EFSP Auxiliary ESL Curriculum

Healthcare Administration English

Instructor guide for advanced ESL learners working in healthcare administration

Audience: hospital administrators, clinic managers, practice administrators, care coordinators, patient-experience leaders, revenue-cycle staff, operations managers, and healthcare-adjacent professionals

Focus: A challenging professional English curriculum for healthcare administration teams who need precise language for access, patient flow, revenue cycle, quality, compliance, staffing, service recovery, care coordination, and executive reporting.

Designed for advanced ESL learners who already use professional English and need industry-specific terminology, realistic meetings, role-play pressure, careful pushback, and polished workplace outputs.

Teaching stance: this is language and workplace-communication training, not legal, medical, financial, safety, or regulatory advice. Instructors should connect every scenario to the learner's current company policies, local rules, and approved procedures.

Purpose and Course Logic

A challenging professional English curriculum for healthcare administration teams who need precise language for access, patient flow, revenue cycle, quality, compliance, staffing, service recovery, care coordination, and executive reporting.

Core language challenge

Advanced learners do not only need vocabulary. They need the ability to ask which standard applies, who owns the decision, what evidence is sufficient, what risk is being accepted, and how to disagree without sounding vague, defensive, or reckless.

Each module trains a realistic workplace pressure point with role-specific terms, decision language, pushback practice, and a written output learners can adapt to their own work.

Course objectives

- Use healthcare administration terminology accurately in meetings, written updates, handoffs, escalations, reviews, and client or stakeholder conversations.
- Turn vague requests into specific questions about evidence, owner, deadline, constraint, risk, and decision rights.
- Push back on unsafe, unsupported, noncompliant, unrealistic, or poorly scoped proposals while preserving professional trust.
- Handle realistic dialogues from the field, including conflict, uncertainty, documentation gaps, customer or stakeholder pressure, and cross-functional disagreement.
- Produce concise workplace outputs: briefing notes, escalation updates, meeting scripts, risk memos, decision records, and follow-up messages.

Instructor Module Plans

Module 1. Patient Access, Scheduling, and Referrals (90 minutes)

Turn access problems into measurable workflow and patient-impact questions.

Learners should be able to

- Use these terms accurately: referral, eligibility, authorization, no-show.
- Explain the workplace tension: Provider capacity, eligibility checks, referral completeness, and no-show risk are unclear.
- Respond professionally when a stakeholder says: Open more appointment slots immediately.
- Draft a usable access improvement memo with facts, caveats, owner, and next step.

Customized scenario

Workplace pressure

A clinic is losing referrals because patients wait too long for first appointments.

Open more appointment slots immediately.

Provider capacity, eligibility checks, referral completeness, and no-show risk are unclear.

Classroom sequence

1. Terminology drill: define each term, then use it in one sentence from the learner's own role.
2. Risk map: identify the stakeholder, the decision, the evidence gap, the operating constraint, and the cost of being wrong.

3. Pushback ladder: move from clarifying question to evidence-based objection to consequence to decision request.
4. Output lab: draft and revise a access improvement memo.

Module 2. Revenue Cycle, Coding, and Denials (90 minutes)

Discuss payment operations without blaming front-desk, clinical, or billing teams.

Learners should be able to

- Use these terms accurately: claim, coding, denial, clean claim.
- Explain the workplace tension: The root cause may involve documentation, coding, authorization, or payer rules.
- Respond professionally when a stakeholder says: Tell billing to fix the claims faster.
- Draft a usable denial root-cause brief with facts, caveats, owner, and next step.

Customized scenario

Workplace pressure

Denials have increased after a payer policy change.

Tell billing to fix the claims faster.

The root cause may involve documentation, coding, authorization, or payer rules.

Classroom sequence

1. Terminology drill: define each term, then use it in one sentence from the learner's own role.
2. Risk map: identify the stakeholder, the decision, the evidence gap, the operating constraint, and the cost of being wrong.
3. Pushback ladder: move from clarifying question to evidence-based objection to consequence to decision request.
4. Output lab: draft and revise a denial root-cause brief.

Module 3. Patient Flow, Capacity, and Staffing (90 minutes)

Explain bottlenecks using census, throughput, acuity, and staffing language.

Learners should be able to

- Use these terms accurately: census, bed management, throughput, staffing ratio.
- Explain the workplace tension: Bed availability, discharge timing, acuity, transport, and nursing coverage all interact.
- Respond professionally when a stakeholder says: Move patients upstairs faster.
- Draft a usable capacity escalation update with facts, caveats, owner, and next step.

Customized scenario

Workplace pressure

Emergency department boarding is delaying inpatient admissions.

Move patients upstairs faster.

Bed availability, discharge timing, acuity, transport, and nursing coverage all interact.

Classroom sequence

1. Terminology drill: define each term, then use it in one sentence from the learner's own role.
2. Risk map: identify the stakeholder, the decision, the evidence gap, the operating constraint, and the cost of being wrong.

3. Pushback ladder: move from clarifying question to evidence-based objection to consequence to decision request.
4. Output lab: draft and revise a capacity escalation update.

Module 4. Quality, Safety, and Accreditation (90 minutes)

Use safety language that is factual, nonpunitive, and escalation-ready.

Learners should be able to

- Use these terms accurately: near miss, accreditation, audit trail, corrective action.
- Explain the workplace tension: Patient safety, process reliability, and documentation require a structured review.
- Respond professionally when a stakeholder says: Treat it as a training issue and move on.
- Draft a usable quality event summary with facts, caveats, owner, and next step.

Customized scenario

Workplace pressure

A wrong-patient near miss occurred during registration.

Treat it as a training issue and move on.

Patient safety, process reliability, and documentation require a structured review.

Classroom sequence

1. Terminology drill: define each term, then use it in one sentence from the learner's own role.
2. Risk map: identify the stakeholder, the decision, the evidence gap, the operating constraint, and the cost of being wrong.
3. Pushback ladder: move from clarifying question to evidence-based objection to consequence to decision request.
4. Output lab: draft and revise a quality event summary.

Module 5. HIPAA, Privacy, and Information Governance (90 minutes)

Set privacy boundaries without sounding obstructive.

Learners should be able to

- Use these terms accurately: HIPAA, protected health information, minimum necessary, business associate.
- Explain the workplace tension: Minimum necessary use, vendor agreements, and secure transmission must be confirmed.
- Respond professionally when a stakeholder says: Send the spreadsheet today.
- Draft a usable privacy-safe vendor response with facts, caveats, owner, and next step.

Customized scenario

Workplace pressure

A manager wants patient lists emailed to a vendor for outreach.

Send the spreadsheet today.

Minimum necessary use, vendor agreements, and secure transmission must be confirmed.

Classroom sequence

1. Terminology drill: define each term, then use it in one sentence from the learner's own role.

2. Risk map: identify the stakeholder, the decision, the evidence gap, the operating constraint, and the cost of being wrong.
3. Pushback ladder: move from clarifying question to evidence-based objection to consequence to decision request.
4. Output lab: draft and revise a privacy-safe vendor response.

Module 6. Patient Experience and Service Recovery (90 minutes)

Handle complaints with empathy, facts, and process accountability.

Learners should be able to

- Use these terms accurately: grievance, service recovery, HCAHPS, patient experience.
- Explain the workplace tension: The organization needs empathy, review, realistic commitment, and documented follow-up.
- Respond professionally when a stakeholder says: Apologize and promise it will never happen again.
- Draft a usable service recovery script with facts, caveats, owner, and next step.

Customized scenario

Workplace pressure

A family complains about poor communication during discharge.

Apologize and promise it will never happen again.

The organization needs empathy, review, realistic commitment, and documented follow-up.

Classroom sequence

1. Terminology drill: define each term, then use it in one sentence from the learner's own role.
2. Risk map: identify the stakeholder, the decision, the evidence gap, the operating constraint, and the cost of being wrong.
3. Pushback ladder: move from clarifying question to evidence-based objection to consequence to decision request.
4. Output lab: draft and revise a service recovery script.

Module 7. Population Health and Care Coordination (90 minutes)

Explain care gaps, readmission risk, and coordination without overpromising outcomes.

Learners should be able to

- Use these terms accurately: care gap, readmission, discharge planning, social determinants.
- Explain the workplace tension: Social needs, discharge instructions, medication access, and follow-up timing affect outcomes.
- Respond professionally when a stakeholder says: Call every patient and tell them to comply.
- Draft a usable care coordination plan with facts, caveats, owner, and next step.

Customized scenario

Workplace pressure

A payer flags high readmissions for heart-failure patients.

Call every patient and tell them to comply.

Social needs, discharge instructions, medication access, and follow-up timing affect outcomes.

Classroom sequence

1. Terminology drill: define each term, then use it in one sentence from the learner's own role.
2. Risk map: identify the stakeholder, the decision, the evidence gap, the operating constraint, and the cost of being wrong.
3. Pushback ladder: move from clarifying question to evidence-based objection to consequence to decision request.
4. Output lab: draft and revise a care coordination plan.

Module 8. Executive Dashboards and Board Updates (90 minutes)

Translate operational data into concise executive risk and decision language.

Learners should be able to

- Use these terms accurately: dashboard, KPI, variance, owner.
- Explain the workplace tension: Metrics need interpretation, tradeoffs, assumptions, and action owners.
- Respond professionally when a stakeholder says: Show more charts.
- Draft a usable board-ready operations update with facts, caveats, owner, and next step.

Customized scenario

Workplace pressure

The board asks why wait times improved but patient satisfaction fell.

Show more charts.

Metrics need interpretation, tradeoffs, assumptions, and action owners.

Classroom sequence

1. Terminology drill: define each term, then use it in one sentence from the learner's own role.
2. Risk map: identify the stakeholder, the decision, the evidence gap, the operating constraint, and the cost of being wrong.
3. Pushback ladder: move from clarifying question to evidence-based objection to consequence to decision request.
4. Output lab: draft and revise a board-ready operations update.

Nomenclature and Jargon

These are classroom working definitions. Learners should adapt wording to their organization's policies, systems, and local regulatory environment.

Patient Access, Scheduling, and Referrals

Term	Working meaning
referral	Working healthcare administration term used in patient access, scheduling, and referrals; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
eligibility	Working healthcare administration term used in patient access, scheduling, and referrals; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
authorization	Working healthcare administration term used in patient access, scheduling, and referrals; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
no-show	Working healthcare administration term used in patient access, scheduling, and referrals; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.

Revenue Cycle, Coding, and Denials

Term	Working meaning
claim	A statement that may need evidence, approval, qualification, or disclosure before it is used externally.
coding	Working healthcare administration term used in revenue cycle, coding, and denials; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
denial	Working healthcare administration term used in revenue cycle, coding, and denials; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
clean claim	Working healthcare administration term used in revenue cycle, coding, and denials; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.

Patient Flow, Capacity, and Staffing

Term	Working meaning
census	Working healthcare administration term used in patient flow, capacity, and staffing; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
bed management	Working healthcare administration term used in patient flow, capacity, and staffing; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
throughput	Amount of work, patients, goods, cases, or transactions completed in a period of time.
staffing ratio	Working healthcare administration term used in patient flow, capacity, and staffing; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.

Quality, Safety, and Accreditation

Term	Working meaning
near miss	Working healthcare administration term used in quality, safety, and accreditation; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
accreditation	External recognition that an organization meets defined quality, safety, or professional standards.
audit trail	A record showing who changed what, when, and often why.
corrective action	Action taken to fix a current problem and prevent recurrence.

HIPAA, Privacy, and Information Governance

Term	Working meaning
HIPAA	US health privacy framework governing protected health information in covered health contexts.
protected health information	Working healthcare administration term used in hipaa, privacy, and information governance; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
minimum necessary	Working healthcare administration term used in hipaa, privacy, and information governance; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
business associate	Working healthcare administration term used in hipaa, privacy, and information governance; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.

Patient Experience and Service Recovery

Term	Working meaning
grievance	Working healthcare administration term used in patient experience and service recovery; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.

Term	Working meaning
service recovery	Working healthcare administration term used in patient experience and service recovery; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
HCAHPS	Working healthcare administration term used in patient experience and service recovery; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
patient experience	Working healthcare administration term used in patient experience and service recovery; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.

Population Health and Care Coordination

Term	Working meaning
care gap	Working healthcare administration term used in population health and care coordination; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
readmission	Working healthcare administration term used in population health and care coordination; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
discharge planning	Working healthcare administration term used in population health and care coordination; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.
social determinants	Working healthcare administration term used in population health and care coordination; define the owner, evidence source, governing document, risk, and decision impact before using it in a meeting.

Executive Dashboards and Board Updates

Term	Working meaning
dashboard	Visual summary of selected measures used to monitor status, performance, or risk.
KPI	Key performance indicator used to monitor progress against an important objective.
variance	Difference between actual and expected performance, cost, timing, quality, or volume.
owner	Named person or role accountable for a decision, action, deliverable, or risk.

Industry-Specific Meeting Moves

Situation	Useful language
Patient Access, Scheduling, and Referrals	Before we commit, I want to confirm referral, eligibility, the owner, and the evidence behind the decision. If provider capacity, eligibility checks, referral completeness, and no-show risk are unclear., I recommend we document the risk and agree on the next step.
Revenue Cycle, Coding, and Denials	Before we commit, I want to confirm claim, coding, the owner, and the evidence behind the decision. If the root cause may involve documentation, coding, authorization, or payer rules., I recommend we document the risk and agree on the next step.
Patient Flow, Capacity, and Staffing	Before we commit, I want to confirm census, bed management, the owner, and the evidence behind the decision. If bed availability, discharge timing, acuity, transport, and nursing coverage all interact., I recommend we document the risk and agree on the next step.
Quality, Safety, and Accreditation	Before we commit, I want to confirm near miss, accreditation, the owner, and the evidence behind the decision. If patient safety, process reliability, and documentation require a structured review., I recommend we document the risk and agree on the next step.
HIPAA, Privacy, and Information Governance	Before we commit, I want to confirm HIPAA, protected health information, the owner, and the evidence behind the decision. If minimum necessary use, vendor agreements, and secure transmission must be confirmed., I recommend we document the risk and agree on the next step.

Situation	Useful language
Patient Experience and Service Recovery	Before we commit, I want to confirm grievance, service recovery, the owner, and the evidence behind the decision. If the organization needs empathy, review, realistic commitment, and documented follow-up., I recommend we document the risk and agree on the next step.
Population Health and Care Coordination	Before we commit, I want to confirm care gap, readmission, the owner, and the evidence behind the decision. If social needs, discharge instructions, medication access, and follow-up timing affect outcomes., I recommend we document the risk and agree on the next step.
Executive Dashboards and Board Updates	Before we commit, I want to confirm dashboard, KPI, the owner, and the evidence behind the decision. If metrics need interpretation, tradeoffs, assumptions, and action owners., I recommend we document the risk and agree on the next step.

High-pressure pushback frames

- I understand the urgency. The risk is that we move faster than the evidence or process supports.
- I am not blocking the goal. I am naming the condition we need before the decision is safe and credible.
- If we accept this risk, we should name the owner, document the assumption, and define the trigger for escalation.
- That may be possible, but not under the current scope, timeline, or approval path.
- Let's separate what we know, what we assume, and what still needs confirmation.

Assessment and Coaching

Performance rubric

Skill	Developing	Proficient	Strong
Terminology	Recognizes terms but uses them loosely.	Uses field terms accurately in context.	Defines terms, connects them to evidence, and explains decision impact.
Pushback	Disagrees vaguely or avoids disagreement.	Names concern with evidence and next step.	Balances urgency, relationship, risk, owner, and decision rights.
Scenario judgment	Focuses on one stakeholder's preference.	Identifies constraint, risk, and process.	Guides the group toward a documented, realistic decision.
Written output	Writes general summaries.	Produces clear notes with facts and owner.	Creates concise, decision-ready workplace communication.

Source orientation

- Current CMS and payer guidance for reimbursement language.
- HIPAA and organizational privacy policies.
- Accreditation standards and local quality-safety procedures.
- The learner's own company policies, SOPs, contracts, systems, templates, and approved communication standards.