

EDUCATION RELATED FREQUENTLY ASKED QUESTIONS

1. How often are the curriculum maps revised?

The maps are reviewed annually by the curricula workgroup of the Council for Excellence in Education (CEE). Minor revisions are made as necessary with a thorough review and revision every three-five years to coincide with potential changes to the domains and subdomains.

2. Is there a list of commonly used resources (textbooks, software, videos, case studies, etc.) for program directors for each program level?

Yes, the list of commonly used resources for each program level are included in the candidate guide located on AHIMA's at [certification website](#).

3. To make it easier for educators, can we spell out the specific competencies for associate, baccalaureate and masters programs. This document could contain key information.

Curriculum maps developed in 2013 and after include definitions of each domain and detailed curricular considerations that provide examples of content and topics to be addressed in each domain and sub-domain.

4. Explain the job analysis for exam questions and why these are entry level.

The primary purpose for conducting a job analysis is to define practice of a profession in terms of the actual tasks that practitioners must be able to perform safely and competently at the time of certification. The definition, or, description, of practice is typically used to form the foundation of a credentialing (licensing or certification) examination that is fair, job related, and legally defensible.

CCHIIM plans for and conducts comprehensive job analyses for each certification examination, depending how quickly and substantively the competencies assessed by a given certification examination changes. Typically, the frequency of these job analyses is approximately every three to five years. Consistent with best practices, the job analysis process involves a diverse and representative sample of stakeholders, including recently certified professionals and employers / supervisors. These stakeholders assess the criticality of current workplace practices, skills, tasks, and responsibilities, with respect to importance and frequency of performance. The results of the job analysis influence to what extent the

competencies are revised for each respective certification examination. Ultimately, the job analysis process is a fundamental quality assurance component of the relevancy, currency, and validity of competencies assessed by each certification examination.

The examination specifications are typically established or revised at the same time as the development of the examination blueprint. The specifications usually include the total number of test items (both scored and non-scored), test item type(s), such as multiple-choice or other, total test duration, scoring methodology, etc.

5. Explain how competencies arise (from roles and functions study)

The job analysis serves as the foundation for the examination blueprint. First, the individual competencies are grouped into domains that represent specific and similar areas of content. Next, the percentage weighting of each content domain is determined, in part, through the individual competency statement criticality scores, considered collectively, within each domain. This weighting of domains relative to one another allows the Exam Development Committees to determine how much, or to what extent, each domain is assessed (both by the number and difficulty of test items), relative to the other domains. For example, domains with competencies that have higher criticality scores (i.e., more important and / or more frequently performed) typically represent a larger percentage of test items than those domains with lower criticality scores for its respective competencies.

6. Explain why exam and curriculum content are different and why they have to be different.

The exam is intended to measure entry level competency where the curriculum is broader and more future thinking. While one of the goals of the curriculum is to prepare graduates for the rigors of the exam, that is just a piece of the curriculum. During their educational programs, HIM students will learn of issues far beyond what they may experience as a new professional. The curriculum exposes students to thought provoking, current, and future topics where the exam tests only on functions that are being performed in the market at the time the exam is created. If we simply "teach to the test" we are doing little more than training people for a vocation. The outcome of the educational process should reflect a student's ability to problem solve and use critical thinking skills whereas training would only allow students to parrot what they were taught during the training process. For these reasons, the curriculum is broad, rigorous and demanding.

7. Since the CEE's role is to develop educational strategy, then, if the CEE makes recommendations related to curriculum does CAHIIM have to abide by them and make them part of the standards?

CEE represents the profession in regard to the curriculum. During the curriculum development process there are checkpoints for comments by AHIMA leaders, CAHIIM, CCHIIM, and all members. Once comments are received and considered the CEE is the final authority and releases the curriculum to CAHIIM for implementation in the accreditation process.

8. What is the role of the AOE in relation to CEE, CAHIIM, and CCHIIM?

The Assembly on Education is the educator community. Increasingly this group also represents the workforce. The annual AOE symposium is a large gathering of HIM educators that is often used as an opportunity to get feedback and input from key stakeholders that the CEE, CCHIIM and CAHIIM represent.

9. Why does it take so long to produce a new credential?

Developing a credential is an extensive process that requires multiple steps to insure that the credential is sustainable, meets specific criteria and addresses key questions, such as alignment with CCHIIM strategy, market driven, need, risk assessment, and availability and allocation of resources.

In addition to the steps to determine the feasibility of the new credential, developing a new credential requires completion of the test development process, which includes: job analysis, item writing, exam construction, exam publishing, beta exam, and standard setting. The test development process from takes approximately nine (9) months to complete.

10. Explain how the credentialing exam (RHIA, RHIT) are scored?

The Commission on Certification for Health Informatics and Information Management continues its efforts towards complying with third-party accreditation standards for all AHIMA certification offerings. Accordingly, one IMPORTANT change to score reports is being made. Individual exam results will be reported through the use of scaled scores instead of raw scores.

In addition CCHIIM will now report scores by use of scaled scores instead of raw scores. Background information regarding the rationale and use of scaled scores is provided below:

- Third-party accreditation standards require that certification bodies (such as CCHIIM) demonstrate equivalency across forms or versions of the same exam, in order to assure that no candidates are placed at a disadvantage, solely due to varying levels of difficulty across forms.
- The use of scaled scores for reporting certification exam results is a widely accepted best practice for both professional voluntary certifications and also for licensure (regulated) exams in numerous industries, including healthcare, for the purpose of equating exams across forms.
- CCHIIM revises and updates all certifications at least once per year. These revisions are based on statistical analyses of individual item performance and in consideration of redundant, revised, or new knowledge required of certificants entering the workforce. Because these exams are updated annually, a common question from candidates and educators concerns the perceived level of difficulty between current and prior exam forms.
- A scaled score is a mathematical conversion of a raw score (number of questions answered correctly). The scale score is determined by converting the number of questions answered correctly to a scale score ranging from 100 to 400. Candidates need a minimum scaled score of 300 to pass the examination.
- Each candidate's score is converted to a scaled score in such a way that a particular score corresponds to the same level of achievement regardless of the form of the examination actually taken. In other words, a score of 300 on the current form or version of the exam will have the same meaning as a score of 300 on any prior form or version of the exam.
- Aggregate pass rates of the candidate pool are not affected by the use of scaled scores for reporting exam performance.
- A candidate's individual pass / fail status is not affected by the use of scaled scores for reporting exam performance.

11. Can there be more ways for faculty to publish their work? Can abstracts that are accepted be published in proceedings at AOE like it is done at the national convention?

In addition to the long standing AHIMA Research Journal *Perspectives in Health Information Management*, a new journal entitled *Educational Perspectives in Health Informatics and Information Management* was introduced in July, 2013. This will provide additional opportunity for faculty to publish their work. The concept of publishing proceedings of the annual AOE Symposium is also under review and will likely be an option in 2014.

12. Why does it take so long for software to be made available on the Virtual Lab? Can the VL include more examples of EHR systems, Computer-Assisted Coding (CAC) systems, CPOE etc.? How do we make this happen faster? Schools are paying money for this resource and yet there is very limited use with limited software available.

We are aware that the applications inventory in the Vlab needs to be significantly broadened to provide the needed virtual experience with the type of electronic health information tools in use today. We also know that the applications landscape is, and will continue to evolve rapidly and that we must keep pace with this evolution to deliver the value expected with the virtual lab service.

Capacity to expand applications provided. We have undertaken an accelerated effort to enable application scope expansion as well as important improvements in service and student experience. The foundational changes involve significant architectural and infrastructure improvements and new hosting arrangements. We expect 2014 to be a year of application expansion and of marked improvement in the lab experience for students. The associated timeline is still in development and educators will be kept informed.

13. How can more professional practice sites be made available to students?

With increasing numbers of academic programs the need for additional PPE sites also continues to rise. At the same time, changes in the industry are resulting in restructuring of HIM functions, sometimes resulting in fewer numbers of actual HIM departments. The House of Delegates has worked hard to bring the message of the need for PPE hosts back to the state and local levels, but this has not resolved the issue to date. CAHIIM supports the use of creative projects and methods to achieve the goals of the traditional PPE. To this end, the CEE has created a new PPE workgroup composed of educators and HOD members to identify innovative methods to address the growing PPE challenge. The results of this workgroup will be shared via the Academic Advisor and other forms of communication as they become available.

14. If we are to be creative in developing ways to meet the professional practice requirement, what are some examples of how we can do this?

If students cannot do a traditional PPE for a set period of time or number of hours, students can work on projects for the PPE site which involves their going to a site, learning the organization, etc. and completing a project to deliver back to the PPE site. The [PPE Guide](#) includes details and ideas for projects that have been used in the past. Additional and updated project requirements are in progress.

15. Is the baccalaureate degree going away?

No, the baccalaureate degree and RHIA credential will continue to be offered. This is one step in the stair-stepped educational approach available to individuals that do not go directly to a graduate degree. This approach supports the U.S. Department of Labor's desire for 2+2+2 programs that can lead to stacked and latticed credentials that are often valued in the market.

16. Why is there so much inconsistency across post-baccalaureate programs as far as who can then sit for the RHIA exam?

According to CCHIIM's eligibility criteria for the RHIA exam, candidate's who meet the following criteria are eligible to sit for the RHIA exam:

Have earned a certificate of completion from a health information management program plus have a baccalaureate degree from a regionally accredited college or university. The health information management program must be accredited by CAHIIM or the qualifications of such a program at the candidate's graduation must have met the requirements of the designated accrediting authority for an accredited program

To apply for the exam, a candidate must submit a completed RHIA exam application accompanied by a "certificate of completion" or attestation letter issued by the institution's program director confirming that the candidate completed all required HIM courses to be eligible to sit for the RHIA exam.

CCHIIM nor the CEE defines the curriculum required in a post baccalaureate program.

17. If we are given templates to aid us in the development of associate-degree specialty tracks, do we have to make these a part of our program or can we just remain status quo?

No. Specialty tracks are an optional choice and each school can make the decision to implement specialty tracks based on their own specific circumstances and needs.

18. If we move toward graduate education, how will we get qualified faculty to teach at this level?

AHIMA and the AHIMA Foundation continue to provide support for faculty to increase their skills and advance their own education. For example a research bootcamp is offered to teach faculty how to conduct research and present their findings in a way that will support the tenure and promotion process. In addition, regional continuing education programs will be offered to teach faculty new, high-level content that they need to know in order to teach the new wave of HIM professionals. Finally, additional scholarship funds are being targeted to support graduate level education to ensure a growing faculty workforce.

19. What are the GRA and the AEC and why were they developed?

The Graduate Resource Alliance (GRA) is an advisory body to the CEE. The GRA is composed of a variety of schools, some with graduate HI or HIM programs, some that are thinking of creating graduate programs in HI or HIM, and others that are from schools with related programming that potentially intersects with the goals of Reality 2016. The GRA concept is still in development and will continue to emerge over time. The Associate Education Coalition (AEC) is time-limited workgroup that is tasked with developing curriculum and implementation strategies for specialty tracks at the associate or post-associate level. Schools may choose to implement specialty tracks or not, depending on their needs and circumstances.

20. Who does the GRA and the AEC align with, the CEE, CCHIIM, CAHIIM, or all of the councils?

The GRA and AEC both report back to the CEE through the Curriculum Workgroup.

21. How will we address new faculty needs in understanding the basics of HIM education such as developing syllabi, developing tests, grading, etc.? Will this still be part of the FDI or did this go away?

These content areas are included in the annual Faculty Development Institute as well as in an ongoing New Faculty webinar series. In addition to the focus on new educators, the CEE is also developing higher-level programming to provide existing faculty with content and teaching tools

around new high-level content such as data mapping, analytics and decision support, etc.

22. Why does the CEE have so many workgroups? What is their function?

The workgroups of the CEE support students, faculty and the HIM profession. The workgroups include: Community, Faculty Development, Curricula, Education and Programming, PPE, Research and Periodicals, and Workforce function as their names suggests. The integration of education and workforce is a critical concept that continues to ensure that education is based on the needs of the rapidly changing healthcare environment. Volunteers on the Workgroups assist in framing the advancement of HIM education and the CEE could not function without its volunteers, which now number close to 100.

23. How do the workgroups work with the other affiliates, such as CCHIIM, CAHIIM etc.?

Each of the workgroups meet monthly and provide minutes and an updated verbal report to the CEE every month. The CEE takes the work from each of the workgroups and uses it to advance ideas and thinking around community, faculty development, curricula, educational programming, research and the workforce. The work of each of the workgroups enables the CEE to rapidly respond to needs in each of these areas.