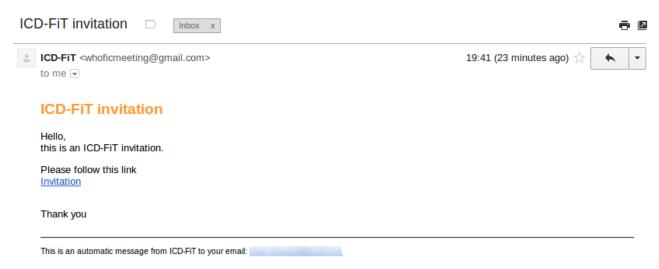
Rater

The rater carries out the basic work of participating into studies as classification user. He/she should register into the system upon invitation and filling the participant form. After that, he/she should access his/her own web page, check for assigned cases in field trial studies, fill in the related forms, and fill also the final evaluation form after completing all cases of a study.

User registration

ICD-FiT is open only to invited users, at various levels. No public pages are available, thus any activity is filtered through a login page. When accessing the first page of the web application, the user is requested to provide username and password. There is no link to a registration page, because registration to the system can be made only upon email invitation by a centre or site coordinator.

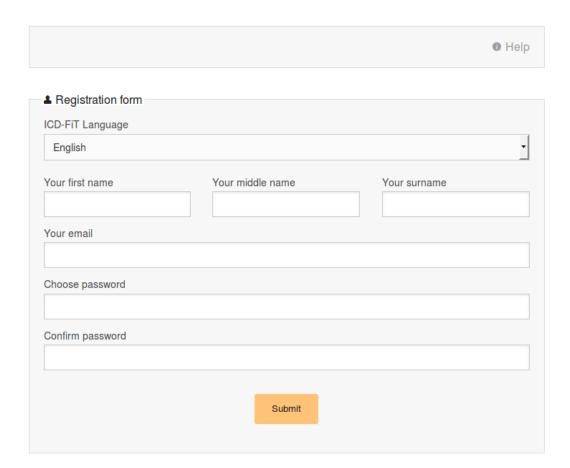
The ICD-FiT email invitation:



The link "Invitation" redirects to the ICD-FiT registration page:

ICD-FiT v0.9

Web-based data entry tool for supporting the implementation of ICD-11 Field Trial core study protocols



After the registration, the user is guided through three forms.

The first one collects user data:

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Participant information form (step 1/3)			
1. Country	2. Year of birth	3. Sex	
Afghanistan	2015	Female Male	
4. Highest educational degree you have obtained	ed		
Pre-University			-
5. Select the occupation from the list that best d	lescribes your profession		
Medicine	Nursing	Midwifery	
Dentistry	Pharmacy	Health information manager (coders, medical records)	
Environmental and occupational health and hygiene	Physiotherapy or Physical therapy	Nutrition	
Social Sciences	Psychology	Social work and counselling	
Health Policy	Traditional and complementary medicine		
Other	medicine		
6. Select the occupation from the list that best d	· ·	Conitourinary Penraductive and	
Cardiology	Environmental Health	Genitourinary, Reproductive, and Maternal Health	
Endocrinology	Gastroenterology	Haematology	
Hepato-pancreatobiliary	Internal Medicine	 Injuries and External Causes of Disease 	
Mental Health	Musculoskeletal Conditions	 Neoplasms and Oncology 	
Nephrology	Neurology	Nutrition	
Ophthalmology	Oral Health - Dentistry	Pediatrics	
Rare Diseases	Respiratory Conditions	Rheumatology	
Traditional Medicine/Complementary and Alternative Medicine			
Other			
7. Which version of the ICD do you use? I do not use ICD			_[
I do not use ICD			
8. If you do use ICD, do you use:			
Clinical Modification			
Specialty Adaptation			
0 W/Latin			
What is your experience using ICD? Coding: Loded data using ICD (coding a) Coding: Loded data using ICD (coding a)	dministrative data or coding research data)		
	,		
Analysis: I used ICD-coded data for analysis			
Policy and Programs: I used ICD data for	some higher level use, e.g. in the design of a qu	uality and safety program	
	✓ Save × Cancel		

