

Clinical Practice Sites/ Professional Practice Experience (PPE) Guide

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American Health Information Management Association (AHIMA)

House of Delegates Team—Health Information Management (HIM) Higher Education and Workforce

The Clinical Practice Sites/Professional Practice Experience (PPE) Guide was developed by the Health Information Management (HIM) Higher Education and Workforce House of Delegates Team and specifically refers to the internship or affiliation students undertake throughout their HIM academic program. The guide is divided into specific areas to provide information and best practices to students, academic faculty, or programs and HIM practitioners on the expectations for the clinical practice sites and PPEs. The underlying goal is for clinical practice sites, educational institutions, and students to partner together to create a meaningful experience for all involved.

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Letter from AHIMA Presidents

Thanks for reviewing the Clinical Practice Sites/Professional Experience Practice Guide. Student placement in the field (referred to as Professional Practice Experience (PPE)) is an important part of student education and overall career development. CAHIIM reported that HIM student enrollments have almost doubled from around 11,000 in 2003–04 to more than 22,000 students in 2008–09. Enrollments can be expected to continue to increase as there are more than 40 new programs in various stages of the accreditation process. These are very strong numbers. The increase in student enrollment increases the need for more PPE sites.

From a practitioner perspective, I find the best PPE experiences are at the busiest times (that is, during Joint Commission visits, system conversions, department moves, and so forth). Students find these firsthand experiences invaluable. Please consider extending an invitation to HIM students in your geographic area during peak and off-peak times—having an extra pair of hands to help out with special requests can be a tremendous benefit for both you and the student.

Each school program builds a link within the community through the development of an HIM Advisory Committee. Groups of HIM leaders are invited to have an active role in shaping the HIM program content and policies. Putting on my advisory committee hat, successful PPE experiences begin with building relationships and support from local practitioners. If you are not presently involved with a school (local or online) please contact the AHIMA Education Department (patt.peterson@ahima.org or (312) 233-1132) to express your interest in helping as a program advisor.

In this guide, you will find best practices for the actual PPE itself, along with some winning PPE placement strategies. The 2009 PPE guide has been revised to include updated language and new additions such as:

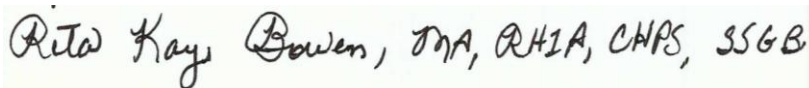
- Defining the Professional Practice Experience
- Projects for the Student
- Continuing Education Credits for Credential Staff
- Nature of the Evolving PPE

Our goal is to develop and strengthen the professional workforce. In this time of academic growth the call to members to help students realize the benefits of working in a professional environment for their professional practice experience (PPE) has never been greater. If we each do our part, we can ensure HIM students receive a thorough orientation to their new profession, and that our HIM workforce grows smarter, more informed, and better prepared to deal with the emerging issues of HIM practice in the 21st century.

Kindest regards,



Bryon Pickard, MBA, RHIA
AHIMA 2007 President



Rita Bowen, MA, RHIA, CHPS, SSGB
AHIMA 2010 President



Introduction

This guide uses the term Professional Practice Experience (PPE) to refer to the internship or affiliation, or clinical practicum the student participates in throughout their HIM educational program. Each CAHIIM-accredited HIM program must have at least one PPE that helps students assimilate theory with practical application in order to work toward achievement of AHIMA entry-level competencies in a real-world environment.

In the 2004 Workforce Study commissioned by AHIMA, 80 percent of associate and baccalaureate HIM students agreed or strongly agreed their PPE was helpful in deciding about future employment. In a survey of faculty in 2008, 30 percent (728 respondents) found it difficult or very difficult to find PPE placements. This guide is intended to provide information and best practices to everyone associated with the PPE. The underlying goal is for clinical practice sites, educational institutions, and students to partner together to create a meaningful experience for all involved. Each HIM professional can contribute in a meaningful way to help support the academic efforts of currently enrolled students. The importance of member participation is stressed in the AHIMA Code of Ethics, which states:

“Recruit and mentor students, peers and colleagues to develop and strengthen the professional workforce.”

Participating in PPEs is a way to strengthen the academic experience for students regardless of your practice setting. If the organization values your skills and expertise, they would do well to consider how to increase the HIM presence in their organization. So how can the HIM professional contribute? In a traditional HIM department the member could become a site supervisor or provide hands-on training to a student in your area of specialty. In the nontraditional HIM site, the member could contact a HIM school program and offer to take students for a unique PPE (become a site manager). The member could also campaign internally to start a HIM internship—contact human resources and your immediate supervisor to discuss the advantages of having HIM student involvement in special projects where a fresh perspective would be appreciated.

This guide is divided into specific areas to provide information and best practices to HIM practitioners, CSAs, academic faculty, and students on the expectations for successful clinical practice sites/PPEs.

Defining the Professional Practice Experience

In April of 2010, the US Department of Labor clarified the educational criteria for unpaid internships at private companies (public agencies and nonprofit organizations can legally classify interns as volunteers). The positions should be "structured around a classroom or academic experience," the guidelines say. "This often occurs where a college or university exercises oversight over the internship program and provides educational credit."



In light of this finding, it is a good strategy for each HIM program to establish a formal Professional Practice Experience (PPE) policy to share with their affiliation-sites that defines the critical components of the DOL's criteria.

Key phrases or terms employed in creating the PPE definition policy includes:

- The PPE is college credit-based—students pay tuition for completing PPE courses
- The college evaluates the appropriateness of the site to ensure they are placing students into secure and productive environments that further their education
- The PPE will include learning outcomes the student is expected to complete. These learning outcomes require at least 75 percent substantive time on the student's part to complete
- Site supervisors assign PPE students duties that are career related, progressive, and challenging
- The affiliation-sites receives a copy of the learning outcomes and acknowledges their responsibility to the student by signing the PPE learning outcomes form
- Assigned faculty make contact with each student during the PPE (either in person or remotely) to ascertain the student's progress toward completing their goals
- The site supervisor completes an evaluation of the student's experience, and this evaluation is considered when determining the student's final grade for the PPE
- Organizations with AHIMA-credentialed staff are eligible to claim 5 CEUs for providing on-site mentorship and supervision of students. The student's daily log is used to vet the involvement of the credentialed member (see CCHIIM standard*)

Strategies to Ensure the PPE is Meaningful

In support of the above policy, it is important that the program, the affiliation-site, and the student collaborate to create a PPE experience meaningful for both the student and the host site. Best practice includes a combination of job rotation in which the student completes the tasks of each job type, job shadowing of managers and directors during departmental and organization meetings, and project-based tasks that take a period of time to complete.

Evidence of a meaningful PPE can be vetted by an evaluation of the following types of deliverables:

- Daily log
- Activity journal
- Work portfolio
- Project completion report
- Oral presentation of the project findings (to site/faculty)

*** Commission on Certification of Health Informatics and Information Management (CCHIIM) PPE Credit Standard**

Item 6. Other activities

- Substantive oversight and involvement of directed clinical practice on behalf of a CAHIIM-accredited program. Five (5) CEUs per student supervised with a maximum of ten (10) CEUs for student supervision are allowed in each recertification cycle.



Affiliation-site Guide

Affiliation-sites are organizations that agree to take HIM students for a non-paid extended period of time in order to aid the student in blending classroom theory with practical application. The student should be supervised, but should also be considered a contributing member of the HIM staff. Depending on the type of PPE, the student will observe and experience day-to-day HIM operations, provide documentation and recommendations in workflow, and complete special projects with supervision.

Organizations Serving as Affiliation-sites

Traditionally, most PPE sites were either acute care hospitals or non-acute care sites such as ambulatory clinics, larger physician practices, long term acute care hospitals, skilled nursing and long-term care facilities, and home health or hospice centers. Today, many HIM programs are reaching out to encourage student placement in all organizations where health information is managed, examined, or utilized:

- Consulting companies
- Academic institutions
- Government agencies
- Healthcare software companies
- Outpatient behavioral health centers
- HIM service providers
- Insurance companies
- Pharmaceutical firms

Affiliation Agreements

College programs establish agreements with area employers and agree to the conditions for accepting students in the workplace. These programs have standard agreements or contracts that outline the expectations of both the college and the organization. Topics such as HIPAA training, background checks, immunization and TB status, and health insurance coverage typically make up the bulk of the affiliation agreement. Ensure ample time for the agreement to be examined and signed prior to the start date of your first student's arrival.