The second step is the declaration of conflict of interests:

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Participant information form (step 2/3)								
Declaration of interests for WHO ex	perts							
Title of meeting or work to be performed, including description of subject-matter, substance (compounds and organisms), technology or process to be considered: ICD-11 Revision Project								
Public health considerations have a primary importance in a assessment of scientific evidence is achieved in an indep- technical integrity and impartiality of WHO's work, it is necess that work.	ndent atmosphere free of	either direc	ct or indirect pressures. 7	Thus, to assi	ure the			
Each expert is therefore asked to declare any interests that involvement in the meeting or work, between (1) common administrative unit with which the participant has an employ association), organization or any other entity of any nature w	cial entities and the parti nent relationship. "Commerc	icipant pers cial entity" re	onally, and (2) commerci	ial entities a	nd the			
In addition, as a result of WHO's strong stance against tobac with it have, or have had, any relationship with any part of wi would not necessarily be considered a reason to disqualify an	at may be called "the tobac	vant for the co industry"	Organization to know whet '. Nevertheless, declaration	her experts v	working interest			
What is a conflict of interest? Conflict of interest means that the expert or his/her partne personal relationship), or the administrative unit with which t unduy influence the expert's position with respect to the sut would not necessarily influence the expert but could result exists with an interest which any reasonable person could be	e expert has an employme ject-matter being considere n the expert's objectivity b	nt relationsh d. An appar eing questio	nip, has a financial or othe rent conflict of interest exis oned by others. A potentia	r interest that sts when an	at could interest			
Different types of financial or other interests, whether person can be envisaged and the following list, which is not exhausti be declared:								
a current proprietary interest in a substance, technology of subject-matter of - the meeting or work;	process (e.g. ownership of	a patent), to	be considered in - or other	erwise related	d to the			
 a current financial interest, e.g. shares or bonds, in a commercial entity with an interest in the subject-matter of the meeting or work (except share holdings through general mutual funds or similar arrangements where the expert has no control over the selection of shares); 								
3. an employment, consultancy, directorship, or other position during the past 4 years, whether or not paid, in any commercial entity which has an interest in the subject-matter of the meeting/work, or an ongoing negotiation concerning prospective employment or other association with such commercial entity;								
performance of any paid work or research during the past meetings or work;	years commissioned by a	commercial	entity with interests in the s	subject-matte	r of the			
5. payment or other support covering a period within the pas interest in the subject-matter of the meetings or work, even position or administrative unit, e.g. a grant or fellowship or other	if it does not convey any b	penefit to the	e expert personally but wh	nich benefits				
With respect to the above, an interest in a competing substar a commercial entity having a direct competitive interest must		or an interes	st in or association with, we	ork for or sup	port by			
How to complete this Declaration: Please complete this D constitute a real, potential or apparent conflict of interest sh the administrative unit with which you have an employment required to be disclosed, no amounts need to be specified interest). With respect to items 1 and 2 in the list above, the interest during the past 4 years should be declared. If the in 5, the interest ceases when a financed post or fellowship is n	uld be declared (1) with re elationship. Only the name though they may be, if you interest should only be dec erest is no longer current, p	spect to you of the com consider th clared if it is please state	urself or partner, as well as mercial entity and the natu- is information to be releva current. With respect to ite the year when it ceased.	s (2) with resure of the intended ant to assessems 3, 4 and	spect to erest is sing the 15, any			
Assessment and outcome: The information submitted by yo potential or apparent conflict of interest. Such conflict of interportion of the discussion or work affecting that interest, (ii) be to be appropriate to the particular circumstances, and with yo disclosed.	est will, depending on the si ing asked not to take part in	tuation, resu the meeting	ult in (i) you being asked n g or work altogether, or (iii)	ot to take par if deemed b	rt in the y WHO			
Information disclosed on this Form may be made available to questioned such that the Director-General considers disclosu you.								
Declaration: Have you or your partner any financial or othe which may be considered as constituting a real, potential or at the place of the details in the beginning.			neeting or work in which y	ou will be in	volved,			
If yes, please give details in the box below. Yes No								
Do you have, or have you had during the past 4 years, an production, manufacture, distribution or sale of tobacco or an If yes, please give details in the box below. Yes No					d in the			
Type of interest, e.g. patent, shares, employment, associatio	n, payment (including details	s on any cor	mpound, work, etc.)					
Name of commercial entity Belongs to	you, partner or unit?		Current interest? (or year	ceased)				
Is there anything else that could affect your objectivity or independence?	pendence in the meeting or	work, or the	e perception by others of y	our objectivit	y and			
I hereby declare that the disclosed information is correct and I undertake to inform you of any change in these circumstanc I have filled and signed the attached Declaration of Confli	es, including if an issue aris	al, potential es during the	or apparent conflict of inte e course of the meeting or	rest is known work itself.	to me.			
	✓ Save ≭ Cancel							
	W Gallotti							

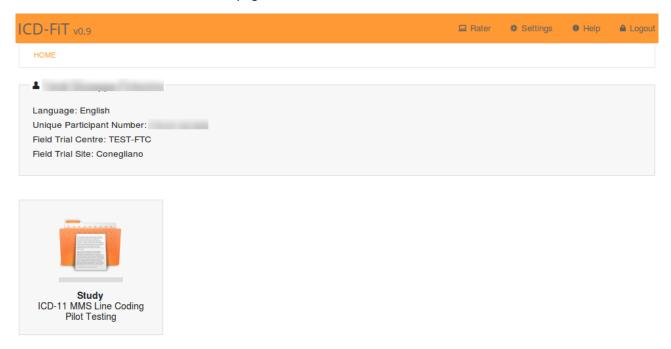
The last step is the license agreement for ICD11:



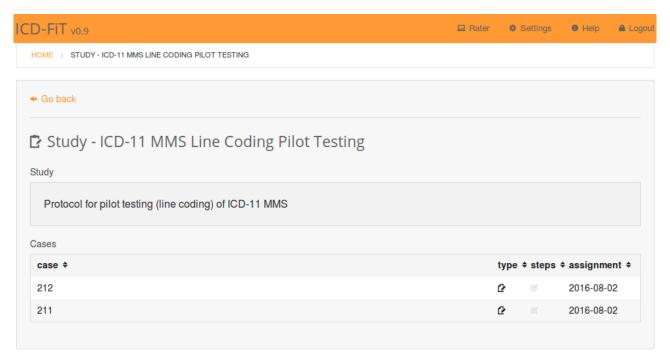
Main rater pages

After login, the rater is directed to a specific summary page that lists the studies available for him/her. His/her summary page contains links to forms related to all studies to which the rater has been assigned. A progress bar under the study icons in the main page show the advancement status.

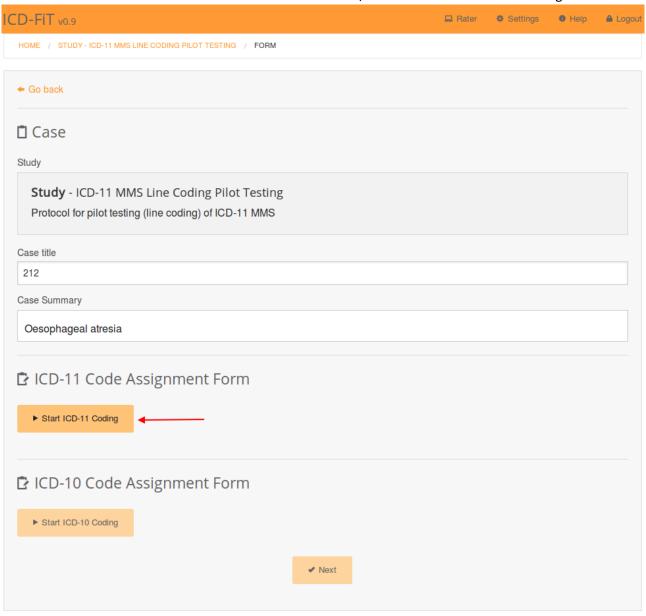
The next screenshot shows the main page:



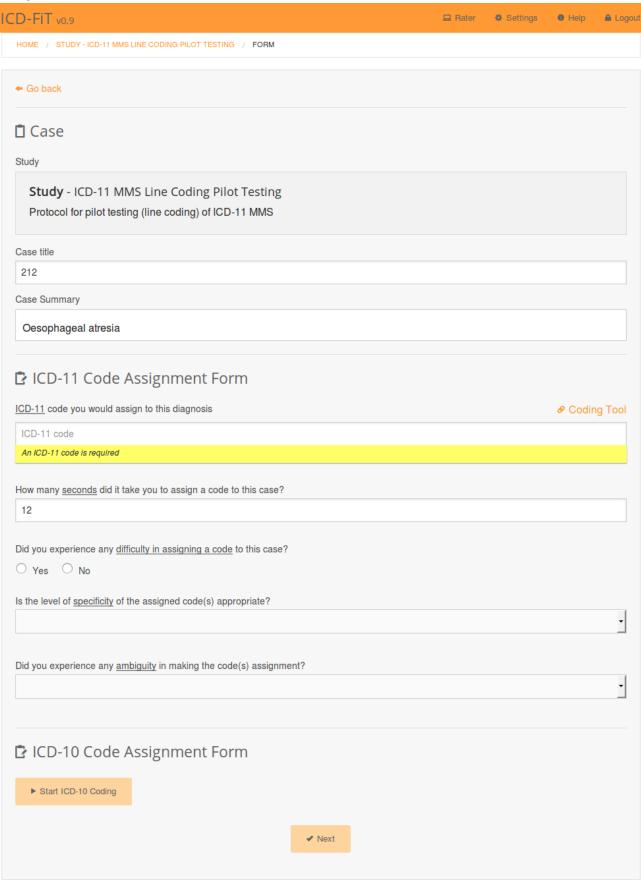
The Study consists in rating a number of cases, that are shown as a list when clicking on the icon, as shown in the next screenshot:



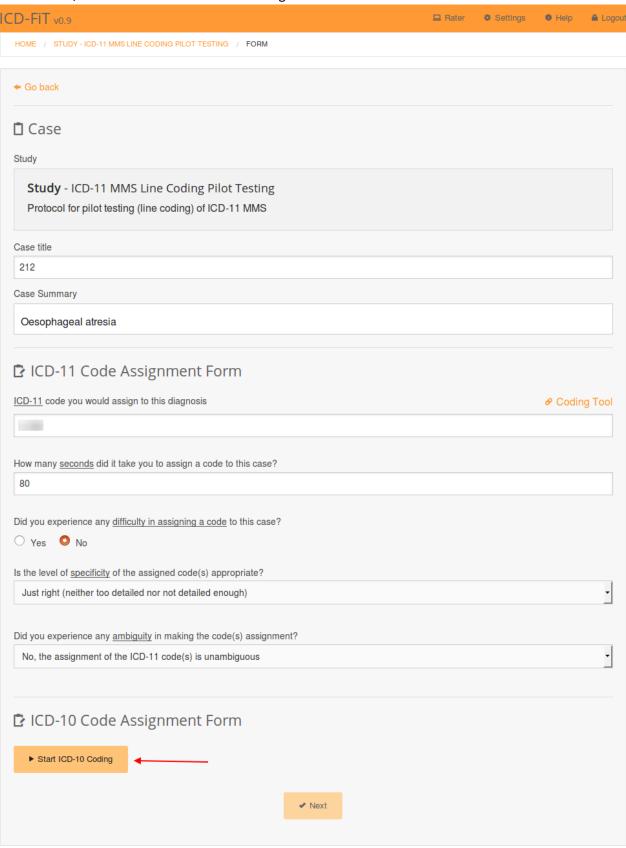
This is the screenshot of the form that the rater must fill. He/she starts with the ICD-11 coding.