Key Responsibilities of an Affiliate Site

1. Responsibilities prior to the PPE:
 - a. Review affiliate agreement with human resources, legal counsel, or required departments
 - b. Review students' resumes and work experience
 - c. Prepare student schedule of activities
 - d. Identify departmental site manager and mentor(s)
 - e. Prepare written description of any projects (if applicable)
 - f. Arrange for the following: facility identification, parking instructions, employee orientation (if applicable), information systems access, and any additional facility specific requirements

2. Responsibilities at the beginning of the PPE:
 - a. Provide an organizational chart of the department and facility
 - b. Provide departmental policies and procedures
 - c. Provide a facility tour
 - d. Introduce students to all members of the HIM department, including those individuals students may report to
 - e. Review expectations—your expectations of the students and their expectations of you
 - f. Assign a PPE Supervisor (and backup supervisor in case of primary supervisor illness or absence) and provide student with contact information (phone number and e-mail address)

Examples of Projects for the Student

1. Create a plan for ICD-10 implementation for the health information department from now through 2013. Create new quality indicators for the file area, and the methodology to implement them.
2. Perform audits of the chart locator reports to determine if any charts are delinquent. Identify the criteria, perform the audit, summarize the findings and make recommendations.
3. Perform a data collection for a state-mandated reporting requirement. This could mean collecting data by diagnosis or by lab result, summarizing per-state requirements, and submitting results appropriately.
4. Utilize a database for searching and summarizing the results of a clinical review and present findings at a regional or state HIMA meeting.
5. Assist in the coordination of an external audit: identify and pull the records needed, coordinate the copying, and track each document through the process of submitting the audit, providing a spreadsheet of data elements to allow tracking as audit results are returned.
6. Work with one of the state representatives of MyPHR, and design and perform the teaching to a specified group in conjunction with the representative.
7. Perform an audit of the productivity of a specified functional area; files, coding, record completion, and the like. Research benchmark standards for use in comparison. Summarize and make recommendations. This would also be a good project for one school program to do in multiple facilities, sharing the findings among the participating HIM programs. The project could also involve —the creation of a local benchmark.
8. In an EHR clinic setting, create a multidisciplinary documentation format that can also be used in paper form during downtime.
9. Research and report on found protocols to support secondary data uses in the areas of: research, quality reporting, and public health. Compare the facilities protocols to other available protocols—what is missing and what could be modified?
10. In a long-term care facility, develop the functional requirements for data retrieval and analysis and create a simple computer-based data collection application using Microsoft Access.
11. In a hospice facility, develop, maintain, and operate a patient identity management

- program, —and train hospice staff in maintaining the system.
12. In a risk management department, design and implement business continuity, information integrity, and risk management plans for the HIM functions.
 13. In a research department, perform HIM research— Suggested topics can be found on the AHIMA Foundation grants Web site.
 14. In a multi-site healthcare system, identify and graphically present the information architecture across EHR/PHR/HIT systems, with a focus on finding—gaps.
 15. In a physician practice, influence decision-making for the adoption of information technology by identifying benefits of moving to an EHR practice to the practice staff and physician. Utilize— current literature reviews and local interviews in your research.
 16. In a DHHS Medicare fraud office, advocate on behalf of the individual to access and be engaged in the review and awareness of the patients' health record, and the value of maintaining a PHR. Train DHHS staff on the proper release of information when contacting vendors, therapists, and other service providers in regards to a fraud complaint.

Important Points about Being an Affiliate Site

1. The student is participating in this experience as an academic course requirement and for a grade. It is vitally important that the experience is engaging and the student feels there is meaningful work to do.
2. Have a department supervisor available in case of illness or off-site requirements that might take you out of the office. The second supervisor should be introduced to the student on day one, and involved in the PPE plan so they may take over with a minimum of downtime.
3. Adhere to the Student Service Work Policy of CAHIIM Standard V.E.4. "All activities required in the program must be educational and students must not be substituted for paid staff." Policies and procedures by which students may perform service work while enrolled in the program should be made known to all students.
4. Remember to complete the student evaluation on the last day of the visit and return it promptly to the PPE coordinator. Since the student is receiving a grade for the PPE, it is very important that the site supervisor complete the student's evaluation, since it makes up the bulk of the student's grade for the course.
5. Encourage all staff to welcome the student even if they aren't directly working with him or her. A student forms an opinion about HIM as a career and learns specifics about what it means to work in an HIM department from this PPE.
6. Develop your staff's supervisory or leadership skills by having a particular staff member serve as the department mentor for the overall PPE. Once the student's PPE ends, meet with the staff member to determine what worked well and what they would have done differently. Count this as part of their annual performance appraisal as a professional development activity.
7. Consider this to be a prolonged job interview. By accepting HIM students to complete PPEs, you give yourself time to see how they interact with existing staff, and what skills they might bring as a future employee. Approximately 45 percent of students receive their first job in HIM either from the affiliate site directly, or from contacts made on-site during the

PPE.

Getting Continuing Education Units for Credential Staff

Understanding CEUs for PPE Site Management

When a facility accepts an HIM student for PPE, the time spent coordinating the visit and mentoring the student can count toward maintenance of professional CEUs. An individual credentialed member can claim 5 CEUs per year (or 10 CEUs per two year cycle) for work performed with HIM students on their practicum visits. Here is an explanation of the credit:

Case Scenario—Jane goes to General Hospital for a one month PPE. She works with her site supervisor, Denise, the assistant director who has planned her visit and set up the various projects. Denise logged eight hours, prepping her facility to take the student. Denise gets 5 CEUs. During the month, Jane rotates through four credentialed positions and works five days with each person. Each of those four credentialed staff can claim 5 CEUs for helping Jane. The HIM director, Ann Smith, RHIA, greets the student on day one, but has nothing further to do with her. Ms. Smith does NOT qualify for CEUs.

The bottom line—CEUS reflect personal effort from a credentialed member to help a PPE student. The CEUs don't apply to just one person, nor do they *automatically* apply to every credentialed member on staff. A credentialed member may claim a maximum of 5 CEUs per year for PPE participation.

Claiming the credit—The student's daily log should serve as proof of time the student spent with credentialed members. At the end of the PPE, the PPE Instructor should send a copy of the student's daily log in addition to CEU forms to the site supervisor for internal distribution.

In some cases, the school may require the site supervisor to complete and return the student's evaluation form prior to receiving the CEU forms. Schools have a choice as to how they identify credentialed members for CEUs. The school may either send one CEU form noting all credentialed members involved in the student's PPE, or they may issue individual CEU forms. A sample of each type of credit form is provided here as example:

Recertification Policy for Professional Practice Experience by the CCHIIM:

Credentialed staff must maintain their credential through collecting annual continuing education units. These units must apply to one of several CEU categories. In 2010, the CCHIIM modified the "other" category to include the language below:

"Substantive oversight and involvement of professional practice on behalf of a Commission on Accreditation for Health Informatics and Information Management (CAHIIM) education accredited program. **Five CEUs per student supervised with oversight or involvement with a maximum of ten (10) CEUs for student supervision allowed in each recertification cycle.**

Substantive oversight and involvement includes but is not limited to:

- create training plan and schedule of activities
- develop and assign project(s)
- provide direction and guidance



- conduct review of progress and provide feedback
- conduct student evaluation at the conclusion of the PPE
- Other individuals assigned as PPE student mentors. ***One (1) CEU for every 60 minutes of direct contact with a maximum five (5) CEUs (five hours of contact) per student, and a maximum of ten (10) CEUs allowed in each recertification cycle.***

Site Manager Guide

The site manager coordinates the PPE of students at the clinical practice site.

Important Tasks for the Site Manager

Before the student arrives, the site manager must work with the academic PPE coordinator to:

1. Identify the total number of hours the student must complete before he or she begins.
2. Obtain a copy of the evaluation to be completed after the PPE period is over.
3. Identify the topics and projects requiring completion and discuss with the school those topics that cannot be completed at your site.
4. Arrange a schedule for each topic, in coordination with other departments in the organization as necessary.
5. Identify the department and site mentors for the student and pre-meet with these individuals to:
 - a. Coordinate the student's schedule and project.
 - b. Discuss or provide the school's expectations for the student.
 - c. Review key expectations, including specific expectations for the student to accomplish during his or her time with the mentor (for example, hands-on skill-building versus completing a project).
6. Identify that five CEUs will be given to all credentialed mentors in the facility that provide substantive oversight and involvement of professional practice.
7. Compile basic materials as reference documents for the student:
 - a. Department organizational charts and other pertinent organizational entities
 - b. Phone and pager numbers and the e-mail addresses of key resource individuals
 - c. A schedule with the names and locations of individuals with whom the student will spend time
 - d. Any reference materials related to the student's project
8. Arrange for temporary access to computer systems, parking, or other security issues as appropriate to the organization.
9. Identify and reserve space for the student to work.
10. Team Assimilation—allow the student to become part of the team. The student should attend lunch, breaks, and any meetings with the team.

The Student's First Day:

1. Spend scheduled time with the student for a brief orientation to the department.
2. Provide reference materials.
3. Discuss the schedule for the PPE.
4. Introduce the student to key resource people in the department and other departments.
5. Have student sign confidentiality and security agreements and other required documents.

Throughout the PPE:

1. Meet regularly to review the student's projects and documentation.



2. Meet regularly to verify the PPE is meeting the student's expectations and that they are receiving all the necessary references and knowledge on schedule.
3. Review expectations with the student and discuss how they are meeting them at midpoint or other intervals.
4. Meet with personnel who were scheduled with the student for feedback.
5. Schedule at least one meeting with the PPE coordinator during the student PPE to review student progress.

At the End of the PPE:

1. At the completion of the PPE, arrange for a small thank-you celebration with the student and the people who spent time with the student.
2. Schedule the final evaluation and provide copies to the student and the school as directed by the academic PPE coordinator.
3. Contact the school to see if you are eligible for any free or discounted continuing education unit (CEU) opportunities.

Department Mentor Guide

A department mentor helps a student navigate the work environment and complete assigned tasks. Though similar to new employee training, the mentor realizes that the student's experience is short-term and more intensive. To this end, a student may have several mentors in a department, as tasks are assigned and completed. If the mentor is credentialed, they are entitled to five (5) CEUs per student supervised, with a maximum of ten (10) CEUs for student supervision allowed in each recertification cycle.

The department mentor-to-student relationship is different than the student-to-site manager or student-to-director relationship. The mentor is the "go to" person for questions, advice, and assistance, and generally has a somewhat less formal interaction with the student than the site manager.

Expectations

The site manager assigns department mentors based on their knowledge and experience of the institution and the task. Mentors understand that the student is in an experiential learning environment and receives a grade for his or her activity and task completion. It is recommended that mentors log their activities with the students and submit this information to the site manager to incorporate into the student's overall activity log.

Serving as a mentor is good experience that develops supervisory, leadership, and communication skills.

- The mentor understands the student will observe and experience day-to-day operations, giving the student an opportunity to participate, learn, and comment on workflow, operations and special projects. It is the mentor's expertise in each assigned area that is shared with the student in an environment conducive to learning.
- The site manager will assign employees (mentors) who can set aside time in their workday to work with the student on task completion.
- The site manager is responsible for communicating and understanding the expectations with the student and the employee (mentor) on the first day or early in the PPE.
- The site manager is responsible for meeting with each employee (mentor) to determine what worked well and what needs refinement. This information exchange may be part of ongoing performance appraisals.

Role of Component State Associations (CSAs) Guide

Each CSA has an important role in supporting academic HIM programs accredited by CAHIIM. Specifically, each CSA has an opportunity to encourage members to serve as clinical practice sites and help students complete their PPE requirements.

CSAs have an opportunity to support traditional on-campus academic programs and distance learning programs with CSA student members. Distance learning programs need assistance from CSAs to place students locally to complete their PPE requirements. Supporting distance learning programs is especially beneficial to CSAs without an in-state academic program. This practice can add new credentialed professionals to your workforce.

CSAs can consider implementing the following strategies. CSA leaders are encouraged to determine if these strategies are helpful or useful.

CSA Board of Directors

- Appoint a volunteer to work as a liaison between academic PPE coordinators and CSA members on encouraging clinical practice sites. A member of the CSA Board of Directors, a committee, or another volunteer can assume this role. The volunteer should have goals to accomplish and specific responsibilities.
- Develop a partnership between academic PPE coordinators and the CSA leaders to work toward successful PPEs for both students and clinical practice sites. Consider a regular, formal communication process between the academic PPE coordinators and CSA leaders on how the CSA can provide assistance—specifically removing barriers and addressing opportunities.
- Be a champion for CAHIIM-accredited programs by encouraging all members to become a PPE mentor and to actively support students.

Ideas for CSA Programs/Initiatives

- Use CSA communications (newsletters, e-blasts at key times, CSA Web site, or CoP) to encourage CSA members to work with all academic programs with CAHIIM accreditation to ensure a well-qualified and well-prepared HIM workforce.
- Provide a process for members interested in accepting students to “raise their hand” or otherwise alert academic programs of their interest. This process may be completed through a committee or volunteer position focused on facilitating and advocating for student PPEs.
- Designate a Web page allowing CSA members to indicate interest in supporting academic programs and students.
- Identify the HIM academics programs in the CSA and the potential clinical practice sites (all types) within a certain radius of the academic program. Initiate correspondence with these sites to determine if they are supporting PPE placement. Encourage 100 percent participation in serving as a clinical practice site for nearby academic programs.
- Discuss challenges or barriers encountered by CSA members and sites that prevent their facility from accepting students. Use this information to determine if the CSA can play a role in resolving or addressing these issues.

- Host a session at a CSA meeting on the topic of clinical practice sites/PPEs. This session can address the following items: 1) provide education on serving as a clinical practice sites—cover the key responsibilities; 2) discuss the benefits and challenges; 3) discuss barriers and suggestions for overcoming them; 4) encourage participation; 5) discuss ways processes can be standardized; 6) share best practices; and 7) share ideas for student projects.
- Encourage all sites and settings employing credentialed HIM professionals to accept students for PPE placement. CSAs can help facilitate contact and relationship building between academic programs and all potential clinical practice sites.
- Provide assistance to remote and distance learning programs with local students by identifying potential clinical practice sites and facilitating initial contact between the academic program and the clinical practice site's HIM leader. This may be completed by the CSA president or a volunteer appointed by the CSA president.
- CSAs without an "in-state" HIM academic program may want to consider providing aid and other support to students able to travel to a clinical practice site within their CSA. Traditional on-campus and distance learning students are encouraged to complete PPEs in a variety of settings and geographic locations. This may bring new talent to the CSA and fill HIM vacancies within the CSA as well.
- Send a formal letter to potential clinical practice sites to encourage participation in accepting students.
- Ask members to encourage colleagues and co-workers to step forward and offer their business as a clinical practice site. Identify champions and ask them to advocate for more members to accept students and provide clinical practice sites.
- Publish articles that highlight the importance and benefits of serving as a clinical practice sites. Encourage local sharing of ideas and best practices among clinical practice sites. Discuss accepting students enrolled in traditional on campus programs and those in distance learning programs.

Recognition and Incentives

- Recognize all clinical practice sites that host students.
- Send a thank-you letter to the top leadership of all clinical practice sites highlighting the important role of serving as a clinical practice site and how it is beneficial to the site, the student, the academic program and the HIM profession at large.
- Provide a recognition ribbon to members who have hosted students.
- Provide recognition at CSA meetings or in the CSA's newsletter, Web site, or Community of Practice (CoP). This could include publishing the members' names in a program book or similar.
- Consider CSA awards for strong supporters of PPEs (for example, an "Academic Ambassadors Award").
- Provide additional recognition to the clinical practice site(s) that hosted the most students in an academic year.
- Recognize individuals who continually serve,—“going above and beyond,”—as clinical practice site managers or mentors. This recognition could occur at CSA meetings or in the CSA's newsletter, Web site or CoP.
- Provide incentives for CSA members who host students, such as scholarships, special drawings, and free or discounted meeting registrations or other educational offerings (book, audio

seminar).

- Encourage CSA members, students, and academic PPE coordinators to share their success stories, ideas, and best practices for making the PPE a rich and rewarding experience through the CSA newsletter, Web site, CoP, and at CSA meetings.

College and University Guide

The primary responsibility for maintaining and supporting a CAHIIM-accredited HIM program lies with the college or university. The PPE portion of these programs should include the following components:

1. Generic Affiliation Agreement
 - a. One Agreement—Determine if it makes sense to have one generic agreement for all allied health student programs rather than individual affiliation agreements for each program. This allows the college to negotiate once, and all departments benefit from the effort.
 - b. Corporate Agreement—It may be advantageous to have an affiliation agreement with the healthcare corporation rather than each individual facility.
 - c. Memorandum of Understanding—This may be used for short-term visits or non-acute care PPEs.
 - d. Automatically Renew—Consider inserting an evergreen clause into the affiliation agreement to allow the agreement to annually renew unless a 30-day prior notice of intent to withdraw is provided by either party.
2. Provide evidence of insurance coverage for students in PPEs.
3. Be aware of requirements for on-site students at various organizations (for example, drug, criminal background, or TB testing). Have a policy in place that addresses funding and testing of students in preparation for on-site visits when required.
4. Support program advisory committee recommendations.
5. PPE coordinators should have adequate resources to contact, visit, and orient practice site managers and employees at the clinical practice sites.
6. Host free or low-cost continuing education seminars and workshops for PPE site managers and employees at the college or local facility. Consider allowing use of college or university facilities (meeting rooms, equipment) for free or reduced costs.
7. Provide speakers at local or state meetings or host a local or state meeting.

PPE Coordinator Guide

The PPE Coordinator has the ultimate responsibility for identifying, securing, and managing adequate and appropriate sites in which students can receive quality PPEs. Refer to the CAHIIM Accreditation Standards: III.A.2.b., V.A.- V.E.4. at the following Web address for more information:
www.cahiim.org/standards

It is important to appreciate the relationship between enrollment count and the need to find meaningful PPE placement for students once they enter the program. Programs with aggressive growth must consider what additional resources they require to support the subsequent growth of PPE placement. Strategies include hiring a clinical coordinator to expand and manage clinical practice sites and determine the maximum placement count according to the program's affiliation agreements and the organizations' ability to accept students.

Identifying Potential PPE Sites

1. Attend local, state, and national HIM meetings to meet and network with people working in the HIM domain in the state where the program is located and all surrounding states. PPE sites can include hospitals, vendors, and other, nontraditional sites.
2. Work with the Advisory Committee
 - a. Emphasize their commitment to serve the program in many ways, including serving as a PPE site.
 - b. Seek references of other professionals who might agree to let their organization serve as PPE site.
 - c. Contact the CSA Board of Directors to discuss the issue and identify ways the CSA can support students completing their PPEs.
3. Approach past students in management positions who the PPE coordinator believes can provide a quality experience.
 - a. Create an active alumni program, including an annual appreciation meeting. Use these meetings as a way to sign up alumni to support PPEs.
 - b. Encourage alumni to serve as mentors to rising seniors to help them to transition from student to employee. Recognize their efforts with a letter to their employer from the dean of the college or a similar individual.
4. Upon accepting students into the program, determine if any can visit locations away from the local vicinity of the program by discussing the ability to stay with family or friends.
 - a. The PPE coordinator is responsible to research hospitals and nontraditional sites located in the identified area.
 - i. Communicate with HIM professionals at the potential sites to determine if the student would receive a good experience.
 - ii. If the HIM professionals are interested and the PPE coordinator is satisfied the student will receive a quality experience. The PPE coordinator must establish the proper relationship with the site (that is, the affiliation agreement).

Nurturing and Training PPE Site Supervisors

1. Early in the academic year, hold an annual workshop or program for local PPE site managers



to review expectations for experiences during the upcoming academic year. Important notes:

- a. Include the dean of the program to kick off the workshop
- b. Keep the program to approximately two hours or less
- c. Hold the program in conjunction with breakfast or lunch
- d. Provide and review a PPE Handbook that includes:
 - i. Course outline and objectives
 - ii. Sample activities
 - iii. PPE expectations
 - iv. Supervisor evaluation tool of student
 - v. Student evaluation tool of PPE
- e. Seek the input of site managers into student assignment alternatives (one student at a time versus multiple students concurrently)

Distance Learning Programs and PPE

1. Early in the academic year, for PPE site managers who are not local:
 - a. Provide a PPE handbook including:
 - i. Course outline and objectives
 - ii. Sample activities
 - iii. PPE expectations
 - iv. Supervisor student evaluation tool
 - v. Student PPE evaluation tool
 - b. Host a virtual meeting (conference call or Webinar) to review the PPE handbook, specifically the experience expectations. Important notes:
 - i. Include the dean in the virtual meeting.
 - ii. Seek the input of site managers regarding student assignment alternatives (one student at a time versus multiple students concurrently)
2. As an alternative to the above options, host a virtual meeting (conference call or webinar) early in the academic year to address these topics with local and non-local program directors.

PPE Preparation and Follow-up

1. Well in advance of student assignment, complete the following:
 - a. Contact the site manager at the place where the student is assigned and review the following:
 - i. Confirm willingness to serve and dates
 - ii. Re-review objectives and expectations
 - iii. Finalize required agreements
 - iv. Provide a student profile, including a list of the types of projects in which the student has expressed interest and the student's e-mail address to facilitate communication prior to the PPE.
2. Communicate with site supervisor periodically during the student's PPE.
 - a. As permitted by location and funds, visit the site during the student's PPE.
 - b. If unable to visit in person, make contact with student and site manager by e-mail or

phone.

3. Invite the site manager to attend any student presentation activities held after the PPE.
4. Using academic program stationery, the PPE coordinator should summarize the total number of hours the organization contributed to the PPE, along with a letter of appreciation for support of the academic development of future HIM practitioners. Send the letter to the organization's CEO and a copy to their Public Relations Department. Many organizations keep track of community involvement hours or have internal reward and recognition programs.
5. Provide CEUs within the CCHIIM's specified limits, to credentialed practitioners at the site who worked with the student.
6. Encourage students completing their PPE to send personal thank-you notes to individuals who contributed to their PPE. Encourage students to send handwritten notes as opposed to e-mails.

Expanding the Network of PPE Sites

PPEs do not have to be completed in traditional acute care HIM departments. As the HIM field is expanding beyond the hospital-based environment, so must PPE opportunities. It is important that the student is matched with a PPE site based on the student's background, experience, and interests. Consider incorporating one-day, nontraditional PPEs for students as well.

A program's PPE site network should include the following:

- Pharmaceutical firms
- Quality improvement organizations (QIOs)
- Physician group practices
- Large clinics and hospital-system owned practices
- Related associations—American Hospital Association (AHA), American Medical Association (AMA), and national and local chapters of the American Health Information Management Association (AHIMA).
- The Joint Commission
- The Healthcare Information and Management Systems Society (HIMSS)
- Standards organizations: —American National Standards Institute, Health Level 7
- Consulting vendors and companies
- Insurance companies
- Veterinary practices
- Public health departments
- Cancer registry
- Healthcare research organizations: —National Institutes of Health, Centers for Disease Control and Prevention, National Cancer Institute
- Government agencies: —Department Health and Human Services

Consider using departments within a traditional setting (acute care hospitals) to provide a nontraditional PPE. For example, information systems, human resources, finance, compliance, internal



audit, and other departments all have roles for or information to share with HIM students.

On the Nature of the Evolving PPE: Best Practice = Hybrid

Traditionally, the PPE played a role in exposing students to the “hands-on” skills required in a HIM department. But times have changed, and more efficient ways exist to ensure students exhibit necessary HIM skills (such as data mining, MPI maintenance, coding, record analysis, and so forth) through the use of skill labs provided by the program.

Hybrid PPEs (part classroom based and part field-based) were brought about this way, providing the best of both worlds for the student. Skill development (repetition), evaluation of speed and accuracy, and awareness of various vendor solutions is best handled in the controlled environment of a PPE skills lab using the AHIMA Virtual Lab (or similar solutions). During field-based placement, students can focus on relationship building, exposure to the practice environment, development of business acumen, and observing HIM leaders in departmental meetings and in larger project-based meetings. These soft skills are very difficult to reproduce in the artificial environment of a lab-based PPE.

The end result is a PPE where the student accrues most of the total hours in the skills lab and the remainder in the field-based practice site. There is no national standard regarding the number of hours a student should clock in the field, but a shorter window of time allows the program to place more students at a given site, and makes field-based time easier to manage. One to two weeks of field-based time would represent a reasonable minimum.

Why Not a 100 Percent Virtual PPE?

The House of Delegates on Higher Education and the Education Strategy Committee are unanimous in their support of the existing CAHIIM accreditation standards calling for an aspect of field-based experience. It is helpful to understand this position’s rationale. The following are comments on the relevance of a field-based professional practice experience:

“The PPE is a time when students should feel free to show the gaps in their knowledge and seek out more information in an applied setting. These opportunities should be used by the student to merge theory with practice. I am also asked by graduating students how they can get a job when all jobs ask for experience; and I point to their PPE and internships as a valid source of experience which they can cite during job interviews.”

K.K. Co-chair, HIM Higher Education and Workforce Team 2010

“The advantage for students exposed to field-based experiences is they have a greater opportunity to understand and experience the true dynamics of various stakeholders, organizational factors, and workflow issues that cannot be obtained in a classroom or through use of a virtual simulator.”

ESC 2010 Committee Statement



“It is important to experience and practice "soft skills" that can only be gained through field experience. These skills need to be observed or experienced in real-time situations to gain the personal insight for future use. “

C.Z. HIM Employer

“We offer a master’s degree in HI, and we feel a field-based practicum is vital so it is required in our program. Our policy is to ensure the student works with a mentor at the site to do some meaningful work, and that a deliverable is produced.”

S.C. Masters in HI Program

“Another important point to consider is that hospitals are unique in how they utilize EMR, billing systems, transcription services, chart tracking, etc. A virtual lab can show you one way to go about solving a process problem so that the student can be exposed to the concept in the lab, but you definitely cannot show the entire revenue cycle process in motion as you can with an on-site. Facilities are going to do things differently because hospitals often build processes around their clinical and financial information systems. A field-based visit allows the student to experience those differences.”

L.H. HIM Practitioner

“In response to the request for ‘evidence of types of work that cannot be effectively taught in the classroom setting through the use of technology’ I would suggest it is not the types of work that should be the focus, as much as it is the exposure to and experience of dealing with real-life scenarios that you cannot simulate. I was in the practice of HIM for over 21 years prior to coming to education and rarely did I have "textbook" situations; there was usually something in the mix that was not taught in the book.”

M.C. HIM Educator

*“There is no current requirement which prohibits educational programs from utilizing the AHIMA Virtual Lab, software contracts or other technology applications to provide professional practice experience from students. The CAHIIM Accreditation standards are not prescriptive in the number of clinical hours required for PPE for HIT and HIA students. However, the standard interpretation from CAHIIM is that the student **must** have some experience at the professional practice site(s).”*

R.R. HIM Educator

“The US Department of Labor indicates in a recent healthcare workforce model the development of ‘personal effectiveness skills’ (the type of soft skills exposure a student has while on-site) is a basis for good practice.”

C.D. CAHIIM

“It is clear that some form of experiential face-to-face activity is needed to reinforce the professional discipline and provide reality to textbook—this is an employer expectation. CAHIIM does not state the number of hours, the number of PPEs, or prescribe how such experiences are conducted - but accredited programs are expected to provide some type of meaningful experience whereby students are exposed to the field (HI or HIM) and a broad base of options/employer environments are available today to



support this happening. Skills can be simulated in V-lab, case studies, etc. but seeing the varied workplaces and options helps graduates to bridge the gap from students to employees.”

CAHIIM Commissioners 2010

Placing Students: One Size Does Not Fit All

The question of whether students with existing HIM experience should have to participate in a PPE is a perennial question. Conversations with CAHIIM’s commissioners indicate that a best practice is for a program to develop a written policy of how they will handle students with prior HIM experience, and add this to the programs’ student manual. A program may wish to set up a policy similar to this:

- Students enrolling in the HIM program with prior HIM experience must be able to authenticate that experience. Various authentications include: a business card with job title, payroll checks, or checked resume. If the experience is recent (within the last three years) the student will be excused from the skills lab for: *identify those skills which reflect the student’s job (or former job)*. The student will need to participate in any skill labs that are not reflected in prior experience, and will need to participate in the field-based experience component.
- For students with prior HIM experience, the field-based component should be in an environment unrelated to their past experiences. For example, if experience was accrued in acute care environment, student should be placed in hospice, physician practice, HIE, or in the acute care environment but in a different department: risk management, quality improvement, registry, and so forth.

Developing More Clinical Practice Sites

Some programs are located in rural areas with only a few healthcare affiliation-sites. Given the limited choices, here are some suggestions for growing opportunities to place students into a meaningful field-based experience:

- During the student interview process, determine if there are any student applicants who have the option of completing the PPE in a different part of the state or country. Discuss with the student the option of staying with family or friends to make this happen.
- Once the student is enrolled, assign them the task of developing a list of facilities that could be options for the PPE and compiling other background and contact information. The PPE coordinator needs to work with the facility to arrange the PPE for the student and begin the process of obtaining the affiliation agreement, but if this process is started right away, it will build time into the process to communicate with sites, and work out affiliation contracts.
- Have an open discussion with the program’s Advisory Committee about the challenge of student placement. Committee members should be among the first to step up and help. If hospital representatives are not members of your Advisory Committee, make this happen! Use an Advisory Committee meeting to outline the logistics of PPEs and ask members to commit to accepting at least three students per year.
- Consider initiating a campaign to increase support of PPEs. Partner with the CSA Board of Directors



to support this effort. Host a luncheon for your Advisory Committee and potential clinical practice site representatives. Have the Advisory Committee members share about the benefits of hosting students. Invite the dean to share positive messages.

- Don't forget about virtual communications—Post the need for clinical practice sites (like a help wanted ad) to your CSA's Web site or CoP.
- Stagger the students' PPEs—It may not be possible for every student to complete their PPE at the same time. Some students can use spring break, while other students can take their PPE in summer, fall, or winter terms. Also, the time in the field can be spread out over the term period, for example, every Thursday for 12 weeks or similar options.
- Require students to share their PPE experiences with others. Not every student can be placed in the "main" hospital, so consider hosting required meetings at various times (mid-term, final week and the like) for students to discuss their PPEs.
- Consider a PPE tour of the facility before being placed—This allows students to visualize the layout of the departments, size, workflow, and so forth. It is beneficial for many reasons—it puts the students at ease, allows exposure, facilitates better class discussion, and more.
- Orientation tours—In many hospitals, a public relations person can arrange tours. Often students come into the program without ever seeing the inside of a hospital, so touring the pharmacy, lab, blood bank, and ICU unit can energize students for their classes and PPEs.
 - This type of PPE typically occurs during the first term. Students tour the major clinical practice sites—because it is just a walk-through, the HIM Departments typically do not object, since it's just a stop along the tour. This type of tour is usually provided by a public relations person.
- Consider dividing up the PPE hours into several "smaller" experiences, instead of just one or two big PPEs. Clinical practice sites may be more likely to participate with reduced time commitments.
- The PPE could be:
 - In a nontraditional clinical practice site
 - At large acute care facilities, but in non-HIM departments (privacy, registry, AR audits, and quality improvement)
 - Aligned with the student's preference. For example, students interested in coding can be placed with coders, students with an interest in a registry are placed in the registration department, and so on. In many programs, this is referred to as an "exploration PPE."
 - Consider HIM Education as a valid career path—students enrolled in HIM who have teaching experience, or who see themselves as future instructors should be encouraged to build their PPE experience with a HIM college program teaching orientation. They can conduct a class, assist in a lab, and attend departmental and college committee

meetings.

- For sites reluctant to commit to the program's affiliation-site agreement, consider proposing the student's visit to the facility (for example, a hospital) be treated as a **volunteer** applicant. This way, the student is processed as a hospital volunteer and the need for an affiliation agreement isn't needed.
- For programs part of the School of Allied Health, recommend that a single affiliation agreement be sent out to all facilities, and that ALL allied health programs are listed in the agreement as accepting students (that is, to get the nursing students, they must also accept HIM, medical technologists, and cytologist students as well. This eliminates the possibility of the HIM program carrying the burden of creating unique affiliation contracts for facilities already accepting the college's students from other programs.
- There are no prescriptive requirements from CAHIIM on the nature of the field-based PPE (for example, locations and hours) only that it is necessary to include a field-based experience in order to be compliant with the standard. Important considerations include:
 - Does the PPE advance the student's skills and understanding of HIM?
 - Does the PPE help the students imagine and plan future career paths?
 - Did it provide students with positive exposure to area employers?

Placing Students in their Current Work Settings

A common misunderstanding of the CAHIIM standards is that the PPE must be unpaid. A particular program may have a policy that all PPE rotations must be unpaid and students cannot complete their rotation at their place of employment (for students currently working in the HIM Department), but this is a local interpretation of the standard, and reflects a more robust interpretation of the minimum standards.

A current HIM employee (student) who completes HIM activities as a PPE student in the same HIM Department where they work is not learning anything new. It may not be a violation of the standard, but it is a disservice to the student. A best practice solution then is to permit students working in a healthcare facility to take their field-based practicum at the same facility, but the work should occur in a department other than the one employing the student.

Examples include: cancer registry, quality and risk management, admissions, patient financial services, compliance or privacy office, and so forth. This allows convenience for the student while they are exposed to new aspects of the HIM work environment.

CAHIIM Standard V.E.4.

All activities required in the program must be educational and students must not be substituted for paid staff. Policies and procedures by which students may perform service work while enrolled in the program should be made known to all students.



Interpretation V.E.4.

It is expected that programs include a service work statement in the PPE materials available to both students and clinical supervisors, stating that HIM students must not be substituted for paid staff. This does not prohibit a paid internship or PPE but is designed to ensure students gain experience to reinforce the competencies and skill sets, and are not used simply for backlog work in the absence of appropriate paid staff.

Student Guide

The PPE is designed to provide students with practical work experience in the HIM competencies and domains that focus on skill building and practical application of theory. Students are also required to experience a field-based practicum, the nature, location, and time in the field is outlined by their HIM program.

Attendance

Absenteeism and tardiness are considered unprofessional and undesirable traits. While there may be times when a student may be absent due to illness or other valid reasons, it is the student's responsibility to make up the time, per their school policy.

- If a student is unable to work on a specified day, it is their responsibility to notify and make arrangements to make up the missed time with both their PPE site manager and their academic PPE coordinator.
- If a student is running late, they must contact the PPE site manager and give him or her an estimated arrival time.
- Do not ask to leave early—You are expected to complete a certain number of hours in the field to fulfill your PPE experience. If you must depart early, be sure the arrangement is agreed to by your PPE site manager, and that a later visit is arranged to make up missed hours.
- Excessive absenteeism and tardiness adversely affect the student's grade for the PPE course.

Appearance

Students should practice professionalism by presenting a professional appearance.

- Adhere to the facility's dress code—dress in suitable business casual or office attire.
 - For example, women should wear blouses and skirts, dresses, or dress slacks with hose or socks. Men should wear dress shirts, ties, and dress slacks with socks. Jeans, shorts, sneakers, or t-shirts should not be worn—avoid extremes in jewelry, hairstyles, body piercing and tattoos, and make-up.
 - Students are working in close proximity with professional staff, and as such must be aware of their personal hygiene. Issues such as the use of strong perfumes/colognes, tobacco odors, deodorant issues, and the like must be considered.
- Students should wear their identification badge at all times.
- If there are questions regarding proper attire and appearance, discuss them with the academic program director or site manager.

Conduct

Students should demonstrate professional conduct throughout the course of the PPE.

- Demonstrate initiative by completing activities as assigned.
- If you complete your assignments early, ask for additional work rather than waiting for someone to notice.
 - There may be times when clinical personnel are unavailable to work with you. During those times use initiative to interview staff, maintain PPE log of activity, review policy manuals, and so on.

- Do not use your cell phone during working hours, this includes texting. Make personal calls and texts only at break and lunch times. Additionally, the use of other electronic devices, such MP3 players, pagers, and iPods, is generally considered to be unprofessional in the PPE setting.
- Do not surf the Web during working hours, this includes checking e-mail and logging into social networking Web sites.
- Demonstrate a professional attitude during any unexpected situations that might occur.
 - Assist, if you can. Otherwise, be a silent observer or remove yourself from the situation.
 - Remember, much can be learned by observing how other professionals handle difficult situations.
- Utilize professional communication.
 - Students should contact their PPE site manager prior to their PPE to make introductions, obtain driving and parking information, and ask questions related to appropriate attire.
 - The student should be cognizant of the professional titles used in the healthcare setting. Medical professionals, patients, and coworkers should be addressed in the appropriate manner at all times. (for example, Doctor Jones, Mrs. Smith, or Mr. Johnson)
 - Maintain professional relationships by avoiding personal discussions.
 - As a professional you are expected to handle minor difficulties that arise on your own. However, if attempts to solve the situation have been unsuccessful, these matters should be brought to the attention of the PPE site manager and the academic PPE coordinator.
 - Avoid gossiping or complaining about your PPE with site staff or other students. If you have issues, you should discuss them with your PPE academic PPE coordinator.
 - Students should maintain a daily log of activities accomplished during their PPE. This log should be shared with their site manager periodically to see what has been accomplished, what needs to be completed in the time remaining, and what activities can be added or deleted.
 - Students are encouraged to send personal, handwritten thank-you notes to their PPE sites and specific individuals who contributed to their experience.

Ethics and Confidentiality

Students are expected to:

- Adhere to the ethical guidelines set forth by AHIMA
- Abide by the school's Code of Student Conduct
- Abide by applicable facility policies and procedures
- Abide by HIPAA rules



Appendix: Samples and Best Practice Documents

The appendix provides sample documents and frequently asked questions to assist your efforts to support clinical practice sites and PPEs. These are sample documents that should be reviewed and modified by appropriate parties meet the applicable requirements of your state and setting.

Student Samples

- [Student Thank-you Letter](#)

Program Samples

- Professional Practice CE Participation Forms
 - [Individual Notification](#)
 - [Group Notification](#)
- Disability Policy Language
 - [Sample 1](#)
 - [Sample 2](#)
- [Baccalaureate PPE Models](#)
- [Master's PPE Policy with Student Report](#)
- [Affiliation Agreement](#)
- [PPE Student Handbook Checklist](#)

Additional Resources

- Entry-Level Curriculum Competencies for Baccalaureate and Associate Degree programs:
 - AHIMA Associate Degree Entry-Level Competencies
 - AHIMA Baccalaureate Degree Entry-Level Competencies

Sample

Student Thank-you Letter

Dear NAME,

I'm writing to tell you how much I enjoyed my professional practice experience with you and your staff. I felt very welcome and comfortable with everyone, and can't imagine working in a friendlier environment. I feel this experience will benefit me throughout my future career.

Although I found all the areas interesting in their own unique way, I am especially drawn to inpatient coding. It was helpful to see the billing and coding process from start to finish.

Coming into this professional practice experience with limited hands-on experience, I left with a great deal of helpful information and skills for the future. I felt you personally went out of your way to ensure I understood every function of the HIM Department. Could you please share my gratitude with your staff? Thank you again for the time and effort you spent on my professional practice experience.

Sincerely,

NAME



Sample: Individual Notification

Health Information Management Program Professional Practice CE Participation Form

For providing instruction to and supervision of PPE Students

In accordance with AHIMA's Continuing Education Requirements, please retain this document as proof of participation at the (Name of School) Program.

I verify that (Name of Credentialed Member) participated in the (Name of School) Program Professional Practice Education for semester year _____ and has earned Five (5) CEUs per year for working with students or coordinating professional practice for facility.

(Name of PPE instructor, credentials)
(Name of HIM Program, School)

Date



Sample Group Notification

Health Information Management (HIM) Program Professional Practice CE Participation Form

For providing instruction to and supervision of PPE Students

In accordance with AHIMA's Continuing Education Requirements, please retain this document as proof of participation at the (Name of School) Program.

I verify that (Name of Facility) participated in the (Name of School) Program Professional Practice Education for semester year _____ and has earned a total of (number of credits) for the department:

Detail PPE CE Credits:	
Denise Log	—5 CEUs (PPE site supervision and project planning)
Amanda Faith	—5 CEUs (coding rotation)
Larry Hagan	—5 CEUs (ROI rotation)
Gene Lightfoot	—5 CEUs (filing and scanning rotation)
May Pickett	—5 CEUs (privacy rotation)

I attest these credentialed members aided me in my PPE for at least five hours or more:

PPE Student Signature PPE Clinical
Name of School Program

Coordinator/Educator
Name of School Program

PPE Site Note: a credentialed member may only claim five (5) CEUs per year for student mentoring regardless of actual numbers of hours spent with students (exceeding five hours) or the number of students mentored—the credits are not cumulative, they are absolute.



Disability Language Sample #1:

Courtesy of: DeVonica Vaught, RHIA, Indian River Community College, FL

Performance Standards for HIM and Coders and Billers Technical Standards for Admission and Progression* Health Information Management and Coding/Billing involves processing and analyzing health records and is characterized by the application of knowledge in the skillful performance of certain functions. Therefore, in order to be considered for admissions or to be retained in the program after admission, all students must be able to demonstrate the following abilities:

Critical Thinking and Coping: Critical thinking is the ability to make clinical judgments and fast decisions during stressful situations in a professional manner. Identify cause-effect relationships in professional practice situations, and display good coping mechanisms.

Interpersonal: Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds. Establish rapport with clients and colleagues.

Communication: Communication abilities sufficient for interaction with others in verbal and written form. Report data using appropriate data presentation techniques, and demonstrate effective oral and written communication skills.

Mobility: Physical abilities sufficient to move from room to room, maneuver in small spaces, and move around workspaces, file rooms, and office areas.

Motor Skills: Gross and fine motor abilities sufficient to keyboard, file, and code. Use equipment, computers and encoders programs.

Visual: Visual ability sufficient for observation and assessment necessary in care of the client records. Prepare and process health information accurately.

Tactile: Tactile ability sufficient for processing health data. Perform filing and coding and prepare reports.

Hearing: Auditory ability sufficient to monitor and assess health needs. Hear phones, alarms, emergency signals, and cries for help. Manage transcription reports accurately.

* Adapted from the Board of Directors of the Southern Council on Collegiate Education for Nursing (SCCEN) guidelines for Nursing Education Programs.



Disability Language Sample #2:

Courtesy of: Robyn Roncelli, MA, RHIA of Macomb College

In our student handbook and on the program's Web site, we have indicated our "Essential Functions." We modeled these on other health programs within our college. I feel these essential functions address disabilities relating to a successful learning experience and a student's future success in the HIM field. In order to be successful in Macomb's Health Information Technology Program and their future careers, our students must possess the following general qualities: interest, motivation, critical thinking skills, sound judgment and integrity, emotional stability and maturity, empathy, interpersonal skills, physical and mental stamina, and the ability to learn and function in a wide variety of didactic and clinical settings.

Students in the Health Information Technology Program must demonstrate the following minimum abilities:

- Ability to acquire and apply information from classroom instruction, laboratory and practicum experience, independent learning, and team projects
- Ability to communicate effectively in English in oral and written form with colleagues, patients, third-party payers, healthcare professionals, and others who demonstrate a need for information from patient records or databases maintained in health information management departments
- Ability to use computers and complete computer-based assignments in a timely fashion
- Ability to function (consult, negotiate, share) as part of a team
- Ability to delegate
- Ability to read materials used in HIM settings such as coding manuals, policy and procedures, and patient health records
- Ability to calculate mathematical information, such as hospital statistics, budgets, and productivity information
- Manual dexterity necessary to file medical records and cards, and assemble paper medical record forms
- Visual ability and manual dexterity necessary to prepare office layouts and to design forms and computer screens

- Ability to operate equipment, word processors, transcription equipment, electronic movable files, and copiers.
- Ability to synthesize information regarding healthcare outcomes for formal, verbal, or written presentation to healthcare professionals

Students requiring reasonable accommodations in order to meet program requirements must meet with the Program Coordinator as soon as possible to discuss their individual needs. Students should also contact Macomb's Special Services area.

Sample PPE Hours in Baccalaureate Programs

The nature and exact number of hours for a PPE are not dictated by CAHIIM as CAHIIM prefers giving programs the flexibility to create PPE experiences that work for them, their students, and their community providers. Here are several baccalaureate programs and how they set up their PPE hours:

Charlotte McCuen, MS, RHIA—Macon State College, GA

Our baccalaureate program has two PPEs (traditional and nontraditional functions) and one PME (internship). The baccalaureate student receives a total of 266 clinical hours.

The PPE I is titled Traditional Functions and provides 80 total hours delivered in three modules:

- Five hospital HIM Dept visits (40 hours);
- Three independent V-Lab visits: completing four lessons from Quadra Med, McKesson & ATHENS Cerner systems (24 hours);
- Two on-campus visits: orient to AHIMA V-Lab, complete case studies in numbering and filing systems, train on SoftMed systems for chart analysis, chart tracker and ROI, and train on Record Review Asst for qualitative analysis activities (16 hours).

The PPE II is titled Nontraditional Functions and provides 66 hours comprised from visiting different settings and functions which may include, but not limited to:

Tumor registry	Rehab hospital
Utilization management	Hospice
Nursing home	Home-health
Psychological and behavioral health facility	Same-day surgery center
Third-party claims management	Physician office
Health department and vital records	Information system vendor

The PME totals 120 hours and encompasses a managerial project(s) over a four week period where the student is expected to be on-site, Monday through Friday.

Barbara Manger, MPA, RHIA, CCS, FAHIMA—University of Medicine and Dentistry of New Jersey, NJ

We require 115 hours in our junior spring semester. It is actually two courses running back to back. The first is eight weeks, one day per week, in acute care. This is followed by seven weeks, one day per week with site visits to non-acute care settings and also with guest speakers coming to campus who work in nontraditional jobs. In the senior spring semester, there is a capstone course for 187.5 hours (five weeks, 37.5 hours a week) for four credits. We also use the virtual lab in our program for more hands-on experience in addition to the PPE hours.

Melanie Brodnik, PhD, RHIA—Ohio State University, OH

We have three PPE courses divided as 90 hours in the fall quarter (3 credits), 90 hours in the winter quarter (3 credits), and 320 hours in the spring quarter—which is eight weeks full-time (10 credits). In the RHIA program we have incorporated technical PPE into respective courses, so we will drop the fall



quarter 90 hour course and replace it with other, more important material. The winter quarter is project oriented, and scheduled into a variety of community sites, while the spring quarter is a full-time internship, composed of two four-week experiences or one eight-week experience depending on the site.

Sample Master's PPE Requirements

Courtesy of: Samir Chaterjee, Claremont Graduate University

Masters in Health Information Management (MHIM)

Clinical Immersion Guidelines and Minimum Requirements

1. The student is responsible for meeting with the program director and relevant faculty to discuss internship opportunities. It is expected that the clinical internship will be conducted during the last semester of the student's MHIM program.
2. The school will work with the student to arrange for an internship at an external site.
3. Someone must be appointed to supervise the student at the external site. The peer supervisor must be a corresponding faculty member.
4. A full-time student is expected to spend a minimum of 10 hours per week at the site. Part-time students who have jobs are expected to spend a minimum of 5 hours on-site. Rest of the work can be done off-site from remote location.
5. The student must submit an initial overview of the internship project to the faculty, to ensure scope and relevancy. The project must be related to Healthcare Informatics topics ideally utilizing the contents learned from the MHIM coursework.
6. A student report is due at the end of the term. The report will present the work done, goals achieved, and what was learned. This report must be signed off by both the peer supervisor and program faculty member.
7. The internship is expected to be completed in one semester (15 weeks).

Sample Student Clinical Immersion Report

Here is an example of a master's PPE that is project-based. This is a partial sample. For brevity, two sections of the actual student's report are provided, but the table of contents shows the other elements that make up the report (the project deliverable).

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1. Introduction

- 1.1 Project Scope and Method (included in sample)
- 1.2 Hospitals' Background

2. Project Deliverables

- 2.1 Current Situation (AS-IS Process) (included in sample)
- 2.2 Comparative Analysis
- 2.3 Improvement Solution (TO-BE Process)

3. Billing

4. Conclusions and Recommendations

- 4.1 Meaningful Use of an Electronic Health Record (EHR)
- 4.2 Change Management
- 4.3 Prime Healthcare Personal Health Card
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1.1 Project Scope and Method:

This final report is based on an internship requirement for the completion of the master's degree in [insert CAHIIM-accredited program]. The internship was with [insert clinical site] for a period of two months from [insert dates]. Based on our interview and discussion with the director of reimbursement management and IT director, our internship was comprised of a process improvement and comparison of the patient admission process at their [insert satellite clinical sites] facilities. The following is a list of the steps included:

- Data collection
- Observing the process
- Interviewing key stakeholders such as doctors, nurses, IT staff, management, patients, and so forth
- Documenting the business processes and workflow
- Data analysis for each facility (AS-IS process)
- Comparative analysis between the two facilities
- Recommended solutions and enhancements to the process (TO-BE process) based on our findings

2.1 Current Situation (AS-IS Process):

An AS-IS data flow diagram (*omitted from sample*) was created for both hospitals' ER admission process. This was based on our observations, documentation, and analysis of the process. Through our observations we noted differences with each of the emergency departments. The major difference being the fact that [insert clinical site] has adhered to a documentation scanning system whereas [insert satellite clinical site] is still following a fully manual documentation process. However, the [insert satellite clinical site] facility will be going live in [insert date] with the same system.

Affiliation Agreement Sample

College

Hospital

It is agreed by the aforesaid parties to be of mutual interest and advantage for selected students of **(College)** to be provided quality clinical education experiences through **(Hospital)** and of mutual interest to **(Hospital)** to participate in the provision of such quality education. **(College)** has established the following clinical training programs which require the educational facilities of **(Hospital)** for clinical experiences:

Health Information Technology Students
Physical Therapist Assistant Students
Radiation Therapy Students
Radiologic Technology Students
Computed Tomography Students
Magnetic Resonance Imaging Students
Diagnostic Medical Sonography Students
Respiratory Therapy Students

The terms in this Affiliation Agreement apply to all clinical training programs selected above. Additional terms specific to any of the clinical training programs shall be contained on an attached schedule. Collectively, the terms of this Affiliation Agreement and the attached schedules are referred to as the "Agreement".

The parties acknowledge they have read this Agreement, understand it, and agree to be bound by all of its provisions. This Agreement constitutes the complete and exclusive statement of the Agreement between the parties, and supersedes all prior oral and written communications concerning the subject matter of this Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement on the date shown below.

College

Hospital

By _____

By _____

Date _____

Date _____



I. GENERAL AGREEMENT

- A. The term of this Agreement shall be for one year and shall be automatically renewed for successive terms of one (1) year unless otherwise terminated. This Agreement may be terminated by either party with sixty (60) days prior written notice accomplished either by personal service or by certified or registered mail upon the **(College)** Dean of Instruction and **(Hospital)** President. Any students enrolled in the ongoing programs at the time of such termination notice shall be given the opportunity by **(Hospital)** and **(College)** to complete the requirements of the program as offered at the time of their entry and in compliance with the conditions contained in this Agreement.
- B. This Agreement shall be subject to periodic review as the need may arise, in order to consider any amendment, alteration, or change as may be mutually agreed upon in writing by the parties.
- C. This Agreement shall be interpreted in accordance with and pursuant to the law of the state of _____.
- D. Nothing in the Agreement is intended to be contrary to state or federal laws. In the event of a conflict between terms and conditions of this Agreement and any applicable state or federal laws, the state or federal law will supersede the terms of this Agreement.

II. MUTUAL RESPONSIBILITIES

- A. **(College)** personnel, faculty and students shall not be deemed to be employees or agents of **(Hospital)**, and nothing herein contained shall be construed as creating a relationship other than that of an independent contractor between **(Hospital)** and **(College)**, its employees, faculty, and students. **(College)** personnel, faculty, and students shall not be entitled to compensation from **(Hospital)** in connection with any service or actions of benefit to **(Hospital)** that are a part of or related to the educational program. **(Hospital)** and its employees shall not be entitled to compensation from **(College)** for services or actions of benefit to **(College)** that are part of or related to the educational program.
- B. **(College)** personnel, faculty and students are not eligible for coverage under **(Hospital)**'s worker's compensation or unemployment compensation insurance programs. **(College)** will provide, if any, worker's compensation or unemployment compensation coverage as required by state law for students enrolled in the program. It is not anticipated that the students shall be compensated for services and clinical training, and by this section, it is not intended to extend worker's compensation or unemployment compensation coverage beyond the specific requirements and provisions of state statute.
- C. **(College)** shall provide, at its own expense, comprehensive general liability insurance covering bodily injury and property damage liability with minimum coverage limits of \$1 million per occurrence/\$2 million general total limit, and medical professional liability insurance with minimum coverage limits of \$1 million per claim/\$3 million annual

aggregate, covering **(College)**, its faculty and students participating in the educational programs under this Agreement. **(College)** shall provide **(Hospital)** with a Certificate of Insurance as evidence of such insurance coverage.

(College) will defend, indemnify and hold harmless **(Hospital)**, its officers, agents, employees, and representatives from any and all claims for loss or damage to property or injury or death to persons, including costs, expenses, and reasonable attorney's fees, arising from negligent or wrongful acts or omissions of **(College)**, its faculty, or students as they pertain to services rendered under this Agreement.

(Hospital) agrees to notify **(College)** when any faculty member or student has been involved in an incident reported to **(Hospital)**.

- D. **(Hospital)** shall provide, at its own expense, adequate liability insurance coverage for its employees.

(Hospital) will defend, indemnify and hold harmless **(College)**, its trustees, officers, agents, representatives, employees, faculty, and residents from any and all claims for loss or damage to property or injury or death to persons, including costs, expenses and reasonable attorney's fees, arising from the negligent or wrongful acts or omissions of **(Hospital)** or its employees as they pertain to services rendered under this Agreement.

- E. Except as otherwise provided on any schedule attached hereto, **(College)** will provide qualified certified teachers to teach all prescribed courses. The faculty members will select and assign learning experiences of students in accordance with agreed-to schedules and work assignments. Faculty members will work with appropriate representatives and personnel of **(Hospital)** in determining the needs of patients assigned to students.

(College) shall notify **(Hospital)** in writing of any change or proposed change of any clinical instructor. **(Hospital)** may request that **(College)** replace incompetent, inefficient, or merely non-cooperative clinical instructors assigned to any of the clinical training programs by providing **(College)** with a letter describing such incompetence, inefficiencies, or non-cooperation. **(College)** shall, within five (5) days, provide **(Hospital)** with names of qualified replacement staff, such replacement staff to be employee(s) of **(College)** unless otherwise mutually agreed to.

- F. **(College)** shall provide **(Hospital)** with a schedule for student assignments, including the number and names of students, and a copy of the clinical objectives in sufficient time (a minimum of four (4) calendar weeks) prior to the beginning of the student rotation to allow for adequate planning and staffing of the department to meet the needs of the department and the patients of **(Hospital)**.

(Hospital) shall determine whether its physical plant will be made available for the educational purposes requested by **(College)**. Under no circumstances shall **(Hospital)** be deemed to have consented to the use of its physical plant, programs, personnel, plans, or schedules except as specifically indicated and mutually agreed upon.



- G. **(College)** shall comply with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, and related regulations, and ensure it does not and will not discriminate against any person on the basis of race, creed, sex, national origin, age, or handicap under any program or activity receiving federal financial assistance.
- H. The safety, health, and welfare of **(Hospital)**'s patients shall be of the utmost importance in this Agreement. **(College)** will provide necessary assurance or evidence of acceptable health levels of the students and faculty while working in the clinical area.
- I. **(Hospital)** shall provide **(College)** with all bylaws, rules, regulations, and standards of **(Hospital)** and its medical staff and shall participate in an orientation program in conjunction with **(College)** for informing all participating faculty and students of the provisions thereof. Students assigned to the educational program that do not abide by the bylaws, rules, regulations, and policies of **(Hospital)** or meet the standards of safety, health, and ethical behavior prescribed thereby, may be suspended, placed on probation or dismissed from the clinical program. Prior to instituting disciplinary actions, **(College)** shall, in consultation with **(Hospital)**, provide the student notice of the proposed action and an opportunity to be heard. **(College)** shall be responsible for the proper conduct of students and instructors while at **(Hospital)** as governed by the rules and regulations of the clinical area.
- J. **(College)** shall provide or reimburse **(Hospital)** for supplies and reimburse **(Hospital)** for the cost of any damage to equipment used for instructional purposes.

III. COLLEGE RESPONSIBILITIES

- A. **(College)** shall maintain sole responsibility for the educational programs of students assigned to **(Hospital)**. **(College)** shall offer educational programs accredited by appropriate national and state accrediting organizations and shall determine standards of education, hours of instruction, clinical learning experiences, instructional schedules, evaluation of students, and other matters pertaining to educational programs offered by **(College)**. **(College)** shall maintain all student records relevant to the clinical training programs.
- B. **(College)** shall not discriminate against any student applicant for enrollment in its course of study because of race, creed, sex, national origin, age, or handicap.
- C. All **(College)** personnel, faculty, and students shall be informed of and shall abide by the bylaws, rules, and regulations of the medical staff and any other applicable rules or policies of **(Hospital)**, and at all times shall maintain the appropriate degree of care and responsibility in connection with the educational programs when dealing with patients, facilities, and medical staff.

- D. **(College)** acknowledges and agrees that the patient's attending physician determines the course of care and treatment for an individual patient. **(College)** shall be responsible for ensuring all interactions between its faculty and students and a patient comply with the orders and desires of the attending physician.
- E. All **(College)** personnel, faculty, and students who have access to patient or research medical records shall maintain strict confidentiality with regard to said records and shall not disclose any information contained therein to any person outside the clinical training program in which they are involved.
- F. **(College)** maintains the privilege for its faculty to visit **(Hospital)**'s facility during normal business hours for purposes connected with the educational program during the educational period.
- G. **(College)** agrees that the student shall:
1. Be permitted all **(Hospital)** holidays.
 2. Have the responsibility of transportation to and from **(Hospital)** and on any reasonable special assignment by **(Hospital)**.
 3. Be responsible for own absences due to illness or other cause and **(Hospital)** notification.
 4. Complete health forms requested by **(Hospital)**.
 5. Be responsible for following all policies of **(Hospital)**.
 6. Be responsible for providing the necessary and appropriate uniforms required, if any, but not provided by **(Hospital)**.
 7. Be responsible for reporting on time to the designated individual at **(Hospital)**'s facility.
 8. Be responsible for the STUDENT'S own housing during clinical education assignment.
 9. At all times, behave in a professional and ethical manner as defined in the professional code of ethics and/or departmental policies and procedures.
 10. Sign a Confidentiality Statement utilizing the form attached hereto as Exhibit A.

IV. HOSPITAL RESPONSIBILITIES



- A. **(Hospital)** shall cooperate with **(College)** in the preparation of students in clinical education programs. To the extent **(College)** is able to make offerings available, **(Hospital)** will provide clinical space, subject to availability, to qualified students from **(College)** for educational purposes under the guidance and supervision of the clinical instructors during such periods of time and to such extent as **(Hospital)** shall agree. **(Hospital)** retains responsibility for its patients at all times.
- B. **(Hospital)** shall determine the number of students it will accept during a specific clinical educational period and shall notify **(College)** within ten (10) days of receipt of schedule. **(Hospital)** may, in its reasonable discretion, limit the number of students in any of the clinical programs.
- C. **(Hospital)** shall designate in writing a liaison to work with **(College)**'s assigned Clinical Instructors.
- D. **(Hospital)** shall complete all forms as requested by **(College)** such as general information forms and evaluation reports.
- E. **(Hospital)** shall not discriminate against any student applicant because of race, creed, sex, national origin, age or handicap.
- F. **(Hospital)** shall permit the full-time and part-time faculty and students assigned to **(College)**'s educational programs to use its patient care, medical record and data facilities for clinical education, provided that such use shall not conflict with or violate any rules, regulations, bylaws, or policies of **(Hospital)**. Such use shall be subject to, and at all times comply with, the confidentiality provisions contained in subsection III.D of this Agreement.
- G. **(Hospital)** shall make available rooms or areas where groups of students may hold discussions and receive clinical instruction, and permit, for educational purposes, the use of such supplies and equipment as are commonly available for patient care, the cost of same to be reimbursed by **(College)**.
- H. **(Hospital)** shall maintain full certification by the appropriate state certifying authority and full accreditation by the Joint Commission.

Schedule 1

- A. **(College)** and **(Hospital)** shall jointly appoint clinical supervisors, who shall be employees of **(Hospital)**, and shall be granted release time by **(Hospital)** for instruction and evaluation of the students enrolled in the _____ clinical training program. **(College)** shall grant the advisory committee members and clinical supervisors a minimum of three credit hours per semester and rights and privileges of **(College)**.

Note: *This page is optional and should be utilized for additional terms specific to any of the clinical training programs subject to this Agreement.*

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Exhibit A

Confidentiality Agreement

(Hospital) recognizes the importance of protection of confidential information concerning patients, their families, medical staff and co-workers, and the operations of the hospital. It is also the intent of **(Hospital)** and the undersigned student to protect the privacy and provide for the security of Protected Health Information (PHI) disclosed to the undersigned student in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and privacy regulations published by the US Department of Health and Human Services (DHHS) and other applicable laws. It is the obligation of the undersigned student to maintain the confidentiality and privacy of PHI or other confidential information and to relay facts pertinent to the treatment of a patient only to those who are involved with the patient's treatment program or for quality improvement activities.

All patient and hospital information stored via paper or on any of the hospital computer systems is considered confidential. Computer systems allow qualified individuals to access, from authorized terminals, restricted and confidential patient and hospital information. The hospital shall issue a confidential password and security code to authorized individuals. It is the authorized individual's ethical and legal responsibility to maintain and comply with all confidentiality requirements.

(Hospital) requires that all students agree to the following:

1. I WILL PROTECT THE CONFIDENTIALITY OF PATIENT AND HOSPITAL INFORMATION.
2. I WILL NOT RELEASE UNAUTHORIZED INFORMATION TO ANY SOURCE.
3. I WILL NOT ACCESS OR ATTEMPT TO ACCESS INFORMATION OTHER THAN THAT INFORMATION WHICH I HAVE AUTHORIZED ACCESS AND A NEED TO KNOW IN ORDER TO COMPLETE MY JOB ON ANY GIVEN DAY.
4. I WILL NOT DISCLOSE MY SECURITY CODE TO ANYONE.
5. I WILL NOT USE ANOTHER PERSON'S SECURITY CODE.
6. I WILL NOT WRITE DOWN PASSWORDS OR SECURITY CODES THAT WOULD MAKE THEM ACCESSIBLE TO OTHER INDIVIDUALS.
7. I WILL REPORT BREACHES OF THIS CONFIDENTIALITY AGREEMENT BY OTHERS TO THE HOSPITAL PRIVACY OFFICER. I UNDERSTAND THAT FAILURE TO REPORT BREACHES IS AN ETHICAL VIOLATION AND SUBJECTS ME TO DISCIPLINARY ACTION OR CONTRACT TERMINATION.
8. I UNDERSTAND MY SECURITY CODE(S) IS MY ELECTRONIC SIGNATURE ON THE MEDICAL RECORD.

I HAVE READ AND AGREE TO ADHERE TO THE CONDITIONS OF THIS CONFIDENTIALITY AGREEMENT. I ALSO ACKNOWLEDGE THAT ANY VIOLATION OF THE ABOVE CONDITIONS CAN RESULT IN DISCIPLINARY ACTION OR CONTRACT TERMINATION.

STUDENT SIGNATURE

DATE

NAME (Please Print)

AGENCY/SCHOOL

PPE Student Handbook Checklist Sample

Courtesy of: Kathleen LaTour, College of St. Scholastica

Before the visit:

- ___ Have student complete their profile. The profile is then shared with the preceptor in advance so they know something about the student.
 - Items to include: student photo, a summary of their work experience, what classes they've completed, and program required elements such as:
 - Proof of insurance, HIPAA certification form, TB test results, and criminal background results (if required)

- ___ Send the PPE Student Profile along with the Program Statement one week prior to the visit. The Program Statement should include:
 - General information on Directed Practice and Explorations
 - Suggestions to the Site Supervisor
 - Instructions to Student
 - Review of the project to be completed (for project-based PPEs)
 - Or a review of competencies for a skill-based visit
 - Include completed "samples" from other, successful PPEs
 - Include "suggested schedules" from other, successful PPEs
 - Policy on student absences and makeup policy
 - Policy on student's use of cell phone (voice and texting) while on-site
 - Flyer on benefits for site staff to participate in PPE (CEUs for credentialed staff)
 - Copy of the Affiliation Agreement for site supervisor's file

- ___ One day before the visit, the student must contact their site supervisor and review start time, where to park, and any necessary steps before entering the department (for example, the need to go to security for badge, or to HR for processing).

- ___ Review the Performance Rating Scale with all PPE students: make it clear the student's performance on-site will be evaluated. The rating scale should be systematic and defensible, the student should know what elements make up their grade, and the scale should give them feedback on how well they have accomplished those elements.

During the visit:

- ___ Send out a memo two weeks in advance—reminding preceptor the student is coming and he or she needs to set up a schedule

- ___ The clinical instructor checks in with the student on-site by phone, or by e-mail at least weekly.

At the conclusion of the visit:

- ___ Send evaluation form electronically to site supervisor for completion, and returned to the program.
- ___ Have student send a personal thank you to each on-site mentor—include points toward grade.
- ___ Semi-annually, have the program faculty and college dean send a letter of appreciation to the office of the CEO of participating sites acknowledging their support of the program, and quote the total number of hours contributed to this vital academic service. Copy the site supervisor on the letter.