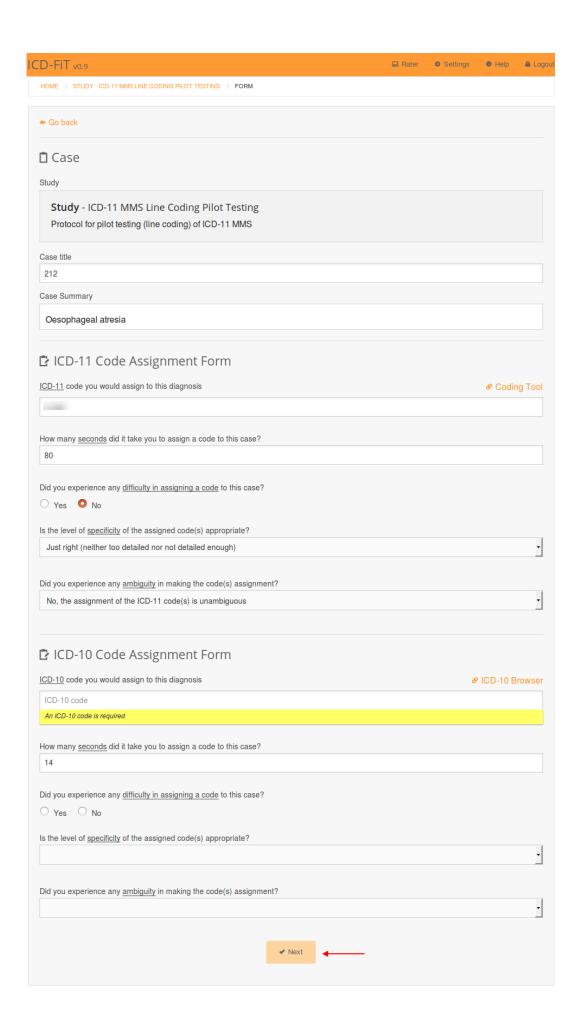


On the right of the ICD-11 code field there is a link to the ICD-11 Coding Tool to helping the user during the filling.

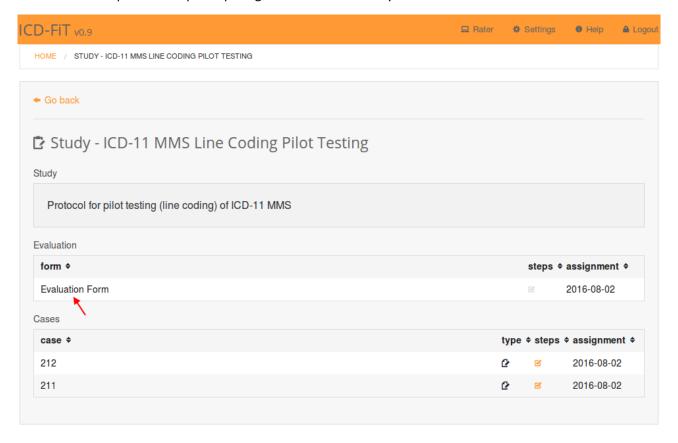


After ICD-11, rater starts with the ICD-10 coding:





After having rated every assigned case, an Overall Evaluation Form should be filled by each participant to describe their experience in participating to the field trial study:



This is the evaluation form:

