

Health Care Systems Administration,  
Medical Records Administration,  
Medical Records Technology

Addendum to  
APRC 2000-2001

section 2 of 6

# Volunteer Services Assignment

(Option)

<b>Purpose</b>	An understanding of the increasing importance of volunteers in hospitals today is important to your perception of total quality care.
<b>Format</b>	Memo to Faculty member  Discover the types of services offered and responsibilities assumed by the Volunteer (or Auxiliary) department.  <u>Attach</u> an organization chart, pre-existing or created by you, that reflects both paid and volunteer positions.

**Add at least the following to assignment specifics**

Research time

I didn't know...

Is this a "Thinking" possibility? See Assignment Overview for details

The following is a sample memo format that you may use for your short or long term departmental contribution assignments. (Modify this format for your day to day contribution.) Use the bolded headings in your memo to ensure that you clearly cover all areas requested.

## **Memo**

To Faculty member

From Student

Re HCSA 392 project: (short term or long term)

Date xx/xx/9x

My short (or long) term project involved xxxxxxxx.

**Purpose**

**Tools utilized**

**Time spent**

**What I did**

**How I knew what to do**

**How I reviewed my final version**

**What I learned by completing this project**

**Ferris State University**  
**SITE COORDINATOR PROJECT EVALUATION**

I reviewed or supervised the following project:

Required Projects	
	Clinical Services - Outpatient
	Clinical Services - Professional
	Finance
	Glossary
	Health Information (AKA Medical Records)
	Human Resources
	Information Systems
	Medical Staff
	Quality Improvement
	Regulatory
	Departmental contribution: day to day short term long term
Options - Choose two (2)	
	Emergency Room
	Marketing/Public Relations
	Operating Unit Statistics
	Orientation
	Policy & Procedures
	Volunteer Services

My evaluation of the intern at entry level, based on this key, is

- 5 Able to function with minimal supervision
- 4 Able to function with moderate supervision
- 3 Functions with constant supervision
- 2 Unable to function with present knowledge and experience
- 1 Needs to rethink career options based upon present knowledge and effort.

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Assessment of Conceptual Ability	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

Circle your opinion. The attached project *does* *does not* meet acceptable standards in this organization.

COMMENTS:

By \_\_\_\_\_

Date \_\_\_\_

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**Circle your opinion.** The attached project *does* *does not* meet acceptable standards in this organization.

COMMENTS:

By \_\_\_\_\_

Date \_\_\_\_\_

SITE COORDINATOR DEPARTMENTAL CONTRIBUTION EVALUATION

**Directions:**

Please use the following scale values to evaluate the student intern's performance. Circle the number which most nearly reflects your observation. Please support your rating by providing an example under the section labeled "Comments."

<b>SCALE VALUES OF BEHAVIOR DEMONSTRATED</b>	<b>5</b>	<b>ALWAYS</b>
	<b>4</b>	<b>USUALLY</b>
	<b>3</b>	<b>AVERAGE</b>
	<b>2</b>	<b>RARELY</b>
	<b>1</b>	<b>NEVER</b>

**ATTITUDE**

1. The student intern was cooperative in accepting assignments.

5                      4                      3                      2                      1

Comments:

2. The student intern showed interest by asking questions.

5                      4                      3                      2                      1

Comments:

**TIME MANAGEMENT**

3. The student intern managed time well on short term projects.

5                      4                      3                      2                      1

Comments:

4. The student intern asked for guidance or managed time well on a long term project.

5                      4                      3                      2                      1

Comments:

5. Overall, the student intern met deadlines & prioritized time effectively.

5                      4                      3                      2                      1

Comments:

# Ferris State University

## STUDENT INTERN EVALUATION OF INTERNSHIP

Complete the attached evaluation. It must contain your signature.

It is suggested that you fill this out as you progress through the internship. You may want to discuss this evaluation with your Site Coordinator.

FACILITY: \_\_\_\_\_

SITE COORDINATOR:  
\_\_\_\_\_

DATES OF INTERNSHIP: \_\_\_\_\_ TO \_\_\_\_\_  
(Beginning Date) (Final Date)

Answer each question listed below. Record any comments in the space between questions.

1. Did you receive a tour and general orientation to the department? \_\_\_ yes \_\_\_ no
2. Did you receive a general orientation to the hospital? \_\_\_ yes \_\_\_ no
3. Did you receive adequate orientation to each procedure that you performed? (i.e. clear instructions, explanation of job purpose, location of needed tools, etc.) \_\_\_ yes \_\_\_ no
4. Was your performance in each function monitored?  
How? \_\_\_ yes \_\_\_ no
  
5. Did you feel comfortable asking for assistance from your supervisor and other employees? \_\_\_ yes \_\_\_ no
6. When you asked questions or requested assistance, did you receive the help you needed? \_\_\_ yes \_\_\_ no
7. Did you feel accepted by HCO and departmental personnel? \_\_\_ yes \_\_\_ no
8. Are there any areas of the HCO you did not receive exposure to?  
What were they? \_\_\_ yes \_\_\_ no
9. A. Did you ask to spend time in any areas other than the ones your Site Coordinator had scheduled for you? \_\_\_ yes \_\_\_ no  
B. If so, was your request granted? \_\_\_ yes \_\_\_ no

Student Intern evaluation of internship, cont.

**FERRIS STATE UNIVERSITY**  
**SITE COORDINATOR'S EVALUATION OF STUDENT INTERN**

**Directions:**

Please use the following scale values to evaluate the student intern's performance. Circle the number which most nearly reflects your observation. Support your rating by providing an example under the section labeled "Comments".

**SCALE VALUES OF BEHAVIOR DEMONSTRATED**

5	ALWAYS
4	USUALLY
3	AVERAGE
2	RARELY
1	NEVER

---

**INTERPERSONAL SKILLS:** The student intern:

1. demonstrated appropriate interpersonal skills when working with others.

5                      4                      3                      2                      1

Comments:

2. asked questions to gain information necessary to perform assigned tasks.

5                      4                      3                      2                      1

Comments:

3. dealt appropriately with conflict (NA).

5                      4                      3                      2                      1

Comments:

4. showed respect for diverse opinions and ideas.

5                      4                      3                      2                      1

Comments:

4. use word processing skills to complete assigned projects.

5                      4                      3                      2                      1

Comments:

**QUALITY OF WORK:** The student intern:

1. was able to apply knowledge learned on-campus to the health care setting.

5                      4                      3                      2                      1

Comments:

2. was able to accurately interpret information.

5                      4                      3                      2                      1

Comments:

3. used acceptable grammar and punctuation when completing tasks.

5                      4                      3                      2                      1

Comments:

4. completed all work assigned.

5                      4                      3                      2                      1

Comments:

5. presented work that was neatly done and had a professional appearance.

5                      4                      3                      2                      1

Comments:

2. demonstrated understanding of the laws that pertain to health care.

5 4 3 2 1

Comments:

3. demonstrated understanding of the structure of health care in the US.

5 4 3 2 1

Comments:

4. demonstrated an understanding of the pervasive nature of quality assurance throughout health care.

5 4 3 2 1

Comments:

HCSA 392

Term \_\_\_\_\_

Student \_\_\_\_\_

Site \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_

On time?	Possible	Grammar loss	Earned
	30		
	50		
	50		
	50		
	50		
	50		
	50		
	50		
	50		
	50		
	50		
	500		

Conclusive HCSA Internship Information

**Required areas**

Clinical Services - Outpatient

Clinical Services - Professional

Finance

Glossary (submit Week 7)

Health Information (AKA Medical Records)

Human Resource

Information Systems

Medical Staff

Quality Improvement

Regulatory

**Total required areas**

	50 each		
	100		
	60		
	200		
	25		
	75		
	10		
	370		
	1,000		

**Options (Choose 2)**

Emergency Room

Marketing/Public Relations

Operating Unit Statistics

Orientation

Policy & Procedures

Volunteer Services

**Total of 2 optional areas**

Total - Weekly logs, page 2

Total - Departmental contribution, page 2

Evaluation - Student Intern

Evaluation - Site Coordinator

Professional Courtesy - Thank You

**Grand total**



HCSA 392

Term \_\_\_\_\_

Student \_\_\_\_\_

Site \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_

Detail of weekly logs & departmental contribution to support total on Page 1.

On time?	Possible	Grammar loss	Earned	
				<b>Weekly logs</b>
	10			Week 1
	10			Week 2
	10			Week 3
	10			Week 4
	10			Week 5
	10			Week 6
	<b>60</b>			<b>To Page 1 - Total weekly logs</b>
	50			Departmental Contribution Summary
	50			Departmental Contribution Short term project (memo)
	50			Departmental Contribution Long term project (memo)
	50			Evaluation: Departmental Contribution
	<b>200</b>			<b>To Page 1 - Total Departmental contribution</b>





Course schedule M 10 - 11:50 am  
W 9 - 11:50 am

### Required materials

1. Cleverly, William, Essentials Of Health Care Finance , 4th edition, 1997, Gaithersburg, MD, Aspen Publications.
2. Course materials "Healthcare Finance: Basic Concepts", 3<sup>rd</sup> edition
- 3.\*\*\* You will need 2 formatted disks for lab work immediately.

### Evaluation

#### GRADING SCALE (%)

95+	A	80-82	B-	67-69	D+
90-94	A-	77-79	C+	63-66	D
87-89	B+	73-76	C	60-62	D-
83-86	B	70-72	C-	Below 60	F

### Grade determination

150 Homework, team, writing, etc.  
200 Clinic project  
150 Big quizzes/final  
500 Total points  
===

**DUE DATES: All work is DUE at the beginning of class (or it's late.)**

Notes: Late work is not desirable. ***A 50% penalty applies.***

Duplicate files constitute cheating.

Do not key together in a single file.

Do not allow someone else to copy your file!

Word processing format: 10 - 11 font size, **single** spaced, maximum 1" margins.

Correct grammar & spelling are critical for credit.

Papers are returned for re-submission - & thus potential late credit – if 5 or more errors are noted.

## Course Policies

### ***Disruptive student behavior***

See program student handbook.

### ***Academic dishonesty***

See program student handbook.

### ***Student dignity***

See program student handbook.

### ***Attendance is mandatory.***

If you are absent, in-class points will be lost. You may not make up these points. Extremely extenuating circumstances may be considered, e.g., hospitalization, on a case by case basis.

### ***Assignments***

All assignments are due on my desk at the beginning of class. Due dates are noted on the 'Tentative Course Outline' or will be announced in class as needed. Assignments that are 1 minute to 1 calendar week late (including weekends) will be accepted for late credit, i.e., 50% maximum credit.

### ***Big quizzes/final***

Big quizzes are scheduled every 2 or 3 weeks. The intent is to keep you focused on a routine basis. Plan on studying regularly (& not just 'cramming' for exams.)

All big quizzes are comprehensive. They are open textbook with a primary focus on recent material and glossary words. You may also bring in 1 page (8 1/2 x 11) of personal notes. These notes may be computer printed, typed, xeroxed, or hand-written on both sides of the page.

The final is comprehensive, also open textbook plus a maximum of 2 pages of personal notes. If you (or your team) have created a glossary, you may also bring this to the final. The instructor must approve your glossary. Hand it to me & I will return it during the first half-hour of the final exam.

### ***Class rules***

To enhance our learning environment, the following simple rules apply.

1. Food      If you bring food to class, bring enough for everyone.
2. Volume    If you can't hear someone, loudly say "VOLUME". It is kind to say this at the **beginning** of a response rather than at the end.
3. Pass      If you have a temporary memory lapse when I ask you a question, simply say 'PASS TO XXXX'. (This does require that you know someone's name!)
4. Ask        There are no dumb questions, only unasked ones.  
(Exception: Are you going to do (or 'did you do') anything important in class? )
5. Absence    **You** are responsible for all information covered during classes that you may miss. Check with 2 classmates **before** you contact me.

***Always bring a calculator!***

## HCSA 401 Assignments (Tracking....)

On time?	Earned	Possible	
		20	Homework - 4 days graded (without notice)
		20	Annual report - content (10), writing (10)
		10	Positions in finance - 5 entry level job titles & brief description (numbered, computer printed)
		25	<b>Team</b> outline of presentation - health care niche
		50	<b>Team</b> presentation - health care niche
		25	Team assignments based on presentations
		<b>150</b>	

On time?	Earned	Possible	Clinic
		20	<b>Adescrip</b> - Clinic description
		20	<b>Bstats</b> - Statistics by month
		20	<b>Cpayroll</b> - Projected payroll expense
		20	<b>Dstats</b> - Statistics by payor by month
		20	<b>Enonpay</b> - Non-payroll expenses
		20	<b>Foprev</b> - Operating revenue
		20	<b>Gopbud</b> - Operating budget
		20	<b>Hproforma</b> - Proforma Income Statement
		20	<b>Irelation</b> - Budget relationships
		20	<b>Jrevised</b> - Revised Proforma Income Statement
		10	<b>Ksummary</b> - Summarize cpayroll in a different reader friendly fashion
		<b>200</b>	(Yes - I know there's 210 points here...)

Present?	Earned	Possible	Big quizzes (20% loss if taken late*)
		20	
		20	
		20	
		20	
		20	
		<b>100</b>	
		50	<b>Final</b>
		<b>150</b>	

\* In case of medical or family emergency, I **may** permit you to take **one** within a week.

### ONE-TIME EXCUSED LATE SLIP - Attach for full credit consideration.

I'm late! And I know it! And I'll try to not let this happen again... Please use this **ONE-TIME** late excuse on the individual attached written assignment. (Yes, I am turning in my assignment within 7 days of the due date.)

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Syllabus understanding

I have read the Course Syllabus for HCSA 401, Financial Concepts in Health Care, and the Instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me to successfully complete this course.

---

Print your name

---

Sign your name

---

Date

**HCSA 401**  
**Fall 2000 - Tentative course outline**

<b>Wk</b>	<b>Week of</b>	<b>Read Cleverly Chapter #</b>	<b>Topic</b>	<b>Assignments Other: Mon Clinic: Wed</b>
1	8/28		Intro, review syllabus, background Payors, payor mix, contractals LAB Excel refresher	
2	9/4 - no class	1	Payors, payor mix, contractals Cash collection patterns	
3	9/11	2 <b>Big quiz</b>	Financial environment Financial department FTEs	Clinic - adescrip
4	9/18		FTEs cont. Payroll practice	Clinic - bstats
5	9/25	2 <b>Big quiz</b>	Medicare reimbursement: DRGs, CMI Par/non-par Remittance advices	Clinic - cpayroll <b>Entry level positions</b> <b>Team outline</b>
6	10/2	17	Cash management Cash conversion cycle Inflow/outflows	Clinic - dstats
7	10/9	4, 5	A/R management, Aging GAAP, Financial accounting, reading an annual report	Clinic - NONE!
8	10/16	<b>Big quiz</b>	Ratios Vertical analysis (lab practice)	Clinic - enonpay <b>Annual report</b>
9	10/23	10	Cost concepts, Allocated costs	Clinic - foprev
10	10/30	11	Fixed Vs. variable costs Contribution margins, break-even	Clinic - gbudget <b>Team presentation</b>
11	11/6	11 <b>Big quiz</b>	Break-even Product costing	Clinic - hrelations <b>Team presentation</b>
12	11/13	12	Budgeting	Clinic- iproforma <b>Team presentation</b>
13	11/20 Thanksgiving!		Variances, Variance analysis	Clinic- jrevised <b>Team presentation</b>
14	11/27	3 14, 15 <b>Big quiz</b>	Managed care environment Capital formation Capital budgeting	Clinic - ksummary (no late credit!)
15	12/4	16	Salary management Current topics & strategies	



FERRIS STATE UNIVERSITY  
COLLEGE OF ALLIED HEALTH SCIENCES  
HEALTH MANAGEMENT DEPARTMENT  
COURSE SYLLABUS—FALL 2000

**Course Title:** HCSA 460—Long –Term Care Concepts

**Credits:** 4 credit hours (Lecture 3, Lab 2)

**Instructor:** Richard Lyon, M.S.,LNHA  
Office---VFS 419A  
Office phone---591-2280  
Toll free phone—1-800-462-8553 (business hours) or  
1-800-591-6499  
E-Mail: [Richard.C.Lyon@ferris.edu](mailto:Richard.C.Lyon@ferris.edu)  
Mailing address: 200 Ferris Drive, VFS 210  
Big Rapids, Mi. 49307

**Office Hours:** Monday, Wednesday, Friday 11:00-11:50 a.m.  
Tuesday, Thursday, Friday 1:00-1:50 p.m.

**Course Description:** Exposure to administrative responsibilities, management, community activities, public relations, ethical practices, support services available, and state and federal requirements in Long-Term Care.

**Course Objectives:**

1. Discuss the aging processes and the various physical changes that occur with aging.
2. Differentiate between various long term health care systems relating to the health care needs of the patient.
3. Identify the internal and external components affecting management of long term care services and discuss their impact and implications to quality measured health care of the long term care patient.
4. List and discuss the legal risks assumed by providing long term care services.
5. List and explain the primary activities of an administrator, department responsibilities, and patient care services of a long term care facility.
6. Analyze the fiscal health of a long term care organization based on information from the various financial documents and various methods relating to reimbursements.
7. Demonstrate application of effective and efficient utilization of resources and management skills in long term care settings through the completion of various case studies, visitation of facilities, and guest speakers.

**Course Schedule:** Monday, Wednesday 1:00-1:50 Room 326A VFS  
 2:00-2:50 Room 420 VFS  
 Tuesday 2:00-2:50 Room 419 VFS

**Required Materials:**

1. Pratt, John R., Long-Term Care: Managing Across the Continuum, 1<sup>st</sup> edition, 1999, Gaithersburg, MD, Aspen Publications.
2. Student Course Pack, State of Michigan Health Codes: Long Term Care.

**Grading Scale:** Uniform grading scale for all Health Management Courses in percentages.

95+	A	80 – 82	B-	67 – 69	D+
90 – 94	A-	77 – 79	C+	63 – 66	D
87 – 89	B+	73 – 76	C	60 – 62	D-
83 – 86	B	70 – 72	C-	Below 60	F

**Grade Determination**

6 LTC Case Studies—(15 pts. @)	= 90
Laboratory Project Assignment	=115
3 hrs. Volunteer Work—(15 pts. @)	= 45
3 Examinations (25 pts. Each)	= 75
Class Participation/Attendance/Quizzes	=100
Final Examination (Comprehensive)	= <u>75</u>
Total	=500

**Course policies:** Disruptive Student Behavior---see attachment  
 Academic Dishonesty-----see attachment  
 Student Dignity-----see attachment

**Attendance:** Attendance is mandatory. If you are absent, in-class points will be lost. You may not make up these points. Extremely extenuating circumstances may be considered, e.g., hospitalization, death in the immediate family, etc., on a case by case basis for missed exams.

**Assignments:** All assignments are due at the beginning of class. Due dates are noted in the tentative timeline, others will be announced in class. Assignments that are 1 minute to 1 calendar week late (including weekends) will be accepted for late credit, i.e., 80% maximum credit.  
**Assignments will NOT BE ACCEPTED AFTER 1 WEEK HAS PASSED THE DATE THAT THEY ARE DUE.**

TENTATIVE COURSE TIMETABLE: HCSA 460 LECTURE

2000

\*\*\*\*\* Unit I-Long-Term – The Changing Long-Term Care Scene \*\*

8/28-9/1 Orientation, introduction, and historical background.  
(Chap. 1, pgs. 3-38)

9/4-9/8 Examining the characteristics of an ideal system: essential elements necessary for a system to be successful.  
(Chap. 2, Pgs. 41-75 and Appendix A, pgs. 570-575)  
**LABOR DAY-----MONDAY, 9/4/00---NO CLASSES**

9/11-9/15 Comparing characteristics to basic nursing home regulations  
(Chap. 2, and Appendix A, pgs. 41-75, 570-575- and Nursing Home Regulations –Student course pack).  
**UNIT 1—EXAM 1---WEDNESDAY, SEPTEMBER 13, 2000**

\*\*\*\*\* Unit II- Long-Term Care Service Providers \*\*\*\*\*

9/18-9/22 Nursing care facilities and Subacute Care  
(Chap. 3 and Chap. 5, pgs. 79-107 and pgs. 144-170)  
**CASE STUDY ANALYSIS # 1 (MARY)**  
**DUE: WEDNESDAY, SEPTEMBER 20, 2000**

9/25-9/29 Nursing care facilities and Subacute Care (continued).  
(Public Act 368 and Nursing Home Regulations-Course Pack)  
**CASE STUDY ANALYSIS # 2 (DAVID AND JOYCE)**  
**DUE: WEDNESDAY, SEPTEMBER 27, 2000**

10/2-10/6 Assisted Living/Residential Care and Adult Day Care.  
(Chap. 4 and Chap. 6, pgs. 109-142 and pgs. 172-186)  
**CASE STUDY ANALYSIS # 3 (DON AND ROSE)**  
**DUE: WEDNESDAY, OCTOBER 4, 2000**

10/9-10/13 Home Care (Chap. 7, pgs. 188-222).  
**CASE STUDY ANALYSIS # 4 (WILMA)**  
**DUE: WEDNESDAY, OCTOBER 11, 2000**

10/16-10/20 Hospice Care (Chap. 8, pgs. 224-258).  
**UNIT II--EXAM 2---WEDNESDAY, OCTOBER 18, 2000**

\*\*\*\*\* UNIT III—INTERACTION WITHIN THE CONTINUUM \*\*\*\*\*

10/23-10/27 Competition, cooperation, and integration and external control.  
(Chap. 9 and 10, pgs. 261-293 and pgs. 295-328)

CASE STUDY ANALYSIS # 5 (BENNY)

DUE: WEDNESDAY, OCTOBER 25, 2000

10/30-11/3 Long-Term Care Reimbursement and Quality of Care.  
(Chap. 11 and 12, pgs. 330-360 and 362-399)

HANDOUTS: MEDICARE, MDS, RUGS

CASE STUDY ANALYSIS # 6 (ELOISE & RICHARD)

DUE: WEDNESDAY, NOVEMBER 1, 2000

11/6-11/10 Ethical Issues in Long-Term Care.  
(Chap. 13, pgs. 402-435)

UNIT III—EXAM 3-----WEDNESDAY, NOVEMBER 8, 2000

\*\*\*\*\* UNIT IV—MANAGING IN THE LONG-TERM CARE SYSTEM \*\*\*\*\*

11/13-11/17 Governance and managing an effective organization.  
(Chap. 14 and 15, pgs. 441-452 and pgs. 453-483)

-ORGANIZATIONAL CHARTS-

11/20-11/24 Management (Continued) and Technology in Long-Term Care.  
(Chap. 16, pgs 485-509 and P.A. 368 / Nursing Home Regs.)

THANKSGIVING RECESS: THURSDAY/FRIDAY--11/23-11/24--NO CLASSES

11/27-12/1 Marketing/Community Relations.  
(Chap. 17, pgs. 510-529)

\*\*\*\*\* UNIT V---THE NEXT MILLENNIUM : CONTINUING CHANGE \*\*\*\*\*

12/4-12/8 Trends to watch and managing for the future.  
(Chap. 18 and 19, pgs. 533-554 and pgs. 555-569)

-REVIEW- GROUP PROJECT PRESENTATIONS

12/11-12/15 EXAM WEEK: COMPREHENSIVE FINAL EXAM  
WEDNESDAY, DECEMBER 13, 2000

12:00—1:40 PM

**ASSIGNMENT INFORMATION**  
**HCSA 460**

**LTC CASE STUDIES ANALYSIS-**

Periodically, LTC case studies to be completed during this semester will be issued. Detailed information on the requirements and the student's responsibilities for Completion of each case will be distributed in a timely manner. Each case study will have its own objectives, format, style, due date, and assigned points. Each completed analysis will be required to be submitted in a typed or word processed document. each LTC case study will be researched, compiled, written and submitted by each individual student. The final grade determination for this area will be based on the quality of each project. If any of the documents are tardy or incomplete, the grade will determined at 80% maximum credit.

**QUIZZES-**

Throughout the semester, unannounced quizzes based exclusively on the textbook reading assignments will be given. The format of these quizzes will be primarily objective questions, such as multiple choice, true and false, matching, and fill-in sentences.

**LABORATORY PROJECT ASSIGNMENTS-**

Students will be given detailed information and instructions regarding specific assignments relating to the lab experience during their respective lab days. Because each laboratory meets in different settings on different days, the assignments may not correspond with each other. Each LTC facility has different expectations of the groups' final efforts (each facility is unique) as well as each facility has a different project to complete. Grading of each group's efforts will be addressed in the written assignment document which will be distributed in the laboratory organizational meeting.

**VOLUNTEER HOURS (3 REQUIRED)**

Once the class has toured the respective nursing homes, met the personnel who will be serving as the contact person (s) for their required laboratory project, each group will be introduced to the individual responsible for the residents' activities. This individual will explain the type of activities, times offered, and procedures by which the student will arrange to do their required three hours of volunteer work. It will be important for the student to understand how to arrange their respective hours in order to be sure they can be verified by the activities coordinator as having been completed.

**Unit Objectives** At the end of this course, the student shall be able to:

- (Unit 1)
- 1) Describe the origins of the nursing home industry.
  - 2) Describe the overview and the various contributors to the general development of the long term care industry in an historical understanding.
  - 3) Identify the various elements and context of the current profile of the aging population.
  - 4) Identify and list basic segments of the long term care continuum health care systems and their relationship to the levels of health care.
- (Unit 2)
- 1) Identify and describe the basic units of management and governance of the long term health care facility.
  - 2) Have developed a basic understanding of the continuum of leadership styles and specific elements of management.
  - 3) List and describe the elements of the organizational pattern and specific personnel minimum requirements for staffing.
  - 4) Compare the regulatory minimum requirements of staffing in the health care facility to the elements defining health care quality level needs.
- (Unit 3)
- 1) Describe elements of each anatomical system and the respective changes that occur as an individual ages.
  - 2) Identify specific common diseases to this population group and its relationship to the specific needs from health care services.
  - 3) List and describe a basic understanding medications, therapeutic actions of drugs and overall pharmaceutical services required with the elderly.
  - 4) Explain the specific documentation needs in care of the elderly as it relates to dietary, patient activities, and social services.
- (Unit 4)
- 1) Explain the assessment process of the patient health care needs and its relationship to:
    - a) establishing patient care services.
    - b) admission of the patient. (MDS)
    - c) the financing of the patient's care. (PPS)
  - 2) Describe the differences in Medicare and Medicaid as it relates to patient payments for health care.
  - 3) List and describe the uses for specific accounting documentation for the management of the health care facility.
  - 4) Describe the patient fund process and documentation.
- (Unit 5)
- 1) Identify the various regulatory requirements for the physical plant and patient environment.
  - 2) Describe the impact of various federal and state regulations relating to the operation of the health care facility.
- (Unit 6)
- 1) Explain the processes used to complete the group project completed for the nursing home.
  - 2) Compile and analyze data into a meaningful report.
  - 3) Demonstrate the ability to write and present both an oral and written final document of the group's research.

**Class Rules:** To enhance our learning environment, the following simple rules apply:

1. Volume – If you can't hear someone, loudly say "VOLUME". It's kind to say this at the beginning of a response rather than at the end.
2. Pass – If you have a temporary memory lapse when I ask you a question, simply say 'PASS TO XXXX'. (This does require that you know someone's name!)
3. Ask – There are no dumb questions, only unasked ones. (Exception: Are you going to do (or 'did you do') anything important in class?)
4. Absence – You are responsible for all information covered during classes that you may miss. Check with your classmates.

### **Student Dignity:**

The University expects all students and employees to conduct themselves with dignity and respect for students, employees, and others. It is each individual's responsibility to behave in a civil manner and make responsible choices about the manner in which they conduct themselves. Harassment of any kind is not acceptable at Ferris State University. The University does not condone or allow harassment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

### **Racial Harassment:**

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

1. The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person;
2. Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
3. The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University.

## **Sexual Harassment:**

Using the definition contained in the Equal Employment Opportunity Commission guidelines, adapted to include educational environments, sexual harassment is defined as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement;
- 2) submission to or rejection of such conduct by an individual is used as a factor in employment or academic decisions affecting such individuals;
- 3) such conduct has the purpose or effect of substantially interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, living, or academic environment.

While sexual harassment most often takes place in situations of power differential between the persons involved, sexual harassment may also occur between persons of the same status, e.g., student-to-student. The person exhibiting sexually harassing conduct need not realize or intend the conduct to be offensive for the conduct to constitute sexual harassment.

## **Harassment Concerns:**

Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact either an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action.

If approaching the individual is not possible (i.e., you are uncomfortable or uncertain as to how the situation should be handled or concerned the situation may become volatile) or does not resolve the matter, it should then be reported immediately to an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, the Director of Student Judicial Services, or the Director of Affirmative Action. If, for some reason, you are uncomfortable discussing your situation with any of these individuals, please report your situation to any member of University administration. The circumstances surrounding the matter will be fully investigated, including the nature of the harassment and the context in which it occurred.

All reports of harassment and subsequent investigations will be kept as confidential as possible. Anyone found to have violated this Policy will be subject to discipline up to and including discharge and dismissal, that may include, but not be limited to, official reprimand, official apology, sensitivity training, and/or other disciplinary action including dismissal. Likewise, because intentionally false accusations of harassment can have serious effects on innocent people, anyone found to have intentionally falsely accused another person of violating this Policy will be subject to discipline up to and including discharge or dismissal.



## **Consensual Relationships Between University Employees and Students**

Consensual relationships of an amorous or sexual nature that might be appropriate in other circumstances are deemed inappropriate when they occur between an employee of the University and a student for whom he or she has a professional responsibility. For example, such a relationship would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choice.

It is the policy of Ferris State University that any University employee who has professional responsibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.

### **Disruptive Behavior Policy Statement:**

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.

### **Disruptive Behavior Policy Statement: (con't)**

5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

### **Honesty Policy:**

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. Plagiarism (copying) of themes or other written work shall also be considered an infraction.

Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students.

The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations means failure in the course. The student may appeal the decision to the Disciplinary Committee.

Further offenses may result in suspension or dismissal from the University.

\_\_\_\_\_  
Date

I have read the Course Syllabus for the HCSA 460, Long Term Care Concepts course and the Instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me in order to successfully complete this course.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's Signature

**Statement of Confidentiality**

I, \_\_\_\_\_, understand that it is normal & to be expected that I will come into deliberate (or inadvertent) possession of patient, facility, or departmental information that must be regarded as confidential. This confidential information may be of a financial, personal, or medical nature. I am aware of the serious nature of violating such confidentiality. I recognize and appreciate the serious nature of the privilege I have been accorded in having access to such information. I will hold this information in strictest confidence.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



**Instructor** Marcy Parry, MA. Acct., CPA  
 Office VFS 332  
 Office phone 231-591-2273  
 Toll free phone 1-800-GOBULLDOGS (Business hours) or  
 1-800-592-6499  
 E-Mail mlpferris@yahoo.com  
 Mailing address 200 Ferris Drive, FSU, Big Rapids, MI 49307

**Course schedule** Week-end days, 9 AM – 5 PM

**Required materials**

Course pack

**Recommended**

Current issue of *Computer Shopper* or *Laptop – A Buyer's Guide*

**Evaluation**

**GRADING SCALE (%)**

95+	A	80-82	B-	67-69	D+
90-94	A-	77-79	C+	63-66	D
87-89	B+	73-76	C	60-62	D-
83-86	B	70-72	C-	Below 60	F

**Grade determination**

**EVALUATION** (Grading components)

175 Individual assignments  
 100 Expert topic leader  
 ? 100 Estimated expert assignments  
 100 Team assignments  
 25 Final – comprehensive

**? 500** Estimated total points

**DUE DATES**

All work is DUE at the beginning of class (or it's late.)

**NOTES**

Late work is not desirable. **A 50% penalty applies.**

Word processing format: 10-11 font size, single spaced, maximum 1" margins.

**Grammar & spelling are critical for maximum credit.**

**I return assignments ASAP that have 5 or more errors... & that results in late credit when you resubmit within 7 days.**

***Disruptive student behavior***

See program student handbook.

***Academic dishonesty***

See program student handbook.

***Student dignity***

See program student handbook.

***Attendance is mandatory***

Since each class is the equivalent of over 2 weeks of a 'normal' class, missing even one class is detrimental to your learning.

THE RULE: You may miss 1/2 of a class as 'sick leave/personal days'. Thereafter, you lose 5% per 1/2 day missed.

If you are absent, in-class points will be lost. You may not make up these points.

Extremely extenuating circumstances may be considered on a case by case basis.

***Assignments***

All assignments are due on my desk at the beginning of class. Due dates will be announced in class or forwarded via email if they are not on the syllabus.

Assignments submitted within 1 calendar week late (including weekends) will be accepted for late credit, i.e., 50% maximum credit.

***Final exam***

The final is comprehensive - open portfolio.

***Class rules***

To enhance our learning environment, the following simple rules apply.

1. Volume If you can't hear someone, loudly say "VOLUME". It's kind to say this at the beginning of a response rather than at the end.
2. Pass If you have a temporary memory lapse when I ask you a question, simply say 'PASS TO XXXX'. (This does require that you know someone's name!)
3. Ask There are no dumb questions, only unasked ones. (Exception: Are you going to do (or 'did you do') anything important in class? )
4. Absence You are responsible for all information covered during classes that you may miss. Check with your classmates.
5. Silence **Silence implies agreement and/or understanding.**
6. Silence **Silence implies agreement and/or understanding**

"If you think there is only one right answer, you will stop looking as soon as you find one."  
Roger von Oesh

## HCSA 474 Tentative timeline Summer 2000

<i>Day</i>	<i>Read</i>	<i>Topic</i>	<i>Assignments (Due at the beginning of class)</i>	<i>Team</i>
May 20		Intro, review syllabus, creativity & risk, time mgt, web, planning (& benefits), types of planning, SP def	Syllabus understanding, student info Gantt (in class) , team formation, expert topics assigned	
June 10		Email, Web, Visio Challenges & strategies today SP, Values, vision, mission PC selection	Email 1 V-V-M draft (in-class) Team logo, name, purpose Web site reviews (N-Z)	*
June 24		Visio Situational analysis & SWOT	Email 2 Web site reviews (A-M) PC selection – in class review, phase 1	
July 8		Critical issues, goals, objectives PERT	Email 3 Book reviews – sharing (4) PC Selection package – in class review (phase 2)	*
July 22		Competition Financial strategies – in general Office/space planning	Email 4 <b>Experts:</b> Change management Business planning Career planning Inventory planning	
July 23 (Sun)		RFPs Implementing the plan Control & adaptation Balanced scorecard (performance dashboard!)	Email 5 <b>Experts:</b> Financial planning - Capital budgeting Disaster planning Information systems planning Marketing planning	
July 30 (Sun)		Anticipating pitfalls Change, round-up  <b>Final</b>	Gantt – final V-V-M final Office floor plan Book reviews –sharing (4) Portfolio	*

**We don't plan to fail, we just *fail to plan*. Anon.**

**Give me your budget & I'll give you your plan.  
Give me your plan & I'll give you your budget. Anon.**

**Not taking risks is the riskiest risk of all. Anon.**

**For every disciplined effort, there is a multiple reward. Jim Rohn**

**The quality of your questions determines the quality of your thinking.  
Anthony Robbins**

## HCSA 474 Assignments (Tracking....)

On time?	Earned	Possible	
	*	25	Web site review: sharing + handout
		25	E-mail/net assignments (5 @ 5 pts.)
		25	Gantt (draft & final), V-V-M (final), in-class (5@ 5 pts.)
	*	50	Book review: sharing + 1 page handout
		50	Portfolio - an organized binder of all resource materials in class
		<b>175</b>	<b>Assignments</b>
		10	Team - formation (name, logo, norms etc.)
	*	40	Team - PC definitions, ranges, specs, ads
		10	Team - review PC progress
	*	10	Team - memo of vendor recommendation with price-out
		10	Team - formal review of total PC package (Teams earn 20 points by reviewing, MP grades 50 points when total project is submitted. Submit all original & revised materials plus review sheets to MP.)
	*	30	Team - Design floor plan (3 segments @ 10)
		<b>100</b>	<b>Team (Yes, I know there's 110 points - enjoy!)</b>
	*	<b>100</b>	<b>Expert &amp; handouts</b>
		<b>100</b>	<b>**Estimated** expert activity/assignments</b>
		<b>25</b>	<b>Final - comprehensive</b>
		<b>500</b>	<b>**Estimated** total course points</b>

\* = Formal document required

### ONE-TIME EXCUSED LATE SLIP – Attach for full credit consideration.

I'm late! And I know it! And I'll try to not let this happen again... Please accept this **ONE-TIME** late excuse on the **attached individual written** assignment. (Yes, I am turning in my assignment within 7 days of the due date.)

Signed \_\_\_\_\_ Date \_\_\_\_\_



## Syllabus understanding

---

Date

I have read the Course Syllabus for HCSA 474, Strategy & Planning - Health Care, and the Instructor presented the syllabus material with opportunities to ask questions. I understand what is expected of me to successfully complete this course.

---

Print your name

---

Sign your name

---

Date

**MANUAL - HCSA 493**

**INTERNSHIP II**

**Health Care Systems Administration Program**

Published by  
HCSA Program  
Ferris State University  
Big Rapids, Michigan  
1997

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## INTRODUCTION

The time has arrived! You are about to enter an exciting & challenging phase of your educational career - your final internship. This manual is designed to guide both you and your Preceptor through your internship. ***You are asked to read it carefully prior to your arrival at the internship site.***

It will guide you in acquiring an overall experience in the working environment and assist you in functioning more effectively within a Health Care Organization (HCO). You should be prepared to discuss your internship experiences following your return to campus.

### OVERVIEW

The management internship is considerably less structured than the first internship. Its goals are to allow you to:

1. Translate principles and concepts learned in the academic setting into practical managerial actions.
2. Observe and analyze management techniques and contrast high and low quality results.
3. Apply learned managerial and interpersonal skills in the institutional setting.
4. Formulate personal styles and techniques of management.
5. Demonstrate acceptable levels of oral and written communication.
6. Demonstrate initiative and enthusiasm in the work environment.
7. Demonstrate conformity with normally expected management level activities and attitudes.

To accomplish these goals, you will be required to complete a series of projects while working in the health care environment.

The project/work requirements of this internship are intended to benefit both the HCO & you. You will benefit the HCO by completing an administrative project assigned by your preceptor

and benefit yourself by:

1. gaining an appreciation of the manager's role in the HCO.
2. gaining in depth knowledge.
3. analyzing your attitudes and perceptions.
4. networking with myriad health care professionals.

### Written Projects

The projects are to be computer printed (typed, if no other option is available). Send the original to your Internship Coordinator at Ferris State University. Whenever possible, attach samples of facility reports.

Projects will be retained by the HCSA program, you may want to *make copies for yourself.*

Due dates for reports are to be conscientiously observed unless prior approval is obtained from the coordinator. A 30% penalty will be levied for failure to submit projects and reports on time. Projects are to be mailed to your Internship Coordinator.

Introduction, cont.

### ***Progress and Preceptor Evaluation of the Student***

Your Preceptor has been asked to periodically discuss the status of expectations, needs and interests with you. This should serve to keep both of you on the right track. The Preceptor has been requested to evaluate you during the third week of the internship for the first four weeks. Each evaluation will be sent to your Internship Coordinator. Additional evaluations may be requested, if your progress is unsatisfactory. Each evaluation should be discussed with you. You are required to review and sign the evaluation. Your signature indicates that the evaluation has been reviewed, it does not indicate agreement.

An unsatisfactory evaluation could result in an academic warning.

A final evaluation "Student Performance Evaluation" will be completed during the final week of your internship. Again, this evaluation should be discussed with you, reviewed and signed by you.

### ***Grade Determination***

All projects and preceptor evaluations will be reviewed by the FSU Internship Coordinator and your final management internship grade will be determined.

## STUDENT INFORMATION

### *INTERNSHIP HOURS AND WORK ROTATION*

Each student will complete 320 hours (8 weeks x 40 hours per week) of a managerial internship at the designated site; work schedule will be determined by the site. The student must contact the site shortly before the start of the internship to determine arrival time.

During your managerial internship, you will be assigned to one primary area although you could be involved with other areas because of the projects you are asked to complete. It will give you an opportunity to work with many different employees in the HCO. Take this opportunity to learn from these individuals.

Prior to beginning this great experience, review the materials which follow to determine what is expected of you. The assignments serve as a minimum objectives, but you should use this opportunity to learn all that you can about the organization.

### *INTERNSHIP COORDINATORS*

**Richard Lyon**  
VFS 319  
616 592-2280

**Marcy Parry**  
VFS 332  
616 592-2273

Address to:

(Coordinator Name)  
Internship Coordinator, Health Care Services Administration  
VFS \_\_\_\_\_  
Ferris State University  
200 Ferris Drive  
Big Rapids, MI 49307

The student will be monitored by an internship coordinator during the internship. Visits may be held in conjunction with other students. A student or preceptor experiencing problems may request an on-site visit.

If you cannot contact an internship coordinator, call Ellen Haneline 616-592-2313.

### *GRADE DETERMINATION*

<i>Items to submit</i>	<i>Points</i>
*Administrative Project	400
*Analysis of Administrative Project	100
Objectives	50
Weekly Reports	30
Meeting Interaction	20
Log Book	40
Glossary	50
Alternative Site Visit	100
*Finance	100
*Human Resources	100
Thank You Note	10
Total	1000

Student information, grade determination, cont.

Projects will be evaluated on:

1. Content - **organization, overview and depth**. All points must be addressed.
2. Presentation - computer printed (typewritten, if no other option is available) **professional appearance** is a must. Communication skills are key, point loss for grammar and spelling errors will apply. (Use spell and/or grammar checker!)
3. Timeliness - must be postmarked by your coordinator no longer than 7 calendar days after you leave the facility, 30% late penalty will apply.

All projects (\* items) must be reviewed by the preceptor. The preceptor will complete and sign a "Preceptor Evaluation of Projects" form for each project. This completed form **must** accompany **each** submitted **project**. The form will indicate how many drafts were submitted before the project was acceptable in format/content and grammar/punctuation. The internship coordinator will use the evaluation when assigning project point value. Refer to Attachment C.

Preceptors are asked to review all projects to detect any misconceptions or confusion on your part about structure or departmental operations. The preceptor is not responsible for correcting your projects, rather he/she is to offer guidance and input.

### **WEEKLY LOGS**

Each day, note the types of activities in which you were involved. Make additional comments as you wish related to how you felt about the experience, what you gained from it, etc. Each Friday of your internship, complete the weekly log sheet included in this manual. This report must be postmarked on Friday in order to reach your Internship Coordinator no later than **Tuesday** of the following week.

**Note:** Problems and questions should be recorded on the back of the log sheet. Notify your Internship Coordinator of any problem so that he/she can follow up with you promptly. **DO NOT WAIT UNTIL THE END OF THE INTERNSHIP TO RAISE PROBLEMS RELATED TO THE INTERNSHIP OR THE PROJECTS.**

### **INTERACTIONS AT INTERNSHIP SITE**

During your internship, you will meet and interact with many different people. As a student, it is your responsibility to "fit" into this new environment. It is expected that you exhibit a professional attitude toward these individuals at all times.

1. When interacting with physicians you should:
  - address him/her by the title "Doctor", never "Doc"
  - willingly conform to the physician's requests or directives where these are applicable to departmental protocols
  - if the physician wishes you to perform some task that is contrary to departmental protocol, report it to your supervisor member who will make the appropriate decision and - be polite at all times

Student information, cont.

2. When interacting with Preceptor and departmental staff, you should:
  - treat the staff and their work with respect and refrain from verbalizing judgments and criticisms about their performance
  - refrain from loud talking, rudeness and socializing. They are out of place in any department.
3. When interacting with patients you should:
  - use tact and diplomacy at all times
  - refrain from any discussion of the patient or his/her medical care unless such discussion is related to your assigned tasks
  - handle every record in strict conformance with HCO and departmental policies and procedures. **REMEMBER THAT FAILURE TO MAINTAIN CONFIDENTIALITY MAY WARRANT DISMISSAL FROM THE PROGRAM.**

### **POTPOURRI**

- A. Professional courtesy & a respect for confidentiality should be exhibited at all times. You are the guest of the HCO.
- B. When copies of reports are requested as part of your assignment, delete all name specific references for the HCO & personnel that may be noted. Specific titles and Hospital, 'Community Hospital', 'County Hospital' and other generic terms should remain. This does not apply to audited financial statements for public HCOs.
- C. ***Your research should be conducted from paper prior to interviewing individuals.*** Whenever possible, review available reports to conduct your research. Ask appropriate personnel which reports might be available to answer specific questions. Examples of normally available reports:
  - Audited Financial Statements, monthly financial statements
  - monthly reports
  - annual filings
  - system print-outs
  - departmental manuals
  - other resources or documentation in the department
- D. Your learning curve will be directly tied to your approach to securing information. Requesting **sources** of data, rather than specific answers, enhances your professional competence & value to the HCO. In large part, the value of your internship rests in YOUR hands.

### **"THANK YOUs"**

Professional courtesy suggests a follow-up after you complete your internship. Please prepare and mail "thank-you" notes to your preceptor and the departments where you spent your internship. Forward a copy of your thank you note to the Internship Coordinator.

(PROOF READ carefully before mailing!)



## INTERNSHIP POLICIES

1. Contact your preceptor at least two weeks before the starting date to determine hours you will be working.
2. You are expected to follow the dress code for the HCO. Contact your preceptor prior to the first day regarding acceptable dress during your internship.
3. You are to report to the internship site at 9:00 A.M., on the first morning unless otherwise previously arranged with the Preceptor.
4. It is important that you report to work on time. If you must be late, report to your Preceptor prior to the time that you are supposed to report to work. All lost time must be made up.
5. You will be working a minimum 8 hours per day, 40 hours per week; unless other hours have been prearranged.
6. The Preceptor can schedule evening, night or weekend shifts in your schedule if it is felt that it would be helpful to your learning experience.
7. You should make every effort not to miss work. If you absolutely have to be absent, be sure to inform your Preceptor prior to the time you are scheduled for work. Check with your Preceptor to see when you are to make up the time.
8. While at the internship site, you are directly responsible to the Preceptor. You are asked to abide by the policies of the internship site concerning breaks, parking, personal telephone calls, etc. as well as all departmental and hospital policies and regulations. It is **your** responsibility to determine what the rules and regulations are.
9. If any problems arise, they should be brought to the attention of your Preceptor. However, the Internship Coordinator is available by phone should you need consultation at any time. You will be advised as to which faculty member will be supervising your internship.
10. Remember that you will be sharing your experience with the rest of the class following your internship. You should be prepared to give a presentation on some aspect of the experience. Unique or interesting experiences are worthy of sharing.
11. You are responsible for costs incurred during internship--housing, food, transportation, parking, and for miscellaneous items, both on and off campus.
12. Before leaving your assigned work areas, prepare a detailed list denoting the status of HCO assigned projects. Include information that will be useful to the person who will complete the project, e.g., location of bulky materials, sources of input, and where you may be contacted. Notify, in person, the appropriate departmental personnel and discuss this status report so that arrangements may be made for completion of projects.
13. Attending meetings is an excellent opportunity for exposure to committee/project activities and to observe group dynamics. Communicate with your preceptor about upcoming meetings that you will be permitted to attend. Remember that as a guest you show respect by showing interest in the proceedings.

Internship policies, cont.

14. Personal telephone calls are not to be made within the department or during working hours.
15. You will be scheduled to be involved with a variety of functions. During this time, you will collect information for project assignments. ***Project completion is not to be done during your internship working hours, unless permission is granted by your Preceptor.***
16. Should you become ill while on duty, notify your Preceptor. Arrangements will be made for medical attention as appropriate with existing departmental procedures. You are responsible for the costs incurred in this treatment.
17. ADA - Americans with Disabilities Act - You must notify your HCO site of any disability that needs special consideration.
18. INTERNSHIP TERMINATION - Unsatisfactory internship progress or conduct could result in an academic or disciplinary termination from the internship. If there is evidence that termination may occur, the Internship Coordinator will be contacted by the Preceptor. A meeting between the student and the Internship Coordinator will be scheduled to obtain the facts. A meeting of the Preceptor and Internship Coordinator will follow. At this time, a decision will be made as to whether the student will continue in the internship.
19. APPEAL - Each student will have the right to appeal an academic or disciplinary termination from an affiliation site.

The student shall first appeal within five working days to the Department Head who shall inform the student of her decision in writing within three working days.

If the student wishes to appeal further, he/she shall file a written appeal within five working days to the Associate Dean for Student Academic Affairs, College of Allied Health Sciences who shall meet with the student and issue a written decision within five working days.

The Final Step in the appeal process shall rest with the Dean of the College of Allied Health Sciences. If any student wishes to appeal the decision of the Associate Dean for Student Academic Affairs, he/she shall file an appeal within five working days to the Dean of the College of Allied Health Sciences. The Dean shall meet with the student and render a written decision within five working days.

If a student is removed from an internship site, that entire internship will have to be repeated.

20. Enjoy your internship! ***Open yourself to this valuable experience, begin networking, and challenge yourself. Remember - your growth is directly related to your pro-active involvement and follow through.***

## **PRECEPTOR INFORMATION GENERAL COMMENTS AND SUGGESTIONS**

Ferris State University requires that the student complete two (2) internship rotations. The first internship rotation consists of a six (6) week internship in an acute care facility with a subsequent eight (8) week managerial internship in a different Health Care Organization (HCO).

Students may experience some apprehension in terms of how they will fit into your department. We hope that the following comments and suggestions will be of assistance to you as you prepare for, and work with, the students.

### SCHEDULE AND ITS IMPLEMENTATION

1. The management internship is designed to allow students to translate principles and concepts learned in the academic setting into practical managerial actions, observe and analyze management techniques, formulate personal management styles and apply interpersonal skills. Students will be working in your facility performing a management project and learning how your facility operates.
2. Students have been instructed to report to you prior to the scheduled starting time if they must be absent. If the student is absent, it is left to your discretion whether or not the time must be made up. Excessive absences (3 consecutive days or 5 total days) should be reported to the Internship Coordinator.
3. Meeting attendance is encouraged. Please communicate to the student when he/she may attend a meeting.

### ORIENTATION

We suggest that you cover the following topics on the first day:

- 1.1 A basic orientation or general overview of the HCO including such things as:
  - HCO organizational structure
  - introducing the student to employees with whom he/she will be working
  - a tour of the facility
  - HCO rules
  - scheduling attendance at a general orientation session, if possible
- 1.2 Discuss your mutual expectations and the needs and interests of the student for the internship. This discussion will help to set the direction for periodic reviews during the internship and the evaluation at the end.
- 1.3 Have the student read & sign the confidentiality agreement (Attachment A).

### EVALUATION

1. Complete and sign an "Preceptor Evaluation of Projects" form for ALL written student projects. With this evaluation FSU will be able to assign an appropriate point value to each project, based on the numbers you assigned. FSU is interested in how many drafts are submitted to you before the project is acceptable, from your perspective. Refer to Attachment B.

Preceptor information, cont.

2. Complete a one page evaluation on the student the 3rd week of the internship.
  - 2.1 This evaluation will be mailed to you for completion and subsequent return to the Internship Coordinator.
  - 2.2 The purpose of these evaluations is to monitor student progress.
  - 2.3 Additional evaluations may be requested, if student progress is unsatisfactory.
  - 2.4 Each evaluation should be discussed with the student. The student is required to review and sign the evaluation.
3. Near the end of the internship, a Student Performance Evaluation will be mailed to you. Please complete and return it to the Internship Coordinator at the university. We ask that you discuss the evaluation with the student before he/she leaves your institution. The student is to sign the evaluation.
4. A student signature on an evaluation indicates that the evaluation has been reviewed, it does not indicate agreement.
5. The student will complete an evaluation at the end of the internship. He/she has been asked to discuss the evaluation with you.

OTHER

1. You are not required to sign the weekly log sheets.
2. If it will not disrupt work flow in a department, we ask that students be allowed to use available personal computers, or other office equipment, to key or type their projects. ***They are not to use internship time to write or key the projects, however, without YOUR express permission.***
3. INTERNSHIP TERMINATION - Unsatisfactory internship progress or conduct could result in an academic or disciplinary termination from the internship. If there is evidence that termination may occur, the Internship Coordinator will be contacted by the Preceptor. A meeting between the student and the Internship Coordinator will be scheduled to obtain the facts. A meeting of the Preceptor and Internship Coordinator will follow. At this time, a decision will be made as to whether the student will continue in the internship.
4. APPEAL - Each student will have the right to appeal an academic or disciplinary termination from an affiliation site.

The student shall first appeal within five working days to the Health Management Department Head who shall inform the student of her decision in writing within three working days.

If the student wishes to appeal further, he/she shall file a written appeal within five working days to the Associate Dean for Student Academic Affairs, College of Allied Health Sciences who shall meet with the student and issue a written decision within five working days.

Preceptor information, cont.

The Final Step in the appeal process shall rest with the Dean of the College of Allied Health Sciences. If any student wishes to appeal the decision of the Associate Dean for Student Academic Affairs, he/she shall file an appeal within five working days to the Dean of the College of Allied Health Sciences. The Dean shall meet with the student and render a written decision within five working days.

If a student is removed from an internship site, that entire internship will have to be repeated.

## PROJECT SPECIFICS

Due dates for submission of projects: With the exception of the weekly reports and the log book which must be mailed weekly, all other projects must be postmarked no later than 5 working days after you leave the facility.

### ADMINISTRATIVE PROJECT

While on your internship, you will be assigned one or more administrative projects by your preceptor. It is anticipated that the administrative project(s) will take in excess of 40 hours to complete. You are to complete the project independently and in a format acceptable to your preceptor.

When it is complete, make sure that you attach and complete an Administrative Project Summary Sheet form (see pg. 27) and mail it to the internship coordinator on campus.

Examples of administrative projects completed by past interns include:

- Implementation of a needless system
- Survey of employee compensation for market comparison
- Survey of data and review potential of an acute pediatric clinic
- Study of alternative emergency services
- Install and present a bar coding system
- Planning and implementing a physical move of a department
- Data collection and analysis of a specific patient care service
- Organize a study to upgrade ambulance services
- Review and upgrade department policies and procedures

## ALTERNATE HEALTH CARE FACILITY/AGENCY VISITATION

You are required to make at least one site (if more than one, a report must be completed for each visit) to alternate health care facilities during your internship. It is not necessary to make up this time. The visit is to be chosen and arranged by you. A typed summary of your observations is required. Additional site visits are encouraged, but not required.

Examples of other health care facilities/agencies are:

1. physician offices
2. skilled care facilities
3. ambulatory care center
4. mental health facility or detox center
5. women's health center
6. clinics--dental, veterinary, etc.
7. state or county health department
8. rehabilitation unit
9. Health Maintenance Organization
10. MPRO
11. consulting by Director or Adjunct Faculty
12. health care vendors--Dictaphone, Smart, Gordon Foods, etc.
13. health care organizations--MHA, BCBS, etc.

### REQUIRED FORMAT FOR REPORT

#### ALTERNATE CARE SITE VISIT

NAME OF FACILITY

Address

City, State

(---)--- ----

### REPORT:

Respond to #1-11 in this section. (Items to use are listed on the next page.) Be sure to indicate the number of the area to which you are responding.

CONTACT PERSON: \_\_\_\_\_ DATE: \_\_\_\_\_

STUDENT: \_\_\_\_\_ TYPE OF FACILITY: \_\_\_\_\_

Alternate Care Site Visit, cont.

Failure to respond to each item will result in point loss; unless the item is not applicable, in which case, make note of such in your report.

1. Name of facility  
Type of facility  
Date of visit  
Contact person
2. What functions, activities and services are provided  
What are the hours of operation  
What is the service area for this facility  
What record keeping functions are being done
3. What statistics are kept  
What methods are used  
Who uses this information
4. How are computers used  
If not, are computer systems being planned for the near future
5. How is quality monitored  
How are the findings used  
What is the impact of this monitoring on the facility
6. In what committee functions do personnel routinely participate
7. What legal issues are addressed, i.e.:  
How is release of information performed in the facility  
Are there standard release forms in use in the facility  
How is a subpoena handled
8. Discuss any outstanding features of the facility you visited
9. What was most interesting to you
10. Would you recommend this site for future students--why
11. Any information you would like to add



## EMPLOYER-EMPLOYEE INTERACTIONS IN A MEETING

You are able to summarize your observation of a managerial type meeting (department or higher level) in terms of employer-employee and employee-supervisor, or department head interaction; basic values; and project the effects or outcome of such a meeting.

1. What was the location and time of the meeting?
2. What was the purpose of the meeting?
3. What was the agenda?
4. Who attended the meeting? Identify by position title (not name), e.g., department heads, typists, buyers, etc.
5. Did the chair/co-chair control the process and not the content? Explain.
6. Did the chair/co-chair encourage participation? Explain.
7. Was the meeting productive? Explain.
8. What did you learn by attending this meeting?

## FINANCE

An extremely critical resource in any organization, and in particular a health care organization, is the Finance Department (or those individuals responsible for financial functions). The Finance Department is the heart of the business side of health care. Its personnel secure capital, oversee the "best" allocation of financial resources, interface with third party payers, and, in general, provides the "grease" that enables the organization to achieve its mission.

As part of your experience in the HCSA 493 internship, you are to explore in depth at least two specific financial areas pertinent to your internship site. Your final product should be a well researched professionally presented report.

Potential areas that might lead to a significant, informative and concise document include:

- General Accounting
- Patient Accounting
- Budgeting, operating and/or capital
- Payroll
- Fixed Assets (Plant, Property & Equipment)
- Health Information (Medical Records)
- Trust or Endowment Accounting
- Accounts Payable
- Cash Management
- Management and financial reporting

Suggested questions to explore:

- What is the primary function of this area? Is the organizational structure effective for this function?
- Who are the primary customers for this area?
- What is the information flow through this area, i.e., sources, systems and output?
  - Where and how is original data collected? What is the original data?
- Who oversees the reporting? What levels of reporting and monitoring exist?
- What types of information systems are involved? Is any aspect out-sourced?
- What types of reports are created? Who uses the reports? How are the reports used?
- What are the key statistics in this area? Why are these the key statistics?
- Are current changes desired or in progress? Why?
- What quality, legal, or confidentiality issues exist?
- What is the impact of this area? How does this area recognize that it's doing well or needs improvement? What tools and reports support your conclusion?
- What would help this area be more effective?
- How does this area's function contribute to the overall mission of the organization?

## GLOSSARY

Begin development of an alphabetized (sortable, preferably) glossary on your first day. This glossary will be unique. It should contain terms, abbreviations, phrases, and "buzz words" that are new to YOU. Note the item and provide a working definition that makes sense to you. This will assist you in understanding the culture of the organization.

## HUMAN RESOURCES

A critical resource in an organization and, in particular a health care system, is the Department of Human Resources (or the *individual* responsible for this function). The Human Resource function facilitates the most effective use of people to achieve the organizational and individual goals.

As part of your experience in the HCSA 493 internship involvement, you are requested to explore the following areas of Human Resources as it applies to the Health Care System in which you are doing your internship. You are expected to research and collect data in this area, and formulate your response in such a manner that your final report is presented in an informative, factual, and narrative manner.

It is expected that as a research process, that you will use various techniques to obtain your data from which you will be able to compile a significant, informative, and concise document.

Suggested questions to explore:

- What is the process used for hiring new employees?
- How are employees oriented to the facility?
- What is the employee evaluation/assessment process?
- What criteria are used to promote employees?
- How are wage scales determined?
- Is there a grievance process?
- Is the facility unionized?
- If there is a union, what is the impact upon the facility?
- What is the process for employee discipline?
- What is the impact of the Human Resource Department on the facility?
- How are managers trained?

## MANAGERIAL OBJECTIVES

As the internship progresses from week to week, you are asked to keep in mind the following five (5) objectives. Each time an event, an observation, a project, or whatever relates to one of these objectives occurs, be sure to make a notation of the circumstances and how you feel that they exemplified that particular objective.

You are required to submit to the coordinator a typed/word processed example for each objective by the conclusion of the internship.

### FORMAT

Date

Objective # ?

Name

**Objective:** "State what the objective is"

**Circumstances/Observation:** Briefly identify what occurred or what you observed.

**Application:** Describe how you feel this situation relates to the objective and what it implies to you as a student trying to understand management applications/operations.

Five (5) Objectives to be completed by: \_\_\_\_\_

**1. Be an effective listener!**

Assumption:

The average manager spends more time listening than anything else. It has been stated that speaking is the second most time consuming means of communication. The third and fourth are writing and reading but of all the communication activities, it is obvious why effective listening is a key element in true communication.

**2. Every manager must be an effective leader!**

Assumption:

The success of a health care organization depends totally on effective leadership. This is the most critical element that needs to be present if an organization is to be successful. Unfortunately there is no universal agreement as to what effective leadership means, except most people agree it is a form of influence; the ability to influence others.

**3. Every effective manager must be able to motivate his or her personnel!**

Assumption:

Motivation is an internal psychological process that has two sides: movement and motive. Movement (actions) can be seen easily; motives can only be inferred. yet motives are the "whys" of behavior. These "whys," i.e., needs, wants, etc., arouse and maintain the level of activity and direction of an individual's behavior. the health care manager who can motivate their personnel can increase organizational efficiency.

**4. An effective manager/supervisor understands change, accepts change, introduces change, influences or sells change, when it occurs.**

Assumption:

All organized activities are under continuous pressure for change. There are various reasons for change and degrees of magnitude of change, i.e., throughout an organization to individual level. the growth of most undertakings depends largely on the concept of change and the accommodation of changes. A supervisor's effectiveness in the influencing function is extremely important to a positive effective implementation of this change.

**5. An effective manager plans the use of time--time does not manage the manager.**

Assumption:

Time is life. It is irreversible and irreplaceable. To waste your time is to waste your life, but to master your time is to master your life and make the most of it (Theo Haimann). In other words, time cannot be renewed or stored, but the supply is flexible. If you want more time, the manager "makes it" themselves. This is true for self and the department to be effective.

## DAILY LOG

You are expected to maintain a daily log of your activities, events and interactions with people, departments and other situations (see Appendix D). Similar to the format of a diary, you should log the events and activities of the day, comment on your reactions to these events and activities and conclude with what you learned. Any problems you feel you are having or concerns you wish to share with the internship coordinator, should be expressed in these log sheets. They do not have to be signed by your preceptor.

It is strongly suggested that you complete the daily log somewhere other than your internship site. This allows you the opportunity to express yourself totally without inquiries such as "what are you doing" or "may I see that?"

Remember the log is to be submitted weekly.

## WEEKLY REPORT

You are expected to submit a weekly report to the campus coordinator in a typed business letter format. The weekly report should consist of a brief summary of the week's events or activities.

### FORMAT:

Your address - Phone  
Date

Intern Coordinator (name)  
Ferris State University  
College of Allied Health Sciences  
VFS  
Big Rapids, MI 49307

Dear \_\_\_\_\_:

Week of: Insert week which this letter covers. Use only five days of the week (Monday-Friday). for example, the first week could be:

Internship for week of March 5-9, 19\_\_, Get Well Care Center

### 1st

Paragraph: This paragraph will contain a BRIEF summary of the whole week's activities. What did you do? This is to let us know you are getting exposure to as much as possible.

### Remainder of Letter:

In the rest of the letter, explain in detail ONE or TWO items from the week that were interesting to you or were somewhat unique--something you think we might be interested in. Be sure you fully explain them, answer who, what, where, how, when, why as you write. Always think in terms of the principles and concepts of health management.

Sincerely,

Your Signature (DO NOT FORGET!)  
Your Typed Name

### Student Intern Statement of Confidentiality

I, \_\_\_\_\_, understand that it is normal & to be expected that I will come into deliberate (or inadvertent) possession of patient, facility, or departmental information that must be regarded as confidential. This confidential information may be of a financial, personal, or medical nature. I am aware of the serious nature of violating such confidentiality. I recognize and appreciate the serious nature of the privilege I have been accorded in having access to such information. I will hold this information in strictest confidence.

I understand & acknowledge that the following actions are necessary should I breach this confidence.

1. My preceptor will contact my internship coordinator immediately.
2. My internship coordinator, in conjunction with my preceptor and the Assistant Dean for Academic Affairs, will investigate the breach of confidentiality.
3. In concert, the parties in 2 above will make disciplinary recommendations to the Dean as warranted.
4. Such disciplinary recommendations may include immediate termination of my internship and loss of academic credit.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preceptor signature



Health Care Systems Administration,

Medical Records Administration,

Medical Records Technology

Addendum to

APRC 2000-2001

section 3 of 6

**PRECEPTOR EVALUATION OF STUDENT PROJECTS**  
(Sample & instructions)

**INSTRUCTIONS FOR COMPLETION:**

A preceptor evaluation should be completed for each required project. This evaluation shall be the cover sheet for the project. One evaluation sheet per project is included in this manual.

Evaluate the progress of the student's drafts by circling ONE number for "Format/Content" and ONE number for "Grammar/Punctuation" for draft 1, draft 2, & draft 3. If draft 1 is acceptable for both format/content & grammar/punctuation - the student may forward the evaluation. If the format/content is acceptable in draft 1 while grammar/punctuation needs improvement, draft 2 would be circled for evaluation of grammar/punctuation changes.

The preceptor **MUST** sign the evaluation before the student may forward it.

**EXAMPLES**

Draft 1 is acceptable.

TO DO:       *circle* Draft       1  
  Acceptable   5

<b>DRAFT</b>	<b>ACCEPTABLE</b>	<b>NEEDS IMPROVEMENT</b>	<b>UNACCEPTABLE</b>
①	⑤	1	0
2	4	1	0
3	3	1	0

Draft 2 is acceptable.

TO DO:       *circle* Draft       2  
  Acceptable   4

or

Draft 2 needs improvement.

If the second draft needs improvement, but the student doesn't make appropriate changes, the preceptor would circle the #2 or #3 "Draft" and the #1 "Needs Improvement."

<b>DRAFT</b>	<b>ACCEPTABLE</b>	<b>NEEDS IMPROVEMENT</b>	<b>UNACCEPTABLE</b>
1	5	1	0
②	④	1	0
3	3	1	0

**EXAMPLES - Format/Content & Grammar/Punctuation**

Draft 1 review: Format/Content is acceptable

Grammar/Punctuation needs improvement

To do: Format/Content - *circle* **Draft 1 & Acceptable 5**

Grammar/Punctuation - *circle* **Draft 1 & Needs Improvement 1**

Preceptor evaluation of student projects, cont.

Draft 1:

**FORMAT/CONTENT**

<i>DRAFT</i>	<i>ACCEPTABLE</i>	<i>NEEDS IMPROVEMENT</i>	<i>UNACCEPTABLE</i>
①	⑤	1	0
2	4	1	0
3	3	1	0

**GRAMMAR/PUNCTUATION**

<i>DRAFT</i>	<i>ACCEPTABLE</i>	<i>NEEDS IMPROVEMENT</i>	<i>UNACCEPTABLE</i>
①	5	①	0
2	4	1	0
3	3	1	0

The student should make appropriate changes.

Draft 2 review: Format/Content is still acceptable

Grammar/Punctuation is now acceptable

To do:

Format/Content - no change

Grammar/Punctuation - *circle* Draft 2 & Acceptable 4

**FORMAT/CONTENT**

<i>DRAFT</i>	<i>ACCEPTABLE</i>	<i>NEEDS IMPROVEMENT</i>	<i>UNACCEPTABLE</i>
①	⑤	1	0
2	4	1	0
3	3	1	0

**GRAMMAR/PUNCTUATION**

<i>DRAFT</i>	<i>ACCEPTABLE</i>	<i>NEEDS IMPROVEMENT</i>	<i>UNACCEPTABLE</i>
1	5	1	0
②	④	1	0
3	3	1	0

This process may continue until you are satisfied with both the format/content & the grammar/punctuation of the project.

**PRECEPTOR PROJECT EVALUATION**

STUDENT NAME: \_\_\_\_\_

FACILITY: \_\_\_\_\_

PROJECT:     \_\_\_ Administrative Project  
              \_\_\_ Analysis of Administrative Project

(check one)     \_\_\_ Finance Research Report

\_\_\_ Human Resources

**FORMAT/CONTENT**

<i>DRAFT</i>	<i>ACCEPTABLE</i>	<i>NEEDS IMPROVEMENT</i>	<i>UNACCEPTABLE</i>
1	5	1	0
2	4	1	0
3	3	1	0

**GRAMMAR/PUNCTUATION**

<i>DRAFT</i>	<i>ACCEPTABLE</i>	<i>NEEDS IMPROVEMENT</i>	<i>UNACCEPTABLE</i>
1	5	1	0
2	4	1	0
3	3	1	0

Preceptor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HCSA 493  
MANAGEMENT INTERNSHIP  
DAILY ACTIVITY LOG**

NAME: \_\_\_\_\_ FOR WEEK BEGINNING: \_\_\_\_\_

RECORD YOUR ACTIVITIES FOR EACH DAY OF THE WEEK BELOW

Monday \_\_\_\_\_

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Tuesday \_\_\_\_\_

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Wednesday

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Thursday

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HCSA 493 WEEKLY ACTIVITY LOG, continued

Friday

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Saturday

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Sunday

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SPECIFIC QUESTIONS/PROBLEMS

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CONTACT WITH INTERNSHIP COORDINATOR DESIRED?  YES  NO

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Best phone number(s) for contact

\_\_\_\_\_  
Date Sent

INTERNSHIP COORDINATOR'S NOTES:

### ADMINISTRATIVE PROJECT(S) SUMMARY SHEET

With each managerial project that you are requested to complete and are submitting for partial credit fulfillment of the HCSA 493 Internship assignment, you are to complete an Administrative Project Summary Sheet. Respond to each question as it relates to the project, your involvement in the project, and how the project relates to your learning. Full credit for this portion of your internship will not be given if a project is submitted without an accompanying, completed summary sheet.

1. Does this project relate to the mission of the Health Care Organization/ Department? How does it relate? If it does not, why not?
2. How does this project contribute or not contribute to the area of facility finances?
3. How does this project relate to the area of human resources?
4. How does this project impact the information systems?
5. How does this project impact patient care in the facility?
6. How does this project impact the area of quality?
7. How does this project impact the area of materials management?
8. How does this project relate to the area of legal or risk management?
9. What marketing possibilities arise from this project?
10. What other areas of the health care organization does this project impact?

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Student Intern Signature

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Preceptor Signature

### STUDENT EVALUATION OF INTERNSHIP

Complete the attached evaluation. It must contain your signature.

It is suggested that you fill this out as you progress through the internship. You may want to discuss this evaluation with your preceptor.

FACILITY: \_\_\_\_\_

PRECEPTOR: \_\_\_\_\_

DATES OF INTERNSHIP: \_\_\_\_\_ TO \_\_\_\_\_  
(Beginning Date) (Final Date)

Answer each question listed below. Record any comments in the space between questions.

1. Did you receive a tour and general orientation to the department? \_\_\_ yes \_\_\_ no
2. Did you receive a general orientation to the hospital? \_\_\_ yes \_\_\_ no
3. Did you receive adequate orientation to each procedure that you performed? (i.e. clear instructions, explanation of job purpose, location of needed tools, etc.) \_\_\_ yes \_\_\_ no
4. Was your performance in each function monitored? \_\_\_ yes \_\_\_ no  
How?
5. Did you feel comfortable asking for assistance from your supervisor and other employees? \_\_\_ yes \_\_\_ no
6. When you asked questions or requested assistance, did you receive the help you needed? \_\_\_ yes \_\_\_ no
7. Did you feel accepted by HCO and departmental personnel? \_\_\_ yes \_\_\_ no
8. Are there any areas of the HCO you did not receive exposure to? What were they? \_\_\_ yes \_\_\_ no



HCSA 493 STUDENT EVALUATION OF INTERNSHIP, continued

9. A. Did you ask to spend time in any areas other than the ones  
your Preceptor had scheduled for you?  yes  no
- B. If so, was your request granted?  yes  no  
Student evaluation of internship, cont.
10. A. Did your classroom instruction adequately prepare you for  
internship?  yes  no
- B. If not, in what areas did you feel unprepared?
11. A. Did the internship manual provide you with sufficient information  
for internship preparation?  yes  no
- B. If not, what additional information would have been useful?
12. What were the strongest aspects of the internship experience?
13. What were its weakest points?
14. What recommendations would you make for the next student?

STUDENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## PRECEPTOR'S EVALUATION OF STUDENT

### Directions:

Please use the following scale values to summatively rate the student's performance. Circle the number which most nearly reflects your observation. Support your rating by providing an example under the section labeled "Comments."

### SCALE VALUES OF BEHAVIOR DEMONSTRATED

5	ALWAYS
4	USUALLY
3	AVERAGE
2	RARELY
1	NEVER

### ATTITUDE

1. The student was cooperative in accepting assignments.

5                      4                      3                      2                      1

Comments:

2. The student showed interest by asking questions.

5                      4                      3                      2                      1

Comments:

### INITIATIVE

3. The student completed assignments promptly.

5                      4                      3                      2                      1

Comments:

4. When an assignment was completed, the student actively looked for work to do.

5                      4                      3                      2                      1

Comments:

5. The student was able to apply basic concepts in performing routine procedures.

5                      4                      3                      2                      1

Comments:

6. The student understood how the functions worked together to support the complete health care facility.

5                      4                      3                      2                      1

Comments:

### QUALITY OF WORK

7. Completed work and rarely made mistakes.

5                      4                      3                      2                      1

Comments:

8. Work was neatly done; professional appearance.

5                      4                      3                      2                      1

Comments:

9. Work demonstrated acceptable grammar and punctuation.

5                      4                      3                      2                      1

Comments:

10. The student followed instructions.

5                      4                      3                      2                      1

Comments:

11. The student understood the instructions.

5                      4                      3                      2                      1

Comments:

12. The student demonstrated respect toward the Adjunct Faculty and allowed appropriate time when submitting projects for review.

5                      4                      3                      2                      1

Comments:

### PERSONAL APPEARANCE

13. The student's general appearance was neat and clean.

5                      4                      3                      2                      1

Comments:

14. The student's choice was appropriate for the work situation and the dress code was followed.

5                      4                      3                      2                      1

Comments:

### INTERPERSONAL RELATIONSHIPS

15. The student was well accepted and respected by the department.

5                      4                      3                      2                      1

Comments:

16. The student was cooperative in working with others.

5                      4                      3                      2                      1

Comments:

17. The student was respectful and tactful in dealing with supervisors, department heads and medical staff.

5                      4                      3                      2                      1

Comments:

**ATTENDANCE AND PUNCTUALITY**

18. The student was present and arrived on time on the days scheduled (provided advance notice of any absence).

5                      4                      3                      2                      1

Comments:

19. The student was in attendance for the number of hours scheduled each day.

5                      4                      3                      2                      1

Comments:

20. If the student could not meet on a scheduled day, missed time was addressed.

5                      4                      3                      2                      1

Comments:

21. Overall internship performance:

5                      4                      3                      2                      1

Comments:

**COMMENTS BY THE PRECEPTOR: If none, write NONE.**

**STRONG ATTRIBUTES -**

**AREAS FOR IMPROVEMENT -**

**POTENTIAL**

**COMMENTS BY THE STUDENT: If none, write NONE.**

<hr/>	<hr/>	<hr/>	<hr/>
<b>*Signature of the Student</b>	<b>Date</b>	<b>Signature of Preceptor</b>	<b>Date</b>

\*Student signature indicates that this evaluation has been reviewed, it does not indicate agreement.

**INTERNSHIP COORDINATOR NOTES:**

**FERRIS STATE UNIVERSITY  
COLLEGE OF ALLIED HEALTH SCIENCES  
HEALTH CARE SYSTEMS ADMINISTRATION**

**HCSA 499  
COURSE SYLLABUS**

**TITLE:** Health Services Administration Seminar

**CATALOG DESCRIPTION:** Final course in the sequence of courses for the degree in Health Care Systems Administration. Students will demonstrate comprehension of the topics taught in their major courses, as well as in the general education and support courses. This will be accomplished through the formulation and presentation of projects and papers.

**PREREQUISITE:** HCSA 493

**TIME/DATE/PLACE:** Monday, August 7, 2000 thru Wednesday, August 9, 2000  
9:00 a.m. – 12:00 noon and 1:00 – 5:00 p.m.  
R-C 204, Rankin Center

**INSTRUCTOR:** Richard C. Lyon, Assistant Professor  
Office: VFS 419A  
Phone: (231) 591-2280

**COURSE OBJECTIVES:** At the conclusion of this course, the student will be able to:

1. Be familiar with printed literature relating to health care administration and management skills.
2. Demonstrate the ability to apply the resource material to "everyday" work experiences.
3. Demonstrate the effectiveness of his/her oral presentation skills.
4. Demonstrate the effectiveness of his/her writing skills by abstracting reading assignments.
5. Demonstrate his/her ability to critique an oral presentation by applying presented material to their own experiences through written summary.
6. Demonstrate his/her skills in group processes through classroom discussions of materials presented.

<b><u>GRADING SCALE:</u></b>	A = 95 – 100	C = 73 – 76
	A- = 90 – 94	C- = 70 – 72
	B+ = 87 – 89	D+ = 67 – 69
	B = 83 – 86	D = 63 – 66
	B- = 80 – 82	D- = 60 – 62
	C+ = 77 – 79	F = 59 and below

<b><u>GRADING DETERMINATION:</u></b>	1 typewritten reflection paper	= 10%
	1 typewritten position paper	= 15%
	1 typewritten abstract	= 15%
	3 oral presentations (10% each)	= 30%
	Application summaries/class participation	= 30%
	<b>Total</b>	<b>= 100%</b>

## **ADDITIONAL COMMENTS REGARDING GRADING PROCEDURE:**

All assignments are to be submitted on the date given in the schedule. Failure to submit reports on time, or before the due date, will result in an automatic deduction of 10 points for each day that the assignment is late; this includes non-class days. Failure to submit any assignment will result in 0 points for the missed assignment which, in reality, weighs more heavily than does an F grade, which has some points to calculate into the final grade determination.

All tests, quizzes, and classroom assignments are to be taken on the day scheduled. Make-up tests will not be given without an excuse from the Health Center/Physician, official school sponsored events with your name on an official list, or prior notification of a funeral for an immediate family member (verified by a memorial leaflet). The instructor reserves all rights for final decisions on any excused absences. Medical excuses or other required verifications must be presented to the instructor upon your return to the next class session.

## **PROJECTS AND PRESENTATIONS:**

Each student is required to select six (6) books from the list of book titles. These should be listed in order of preference, i.e., first choice, second choice, etc. on the attached form entitled, "Book Selections". The form should be submitted to the instructor for approval no later than Friday, June 23, 2000. From this list, the instructor will select one (1) book that you will be using. All students should be reporting on different books, so it is possible that you will be assigned a book that you did not select. The instructor will endeavor to use your choices whenever possible.

Upon receipt of the approved selections from the instructor, the student is required to read the book, prepare a typewritten or word processed abstract report for the book (see attached Book Abstract Guidelines), and prepare a ten (10) minute oral presentation to present during designated class times.

## **ORAL PRESENTATIONS:**

The required 10 minute oral report will consist of two separate parts:

1. The material presented in your typewritten abstract. This will aid your classmates in understanding the main points of the book you are presenting.
2. Your application of the book's main points to your recent internship experiences or to where you think they apply to health care administration. The more you are able to relate the topic to exact examples or to examples of people, places, or events from your internship experience, the greater your comprehension of the author's ideas. Your ability to apply what you learn is what you will be demonstrating to us.

The grade for the oral presentation will be determined by:

1. Organizational structure
2. Clarity of objectives
  - a. Abstract
  - b. Application/examples of ideas
3. Presentation
  - a. Presented or read
  - b. Techniques used in presentation: handouts, overheads, etc.
  - c. Too long (over 10 minutes) – minus points
  - d. Too short (less than 5 minutes) – minus points



## **BOOK ABSTRACT GUIDELINES:**

For each book you read, you must produce a typed abstract. The abstract should have two separate parts: (1) a **descriptive discussion** and (2) a **professional reaction**. The discussion should be about two-thirds of the abstract. This abstract needs to be submitted to the instructor at the time of your presentation. Keep a copy of your abstract for yourself.

1. The **descriptive discussion** should roughly follow the order of the book itself in dealing with the book's content and the major points it makes. In this section, you need to stay as **objective** as possible and withhold your own opinions. To prepare this section, take notes as you read and mark down the location of good quotations and important information. Pay attention to the introduction, table of contents, and index. If the book has appendices, note them as well. Look at the book's bibliography; how comprehensive has the author's research been? Rely primarily on summary; use direct quotation sparingly. This part of the assignment calls for massive compression. To succeed, you need to identify the main point the book makes.
2. The **professional reaction** should contain your own opinion. Characterize the book in terms of what it has taught you, and relate it to your recent internship experience. Tell what its value would be to the busy health manager. Don't be afraid to say something negative if that's how you feel, but support your opinions.

Assume that your audience is composed of health management professionals who are conversant with developments in the field, but who have not read this book. Follow APA (American Psychological Association) guidelines in citing summaries and direct quotations, and include a "Sources" page.

**FERRIS STATE UNIVERSITY  
COLLEGE OF ALLIED HEALTH SCIENCES  
HEALTH MANAGEMENT DEPARTMENT**

**COURSE SYLLABUS  
FALL 2000**

- COURSE TITLE:** MRIS 101 – Introduction to Health Information Systems
- CREDIT HOURS:** 4 credit hours (3 lecture, 2 lab)
- COURSE DESCRIPTION:** Study of the health record including definition, content, format and purpose. Study of JCAHO and AOA accreditation standards applicable to health information. Study of certification and licensure requirements regarding health care. Study of storage and retrieval systems for health information. Also studied will be the interactions of the health care professional contributing to, utilizing, and analyzing the health information.
- PREREQUISITES:** None
- INSTRUCTOR:** Mary Edgerly, R.R.A.  
Office: VFS 415  
Phone: (231) 591-2297 or 1-800-462-8553  
E-mail: Mary\_Edgerly@Ferris.edu  
Office hours: M, W, F 12:00 – 2:00 p.m.  
Other hours available by appointment

**COURSE SCHEDULE:**

**Big Rapids**

M, W, F 11:00 – 11:50 am – Lecture  
Friday 8:00 – 9:50 am – Lab

**Grand Rapids**

Wednesday 5:30 – 8:00 pm – Lecture  
8:00 – 9:50 am – Lab

- REQUIRED MATERIALS:** Abdelhak, Mervat. Health Information: Management of a Strategic Research. Philadelphia, PA, W. B. Saunders Co., 1996.  
MRIS 101, Introduction to Health Information Systems Course Pack.

**COURSE OBJECTIVES:**

1. Define and explain content and various formats of a health record.
2. Discuss documentation guidelines for various types of health records.
3. Differentiate amongst the various regulatory agency requirements for health information.
4. Explain the process of a regulatory agency survey.
5. Perform quantitative analysis of hospital inpatient (medical, surgical, obstetrical, newborn), outpatient, psychiatric, substance abuse, and long term care records.
6. Discuss control mechanisms for incomplete records.
7. Differentiate and discuss primary vs. secondary records.
8. Discuss health information record retention guidelines.
9. Define and describe various types of health record numbering systems.

## COURSE OBJECTIVES: (con't)

10. Define and describe various types of health record filing systems.
11. Determine storage space requirements for health records.
12. Define and determine appropriate health record storage systems for health care setting.
13. Define and discuss components of document imaging systems.
14. Discuss mechanisms for automatic identification of health information data.
15. Define and discuss computerized patient records.

## EVALUATION:

Grading Scale:	A	100 – 95	B-	82 – 80	D+	69 – 67
	A-	94 – 90	C+	79 – 77	D	66 – 63
	B+	89 – 87	C	76 – 73	D-	62 – 60
	B	86 – 83	C-	72 – 70	F	56 or below

## GRADE DETERMINATION:

Tests	50%
Project Activities	40%
Final Examination	10%

**COURSE POLICIES:** See Student Handbook, Health Management Department, 1999-2001.  
Assignments – p. 5  
Class Attendance – p. 8  
Disruptive Student Behavior – p. 10  
Honesty – p. 14  
Harassment – pp. 20-21

## FACULTY SPECIFIC:

1. Attendance – You are responsible for contacting the instructor regarding materials handed out in class, assignments made during class, and make-up assignments for any classes missed (excused or unexcused). An Absence Report will be filed with the Dean's Office when a student has an extended absence during which the instructor has not received any contact from the students.
2. All assignments/worksheets are to be submitted on the date given in class. Failure to submit assignments on time or before the due date will result in an automatic deduction of **10%** of the assigned points for each day that the assignment is late. This includes non-class days.
3. All exams are to be taken on the day scheduled by the instructor. If you are absent due to illness or injury and want to make up the examination, you must notify the instructor **PRIOR** to the class, and bring a medical excuse to the next scheduled class. Make-up examinations will be allowed at the discretion of the instructor.

## COURSE OUTLINE

### UNIT I: THE SOURCE ORIENTED HEALTH RECORD, p. 117; Chapter 4

**OBJECTIVES:** At the end of this unit, the student shall be able to:

1. Give an acceptable definition of a source-oriented health record.
2. Trace the development of the health record from the time of a patient's admission to discharge.
3. Discuss the role of ancillary service departments responsible for a complete health record.
4. List various uses of a health record.
5. Explain the flow of a health record from admission through permanent filing.
6. Perform chart tracking exercises on the computer.

### **OUTLINE:**

- A. Definitions
- B. Value of Record
- C. Development of a Source-Oriented Health Record
  1. Pre-admission
  2. Admission office
  3. Physicians
  4. Nursing unit
  5. Ancillary departments
  6. Health Record department
- D. Flow of a Health Record
  1. Chart Tracking
- E. Responsibility for the Medical Record
- F. Uses of Record

### UNIT II: HEALTH CARE REGULATORY AGENCIES THAT AFFECT THE HEALTH RECORD

**OBJECTIVES:** At the end of this unit, the student will be able to:

1. Describe the goal, origin and development of the JCAHO and AOA accrediting agencies.
2. Describe the accreditation process.
3. Describe the purpose and process of certification.
4. Describe the role of Peer Review Organizations regarding medical record review.
5. Describe how the Prospective Payment System affects reimbursement.
6. Describe the purpose and process of licensure.

## **OUTLINE:**

- A. Accreditation
  - 1. JCAHO
    - a. Goal
    - b. Manuals
    - c. Process
      - 1) Application
      - 2) Survey
      - 3) Approval
  - 2. AOA
    - a. Goal
    - b. Manuals
    - c. Process
      - 1) Application
      - 2) Survey
      - 3) Approval
  - 3. CARF
    - a. Goals
    - b. Process
      - 1) Application
      - 2) Survey
- B. Certification
  - 1. Purpose
  - 2. Process
  - 3. Medicare - Medicaid
    - a. PRO's (Peer Review Organization)
- C. Licensure
  - 1. Purpose
  - 2. Process

## **UNIT III: STANDARDS AND REGULATIONS OF EXTERNAL AGENCIES THAT AFFECT THE HEALTH RECORD (Manual)**

**OBJECTIVES:** At the end of this unit, the student will be able to:

1. Identify the appropriate standards of the JCAHO and AOA accrediting agencies as they relate to the medical record in various health care facilities.
2. Identify and discuss standards and rules of licensure and certification as they apply to the medical record in various health care facilities.
3. Identify the various hospital committees, their main functions, and the role of the medical record practitioner in the committees.
4. Describe various types of ambulatory care facilities and the factors leading to the increase in the number of facilities.
5. Describe the levels of care of long term care facilities.
6. Identify information needed to fulfill specific health information reporting requirements related to applicable legal, licensing and accreditation requirements.
7. Use the Federal Register to access proposed requirements for health care facilities.

## OUTLINE:

- A. Hospitals
  - 1. Accreditation
    - a. JCAHO
      - 1) Using the Manual
      - 2) Governing Body
      - 3) Management and Administrative Services
      - 4) Medical Record Services
      - 5) Medical Staff
    - b. AOA
      - 1) Governing Body
      - 2) Professional Staff
      - 3) Committees
  - 2. Certification
    - a. Conditions of Participation
    - b. Survey Report
  - 3. Licensure
- B. Long Term Care Facilities
  - 1. Long term care clinical records and record department
  - 2. Accreditation
  - 3. Certification
    - a. Types of facilities
    - b. Levels of care
  - 4. Licensure
  - 5. Home Health
  - 6. Hospice
- C. Mental Health Facilities
  - 1. Mental health records
  - 2. Accreditation
  - 3. Certification
  - 4. Licensure - Mental Health Code
- D. Ambulatory Care Facilities
  - 1. Definition
  - 2. Factors leading to increase in ambulatory care facilities
  - 3. Types of ambulatory care facilities and record systems
  - 4. Accreditation
  - 5. Certification
  - 6. Licensure
  - 7. Health Maintenance Organizations
  - 8. Preferred Provider Organizations

## **UNIT IV: DETERMINING CHART DEFICIENCIES, pp. 142-143, 153-156**

**OBJECTIVES:** At the end of this unit, the student shall be able to:

1. Differentiate between quantitative and qualitative analysis of a health record.
2. Understand the need for analysis.
3. Identify various control mechanisms in chart analysis.
4. Perform quantitative analysis.
5. Perform chart assembly.
6. Discuss various disciplinary steps for physicians with delinquent charts.
7. Discuss necessity of accuracy and completion for reimbursement.

### **OUTLINE:**

- A. Quantitative Analysis
  1. Definition
  2. Purpose
  3. Contents of deficiency slip
  4. Relationship to standards, by-laws and policies
  5. Delinquent charts
    - a. Disciplinary action
- B. Qualitative Analysis
  1. Definition
    - a. Discharge
    - b. Concurrent
- C. Chart Assembly
  1. Definition
  2. Purpose

## **UNIT V: THE PROBLEM ORIENTED MEDICAL RECORD (POMR), p. 118**

**OBJECTIVES:** At the end of this unit, the student shall be able to:

1. Cite the major reasons for the evolution of the POMR.
2. Describe the components of the POMR.
3. Compare the structure of the Problem Oriented Medical Record with the Source Oriented Medical Record.

### **OUTLINE:**

- A. History
  1. Dr. Lawrence Weed
  2. Rationale
  3. Concepts
- B. Mechanics
  1. Data base
    - a. Definition
    - b. Content and collection

- c. Form
- 2. Problem list
  - a. Definition
  - b. Content
  - c. Form
  - d. Function
- 3. Plan
  - a. Definition
  - b. Content
  - c. Form
- 4. Notes/Summary
  - a. Definition
  - b. Flow sheets

## **UNIT VI: MASTER PATIENT INDEX (MPI), p. 108, 180, 185-186**

**OBJECTIVES:** At the end of this unit, the student shall be able to:

- 1. Discuss purpose, content and use of the patient index.
- 2. Discuss various MPI filing procedures and how to decide which method should be used.
- 3. File MPI cards alphabetically or with Soundex.

### **OUTLINE:**

- A. Definition
- B. Filing Methods
  - 1. Alphabetic
    - a. Automated
    - b. Manual
  - 2. Soundex
  - 3. Other

## **UNIT VII: NUMBERING SYSTEMS, p. 180-181**

**OBJECTIVES:** At the end of the unit, the student shall be able to:

- 1. Define the various types of numbering systems.
- 2. Describe the advantages and disadvantages of each type of numbering system.
- 3. Explain how to choose the appropriate numbering system for a particular type of health care facility.
- 4. Prepare health record folders for each type of numbering system.

### **OUTLINE:**

- A. Types
  - 1. Unit
  - 2. Serial
  - 3. Serial unit



- B. Advantages/Disadvantages
- C. Methods of Numbering
  - 1. Admission
  - 2. Discharge
  - 3. Social Security
  - 4. Family
  - 5. Alpha-numeric combinations
  - 6. Computer adaptations
  - 7. Bar Coding
- D. Equipment
- E. Controls
- F. Factors in Selecting a Numbering System
  - 1. Type of institution
  - 2. Activity

### **UNIT VIII: FILING SYSTEMS, p. 181-189**

**OBJECTIVES:** At the end of the unit, the student shall be able to:

- 1. Define the various types of filing systems.
- 2. Describe the advantages and disadvantages of each type of filing system.
- 3. Explain how to choose the appropriate filing system for a particular type of health care facility.
- 4. Explain different control mechanisms for assuring the location of the chart.
- 5. Prepare health record folders for each type of filing system.

### **OUTLINE:**

- A. Systems of Filing
  - 1. Centralized
  - 2. Decentralized
- B. Methods
  - 1. Alphabetic
  - 2. Numerical
    - a. Straight numerical
    - b. Terminal digit
    - c. Middle digit
- C. Controls
  - 1. Requisitions
  - 2. Charge out systems
  - 3. Incomplete records
  - 4. Color coding
  - 5. Audits
  - 6. Access to files

- D. Equipment
- E. Conversion of Filing Systems

## **UNIT IX: RECORD RETENTION, p. 187**

**OBJECTIVES:** At the end of this unit, the student shall be able to:

1. State the recommended retention period for various health record reports.
2. Determine the best mechanism (microfilm/microfiche) for retaining health information.
3. Discuss the proper procedure to follow when destroying records.

### **OUTLINE:**

- A. Active/Inactive Records
  1. Nurse's notes
  2. ER records
  3. Registers
  4. Operation
  5. Patient Index
  6. Indices
  7. Lab x-ray
- B. Destruction of Health Records
  1. Shredding
  2. Incineration

## **UNIT X: INFORMATION STORAGE SYSTEMS, pp. 187-188, 597**

**OBJECTIVES:** At the end of this unit, the student shall be able to:

1. Discuss the various types of microform.
2. Determine the best type of microform for specific types of health care settings.
3. Discuss the microfilming process.
4. Determine when to use in-house microfilming versus contracting the microfilming process.
5. Discuss optical disk storage systems.
6. Comparison of various storage systems.
7. Discuss off-site storage.
8. Discuss factors to consider when choosing storage system.

### **OUTLINE:**

- A. Microforms, pp. 194-197
  1. Microfilm
  2. Cartridge
  3. Jackets
  4. Microfiche
  5. Computer output microfilm

- B. Microfilming Process
  - 1. In-house vs. Out-of-house
    - a. Pull charts
    - b. Preparation
    - c. Filming
    - d. Processing
    - e. Testing/Editing
    - f. Destruction
  
- C. Optical Disk Storage, pp. 202-209
  - 1. Definition
  - 2. Equipment
  - 3. Costs
  - 4. Advantages
  - 5. Disadvantages
  
- D. Off-Site Storage
  - 1. Factors to consider

## **UNIT XI: NON-ACUTE CARE HEALTH RECORDS**

**OBJECTIVES:** At the end of this unit, the student shall be able to:

- 1. Define other types of non-acute care settings.
- 2. Discuss the contents of the health records kept in these settings.

### **OUTLINE:**

- A. Long Term Care, pp. 28-29, 169-176
  - 1. Definition
  - 2. Health record contents
  
- B. Home Care, pp. 28, 127-128, 157-163
  - 1. Definition
  - 2. Health Record Contents
  
- C. Hospice, pp. 29-30, 128, 161
  - 1. Definition
  - 2. Health Record Contents
  
- D. Ambulatory Care, pp. 15-19, 118-122
  - 1. Definition
  - 2. Health Record Contents

## **UNIT XII: COMPUTER BASED PATIENT RECORD, pp. 87, 575-620**

**OBJECTIVES:** At the end of this unit, the student will be able to:

- 1. Define CPR.
- 2. Discuss components, obstacles and issues to consider when implementing a CPR.

**OUTLINE:**

- A. CPR
  - 1. Definition
  - 2. Components
  - 3. Issues
    - a. Legal
  - 4. Obstacles
  - 5. Advantages

**UNIT XIII: AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION, pp. 57-60**

**OBJECTIVES:** At the end of this unit, the student will be able to:

- 1. Describe the origin and development, structure, and purpose of the American Health Information Management Association.
- 2. Discuss the categories and benefits of AHIMA membership.
- 3. Explain the purpose and process of continuing education.

**OUTLINE:**

- A. AHIMA
  - 1. Description
  - 2. Purpose
  - 3. Origin and development
    - a. Headquarters
  - 4. Structure
    - a. Board of Directors
    - b. House of Delegates
    - c. Councils/Committees
    - d. Executive Office
  - 5. Code of Ethics
  - 6. Membership
    - a. Categories
    - b. Benefits - including
      - 1) Publications
      - 2) FORE
      - 3) State membership
  - 7. Continuing Education
    - a. Purpose
    - b. Requirements
    - c. Process
- B. State Associations
- C. Regional Associations
- D. International Federation of Health Record Organization

This course meets the following American Health Information Management Association entry-level competencies for Registered Record Administrators:

- 7.1 Maintain information needed to fulfill specific health information reporting requirements related to applicable legal, licensing and accreditation requirements.

At the completion of this course, the following Accredited Record Technician competencies will have been met:

- 1.1.4 Monitor changes in federal, state and local laws, regulations and/or Joint Commission standards.
- 1.1.9 Collect data on the quality of documentation of the medical record (i.e., timeliness, completeness, accuracy).
- 1.1.12 Track location of medical records.
- 1.1.14 Monitor accreditation/licensing survey results.
- 1.1.17 Assemble medical records.
- 1.1.22 Abstract information from patient records for disease, procedure, physician, or other indices.
- 1.1.27 Retrieve and/or file records.
- 3.4 Plan self-development/continuing education activities.

At the completion of this course, the following Registered Record Administrator competencies will have been met:

- 1.1.9 Collect data on the quality of documentation of the medical record (i.e., timeliness, completeness, accuracy).
- 1.1.22 Abstract information from patient records for disease, procedure, physician, or other indices.

## Tentative Schedule

Week 1	Introduction to Course Overview of Health Care Systems
Week 2	Unit XIII The Health Information Management Association Confidentiality and Ethics
Week 3	Unit 1 The Medical Record
Week 4	SOMR and Forms
Week 5	Unit V POMR Unit IV Chart Deficiencies
Week 6	Unit VI Master Patient Index
Week 7	Unit VII Numbering Systems
Week 8	Unit VIII Filing Systems
Week 9	Unit IX Record Retention
Week 10	Unit X Information Storage Systems
Week 11	Unit II HC Regulatory Agencies
Week 12	Unit III Standards & Regulations
Week 13	Unit XI Non-Acute Health Record Presentations
Week 14	Unit XI Non-Acute Health Record Presentations
Week 15	Unit XII Computer Based Patient Record Final Exam Review
Week 16	Final Exam

Ferris State University  
College of Allied Health Sciences  
Health Management Department  
Course Syllabus – Fall 2000

Course Title: MRIS 103 Medical Terminology 4 credit hours ( 4 lecture)

Course Description: Terminology of disease conditions, operative pathology, radiology, surgery, operative procedures and techniques, surgical instruments, anesthetic agents, pharmacologic agents, oncology, nuclear medicine, and other specialized areas of medicine.

Instructor: Cindy Konrad

Office: VFS 413

Phone: (231)- 591-2298 or x2298

E-mail: [KonradC@Ferris.edu](mailto:KonradC@Ferris.edu)

Office Hours: Mon, Wed, Thr, Fri. –10-11 a.m. & Wed. 9-10 a.m.

Other hours by appointment

Course Schedule: M-W-Th-F 10-11 a.m.,

Structured Learning Assistance Workshop: M-W 5-7 p.m.

Required Materials: The Language of Medicine by Davi-Ellen Chabner, 6<sup>th</sup> Edition, WB Saunders Company  
Mosby's Medical, Nursing & Allied Health Dictionary

Evaluation: The standard College of Allied Health Sciences grading scale will be used:

A 100-95	B- 82-70	D+ 69-67
A- 94-90	C+ 79-77	D 66-63
B+ 89-87	C 76-73	D- 62-60
B 86-83	C- 72-70	F 59 and below

Grade Determination:

The students grade will be determined by the total number of points earned by the student divided by the total possible for the semester. The total possible will come from assignments, quizzes, tests, and group work.

**Quizzes cannot be made up.** Assignments are to be submitted on the due date given in class. Failure to do so will result in **the loss of 10%** of the grade per day late no papers accepted after four days.

Attendance will be taken daily based on assigned seats after the first week of class. If you miss a class or part of a class you are responsible for all information

and assignments missed. If you are absent during an in-class assignment then the grade for that assignment is forfeited. Tests are to be taken on the date announced in class. Failure to do so will result in a "0" on the test. Excused absences will require a physician's note for illness, obituary notice for funeral attendance or other documentation so stated by the instructor. These notices must be brought to the next regularly scheduled class session.

Course Policies: See attachments

Tentative Course Schedule:

1. Chapter 1 – Basic Word Structure
2. Chapter 2- Terms Pertaining to the Body as a Whole
3. Chapter 3 – Suffixes
4. Chapter 4 – Prefixes
5. Chapter 21 – Pharmacology
6. Chapter 19 & 20 – Cancer Medicine, Radiation, Nuclear Medicine and Radiation Therapy
7. Chapter 5 & 6 – Digestive System
8. Chapter 10 & 17 – Nervous System, Eye and Ear
9. Chapter 11 – Cardiovascular System
10. Chapter 12 – Respiratory System
11. Chapter 13 & 14 – Blood & Lymphatics System
12. Chapter 15 – Musculoskeletal System
13. Chapter 18 – Endocrine System
14. Chapter 7, 8, & 9 – Urinary, Female Reproductive and Male Reproductive System
15. Chapter 16 – Skin

Course Objectives:

Upon completion of this course, the student will be able to:

1. Analyze the basic components of medical terms: prefixes, suffixes and root words.
2. Analyze medical terms that cannot be broken down into component parts.
3. Spell correctly the medical terms learned during the semester.
4. Define terms relating to disease processes.
5. Define anatomic/symptomatic terms.
6. Match lay terms with their medical counterparts.
7. Define standard abbreviations.
8. Define diagnostic terms specific to disease.
9. Proficiently use dictionaries, formularies, and other medical references.
10. Demonstrate comprehension of medical terms by reading , analyzing, and summarizing case studies and journal articles.



**STRUCTURED LEARNING**  
**ASSISTANCE POLICIES**

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## ***Attendance Policy***

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The structured Learning Assistance Workshops are designed to assist all students in successfully completing their course work. The four hour per week workshops will offer students the study strategies, background information, and practice time vital to academic success. Workshops are an important part of the academic course and must be attended with regularity if they are to be beneficial. The following policy will be in effect for all SLA workshops.

1. All students are required to attend the first workshop meeting of the semester.
2. The instructor will determine if attendance at additional workshops is required/ optional until the first test, quiz, or other graded assignment is given in class.
3. Once a test, quiz, or other graded assessment has been given, students who earn a 78% or better are excused from the workshop, although they are encouraged to attend. Students will continue to be excused from the workshop as long as their cumulative grade in the course remains at or above 78%.
4. Students who earn a grade of 78% or less on the first test, quiz, or other graded assessment will be required to attend all workshop sessions until their cumulative grade point improves to a 78% or higher level.
5. All students are required to attend workshops at any time during the semester in which their cumulative grade falls below a 78%. Students are responsible to check with the instructor to determine if their attendance at the workshop is required. Most instructors will post a list.
6. No more than two (2) unexcused absences from required workshop sessions will be permitted prior to the University's final class withdrawal (June 15<sup>th</sup>) date each semester. No more than three (3) unexcused absences from required workshop sessions will be permitted for the semester. Students who exceed this number of absences will receive a failing grade in the course, or may withdraw if this occurs during the University's class withdrawal time period.
7. For every three times a person is late for a workshop session, either at the beginning of the session or following a session break, they will receive one absence. (See the Late for Class Policy)
8. A student who arrives more than 15 minutes late for workshop will be marked as absent. A student returning from break more than 10 minutes late will be marked absent.
9. A student must be present for the entire time of the workshop to receive credit for attending. Students required to attend the workshop that leave the workshop early will be marked as absent unless authorized to do so by the workshop facilitator. (See the exceptions policy)

10. During the course of a workshop session, students who are requested more than two times to refocus their behavior on the learning task may be dismissed and marked absent.
11. A student dismissed for inappropriate behavior will be marked absent.
12. A student who attends a workshop session voluntarily may leave at any time.
13. A student must have all required materials and actively participate in order to be counted as having attended the workshop session. This includes bringing your up-to-date lecture notes. Students forgetting materials will be allowed to go get them, but will be marked late for the workshop session. A student who comes to a workshop session unprepared and is not participating will be asked to leave the workshop and will be marked absent.

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### ***Exceptions to the Attendance Policy – Excused Absence***

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1. University sponsored events in which an excused absence form from the Vice President for Academic Affairs Office or other authorized agency of the University is presented to the workshop instructor.
2. Death in the family. Appropriate verification will be needed.
3. Extended hospitalization. Appropriate verification will be needed.
4. For students that are commuters – dangerous weather conditions in which driving is considered by local authorities as unsafe.
5. Being called to testify in a court case, or jury duty.
6. "Get-away days". Workshops on days prior to University vacations will not meet if they being on or after 3:00 p.m., i.e., Wednesday prior to Thanksgiving break, fall semester.

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### ***Examples of Unexcusable Absences***

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1. Incarceration / jailed
2. Employment
3. Child care problems. **Note:** Children are not allowed in the workshops.

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### ***Late for Workshop Policy***

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1. A person is considered late if they arrive more than five (5) minutes after the scheduled time the workshop is to start.
2. A person is also considered late if they return from break more than five (5) minutes after the time the instructor has indicated break will end.
3. If a person forgets his/her materials for workshop and leaves to get the material, they will be marked as late for workshop.
4. For each three (3) times a person is late, they will receive one absence.

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### ***Requirements for a student participating in a SLA Workshop***

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1. Have all textbooks/course materials by the second workshop of the semester.
2. Arrive at the workshop with all learning materials, including lecture notes from the most recent class period, and any assigned homework that has been required.
3. Participate fully in the workshop activities.
4. Work with other students and/or individually when requested to do so.
5. Address the workshop instructor in an appropriate manner.
6. Respect the views and opinions of the other students.
7. Work only on material/homework of the workshop.

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### ***Workshop Rules***

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1. Soft drinks, coffee, juice, or other appropriate beverages are permitted.
2. No eating except during break times unless authorized by the workshop facilitator.
3. No chewing tobacco.
4. No headphones.
5. No sleeping. If you sleep, you will be asked to leave and will be marked absent.
6. Must address the workshop facilitator in a professional and respectful manner.

**HEALTH MANAGEMENT**  
**DEPARTMENT AND FERRIS**  
**STATE UNIVERSITY**  
**CLASSROOM POLICIES**

## **Student Dignity**

The University expects all students and employees to conduct themselves with dignity and respect for students, employees, and others. It is each individual's responsibility to behave in a civil manner and make responsible choices about the manner in which they conduct themselves. Harassment of any kind is not acceptable at Ferris State University. The University does not condone or allow harassment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

### **Racial Harassment**

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

1. The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person;
2. Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
3. The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University.

## **Sexual Harassment**

Using the definition contained in the Equal Employment Opportunity Commission guidelines, adapted to include educational environments, sexual harassment is defined as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement;
- 2) submission to or rejection of such conduct by an individual is used as a factor in employment or academic decisions affecting such individuals;
- 3) such conduct has the purpose or effect of substantially interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, living, or academic environment.

While sexual harassment most often takes place in situations of power differential between the persons involved, sexual harassment may also occur between persons of the same status, e.g., student-to-student. The person exhibiting sexually harassing conduct need not realize or intend the conduct to be offensive for the conduct to constitute sexual harassment.

## **Harassment Concerns**

Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact either an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action.

If approaching the individual is not possible (i.e., you are uncomfortable or uncertain as to how the situation should be handled or concerned the situation may become volatile) or does not resolve the matter, it should then be reported immediately to an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, the Director of Student Judicial Services, or the Director of Affirmative Action. If, for some reason, you are uncomfortable discussing your situation with any of these individuals, please report your situation to any member of University administration. The circumstances surrounding the matter will be fully investigated, including the nature of the harassment and the context in which it occurred.

All reports of harassment and subsequent investigations will be kept as confidential as possible. Anyone found to have violated this Policy will be subject to discipline up to and including discharge and dismissal, that may include, but not be limited to, official reprimand, official apology, sensitivity training, and/or other disciplinary action including dismissal. Likewise, because intentionally false accusations of harassment can have serious effects on innocent people, anyone found to have intentionally falsely accused another person of violating this Policy will be subject to discipline up to and including discharge or dismissal.

## **Consensual Relationships Between University Employees and Students**

Consensual relationships of an amorous or sexual nature that might be appropriate in other circumstances are deemed inappropriate when they occur between an employee of the University and a student for whom he or she has a professional responsibility. For example, such a relationship would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choice.

It is the policy of Ferris State University that any University employee who has professional responsibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.

## **Disruptive Behavior Policy Statement**

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.



## **Disruptive Behavior Policy Statement (con't)**

5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

## **Honesty Policy**

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. Plagiarism (copying) of themes or other written work shall also be considered an infraction.

Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students.

The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations means failure in the course. The student may appeal the decision to the Disciplinary Committee.

Further offenses may result in suspension or dismissal from the University.

COLLEGE OF ALLIED HEALTH SCIENCES  
HEALTH MANAGEMENT DEPARTMENT  
COURSE SYLLABUS - FALL 2000

COURSE TITLE

**MRIS 204 - ICD CODING**

**4 CREDITS (3+2)**

COURSE OBJECTIVES:

- 1 Assign diagnostic and procedure codes using ICD-9-CM.
- 2 Apply principles of diagnostic and procedure classification - ICD-9-CM.
- 3 Analyze data for patient-related information system needs or for departmental operations or services.
- 4 Verify timeliness, completeness, accuracy and appropriateness of data sources.
- 5 Analyze health record content - clinical documentation.
- 6 Apply and validate DRG assignment.
- 7 Assess quality control of coding function.
- 8 Evaluate data quality linkage with reimbursement.
- 9 Conduct an interview with an acute care coder, supervisor, or director.

COURSE DESCRIPTION

Principles of coding diseases, conditions, and procedures, with the International Classifications of Disease System. Laboratory practice in the assignment of codes using both computerized and manual methods. Prerequisite: MRIS 103 and BIOL 109 or consent of professor.

Correct ICD code assignment is critical to data quality and data integrity in all health care delivery systems.

INSTRUCTOR

Marie J Sickelsteel, M.S., R.H.I.T.  
College of Allied Health Sciences  
Associate Professor  
VFS 412  
231 591 2321  
sickelsm@ferris.edu

OFFICE HOURS

Tuesday	Wednesday	Thursday
	11:00 AM	
1:00 PM		1:00 PM
2:00 PM		2:00 PM

COURSE SCHEDULE

Saturday 9:00-5:00

September 9  
 September 23  
 October 14  
 October 28  
 November 18

Sunday 9:00-5:00

September 10  
 October 15  
 October 29

REQUIRED MATERIALS

- Course Packet
- ICD 9 CM Coding Book
- CodeMaster Plus
- Coding Clinic, AHA
- Health Records
- Case Studies
- Handouts

EVALUATION

Uniform Grading Scale

100 - 95	A	79 - 77	C+
94 - 90	A-	76 - 73	C
89 - 87	B+	72 - 70	C-
86 - 83	B	69 - 67	D+
82 - 80	B-	66 - 63	D-
		59 or less	F

Health Care Systems Administration,  
Medical Records Administration,  
Medical Records Technology

Addendum to  
APRC 2000-2001

section 4 of 6

**GRADE DETERMINATION**

Record Your Score

⇒	50%	Tests	
⇒	10%	Exercises	
⇒	5%	Interview	
⇒	3%	Weekly Journal	
⇒	2%	Article	
⇒	5%	Participation & Attendance	
⇒	<b>25%</b>	<b>Comprehensive Final Examination-Part 1, 2, 3, 11-18-00</b>	
	100%	Total Points	

❖ + 1 **EXTRA CREDIT:** 1 Point - *MRIS 204 Notebook*

**POLICIES**

- *DISRUPTIVE STUDENT BEHAVIOR* Acts of obstruction or disruption that disturb classroom activities are not allowed.  
  
Classroom Chitchat: Demonstrate respect for others, inappropriate conversation when someone else is speaking is disruptive to the entire class.
- *ACADEMIC DISHONESTY* Cheating and plagiarism is considered unethical and unprofessional.
- *SEXUAL HARASSMENT* Ferris is committed to maintaining an educational and working environment free of conduct that degrades or oppresses individuals, including conduct that sexually humiliates individuals.
- *ATTENDANCE/LATENESS* Attend each class. If you arrive late, it disturbs the class.

• *ASSIGNMENTS*

All assignments and projects are to be handed in on the DUE DATE. Five (5) points will be deducted for each day late that the material is received. After five days the assignment is not accepted and a "0" grade is recorded. Or if assignment has been returned to the rest of the class, your assignment will not be accepted.

• *TESTS*

All tests will be announced at least one class day before the test. Mandatory attendance is required. If you are ill or an emergency occurs, please notify the instructor before class; a phone mail message is acceptable. A missed test due to illness will require supporting documentation.

*Emergency - a sudden, generally unexpected occurrence or set of circumstances demanding immediate action*

• *CLASS PARTICIPATION*

Active participation is necessary to learn to apply, analyze, synthesize, and problem solve. Team and group activities require action of each person.

Performance Scale of Class Participation

- participates or gets involved in all discussions and group activities
- attempts to answer all questions given to the class or group
- ask questions and is involved in group activities
- expresses herself or himself every once in awhile
- does not offer information in class and does not participate

• *RED PEN*

Do not use a red pen on any course assignment! The assignment will not be accepted.

*TENTATIVE SCHEDULE*

- 1 Course content will be introduced in units, each unit will be discussed, starting with Unit 1.
  - 1.1 Read unit prior to scheduled class and complete examples [the diagnostic and procedural statements enclosed in boxes in your lecture outline.
- 2 Exercises will be assigned to correspond with each unit.
- 3 Three tests
- 4 Projects - watch due dates
- 5 Comprehensive final examination [3 parts]

## COURSE UNITS

1. INTRODUCTION: NOMENCLATURES AND CLASSIFICATIONS
2. CODING & DEFINITIONS OF DIAGNOSTIC AND PROCEDURAL DATA
3. GUIDELINES FOR SELECTION OF PRINCIPAL DIAGNOSIS AND FOR REPORTING OTHER DIAGNOSES
4. THE DOCUMENTATION REVIEW PROCESS AND DOCUMENTATION SOURCES
5. ICD-9-CM CHARACTERISTICS, CONVENTIONS AND TERMINOLOGY
6. BASIC CODING PRINCIPLES
7. CODING, RECORD DOCUMENTATION AND DIAGNOSTIC RELATED GROUPS [DRGs]
8. NEOPLASMS
9. PREGNANCY, CHILDBIRTH, AND PUERPERIUM
10. NEWBORN AND PERINATAL PERIOD
11. OUTPATIENT CODING AND REPORTING GUIDELINES
12. MENTAL DISORDERS
13. SIGNS AND SYMPTOMS
14. V CODES
15. DIABETES MELLITUS
16. INFECTIOUS DISEASES: HIV AND ACUTE AND CHRONIC VIRAL HEPATITIS
17. CIRCULATORY SYSTEM
18. RESPIRATORY SYSTEM
19. INJURIES, LATE EFFECTS, AND COMPLICATIONS
20. E CODES - EXTERNAL CAUSES OF INJURIES AND OTHER ADVERSE EFFECTS
21. POISONING AND ADVERSE EFFECTS OF DRUGS/SUBSTANCES
22. GASTROINTESTINAL SURGERY
23. PLASTIC SURGERY
24. MISCELLANEOUS
25. DRGs , CASE MIX, AND QUALITY CONTROL

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PROJECT 1            DAILY JOURNAL            3 POINTS            EACH TEST DAY

You are required to maintain a journal of course activities -- a summary of what you learned, feelings -- positive and negative, what was most difficult, what was of value, etc. This may be handwritten or done on a word processor. Please do not rewrite the lecture notes; be brief and pertinent. Minimum requirement is at least **one entry per class day**.

Journals are due on each test day. You are responsible for turning in your journal before each test. Journals will not be accepted after class. Pick up your journal before you leave. I am not responsible for journals left in the classroom.

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PROJECT 2            JOURNAL ARTICLE REVIEW            2 POINT            DUE: Oct. 14, 2000

- 1      Typewritten summary of a journal article that relates to coding, 1 to 1½ pages. This article can be taken from the Internet.
- 2      The article must be 1998 or later.
- 3      Attach a stapled copy of the article to the typewritten summary. The copy will be retained by the instructor; the summary will be returned.
- 4      Evaluation:
  - 4.1     Article recent (1998 or later) and relates to coding.
  - 4.2     Stapled as instructed.
  - 4.3     Format followed, see below.
  - 4.4     Typewritten, free of spelling and grammatical errors. Please proofread carefully, points can be lost for carelessness. Professional appearance.
  - 4.5     Summary complete, application consistent, and **YOUR REACTION INCLUDED**.
- 5      Format required.

SUSAN YODER MRIS 204 - PROJECT 2 OCT. 14, 2000
<i>Smith, Susan J. "Coding and Data Integrity". <u>Journal of the American Health Information Management Association</u>. 60/1 (June, 1999, 25-27.</i>
<u>Summary</u>
<i>The purpose of this article was .....</i>
<u>Application</u>
<i>This article addresses .....</i>
<u>Reaction</u>
<i>My reaction to this article was .....</i>



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**PROJECT 3****INTERVIEW****5 POINTS****DUE: Oct. 28, 2000**

Interview a health information manager, coding supervisor or an experienced coder in an acute care facility regarding coding issues, concerns, and the future market for coders.

You will be responsible for making an appointment to conduct the interview. A list of questions is included in the Appendix.

Submit a typewritten report of the results of your interview and be prepared to discuss your findings with the class.

**Evaluation:**

1. Report is typewritten, free of spelling and grammatical errors.
2. Includes:
  - ◆ Date, time and site of interview.
  - ◆ Person interviewed.
  - ◆ Interview discussion.
  - ◆ Question typed, double space, then response. Do not ask questions that require only a 'yes' or 'no' answer. The responses must be followed with 'why.'
  - ◆ *Your reaction to the interview and findings, positive and negative.*
  - ◆ Professional appearance.
  - ◆ All sheets stapled in upper left hand corner. Do not place report in a folder.
3. Brief report to the class.

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**PROJECT 4****EXTRA CREDIT NOTEBOOK****1 POINT****DUE: FINAL EXAM DAY**

1. Maintain a three ring notebook of the contents of this class.
2. The "Notebook" will be evaluated by the professor on the 1<sup>st</sup> day of the final examination; it will not be accepted after that day or time.
3. Notebook Requirements:
  - 3.1 Notebook labeled.
  - 3.2 Title page, yours not mine.
  - 3.3 Table of Contents, SPECIFIC not broad. Labeled tabs. Your table and tabs must allow me to quickly locate notebook contents. The table must be typed.
  - 3.4 Course syllabus, course outline, notes, handouts, assignments, and projects--everything.
  - 3.5 Appropriately organized for easy reference, neatly arranged and well assembled.

**CREATE MENTAL PICTURES OF YOUR GOALS,  
THEN WORK TO MAKE THOSE PICTURES BECOME REALITIES.**

MY MRIS 204 ACTION PLAN

THE LETTER GRADE I EXPECT TO RECEIVE:

In MRIS 204, I want to learn:

1.	
2.	
3.	

THIS IS MY PLAN, I WILL do the following to receive the above grade.

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____

## STUDENT INFORMATION MRIS 204 - ICD CODING

*Please complete this sheet and return to the instructor.*

NAME		DATE	
SCHOOL ADDRESS		HOME ADDRESS	
PHONE #:		PHONE #	
<input type="checkbox"/> Curriculum: [circle]		MRT	MRA
<input type="checkbox"/> ABOUT ME:		Expected Graduation	
<input type="checkbox"/> Academic <u>strong points</u>		<input type="checkbox"/> Academic <u>weak points</u>	
<input type="checkbox"/> Prior health care experience			
<input type="checkbox"/> Three words that describe me as a:			
<input type="checkbox"/> <u>student</u>		<input type="checkbox"/> <u>person</u>	
<input type="checkbox"/> What I love most about learning			
<input type="checkbox"/> My self-discipline to learning (circle)    low 1 2 3 4 5 6 7 8 9 10 high			
<input type="checkbox"/> Priorities that impact my time			
<input type="checkbox"/> I want you to know this - to help me succeed. [This may be your learning style, writing, speaking, test taking skills, medical issues, learning disabilities, etc.]			

Thank you.

FERRIS STATE UNIVERSITY  
COLLEGE OF ALLIED HEALTH SCIENCES  
HEALTH MANAGEMENT DEPARTMENT

COURSE SYLLABUS -

COURSE TITLE: MRIS 209 – QUALITY ASSURANCE

CREDITS: 3 credit hours (lecture 2, lab 2)

INSTRUCTOR: Cindy Konrad, M.S., R.N.  
Office – VFS 413  
Telephone – 231-591-2298 or ext. 2298  
Toll Free – 1-800-462-8553 or 1-800-592-6499  
E-mail – [Cynthia\\_K\\_Konrad@Ferris.edu](mailto:Cynthia_K_Konrad@Ferris.edu)  
Mailing address – 200 Ferris Dr., Big Rapids, MI 49307-2740

OFFICE HOURS: Monday , Wednesday, Thursday, Friday 11-12 and Wednesday 9-10.

CATALOG DESCRIPTION: Study of the concepts and procedures utilized in the performance of the quality assurance function in the health care setting. Emphasis on the role of the medical record practitioner in the management and control of the utilization review function of the facility. In the laboratory, the student will participate in utilization review and medical care evaluation. Prerequisite: MRIS 103 or permission of instructor.

STUDENT TEXT:

\_\_\_\_\_ Quality Assurance Manual, FSU, 2000

Brassard, Michael and Ritter, Diane, The Memory Jogger II, GOAL/QPC, Methuen, PA, 1994

\_\_\_\_\_ The Team Memory Jogger, GOAL/QPC - JOINER Publication, Methuen, PA, 1995.

**COURSE OBJECTIVES:** At the conclusion of this course, the student will be able to:

1. List the differences between quality assurance and quality improvement.
2. Describe the external and internal pressures in today's health care environment and their impact on quality improvement programs.
3. Discuss the purpose of quality improvement activities.
4. Describe the JCAHO Ten Step process and PDCA.
5. Discuss the history of quality improvement in the U.S.
6. Discuss the purpose of utilization management.
7. Identify the procedures which comprise the utilization review process.
8. Identify critical pathways
9. Discuss the role of federal, accrediting and licensing agencies in quality improvement programs (NCQA, JCAHO, HEDIS, URAC).
10. Describe the role of the health information practitioner in each of the components of the quality improvement process.
11. State the purposes of, and charges to, peer review organizations.
12. Recognize the importance of accurate health data in efforts to assure quality patient care.
13. Discuss the legal and confidentiality issues related to the quality improvement components.
14. Apply quality improvement techniques/tools.
15. Discuss continuous quality improvement techniques and theory.
16. Practice team building techniques.
17. Apply data retrieval techniques and calculations.
18. Design data retrieval forms.
19. Apply written, oral and interpersonal communication skills.
20. Discuss the impact of managed care on utilization management

**COURSE SCHEDULE:** Saturdays, 9-5 , September 9,23, October 14, 28, November 11, December 2, 9 ( if needed)

**METHOD OF TEACHING:** Lecture, class discussion, handouts, readings, on-site clinical experience, projects, assignments, team assignments/projects

**COURSE POLICIES:** Disruptive Student Behavior – see attachment  
Academic Dishonesty – see attachment  
Student Dignity – see attachment

EVALUATION: The standard College of Allied Health Sciences grading scale will be used:

Grade Determination:

30 % Assignments (10%) and Projects (20%)  
50% Tests and quizzes  
20% Final exam (comprehensive)

All assignments and projects are due on the date given in class, at the beginning of the hour. Failure to submit assignments on time will result in an automatic deduction of 50%. All assignments are to be typed, untyped assignments are not accepted. Typed assignments must be in a font size of 10-12 and a font style of Arial or Times New Roman. Using a typewriter with Pica or Elite type is acceptable, also. All other type styles must be approved by the instructor or the assignment is deemed unacceptable.

Tests will be given on the days assigned in class. Absence on a test day will result in a "0" grade. If you are sick on a test day a medical excuse must be brought to the next class session for verification of the illness. If absence is for a death in the family, prior notification must be given and a funeral home note must be provided. Absence on a day with an in-class assignment will mean no credit for that assignment.

Any student present in class who is unable to participate in group work because of drunkenness, a hangover or disruptive behavior will be asked to leave class and take a "0" on the assignment for that day.

MINIMUM BIBLIOGRAPHY:

Huffman, Edna, Medical Record Management, 9th or 10th Edition, Physicians' Record Co. Berwyn, IL., 1990.  
Quality Improvement Techniques for Medical Records, Opus Communications, Marblehead, MA, 1992.  
The ISD-A Review System with Adult ISD Criteria, Interqual, North Hampton, NH, 1993.

## TENTATIVE AGENDA

### UNIT 1 – A. ORIENTATION TO QUALITY ASSURANCE/IMPROVEMENT

- B. DATA RETRIEVAL
- C. DATA DISPLAY
- D. DATA INTERPRETATION
- E. DATA INTEGRITY

### UNIT II – A. QUALITY IMPROVEMENT

- B. CQI/TQM TOOLS AND TECHNIQUES
- C. JCAHO TEN STEP PROCESS & PDCA
- D. REGULATORY AGENCIES
- C. TEAM BUILDING SKILLS

### UNIT III – A. UTILIZATION MANAGEMENT

- B. PEER REVIEW ORGANIZATIONS

## **Student Dignity**

The University expects all students and employees to conduct themselves with dignity and respect for students, employees, and others. It is each individual's responsibility to behave in a civil manner and make responsible choices about the manner in which they conduct themselves. Harassment of any kind is not acceptable at Ferris State University. The University does not condone or allow harassment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

### **Racial Harassment**

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

1. The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person;
2. Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
3. The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University.



## Sexual Harassment

Using the definition contained in the Equal Employment Opportunity Commission guidelines, adapted to include educational environments, sexual harassment is defined as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitutes sexual harassment when:

- 1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic advancement;
- 2) submission to or rejection of such conduct by an individual is used as a factor in employment or academic decisions affecting such individuals;
- 3) such conduct has the purpose or effect of substantially interfering with an individual's work or academic performance, or creating an intimidating, hostile, or offensive working, living, or academic environment.

While sexual harassment most often takes place in situations of power differential between the persons involved, sexual harassment may also occur between persons of the same status, e.g., student-to-student. The person exhibiting sexually harassing conduct need not realize or intend the conduct to be offensive for the conduct to constitute sexual harassment.

## Harassment Concerns

Any person who believes he or she has been subjected to harassment of any kind (sexual, racial, or otherwise) should approach the individual whom they believe is responsible. He or she should identify the specific behavior, explain that he or she considers the behavior to be offensive and/or harassing, and ask the individual to stop the behavior. If assistance is needed to approach the individual, contact either an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, or the Director of Affirmative Action.

If approaching the individual is not possible (i.e., you are uncomfortable or uncertain as to how the situation should be handled or concerned the situation may become volatile) or does not resolve the matter, it should then be reported immediately to an Academic Dean, the Dean of Students, the Director of Minority Student Affairs, the Director of Student Judicial Services, or the Director of Affirmative Action. If, for some reason, you are uncomfortable discussing your situation with any of these individuals, please report your situation to any member of University administration. The circumstances surrounding the matter will be fully investigated, including the nature of the harassment and the context in which it occurred.

All reports of harassment and subsequent investigations will be kept as confidential as possible. Anyone found to have violated this Policy will be subject to discipline up to and including discharge and dismissal, that may include, but not be limited to, official reprimand, official apology, sensitivity training, and/or other disciplinary action including dismissal. Likewise, because intentionally false accusations of harassment can have serious effects on innocent people, anyone found to have intentionally falsely accused another person of violating this Policy will be subject to discipline up to and including discharge or dismissal.

## **Consensual Relationships Between University Employees and Students**

Consensual relationships of an amorous or sexual nature that might be appropriate in other circumstances are deemed inappropriate when they occur between an employee of the University and a student for whom he or she has a professional responsibility. For example, such a relationship would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choice.

It is the policy of Ferris State University that any University employee who has professional responsibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.

## **Disruptive Behavior Policy Statement**

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.

## **Disruptive Behavior Policy Statement (con't)**

5. Disruptive behavior cannot be sanctioned by a lowered course grade (e.g., from a B to a C) except insofar as quality of classroom participation has been incorporated into the instructor's grading policy for all students. (Note: Academic misconduct, which is covered by other regulations, can be a legitimate basis for lowering a grade or failing the student.)
6. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
7. The office of the student's dean will be notified of any serious pattern or instance of disruptive behavior.

## **Honesty Policy**

The purposes of this policy are to encourage a mature attitude toward learning to establish a sound academic morale, and to discourage illegitimate aid in examinations, laboratory, and homework.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to attain, products or prepared materials, information relative to a quiz or examination or other work that a student is expected to do alone and not in collaboration with others. Plagiarism (copying) of themes or other written work shall also be considered an infraction.

Students are required to present the results of their own work except under circumstances in which the instructor may have requested or approved the joint effort of a number of students.

The penalty for the first offense of willful cheating consists of the student receiving a zero for the assignment in which the infraction occurs. However, cheating on quizzes or examinations means failure in the course. The student may appeal the decision to the Disciplinary Committee.

Further offenses may result in suspension or dismissal from the University.

## MRIS 210 - COURSE SYLLABUS

**TITLE OF COURSE:** FUNDAMENTALS OF MEDICAL SCIENCE

**CATALOG DESCRIPTION:** Introductory study of the nature, cause and treatment of disease processes. Prerequisite: BIOL 109 or 205

**STUDENT TEXT:** Porth, Carol Mattson, Pathophysiology: Concepts of Altered Health States, Fifth Edition, J.B. Lippincott Co., 1999.

**COURSE OBJECTIVES:** At the conclusion of this course, the student will be able to:

1. Define terminology associated with pathology.
2. Discuss the mortality and morbidity statistics used in pathology.
3. Identify diagnostic resources for specific disease processes.
4. Discuss the fundamental mechanisms of disease processes: injury, inflammation and repair; hyperplasias; neoplasms; cancer; genetic disorders.
5. Discuss the underlying cause of a specific disease/disorder.
6. Discuss the specific signs and symptoms for a disease/disorder.
7. Identify the various treatment modalities for specific diseases/disorders.

**METHODS OF TEACHING:** Class discussion, study sheets, mini-papers, case studies, Disease glossary log, journal reviews

**SCHEDULE:** Monday from 6-9 p.m. dates to be determined

**EVALUATION: GRADING SCALE:**

A 100-95	C+ 79-77	D- 62-60
A- 94-90	C 76-73	F 59 and below
B+ 89-87	C- 72-70	
B 86-83	D+ 69-67	
B- 82-80	D 66-63	

**GRADE DETERMINATION:**

The students grade will be determined by the total number of points earned by the student divided by the total possible for the semester. The total possible points will come from assignments.

**ADDITIONAL COMMENTS REGARDING GRADING PROCEDURES:**

Assignments are to be submitted on the due date given in class. Failure to do so will result in the loss of 5% of the grade per day late.

If you miss a class or part of a class you are responsible for all information and assignments missed. If you are absent during an in-class assignment then the grade for that assignment is forfeited.

INSTRUCTOR: Cindy Konrad  
Associate Professor  
Ferris State University  
200 Ferris Drive  
VFS 413  
Big Rapids, MI 49307

Phone - 1-231 - 591-2298  
or 1-800-592-6499  
Office hours: Monday 10-12  
Tuesday & Thursday - 1-4  
Wednesday – 9-12 noon

#### MINIMUM BIBLIOGRAPHY

Chernecky, Cynthia, Krech, Ruth, and Berger, Barbara, Laboratory Tests and Diagnostic Procedures, Saunders Co., 1993.

Crowley, Leonard, Introduction to Human Disease, 3rd Edition, Jones and Barlett, 1992, Springhouse Co., 1993

Fischbach, Frances, A Manual of Laboratory Diagnostic Tests, J.B. Lippincott Co., 1988

Kent, Thomas and Hart, Michael, Introduction to Human Disease, 3rd edition, Appleton and Lange, 1993.

McCance, Kathryn, and Huether, Sue, Pathophysiology: The Biologic Basis For Disease in Adults and Children, 2nd Edition, Mosby, 1994.

\_\_\_\_\_ The Merck Manual, 16th Edition, Merck Publishing Group, 1992.

\_\_\_\_\_ Nursing 94, Drug Handbook, Springhouse Co., 1991.

Thibodeau, Gary and Patton, Kevin, An Introduction to the Principles of Disease, 3rd Edition, Saunders, 1992.

Warden-Tamparo, Carol and Lewis, Marcia, Diseases of the Human Body, F.A. Davis, 1989.

MRIS210

## DISEASE GLOSSARY LOG

Objective: To research diseases of each body system.

This assignment involves creating a disease glossary in the form of a log. Using medical reference materials, i.e.: disease pathology books, Merck Manual, pharmacology references, etc. you will create a log of the following: disease/disorder name, pathology/cause of the disease/disorder, manifestations (signs and symptoms), diagnostic tests, and treatments (be specific) for diseases and disorders for all of the body systems. See the attached list of body systems and the diseases. Provide a bibliography of references used for your research. This log is worth 500 points.

Grading:

Complete information	80%
List of references used	10%
Spelling/grammar	10%

BRIEF SAMPLE LOG ENTRY:

DISEASE	CAUSE	SIGNS & SYMPTOMS	DIAGNOSTIC TESTS	TREATMENTS
Chicken pox	Herpes zoster	Rash, pustules,	Visual exam	Baths, Benadrvl

## DISEASE LOG LIST

ANY DISEASE/DISORDER LISTED WITH A "\*" MEANS THAT IT IS A REQUIRED DISEASE/DISORDER. YOU ARE TO SELECT THE NUMBER DESIGNATED IN PARENTHESES NEXT TO EACH TITLE FROM EACH BODY SYSTEM LISTED. THIS WILL GIVE YOU A TOTAL OF 67 DISEASES/DISORDERS.

### HEMATOPOIETIC: (5)

Anemia\*  
Hemophilia\*  
Multiple myeloma  
Hodgkins  
Acute leukemia\*  
Chronic leukemia  
Polycythemia vera

### CIRCULATORY (6)

Pressure ulcers  
Hypertension  
    Essential\*  
    Secondary  
    Malignant  
Atherosclerosis\*  
Aneurysms  
Varicose veins  
Deep vein thrombosis\*  
Compartment syndrome

### RESPIRATORY (6)

Pneumonia\*  
Lung cancer  
Epiglottitis  
Pneumothorax\*  
Atelectasis\*  
Asthma\*  
Pulmonary hypertension  
Pulmonary embolism  
Cor pulmonale  
Adult respiratory distress syndrome  
Cystic fibrosis

### INTEGUMENTARY: (5)

eczema  
acne  
psoriasis\*  
malignant melanoma\*  
herpes simplex  
basal cell carcinoma  
squamous cell carcinoma  
Dermatitis

### CARDIAC (6)

pericarditis  
cardiac tamponade  
coronary heart disease\*  
ischemic heart disease\*  
angina\*  
cardiomyopathy  
endocarditis  
rheumatic heart disease  
shock  
cardiac dysrhythmias

### RENAL(5)

renal calculi\*  
urinary tract infection  
glomerular nephritis  
diabetic glomerulosclerosis  
pyelonephritis  
Wilm's tumor  
adult kidney cancer  
renal failure\*  
stress incontinence  
bladder cancer

### GASTROINTESTINAL(7)

Gastroesophageal reflux disease\*  
Cancer of the esophagus  
Gastritis  
Peptic ulcer\*  
Gastric cancer  
Crohn's disease\*  
Ulcerative colitis  
Intestinal obstructions  
Hepatitis\*  
Cirrhosis  
Colorectal cancer  
Gall bladder disease\*  
Cancer of the pancreas

### NERVOUS SYSTEM(5)

Carpal tunnel\*  
Multiple sclerosis  
Amyotrophic lateral sclerosis  
Migraines  
Brain tumors  
Parkinsons disease\*  
Alzheimer's\*

### MUSCULOSKELETAL(5)

Osteomyelitis  
Scoliosis  
Osteoporosis\*  
Osteomalacia  
Osteosarcoma  
Rheumatoid arthritis\*  
Systemic lupus erythematosus  
Ankylosing spondylitis  
Osteoarthritis\*  
Gout  
Muscular dystrophy

### ENDOCRINE(5)

hyperthyroid disease  
hypothyroid disease  
Addison's disease  
Cushing's syndrome  
diabetes mellitus

### EYE/EAR(6)

conjunctivitis  
glaucoma\*  
cataracts\*  
retinopathy\*  
Strabismus  
Tinnitus  
Otosclerosis  
Otitis media\*  
Meniere's disease

### REPRODUCTIVE SYSTEM(6)

cryptorchidism  
varicocele  
hydrocele  
testicular cancer  
benign prostatic hyperplasia\*  
prostatic cancer\*  
cervical cancer\*  
endometriosis  
pelvic inflammatory disease  
ectopic pregnancy  
ovarian cancer  
Breast cancer\*  
Genital herpes  
Chlamydia  
gonorrhea



JOURNAL ASSIGNMENTS

**OBJECTIVE:** To read current literature on a disease or disorder.

You are to read a current, no older than 1996, journal article on the topics of tuberculosis, rheumatoid arthritis, Alzheimer's disease, cerebrovascular accident, and osteoporosis.. This article must be from a medical journal, i.e.: Nursing, RN, JAMA, etc. not Newsweek or Time. The article should address one or more aspects of the disease or the complications of the disease or treatment, etc. On completion of reading this article you will type a one page summary of the article and include your personal comments on what you learned from the article. You must attach a copy of the article to the report. The paper will include the following:

1. summary
2. personal comments
3. bibliographic citation

One point per spelling/grammar error will be deducted.

**GRADING FOR EACH ARTICLE**

SUMMARY:	60 PTS.
BIBLIOGRAPHIC CITATION	10 PTS.
PERSONAL COMMENTS	30 PTS.

DISEASE PAPER ASSIGNMENTS

1. You are to write five papers. One on each of the following topics: **AIDS, Myocardial Infarction, Chronic Obstruction Pulmonary Disease, Diabetes Mellitus and Colon Cancer.** The papers are to be no more than two-three pages in length and must include the following:

- Disease pathology
- Disease manifestations (signs and symptoms)
- Incidence of disease
- Diagnosis of disease
- Treatment of disease

2. A bibliography of at least 2 references must be included NOT including the class text. These references must be no more than three years old.

3. The paper is to be typed with a cover page listing the name of the disease, date, course number and your name.

4. Grading for each paper will be based on the following criteria:

CONTENT (complete and current) - 50 pts.

ACCURACY OF CONTENT - 20 pts.

SPELLING/GRAMMAR - 15 pts.

BIBLIOGRAPHY AND COVER SHEET - 15 pts.

CHAPTER 1  
WORKSHEET

1. What is cell differentiation? Can cells regenerate?
2. Epithelium originates from \_\_\_\_\_.
3. Mesenchymal tissue has its origin in \_\_\_\_\_.
4. What is derived from the endoderm?
5. What functions does the epithelial tissue perform?
6. Define the following and describe their function:
  - simple epithelium -
  - stratified epithelium -
  - pseudostratified epithelium -
  - exocrine glands -
  - endocrine glands -
7. What do gap junctions or nexus have an essential role in?
8. What is parenchymal tissue?
9. Collagen is \_\_\_\_\_.
10. What are the three types of connective tissue?
12. What is significant about cardiac muscle?
13. Why is smooth muscle also called involuntary muscle?

CHAPTER 5  
ALTERATIONS IN CELL DIFFERENTIATION: NEOPLASIA

1. WHAT IS CELL PROLIFERATION? LIST THE THREE LARGE GROUPS.
2. LIST THE CATEGORIES USED TO DESCRIBE AND DIFFERENTIATE BENIGN AND MALIGNANT NEOPLASMS.
3. ACCORDING TO THE TEXT IT IS THOUGHT THAT CANCER CELLS DEVELOP FROM \_\_\_\_\_.
4. LIST WHAT CHANGES IN CELL CHARACTERISTICS AND CELL FUNCTION ARE FOUND IN CANCER CELLS.
5. DEFINE ANAPLASIA.
6. LIST THE THREE WAYS THAT CANCER SPREADS.
7. DEFINE CANCER IN SITU.
8. WHAT ARE THE RISK FACTORS LINKED TO CANCER?
9. LIST THE DIAGNOSTIC METHODS USED FOR CANCER.

10. WHAT ARE TUMOR MARKERS?

11. WHAT ARE STAGING AND GRADING?

12. DEFINE:

CURATIVE -

PALLIATIVE -

ADJUNCTIVE -

13. WHAT PERCENTAGE OF CANCER PATIENTS RECEIVE RADIATION THERAPY?

14. DEFINE:

RADIOSENSITIVITY -

EXTERNAL BEAM RADIATION MACHINES

BRACHYTHERAPY -

UNSEALED INTERNAL RADIATION SOURCES -

15. LIST THE ADVERSE EFFECTS OF RADIATION THERAPY.

16. WHAT IS CHEMOTHERAPY AND HORMONE THERAPY?

**TITLE OF COURSE:** MRIS 211 - CPT Coding (3 cr.)

**COURSE DESCRIPTION:** This course will include classifying ambulatory services and procedures.

**STUDENT TEXT:** MRIS 211 CPT Coding, 2000 Edition

Principles of coding with the CPT classification system. Laboratory practice in the assignment of codes using both computerized and manual methods.

**COURSE OBJECTIVES:** At the end of this course, the student will be able to:

1. Code ambulatory services and procedures using Level I, II and III principles for various providers.
2. Understand the billing process for the services performed.
3. Understand the audit and appeal process for fraud and abuse issues.

**METHOD OF TEACHING:** Lecture  
Coding Exercises

**EVALUATION:** Uniform grading scale will be followed.

Grade Determination:  
50% worksheets  
50% tests

Assignments are due and accepted only on date assigned by instructor. Excused absences include medical excuses from the Health Center, a physician, or an official school sponsored event with your name on the list.

**MINIMUM BIBLIOGRAPHY:**

American Medical Association, Current Procedural Terminology, 4th edition, AMA, Chicago, 2000.

ICD-9-CM International Classification of Diseases, 9th revision, Clinical Modification, Volumes 1, 2, and 3.

Procedure Coding and Traditional Maximum Payment Manual, 1997.

## **UNIT I**

**UNIT OBJECTIVE:** At the completion of this unit, the student will be able to:

1. Apply CPT coding principles to correctly and completely code assigned exercises manually and using coding software.

### **UNIT I OUTLINE**

A. Background

B. Overview

1. Format of Book
  - a. Guidelines
  - b. Appendices
2. Coding Conventions
  - a. Symbols
3. Modifiers
  - a. Five digit code
  - b. Two digit code
4. Using Index
5. Six Sections of CPT
  - a. Evaluation and Management
    - 1) Components of visit code selection for various health care settings
      - a) History
      - b) Physical
      - c) Medical Decision Making
      - d) Nature of presenting problem
      - e) Counseling
      - f) Coordination of care
      - g) Time
    - 2) Documentation guidelines
  - b. Anesthesia
    - 1) Physical status modifiers
    - 2) Anesthesia time
    - 3) Qualifying circumstances
  - c. Surgery
    - 1) Separate procedures
    - 2) Multiple procedures
    - 3) Global surgery package
    - 4) Unbundling
  - d. Radiology
    - 1) Diagnostic radiology
    - 2) Ultrasonography
    - 3) Radiation therapy
    - 4) Nuclear Medicine
  - e. Laboratory
    - 1) Panel codes
    - 2) Chemistry test codes
    - 3) Surgical pathology codes
  - f. Medicine
    - 1) Specialty subsections
    - 2) Special services and reports

## **UNIT II**

**UNIT OBJECTIVE:** At the completion of this unit, the student will be able to:

1. Apply Level II and III codes when required by payor.

**UNIT II OUTLINE:** Level II and III Codes (National & Local)

- A. Modifiers (Alpha)
- B. Alpha-Numeric Codes
- C. Coding Conventions
  1. Symbols
- D. Payor Requirements

## **UNIT III**

**UNIT OBJECTIVE:** At the completion of this unit, the student will be able to:

1. Use the Procedure Coding and Traditional Maximum Payment Manual to aid in correct coding and billing of ambulatory care charts for Medicaid.

**UNIT III OUTLINE** - Procedure Coding and Traditional Maximum Payment Manual

- A. Contents
- B. Uses

## **UNIT IV**

**UNIT OBJECTIVE:** At the completion of this unit, the student will be able to:

1. Understand the roles of an office manager.
2. Understand the process for updating the superbill and chargemaster.
3. Prepare claim forms for Medicare, Medicaid, Blue Shield and commercial insurance.

**UNIT IV OUTLINE** - Billing Process

- A. Payor's General Guidelines
  1. Medicare
  2. Medicaid
  3. Blue Cross/Blue Shield
  4. Commercials



- B. Chargemaster
  - 1. Definition
  - 2. Uses
  
- C. Forms
  - 1. UB-92
  - 2. HCFA 1500
  - 3. Claim Adjustment; Inquiry
  - 4. Remittance Advice
  - 5. Explanation of Benefits
  - 6. Electronic Claim Processing
  
- D. Office Manager
  - 1. Job Duties
  - 2. Quality Control

## **UNIT V**

**UNIT OBJECTIVE:** At the completion of this unit, the student will be able to:

- 1. Define and understand the importance of assigning accurate APC.
- 2. Impact

### **UNIT V OUTLINE** - APC's (Ambulatory Patient Classifications)

- A. Definition
- B. Impact
- C. Grouper and Data Requirements

## **UNIT VI**

**UNIT OBJECTIVE:** At the completion of this unit, the student will be able to:

- 1. Define PAR/Non-PAR
- 2. Define RBRVS, UCR, Fee Schedules, ASC's, Blended Rates, Contractuals
- 3. Calculate the fee for various services provided using various types of reimbursement methods.

### **UNIT VI OUTLINE** - Reimbursement

- A. RBRVS (Resource Based Relative Value Scale)
  - 1. Definition
  - 2. Components of Scale
  - 3. Impact
  - 4. Calculation of Fee

- B. UCR (Usual, Customary, Reasonable)
  - 1. Definition
  - 2. Calculation of fee
- C. Fee Schedules
  - 1. Definition
- D. ASC (Ambulatory Surgery Centers)
  - 1. Definition
  - 2. Groups
- E. Blended Rates
  - 1. Definition
- F. Contractuals
  - 1. Definitions
  - 2. Calculation of fees

## **UNIT VII**

**UNIT OBJECTIVE:** At the completion of this unit, the student will be able to:

- 1. Define fraud and abuse.
- 2. Discuss various fraudulent and abuse activities.
- 3. Define and interpret the Comparative Performance Report.
- 4. Understand the audit and appeal process.
- 5. Define "whistleblower", "qui tam"
- 6. Discuss content and importance of compliance program

## **UNIT VII OUTLINE** - Fraud and Abuse

- A. Definitions and Examples
- B. Comparative Performance Report
- C. Audit Process
- D. Appeal Process
- E. Compliance Program

At the completion of this course, the following Registered Health Information Technician's domains, subdomains, and tasks will have been met:

**I. Domain: Healthcare Data**

- 4. Validate coding accuracy using clinical information found in the health record.
- C. Subdomain: Clinical Classification Systems – CPT Coding<sup>2</sup>
  - 1. Assign procedure codes using CPT/HCPCS.

**III. Domain: Healthcare Environment**

- C. Healthcare Information Requirements and Standards
  - 5. Ensure facility-wide adherence to health information services's compliance with regulatory requirements (e.g., ICD-9-CM Cooperative Parties Coding Guidelines, HCFA Compliance Plan, and Correct Coding Initiative).

**IV. Domain: Information Technology and Systems**

- A. Subdomain: Information Technology
  - 1. Use common software packages (e.g., spreadsheets, databases, word processing, graphics, presentation, statistical, e-mail).

At the completion of this course, the following Registered Health Information Administrator's domains, subdomains, and tasks will have been met:

**I. Domain: Healthcare Data**

- A. Subdomain: Data Structure, Content, and Use
  - 4. Validate coding accuracy using clinical information found in the health record.
- C. Subdomain: Clinical Classification Systems – CPT Coding<sup>1</sup>

**III. Domain: Healthcare Environment**

- C. Healthcare Information Requirements and Standards
  - 6. Ensure facility-wide adherence to health information services's compliance with regulatory requirements (e.g., ICD-9-CM Cooperating Parties Coding Guidelines, HCFA Compliance Plan, Correct Coding Initiative).

**IV. Domain: Information Technology and Systems**

- A. Subdomain: Information Technology
  - 1. Use common software packages (e.g., spreadsheets, databases, word processing, graphics, presentation, statistical, e-mail).

**Course Title** MRIS 222 Health Information Science I  
3 credits (Lecture 2, Lab 2)

**Course Description** Various procedures specific to health information practice will be addressed including release of medical information, calculation and interpretation of health care statistics, tumor registry and the computerized health record. Laboratory experiences will reinforce the student's understanding of lecture topics. Prerequisites: CCHS 101, MRIS 101, ISYS 202.

**Course Objectives** At the end of this course, the student shall be able to –

1. Organize and maintain health care indexes and registries.
2. Abstract medical information from patient records.
3. Complete a cancer registry abstract, including coding and staging.
4. Retrieve data base information for relevant reports.
5. List extra-organizational data banks.
6. List uses of various health care and vital statistics.
7. Compute health care statistics.
8. Develop methods to release medical information in regards to cases of AIDS, adoption, substance abuse, mental health, child abuse; requests by phone, mail, fax, and in person.
9. Define legal vocabulary necessary for release of information and confidentiality issues.
10. Develop a policy for access to patient records.
11. Develop a policy for institution-wide confidentiality issues.
12. Perform needs analysis for computer systems.
13. Determine specific requirements for computerized applications/systems.
14. Evaluate computer hardware and software for use in the medical record department.
15. Design patient-related forms/screens to be used for data collection.
16. Develop a procedure for a manual operation and computerized system for a medical record function.
17. Define database security systems.
18. Determine space requirements for a medical record department work area.

**Instructor**

Judy Monson

VFS 428

(231) 591-2275 or 1-800-462-8553

200 Ferris Drive, VFS 428, Big Rapids MI 49307-2740

monsonj@ferris.edu

Office hours: Tuesday – 9:30-11:00 a.m. & 1:30-2:30 p.m.

Wednesday - 9:30-12:00 a.m.

**Course Schedule**

Monday 6:00 – 9:45 p.m.

### **Required materials**

Youmans, Karen Garrett, Basic Healthcare Statistics for Health Information Management Professionals. Chicago: American Health Information Management Association, 1996.

Abdelhak, Mervat, Health Information: Management of a Strategic Source. Philadelphia: W.B. Saunders Company, 1996.

Course packet.

Three ring binder & tabbed dividers.

**Evaluation** Uniform Health Management Department grading scale will be used.

A	95-100	B-	80-82	D+	67-69
A-	90-94	C+	77-79	D	63-66
B+	87-89	C	73-76	D-	60-62
B	83-86	C-	70-72	F	Below 60

### **Grade determination**

Abstracting, Cancer (Objectives 1-5)	40%
Statistics (Objectives 6-7)	25%
Legal, Policy (Objectives 8-11)	20%
Computer systems (Objectives 12-18)	15%

### **Course Policies**

#### **Disruptive student behavior**

See program student handbook.

#### **Academic dishonesty**

See program student handbook.

#### **Harassment**

See program student handbook.

#### **Attendance**

When absent from class, the student is responsible for all the information covered during that session. It is expected that the students will not schedule elective doctor/dental appointments or job/internship interviews during scheduled class time. See attached policy on religious holidays.

#### **Assignments**

Points are deducted for late assignments. Assignments are due at the beginning of class.

#### **Exams**

Students are expected to be present for scheduled quizzes and exams. If you are absent due to illness or injury and want to make-up the quiz or exam, you must notify the instructor as soon as possible and bring an excuse from your physician to the next scheduled class. Make-up quizzes or exams are at the discretion of the instructor.

## **Class Schedule**

The following is a tentative course schedule. Schedule may be adjusted by the instructor.

### **Class 1 Aug 28**

Introduction

Abstracting Lecture

Abstract on computer

Retrieval from Indexes

**ASSIGNMENT:**

Reading

Retrieval from Indexes

Programmed Learning for Staging

### **Class 2 Sep 11**

Database Lecture

Review Retrieval Assignment

Lecture – Staging

SEER 6 Staging

**ASSIGNMENT:**

Programmed Learning for Staging

SEER 6 Staging

Prep for Test - Database Theory

Prep for Test - Retrieval

### **Class 3 Sep 18**

Test – Database Theory

Test – Retrieval

Review SEER 6 Staging

AJCC Staging

ICD-O Coding

**ASSIGNMENT:**

Reading – Registries

AJCC Staging

ICD-O Coding

### **Class 4 Sep 25**

EOD Staging

Review ICD-O Coding

Review AJCC Staging

Cancer Program Lecture

**ASSIGNMENT:**

ICD-O Coding

Class 5 Oct 2

Cancer Abstracting

Staging Practice Quiz

ASSIGNMENT:

Cancer Abstracting

Prep for Test – Cancer Program & SEER Programmed Learning

Class 6 Oct 9

Test – Cancer Program and SEER Programmed Learning

Review Cancer Abstracting

ASSIGNMENT:

Cancer Abstracting

Class 7 Oct 16

Review Cancer Abstracting

MRS Cancer Abstracting on computer

Oncolog Cancer Abstracting on computer

ASSIGNMENT:

Prep for Test on Cancer Abstracting

Chapter 1 & 2 Statistics

Class 8 Oct 23

Test – Cancer Abstracting

Chapter 1 & 2 Statistics

ASSIGNMENT:

Chapter 3 & 4 Statistics

Statistics Practice

Class 9 Oct 30

Review assigned statistics practice

Review Chapter 3 & 4

ASSIGNMENT:

Statistics Practice

Chapter 5 – 8

Class 10 Nov 6

Review assigned statistics practice

Review Chapter 5 – 8

Vital Statistics

ASSIGNMENT:

Statistics Practice

Complete Certificates

Class 11 Nov 13  
Review statistics practice  
Legal Video I  
Legal  
ASSIGNMENT:  
Prep for Test – Statistics  
Reading pp. 370-384

Class 12 Nov 20  
Test – Statistics  
Policy & Procedure Writing  
Legal Video II  
ASSIGNMENT:  
Write Policy

Class 13 Nov 27  
Legal  
Computers  
ASSIGNMENT:  
Legal Questions & Answers  
Reading – computers (see syllabus for pages)  
Write Computer Report  
Computer Assignment

Class 14 Dec 4  
Review Legal Questions & Answers  
Computers  
Share Computer Reports

Class 15 Dec 11  
Final Exam – Legal & Computers



**Unit Objectives** At the end of this course, the student shall be able to –

**Abstracting, Indexes, Registries (Databases)**

State the purpose of abstracting patient information.

Abstract information from patient records for research studies, reimbursement, vital statistics, indexes, and registers.

Retrieve information from indexes and registers (patient data bases).

Abstract patient information for a Cancer Registry.

Stage cancer diagnoses according to AJCC and the SEER Staging systems.

Code cancer diagnoses according to ICD-O.

Describe the functions related to a Cancer Registry. (pp.239-263)

Identify sources of health care statistics, including extra-organizational data banks.(pp. 65-75)

Describe uses of health care data. (pp. 76-78)

State purpose of UHDDS. (pp. 68, 122-123)

**Statistics, Data**

Calculate rate, mean, median, and mode.

Define health care data terms.

Compute health care statistics.

Complete a birth and death registration according to state requirements.

**Legal, Policy** (pp. 80-81, 370-384)

Develop methods to release medical information in regards to cases of AIDS, adoption, substance abuse, mental health, child abuse; requests by phone, mail, fax, and in person.

Define legal vocabulary necessary for release of information and confidentiality issues.

Develop a policy for access to patient records

Develop a policy for institution-wide confidentiality issues.

Develop a policy & procedure for FAX release of information

**Computers**

Perform a needs analysis for computer systems.

Determine specific requirements for computerized applications/systems.

Evaluate computer hardware and software for use in the medical record department.

Design patient –related forms/screens to be used for data collection. (pp.101-109)

Develop a procedure for a manual operation and computerized system for a medical record function.

Define database security systems. (pp. 611-612)

Describe voice recognition systems. (pp. 98, 598-599)

Determine space requirements for a medical record department work area. (pp. 503-508)

## ACADEMIC AFFAIRS POLICY LETTER

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November 12, 1999

99.6

### RELIGIOUS HOLIDAYS

Ferris State University will make reasonable accommodations for students who are absent from the University in observance of religious holidays. It is the responsibility of the student to notify the faculty in writing during the first week of the semester of their intention to be absent from class on their day(s) of religious observance. Upon formal notification, the faculty will excuse the student from the class, labs, clinics for the holiday(s) and allow the student to make up missed exams. However, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

Requests for absence to participate in religious activities, other than recognized religious holidays, are not recognized by the University as excused absences. The student may present such a request to the faculty during the first week of the semester and the faculty may approve such an absence at his or her discretion. If the instructor approves the absence, the student is responsible for completion of all missed work within a reasonable time as determined by the faculty.

If a student disagrees with the faculty member's determination, the student may make a written appeal to the dean of the student's college. The decision of the dean is final.

**FERRIS STATE UNIVERSITY**

**TECHNICAL INTERNSHIP**  
**MRIS 293**

<b>Name:</b>	
<b>Site:</b>	
<b>Start Date:</b>	
<b>Finish Date:</b>	
<b>Site Coordinator:</b>	
<b>Phone:</b>	
<b>FSU Faculty Member:</b>	
<b>Phone:</b>	

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## INTERN INFORMATION

### INTERNSHIP HOURS AND WORK ROTATION

Each intern will complete 240 hours (6 weeks) of clinical practice at the assigned site.

A intern with prior medical record experience may not be required to complete a full 6 week internship. Prior experience will be evaluated by the MRIS Program. A minimum of 4 weeks is required.

Hours of Internship: Forty per week, **MINIMUM**, as determined by the site. The intern will report at 9:00 a.m. on the first day of internship.

### FACULTY MEMBERS:

Paula Hagstrom VFS 407 231 591-2316 hagstrop@fessis.edu	Cindy Konrad VFS 413 231 591-2298 konradc@ferris.edu	Judy Monson VFS 428 231 591-2275 monsonj@ferris.edu	Marie Sichelsteel VFS 412 231 591-2321 sickelsm@ferris.edu
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Address to:

[Faculty Member name] College of Allied Health VFS _____ Ferris State University 200 Ferris Drive Big Rapids, MI 49307
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If you cannot contact a Faculty Member, call Ellen Haneline 231 591-2313.

The intern will be monitored by a Faculty Member during the internship. Site visit are not routinely made. An intern or Site Coordinator experiencing problems may request an on-site visit.

### PROJECT AND EVALUATION OVERVIEW

<b>1. Due Dates</b>	2 projects <b>2<sup>nd</sup> Monday</b>  8 projects <b>4<sup>th</sup> Monday</b>  4 projects <b>7<sup>th</sup> Monday</b>
<ul style="list-style-type: none"> <li>• <u>You</u> determine which projects are due on the above dates. Projects submitted on or before the above due dates will be at your discretion, as each intern's schedule will vary in each site.</li> <li>• Notify your Faculty Member if dates can't be met; only valid extensions will be granted. The Faculty Member may reassign above due dates. <u>Projects and log sheets must be received by the due date.</u></li> <li>• One [1] point late penalty, per day, for late arrivals.</li> <li>• Not accepted after five [5] days</li> <li>• Read project instructions several times. <b>Proofread and edit all projects.</b></li> <li>• <b>ALL PROJECTS RETAINED AT FSU.</b> Make copies for yourself.</li> </ul>	

## GRADE COMPONENTS

<u>PROJECTS</u>	<u>POINTS</u>
1. Organization Charts	1
2. Storage & Retrieval (Activity Checklist)	4
3. Discharge Analysis (Activity Checklist)	4
4. Incomplete Chart Control (Activity Checklist)	3
5. Release of Information (Activity Checklist)	4
6. Patient Accounting	5
7. Regulatory Agencies Impact	5
8. Inpatient ICD Coding (Activity Checklist)	10
9. Outpatient CPT/ICD Coding (Activity Checklist)	10
10. Abstracting (Activity Checklist)	10
11. Utilization Review (Activity Checklist)	10
12. Medical Record Review	15
13. Overview of Clinical Site	10
14. Intern Evaluation of Internship	1
• Log Sheets	3
• Site Coordinator Final Evaluation	5
<b>TOTAL</b>	<b>100</b>

## SUGGESTED SCHEDULE FOR ACTIVITIES:

1 DAY	ORIENTATION
6 DAYS	CLERICAL - Storage and Retrieval, Discharge Analysis, Incomplete Record Control, and Release of Information
1 DAY	PATIENT ACCOUNTING
3 DAYS	REGULATORY AGENCIES
10 DAYS	CODING and ABSTRACTING
3 DAYS	UTILIZATION REVIEW and MANAGEMENT
4 DAYS	MEDICAL RECORD REVIEW
2 DAYS	CLINICAL OVERVIEW

Health Care Systems Administration,  
Medical Records Administration,  
Medical Records Technology

Addendum to  
APRC 2000-2001

section 5 of 6

## PURPOSE OF THE MANUAL

This manual is designed to guide both you and your Site Coordinator through your internship. Read it carefully prior to your arrival at the internship site.

The objectives are designed to assist you in meeting the competencies which have been established for your internship. The objectives will guide you in acquiring an overall experience in the working environment and assist you in effectively functioning within the work setting. You should be prepared to discuss your internship experiences.

## INTERNSHIP POLICIES

1. Contact your Site Coordinator at least one week before the starting date to determine hours you will be working, dress code, etc.
2. You are expected to follow the dress code for the department and facility. Contact your Site Coordinator regarding acceptable dress during your internship.
3. You are to report to the internship site at 9:00 a.m., on the first morning unless otherwise arranged with the Site Coordinator.
4. It is important that you report to work on time. If you must be late, report to your Site Coordinator prior to the time that you are supposed to report to work. **All lost time must be made up at the discretion of your Site Coordinator..**
5. You will be working a minimum 8 hours per day, 40 hours per week; unless other hours have been prearranged.
6. The Site Coordinator can schedule evening, night or weekend shifts in your schedule if it is felt that it would be helpful to your learning experience.
7. You should make every effort not to miss work. If you absolutely have to be absent, be sure to inform the Site Coordinator prior to the time you are scheduled for work. Check with the Site Coordinator to see when you are to make up the time.
8. While at the internship site, you are directly responsible to the Site Coordinator. You are asked to abide by the policies of the internship site concerning breaks, parking, personal telephone calls, etc., as well as all departmental and hospital policies and regulations. It is your responsibility to determine what the rules and regulations are.
9. If any problems arise, they should be brought to the attention of your Site Coordinator. However, the Faculty Member is available by phone should you need consultation at any time. You will be advised as to which Faculty Member will be supervising your internship.
10. You may be sharing your experience with other interns following your internship. Unique or interesting experiences are the most important experiences to share. An on campus meeting may be scheduled on Monday following the final internship date. You will be notified of the date, time, and location.



11. You may be visiting other sites as a FSU coordinated visit. This will be prearranged; transportation to the site is your responsibility.
12. You are responsible for costs incurred in housing, food, transportation, parking, and for miscellaneous items.
13. Before leaving your assigned work, notify in person the appropriate departmental personnel and describe the status of any work that you did not complete so that arrangements may be made for its completion.
14. Personal telephone calls are not to be made within the department or during working hours.
15. Project assignments are not to be done during your internship working hours unless permission is granted by your Site Coordinator. Gathering information for project assignments should be part of each daily schedule.
16. Should you become ill while on duty, notify the Site Coordinator. Arrangements will be made for medical attention as appropriate within existing departmental procedures. You are responsible for the costs incurred in this treatment. Lost time should be made up.
17. Americans with Disabilities Act – You must notify your clinical site of any disability that needs special consideration.
18. An unsatisfactory 2-week or 4-week evaluation could result in an academic warning
19. **INTERNSHIP TERMINATION** - Unsatisfactory internship progress or conduct could result in an academic or disciplinary termination from the internship. If there is evidence that termination may occur, the Faculty Member will be contacted by the Site Coordinator. A meeting between the intern and the Site Coordinator will be scheduled. A meeting of the Site Coordinator and Faculty Member will follow. At this time, a decision will be made as to whether the intern will continue in the internship.
20. **APPEAL** - Each intern will have the right to appeal an academic or disciplinary termination from an affiliation site.
  - 20.1. The intern shall first appeal within five working days to the Department Head who shall inform the intern of her decision in writing within three working days.
  - 20.2. If the intern wishes to appeal further, he or she shall file a written appeal within five working days to the Associate Dean, College of Allied Health Sciences who shall meet with the intern and issue a written decision within five working days.
  - 20.3. The Final Step in the appeal process shall rest with the Dean of the College of Allied Health Sciences. If any intern wishes to appeal the decision of the Associate Dean, he or she shall file an appeal within five working days to the Dean of the College of Allied Health Sciences. The Dean shall meet with the intern and render a written decision within five working days.

- 20.4. If an intern is removed from an internship site, that entire internship will have to be repeated.
21. Enjoy your internship! This is a valuable experience, begin networking, and challenge yourself. Your growth is directly related to your active involvement and follow through.

## INTERACTIONS AT INTERNSHIP SITE

During your internship, you will meet and interact with many different people. As an intern, it is your responsibility to "fit" into this new environment. It is expected that you exhibit a professional attitude toward these individuals at all times.

1. When interacting with physicians, you should:
  - 1.1. address him or her by the title "Doctor," never "Doc"
  - 1.2. willingly conform to the physician's requests or directives where these are applicable to departmental protocol
  - 1.3. if the physician wishes you to perform some task that is contrary to departmental protocol, report it to your supervisor member who will make the appropriate decision
  - 1.4. be polite and professional at all times
2. When interacting with the Site Coordinator and departmental staff, you should:
  - 2.1. treat the staff and their work with respect and refrain from verbalizing judgments and criticisms about their performance
  - 2.2. refrain from loud talking, rudeness and socializing, this is out of place in the department
3. When interacting with patients, you should:
  - 3.1. use tact and diplomacy at all times
  - 3.2. refrain from any discussion of the patient or his or her medical care unless such discussion is related to your assigned tasks
  - 3.3. handle every record in strict conformance with departmental policies and procedures.

**REMEMBER THAT FAILURE TO MAINTAIN CONFIDENTIALITY MAY WARRANT DISMISSAL FROM THE INTERNSHIP AND THE PROGRAM**

## GLOSSARY

Affiliation (site): Health care setting.

Site Coordinator: Individual at internship or affiliation site who assumes responsibility for scheduling and supervising the intern.

Competency: The ability to function in a specific manner.

Department Head: Individual at Ferris State University responsible for development and coordination of the HIT/HIM Programs.

Faculty Member: Individual at Ferris State University responsible for coordination and supervision.

Internship: Management experience in health care setting for the purpose of allowing the intern to observe the application of management principles.

Objectives: Goals set to assist in meeting the course competencies.

Project Evaluation by Site Coordinator: A form used to evaluate each intern project, indicates how many drafts were submitted to the Site Coordinator before the project was acceptable.

Intern: Person enrolled in HIT or HIM Program at Ferris State University

## SITE COORDINATOR GENERAL INFORMATION AND SUGGESTIONS

Ferris State University, in compliance with the "Essentials for Accredited Programs in Medical Records," requires that the intern complete an internship assignment. The internship assignment for the Health Information Technology (HIT) intern consists of 6 weeks spent in a health care setting. The Health Information Management (HIM) intern spends an additional 8 weeks in the health care setting applying management principles.

Frequently, the intern experiences some apprehension in terms of how he or she will fit into your department. We hope that the following comments and suggestions will be of assistance to you as you prepare for, and work with, the interns.

### SCHEDULE FOR INTERNSHIP

1. The schedule, which you are asked to prepare in advance of the intern's arrival and forward to the Faculty Member at the University. This is helpful tool to you and your staff, but also to the intern in giving a sense of direction for practical experience. The intern can be scheduled to work with any employee in the department as long as he or she remains under the overall direction of the Site Coordinator.
2. The intern has been instructed to report to you prior to the scheduled starting time if they must be absent. If the intern is absent, it is recommended that the time be made up; it is left to your discretion. Excessive absences [3 consecutive days or 5 total days] should be reported to the Faculty Member.
3. If you desire specific feedback from the intern on a particular work assignment, you may ask that a brief summary of his or her observation be written, or a flow chart developed. If you decide to do this, you may wish to review the work with the intern and comment on the accuracy of the presentation.
4. With the increased emphasis on ambulatory settings, we would like the intern to get as much exposure to these as possible, particularly those with organized health record systems.
5. Meeting attendance is encourage. Please communicate to the intern when he or she may attend a meeting.
6. To assist you in planning and scheduling for the internship, we suggest the following time allotments for the main activities of the internship. It is not a rigid schedule, and you may vary this according to the functions of your department. All of the project activities are to be included in the internship through observation, explanation, or participation. You may make the determination as to the appropriate approach.

## SUGGESTED SCHEDULE FOR ACTIVITIES

### 1 DAY            ORIENTATION

A basic orientation in terms of general overview of the department including such things as:

- facility and departmental organizational structure
- introduction to employees with whom he or she will be working
- rules of the department and facility
- a tour of the facility
- scheduling attendance at a general orientation session, if possible

Review of the schedule which you have prepared for the intern. Discuss your mutual expectation, and the needs and interests of the intern for the internship. This discussion will help to set the direction for periodic reviews during the internship and the evaluation at the end.

Have the intern read and sign the **Confidentiality Agreement** [page 37].

### 6 DAYS            CLERICAL - Storage and Retrieval, Discharge Analysis, Incomplete Record Control, and Release of Information

### 1 DAY            PATIENT ACCOUNTING

### 3 DAYS            REGULATORY AGENCIES

### 10 DAYS           CODING and ABSTRACTING

### 3 DAYS            QUALITY ASSESSMENT and UTILIZATION REVIEW and MANAGEMENT

### 4 DAYS            MEDICAL RECORD REVIEW

### 2 DAYS            CLINICAL OVERVIEW

## EVALUATION

1. Complete and sign a "Project Evaluation by Site Coordinator" form for all intern projects. With this evaluation, FSU - Faculty Member will be able to assign points to each project, based on the numbers you assigned. FSU - Faculty Member is interested in how many drafts are submitted to you before the project is acceptable from your perspective - Refer to Attachment A.
2. Complete a one page evaluation on the intern at 2 weeks and 4 weeks.
3. The purpose of these evaluations is to monitor intern progress.
4. Additional evaluations may be requested, if intern progress is unsatisfactory.

5. Each evaluation should be discussed with the intern. The intern is required to review and sign the evaluation.
6. Complete a final intern evaluation 'Technical Internship Evaluation' at the end of the internship and return it to FSU Faculty Member. We ask that you discuss the evaluation with the intern before he or she leaves your institution. The intern is to sign the evaluation. A sample of the evaluation is included in this manual. Attachment B.
7. A intern signature on an evaluation indicates that the evaluation has been reviewed, it does not indicate agreement.
8. The intern will complete an evaluation at the end of the internship. He or she has been asked to discuss the evaluation with you [Attachment E].

## OTHER

1. You are not required to sign the weekly log sheets.
2. When it does not disrupt the flow of work in the department, we ask that interns be allowed to use a word processor to complete his or her projects. The intern is not to use internship time to type the projects.
3. **INTERNSHIP TERMINATION** - Unsatisfactory internship progress could result in an academic or disciplinary termination from the internship. If there is evidence that termination may occur, the FSU - Faculty Member will be contacted by the Site Coordinator. A meeting between the intern and the Site Coordinator will be scheduled to hear the intern's side. A meeting of the Site Coordinator and Faculty Member will follow. At this time, a decision will be made as to whether the intern will continue in the internship.
4. **APPEAL** - Each intern will have the right to appeal an academic or disciplinary termination from an affiliation site.
  - 4.1. The intern shall first appeal within five working days to the Program Director who shall inform the intern of her decision in writing within three working days.
  - 4.2. If the intern wishes to appeal further, he or she shall file a written appeal within five working days to the Assistant Dean, College of Allied Health Sciences who shall meet with the intern and issue a written decision within five working days.
  - 4.3. The Final Step in the appeal process shall rest with the Dean of the College of Allied Health Sciences. If any intern wishes to appeal the decision of the Associate Dean, he or she shall file an appeal within five working days to the Dean of the College of Allied Health Sciences. The Dean shall meet with the intern and render a written decision within five working days.
  - 4.4. If an intern is removed from an internship site, that entire internship will have to be repeated.

**AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION  
DOMAINS, TASKS, AND SUBTASKS  
REGISTERED RECORD ADMINISTRATORS**

- 1.1.1 Conduct surveys of patients, users of data, health care providers, administrators and/or researchers
- 1.1.3 Tabulate requests for patient related data
- 1.1.4 Monitor changes in federal, state and local laws, regulations and/or Joint Commission standards
- 1.1.7 Compare claims submitted to third party payers with reimbursement received
- 1.1.11 Collect data on the status of incomplete records
- 1.1.12 Track location of medical records
- 1.1.15 Monitor the release of information to ensure confidentiality of patient-related data
- 1.1.17 Assemble medical records
- 1.1.19 Abstract information from patient records for research studies
- 1.1.20 Abstract information from patient records for research studies
- 1.1.21 Abstract information from patient records for disease, procedure, physician, or other indices
- 1.1.22 Abstract information from patient records for compilation of registries
- 1.1.25 Confer with peers, providers and for users of departmental or institutional services
- 1.1.29 Assign diagnostic/procedure codes using ICD-9-CM, CPT, HCPCS, DSM, or other coding system
- 1.3.4 Analyze patient care/institutional data in relation to regulatory and accreditation standards

**ACCREDITED RECORD TECHNICIANS**

- 1.1.1 Conduct surveys of patients, users of data, health care providers, administrators and/or researchers
- 1.1.3 Tabulate requests for patient related data
- 1.1.4 Monitor changes in federal, state and local laws, regulations and/or Joint Commission standards
- 1.1.5 Monitor departmental productivity
- 1.1.7 Compare claims submitted to third party payers with reimbursement received

- 1.1.8 Monitor workflow under your span of control
- 1.1.11 Collect data on the status of incomplete records
- 1.1.12 Track location of medical records
- 1.1.13 Monitor employee staffing levels
- 1.1.14 Monitor accreditation/licensing survey results
- 1.1.15 Monitor the release of information to ensure confidentiality of patient-related data
- 1.1.17 Assemble medical records
- 1.1.18 Release patient-related data
- 1.1.20 Abstract information from patient records for research studies
- 1.1.21 Abstract information from patient records for disease, procedure, physician, or other indices
- 1.1.24 Abstract information from patient-related records for compilation of vital statistics
- 1.1.26 Confer with peers, providers and/or users of departmental or institutional services
- 1.1.31 Assign diagnostic/procedure codes using ICD-9-CM, CPT, DSM, HCPCS, or other coding systems
- 2.1.7 Develop inservice education programs for departmental or nondepartmental staff
- 3.1.5 Monitor adherence to system specifications
- 3.1.9 Monitor policy/procedure compliance
- 3.1.14 Educate medical record and/or other interns assigned to the facility
- 3.1.15 Conduct educational programs for departmental and/or nondepartmental staff



## PROJECT REQUIREMENTS

PROJECT 1

ORGANIZATIONAL CHARTS

1 Point

Submit an organization chart of the facility and the Health Information Management Department. Include the names of all of the departments and show their relationship to the governing board and administrator. They may be photocopies.

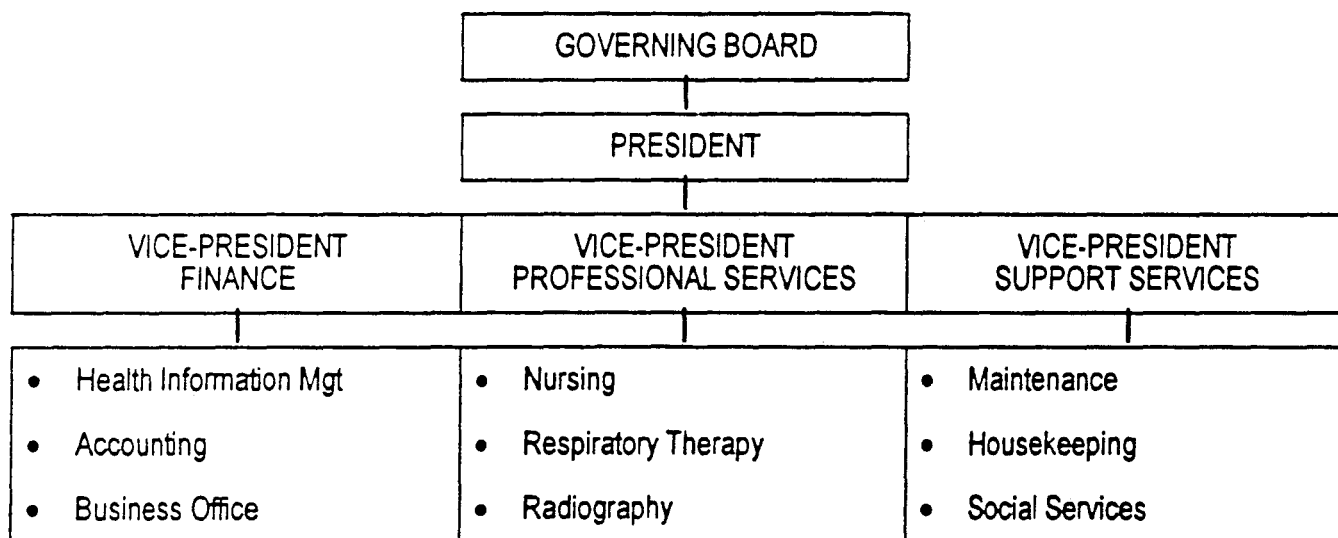
Prepare a typed report to accompany the health information management department organization chart.

- The report must include: Describe use of the organizational chart in this facility (i.e. orientation)
- Describe the span of authority in the health information management department chart.

If this facility is part of a corporation, please show on the chart.

### EXAMPLE:

**FERRIS STATE UNIVERSITY MEDICAL CENTER**  
200 Ferris Drive  
Big Rapids MI 49329



COMMENTS:

### **REMEMBER:**

**ALL** projects must be reviewed and initialed by your Site Coordinator or his or her designee prior to sending to FSU.

**PROJECT 2 - STORAGE AND RETRIEVAL**

DATE:	Hours: Days:	POINTS	4
FACILITY:	Time Spent on Activity	NAME:	

The following is a list of Storage and Retrieval tasks. Check the 'M/A' column if you did the activity ['M' if done manually and an 'A' if computerized]. You may or may not be involved in each activity; if not, check 'NA' - Not Applicable or 'DNO' - Did Not Observe.

Activity	'M' or 'A'	DNO	NA
Alphabetize supplemental reports <u>accurately</u>			
File records			
Accurately place supplemental reports in numerical order			
Locate records for filing supplemental reports			
Prepare list for study and retrieve records			
Receive requests from other departments for reports			
Complete chart tracking mechanisms for records			
Retrieve records for requesting			
Place record in proper location for records			
Sign out chart to requesting department			
Demonstrates understanding of MPI as "key" to patient record by utilizing MPI for location of records			
Operate microfilm CD reader			
Operate a microfilm printer			
Monitor productivity			
Monitor workflow			
Monitor staffing levels			
OTHER [list and describe if necessary]			

COMMENTS:

**PROJECT EVALUATION BY SITE COORDINATOR - STORAGE AND RETRIEVAL**

5	Able to function with minimal supervision
4	Able to function with occasional supervision
3	Functions with constant supervision
2	Unable to function with present knowledge and experience
1	Needs to rethink career options based upon present knowledge and effort.

- I reviewed or supervised the intern's performance.
- My evaluation of the intern at entry level Storage and Retrieval is as follows:

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

\_\_\_\_\_  
Site Coordinator or Supervisor Signature

\_\_\_\_\_  
Date

**Send - Attachment K**

# PROJECT 3 - DISCHARGE ANALYSIS

DATE:	Hours:	Days:	POINTS	4
FACILITY:	Time Spent on Activity		NAME:	

The following is a list of Discharge Analysis tasks. Check the 'M/A' column if you did the activity with an 'M' if done manually and an 'A' if computerized. You may or may not be involved in each activity; if not, check 'NA' - Not Applicable or 'DNO' - Did Not Observe.

<u>Activity</u>	'M' or 'A'	DNO	NA
Obtain discharges			
Check records received versus discharge list			
Locate records not present			
Call for records			
Record data of discharge or death and other appropriate notations on MPI			
Locate supplemental reports for patient record			
Add supplemental reports to appropriate place in the record			
Follow procedure for quantitative analysis of health records:			
Inpatient			
Outpatient			
Identify deficiencies [inpatient and outpatient]			
Record deficiency on proper form			
Distribute records			
Monitor productivity			
Monitor workflow			
Monitor staffing levels			
OTHER [list and describe if necessary]			

COMMENTS:

## PROJECT EVALUATION BY SITE COORDINATOR - DISCHARGE ANALYSIS

- 5 Able to function with minimal supervision
- 4 Able to function with occasional supervision
- 3 Functions with constant supervision
- 2 Unable to function with present knowledge and experience
- 1 Needs to rethink career options based upon present knowledge and effort.

- I reviewed or supervised the intern's performance.
- My evaluation of the intern at entry level Discharge Analysis is as follows:

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

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Site Coordinator or Supervisor Signature

Date

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**Send - Attachment J**

**PROJECT 4 - INCOMPLETE RECORD CONTROL**

DATE:	Hours: Days:	POINTS	3
FACILITY:	Time Spent on Activity	NAME:	

The following is a list of Incomplete Record Control tasks. Check the 'M/A' column if you did the activity with an 'M' if done manually and an 'A' if computerized. You may or may not be involved in each activity; if not, check 'NA' - Not Applicable or 'DNO' - Did Not Observe.

<u>Activity</u>	'M' or 'A'	DNO	NA
File incomplete records into incomplete file			
File index cards or enter data into MPI			
Retrieve records for physician			
Review records for completion after physician has 'worked' on them			
Route records to appropriate area of department			
Perform procedure for:			
<ul style="list-style-type: none"> <li>• preparation and update of physicians incomplete and delinquent record list</li> <li>• notifying physicians of incomplete and delinquent records</li> <li>• notifying medical staff and administration of practitioners with incomplete and delinquent records</li> <li>• Outpatient</li> </ul>			
Monitor productivity			
Monitor workflow			
Monitor staffing levels			
OTHER [list and describe if necessary]			

COMMENTS:

**PROJECT EVALUATION BY SITE COORDINATOR - IN COMPLETE RECORD CONTROL**

5	Able to function with minimal supervision
4	Able to function with occasional supervision
3	Functions with constant supervision
2	Unable to function with present knowledge and experience
1	Needs to rethink career options based upon present knowledge and effort.

- I reviewed or supervised the intern's performance.
- My evaluation of the intern at entry level Incomplete Record Control is as follows:

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

\_\_\_\_\_  
Site Coordinator or Supervisor Signature

\_\_\_\_\_  
Date

**Send - Attachment 1**

## PROJECT 5 - RELEASE OF INFORMATION

DATE:	Hours	Days:	POINTS	4
FACILITY:	Time Spent on Activity		NAME:	

The following is a list of Release of Information tasks. Check the 'M/A' column if you did the activity with an 'M' if done manually and an 'A' if computerized. You may or may not be involved in each activity; if not, check 'NA' - Not Applicable or 'DNO' - Did Not Observe.

<u>Activity</u>	'M' or 'A'	DNO	NA
Receive and date requests			
Log in requests			
Use MPI to locate patient's number			
Prepare out guides			
Retrieve patient's record			
Copy needed pages of record			
Calculate appropriate charges			
Prepare invoice			
Complete log information			
Place response in mail			
Receive subpoena or court order			
Log in subpoena			
Copy records			
Prepare certification document for signature of Director			
Supply diagnoses,, etc. to Business Office			
Answer phone			
Respond appropriately to phone request			
Complete appropriate form to request records from other health facilities			
Take record to court			
Observe record personnel on witness stand			
Wait on a walk-in request for information			
Follow the facility's ROI policies and procedures			
Operate and follow FAX policies			
Monitor productivity			
Monitor workflow			
Monitor staffing levels			
OTHER [list and describe if necessary]			

COMMENTS:



## PROJECT EVALUATION BY SITE COORDINATOR - RELEASE OF INFORMATION

- 5 Able to function with minimal supervision
- 4 Able to function with occasional supervision
- 3 Functions with constant supervision
- 2 Unable to function with present knowledge and experience
- 1 Needs to rethink career options based upon present knowledge and effort.

- I reviewed or supervised the intern's performance.
- My evaluation of the intern at entry level Release of Information is as follows:

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

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Site Coordinator or Supervisor Signature

Date

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**Send - Attachment H**

Spend 1 day in the Patient Accounting [Billing] Department.

Spend time with a biller for each financial class—Medicare, Medicaid, and Blue Cross Blue Shield. Observe the billing process and review bills.

1. Obtain a copy of three (3) claims (1 inpatient, 1 outpatient surgery, and 1 emergency room) submitted to a third party payer (Medicare, Medicaid, and one third party payor) and compare with the reimbursement received.
2. Report your findings and include copies of claim forms reviewed. Delete all patient ID on any form.
3. Visit the Patient Accounting (Billing) Department and collect the following information:
  - 3.1. What is the "Charge Master?"
  - 3.2. How is it used and how are changes and updates processed?
  - 3.3. Explain how bills are processed - tape, hard copy.
  - 3.4. Explain how the Health Information Management Department affects the billing process.
  - 3.5. Analyze and describe the working relationship between Health Information Management and Patient Accounting.
  - 3.6. Describe any diagnoses coding done in the Patient Accounting Department.
  - 3.7. What are the implications of the answer to 3.6? Why or why not?
  - 3.8. Is there a future for the Health Information Management Practitioner in the Patient Accounting Department?

NOTE:

1. Delete all patient ID on any form.
2. Typed report must include the above questions and then your response

1. What types of accrediting and regulatory agencies (i.e., JCAHO, AOA, MPRO, BCBS, State CARF, CORF) have impact on this facility?
2. What type of statistics and reports must be prepared and submitted to MPRO, BCBS, and Medicaid?
3. Identify who in the HIM Department is primarily responsible for the preparation for MPRO, BCBS, other payor reviews.
4. Identify who is primarily responsible for the JCAHO/AOA preparation.
5. Describe how the Health Information Management Department prepares for a JCAHO/AOA survey/review.
6. What preparations have been made to meet the Management of Information Standards (JCAHO)?
7. How does the facility compare and analyze patient care and institutional data, i.e., JCAHO survey results, performance data, internal and external data bases, MIS information, and other computer applications.

**NOTE:**

Typed report must include the above questions and then your response

**PROJECT 8****ICD IN-PATIENT CODING****10 Points**

DATE:	Hours:	Days:	POINTS	10
FACILITY:	Time Spent on Activity		NAME:	

Follow the facility's control procedures to assure accuracy and completeness of coded materials. Follow the facility's procedures to identify and code (ICD) conditions and procedures from a minimum of 30 inpatient records from various hospital services. (Includes review of the face sheet and the record.) (10 medical, 10 surgical, 5 OB, 5 NB)

Assign DRGs to all inpatient records coded in number 1.

**PROJECT EVALUATION BY SITE COORDINATOR - ICD INPATIENT CODING SKILLS:**

- |   |  |
|---|--|
| 5 | Able to function with minimal supervision                                |
| 4 | Able to function with occasional supervision                             |
| 3 | Functions with constant supervision                                      |
| 2 | Unable to function with present knowledge and experience                 |
| 1 | Needs to rethink career options based upon present knowledge and effort. |

- I reviewed or supervised the intern's performance.
- My evaluation of the intern at entry level inpatient coder is as follows:

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

\_\_\_\_\_  
Site Coordinator or Supervisor Signature

\_\_\_\_\_  
Date

**Send • Attachment G**

<b>PROJECT 9</b>	<b>CPT &amp; ICD OUTPATIENT CODING</b>	<b>10 Points</b>
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DATE:	Hours:	Days:	POINTS	10
FACILITY:	Time Spent on Activity		NAME:	

Follow the facility's control procedures to assure accuracy and completeness of coded materials. Follow the facility's procedures to identify and code (ICD) conditions and procedures from a minimum of 30 outpatient records utilizing CPT-4 and ICD [at least 20 must be ambulatory surgery].

**PROJECT EVALUATION BY SITE COORDINATOR - CPT & ICD OUTPATIENT CODING SKILLS:**

- 5 Able to function with minimal supervision
- 4 Able to function with occasional supervision
- 3 Functions with constant supervision
- 2 Unable to function with present knowledge and experience
- 1 Needs to rethink career options based upon present knowledge and effort.

- I reviewed or supervised the intern's performance.
- My evaluation of the intern at entry level outpatient coder is as follows:

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

\_\_\_\_\_  
Site Coordinator or Supervisor Signature

\_\_\_\_\_  
Date

**Send - Attachment F**

<b>PROJECT 10</b>	<b>ABSTRACTING</b>	<b>10 Points</b>
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DATE:	Hours:	Days:	POINTS	<b>10</b>
FACILITY:	Time Spent on Activity		NAME:	

Complete a minimum of 30 abstracts for records from various hospital services; use same record as those coded. Follow the facility's procedure. (If information is entered via a computer terminal in the Health Information Management Department, then the intern should enter data for at least 30 abstracts.)

**PROJECT EVALUATION BY SITE COORDINATOR - ABSTRACTING SKILLS:**

- 5 Able to function with minimal supervision
- 4 Able to function with occasional supervision
- 3 Functions with constant supervision
- 2 Unable to function with present knowledge and experience
- 1 Needs to rethink career options based upon present knowledge and effort.

- I reviewed or supervised the intern's performance.
- My evaluation of the intern at entry level abstractor is as follows:

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

\_\_\_\_\_  
Site Coordinator or Supervisor Signature

\_\_\_\_\_  
Date

**Send - Attachment E**

**PROJECT 11 - UTILIZATION REVIEW/MANAGEMENT**

DATE:	Hours: _____	Days: _____	POINTS	10
FACILITY:	Time Spent on Activity		NAME:	

All activities will be supervised by the Utilization Review Coordinator; the intern must be exposed to not less than 10 cases of varied services.

Check items appropriately.

Activity

Conduct an admission review. Determine medical necessity and appropriateness of the admission using approved criteria.

Assign an initial LOS and review date to all admissions deemed necessary.

Record information needed on worksheets for the concurrent review process.

Make determinations with respect to medical necessity and appropriateness of continued stay using approved criteria.

Certify an additional continued stay period when determined to be medically necessary using approved criteria

OTHER [list and describe if necessary]

'M' or 'A'	DNO	NA

COMMENTS:

Attach copies of 4 of your worksheets [ID removed].

**PROJECT EVALUATION BY SITE COORDINATOR - UTILIZATION  
REVIEW/MANAGEMENT**

5	Able to function with minimal supervision
4	Able to function with occasional supervision
3	Functions with constant supervision
2	Unable to function with present knowledge and experience
1	Needs to rethink career options based upon present knowledge and effort.

- I reviewed or supervised the intern's performance.
- My evaluation of the intern at entry level URC is as follows:

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

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UR Coordinator Signature

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Date

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**Send - Attachment D**



**Start this project early and stay focused on getting it done.**

1. Using the following criteria [JCAHO:IM.3.2.1] review 25 completed inpatient medical records. You must compare each record to all items listed if applicable. Example: # Consultation reports - If a consultation was not requested the record will not include a report..
2. You can develop a worksheet of your choice. The department may have a form that you can use. **Attach worksheets** with your project report.
3. Prepare a report of your findings. This report must include outcome numerical data. You should display this data using a CQI tool [chart].
4. The project report must be titled 'Medical Record Review.' Include the facility name, day prepared, and time frame for patient information collected.
5. Failure to compare all items will result in significant point loss. Points will also be lost for failure to edit--grammar and spelling and unprofessional appearance.
6. At the end of the report, include a summary of your overall findings, recommendations, and your reaction to this project.
7. If you have questions about this project, ask your Site Coordinator early in the internship.
8. ***Start this project early and stay focused on getting it done.*** This project can be worked on at different times throughout your internship, especially if you have a hour or more of free time.

## MEDICAL RECORD REVIEW

The review must address the completeness, accuracy, timely completion, and authentication of the items listed below.

1. Identification data
2. Medical history, including
  - 2.1. chief complaint
  - 2.2. details of present illness
  - 2.3. relevant past, social, and family histories
  - 2.4. inventory by body system
3. Summary of the patient's psychosocial needs
4. Report of relevant physical examination
5. Statement on the conclusions or impressions drawn from the admission history and physical
6. Statement of the course of action planned for this episode of care and its periodical review, as appropriate
7. Diagnostic and therapeutic orders
8. Evidence of appropriate informed consent
9. Clinical observations, including the results of therapy
10. Progress notes made by the medical staff and other authorized staff
11. Consultation reports
12. Reports of operative and other invasive procedures, tests, and their results
13. Reports of any diagnostic and therapeutic procedures, such as pathology and clinical laboratory examinations and radiology and nuclear medicine examinations or treatments
14. Records of donation and receipt of transplants and/or implants
15. Final diagnosis[es]
16. Conclusions at termination of hospitalization
17. Clinical resumes and discharge summaries
18. Discharge instructions to the patient and/or family
19. Results of autopsy, when performed

Source: 1996 Hospital Accreditation Services Guidelines for Survey [IM.3.2.1]

**Start this project early and stay focused on getting it done.**

Using the questions below, you are to prepare a typed report about the health information management department in which you are doing your internship.

You will collect answers to these questions gradually throughout the entire internship, and should only ask the Site Coordinator for assistance IF you are unable to find answers through other methods (such as review of policies, procedures, statistics, observations, or discussions with the responsible unit supervisors or employees).

Failure to respond to each item below will result in point loss. Points will also be lost for failure to edit--grammar and spelling and unprofessional appearance.

**NOTE:**

**Typed report must include each question and then your response  
Date Prepared**

**HEADING:**

1. Name of facility.
2. Accredited by JCAHO or AOA? Teaching or nonteaching hospital?
3. Licensed bed capacity.
4. Number of full-time equivalents in health information department.

**CODING AND ABSTRACTING**

5. How are errors in coding identified? Describe the process utilized to ensure that the data obtained from code numbers is accurate.
6. Describe the indexes and/or reports that are produced. (Include number, frequency, types, and formats in your discussion. Attachments are acceptable.)
7. What happens to the record at the end of the coding and abstracting process?

**AMBULATORY RECORDS**

8. Describe the ambulatory registration process.
9. How are ambulatory records filed?
10. Discuss the system for providing records to ambulatory areas/clinics.

## **MEDICAL STAFF**

11. List the major committees of the medical staff in this facility and their functions.
12. Which ones involve the Health Information Management Department and how (chart preparation, review)?
13. On which medical staff committee(s) is the Health Information Management Director/Assistant a member?

## **GENERAL**

14. Is any portion of the department unionized? If so, what is the impact of the union upon the department?
15. How would you characterize the management/supervision styles you observed? Strict? Permissive? Variable? Do you believe these styles are effective in this department? Why?
16. How are the employees and supervisors evaluated? How frequently?
17. How are employees disciplined when such action becomes necessary?
18. Would you characterize the relationship between the department and its customers as positive or negative and why?

## **WORKFLOW IN THE HEALTH INFORMATION MANAGEMENT DEPARTMENT**

19. Prepare a diagram of movement of the record throughout the department. Show the movement of record processing from the point of patient discharge to record completion, i.e. record picked up on second shift, assembly, analysis, etc. Flow of the record can be demonstrated by branching, symbols, letters or numbers. This is a great place to use your flow charting skills and a software flowchart program.
20. A typewritten legend may be used to identify items in diagram.
21. Include a brief summary of your feelings of the overall record flow. This should include assumptions, questions, effective vs. ineffective record movement.

**Start this project early and stay focused on getting it done.**

Complete the attached evaluation; it must include your signature.

It is suggested that you fill this out as you progress through the internship. You may want to discuss this evaluation with your Site Coordinator.

It is suggested that you make a copy for your Site Coordinator.

**Submit Attachment C**

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">SITE</td> <td style="width: 33%; text-align: center;">SITE COORDINATOR</td> <td style="width: 34%; text-align: center;">DATES OF INTERNSHIP</td> </tr> </table>	SITE	SITE COORDINATOR	DATES OF INTERNSHIP
SITE	SITE COORDINATOR	DATES OF INTERNSHIP	

Answer each question listed below. Record any comments in the space between questions.

		yes	no
1. Did you receive a tour and general orientation to the department?			
2. Did you receive adequate orientation to each procedure that you performed? (i.e. clear instructions, explanation of job purpose, location of needed tools, etc.)			
3. Was your performance in each function monitored? How?			
4. Did you receive a 2 week evaluation?			
5. Did you receive a 4 week evaluation?			
6. Did you feel comfortable asking for assistance from your supervisor and other employees?			
7. When you asked questions or requested assistance, did you receive the help you needed?			
8. Did you feel accepted by departmental personnel?			
9. Were there any areas of the department you did <u>not</u> receive exposure to? List.			
10. Did you ask to spend time in any areas other than the ones your supervisor had scheduled for you?			
11. If so, was your request granted?			
12. Did your classroom instruction adequately prepare you for internship?			

13. In what areas did you feel?

Prepared

Unprepared

14. Did the internship manual provide you with sufficient information?

--	--

15. What additional information would have been useful?

16. List the strongest aspects of your internship experience.

17. List the weakest aspects of your internship.

18. What recommendation would you make for the next intern that interns at this facility?

INTERN SIGNATURE	DATE

**Send - Attachment C**

**'THANK YOU'**

Prepare and mail a *'thank-you'* note to your Site Coordinator and the health information management department where you spent your internship.

**PROOFREAD** carefully before mailing to the Site Coordinator and department.



<b>INTERN STATEMENT OF CONFIDENTIALITY</b> <b>HEALTH MANAGEMENT DEPARTMENT</b>
---

I, \_\_\_\_\_, understand that it is normal and to be expected that I will come into deliberate or inadvertent possession of patient, facility, or departmental information that must be regarded as confidential. This confidential information may be of a financial, personal, or medical nature. I am aware of the serious nature of violating such confidentiality. I recognize and appreciate the serious nature of the privilege I have been accorded in having access to such information. I will hold this information in strict confidence.

I understand and acknowledge that the following actions are necessary should I breach this confidence.

1. My Site Coordinator will contact my FSU Faculty Member immediately.
2. My Faculty Member, in conjunction with my Site Coordinator and the Assistant Dean for Academic Affairs, will investigate the breach of confidentiality.
3. In concert, the parties in #2 above will make disciplinary recommendations to the Dean of the College of Allied Health as warranted.
4. Such disciplinary recommendations may include immediate termination of my internship and loss of academic credit.

Intern Signature	Date	Site Coordinator Signature	Date

## MRIS INTERN DATA FORM - MAIL TO FACULTY MEMBER

The purpose of this form is to simplify communication with you at your site or home

INTERNSHIP DATA					
Name					
Semester & Internship	F	W	S	MRIS293	MRIS493
Start Date					
Finish Date					
Phone # [residence]					
Phone # [permanent]					
Intern Number					
Address [residence]					
Address [permanent]					

SITE COORDINATOR DATA	
Name	
Title	
Coordinator Phone #	
Department Phone #	
Fax [if known]	

SITE DATA	
Name	
Address	
DATE	SIGNATURE

საქართველოს მხარე

PROJECT EVALUATION BY SITE COORDINATOR

INSTRUCTIONS FOR COMPLETION:

A Site Coordinator's evaluation should be completed for each project (except for activity checklists). This evaluation shall be the cover sheet for the project.

- ONE number for "Format/Content"
- ONE number for "Grammar/Punctuation" should be circled on the completed evaluation. The Site Coordinator should then sign the evaluation.

EXAMPLES

- If the first draft of the project is acceptable, the Coordinator should circle '1' under 'Draft' and '5' under 'Acceptable.'

<u>DRAFT</u>	<u>ACCEPTABLE</u>	<u>NEEDS IMPROVEMENT</u>	<u>UNACCEPTABLE</u>
①	⑤	1	0
2	4	1	0
3	3	1	0

- However, if corrections are necessary, the intern should make appropriate changes and the second draft should be reviewed. If the second draft is acceptable, the Site Coordinator should circle '2' under 'Draft' and '4' under 'Acceptable.'

<u>DRAFT</u>	<u>ACCEPTABLE</u>	<u>NEEDS IMPROVEMENT</u>	<u>UNACCEPTABLE</u>
1	5	1	0
②	④	1	0
3	3	1	0

- If the second draft needs improvement, but the intern doesn't make appropriate changes, the Site Coordinator should circle '2' or '3' under 'Draft' and '1' under 'Needs Improvement.'

<u>DRAFT</u>	<u>ACCEPTABLE</u>	<u>NEEDS IMPROVEMENT</u>	<u>UNACCEPTABLE</u>
1	5	1	0
2	4	1	0
③	3	①	0

**PROJECT EVALUATION BY SITE COORDINATOR**

INTERN: \_\_\_\_\_ PROJECT 1 6 7 12 13

FACILITY: \_\_\_\_\_ DATE: \_\_\_\_\_

**FORMAT and CONTENT:**

<u>DRAFT</u>	<u>ACCEPTABLE</u>	<u>NEEDS IMPROVEMENT</u>	<u>UNACCEPTABLE</u>
1	5	1	0
2	4	1	0
3	3	1	0

**GRAMMAR and PUNCTUATION:**

<u>DRAFT</u>	<u>ACCEPTABLE</u>	<u>NEEDS IMPROVEMENT</u>	<u>UNACCEPTABLE</u>
1	5	1	0
2	4	1	0
3	3	1	0

My evaluation of the intern is as follows:

- |   |  |
|---|--|
| 5 | Able to function with minimal supervision                                |
| 4 | Able to function with occasional supervision                             |
| 3 | Functions with constant supervision                                      |
| 2 | Unable to function with present knowledge and experience                 |
| 1 | Needs to rethink career options based upon present knowledge and effort. |

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

Date

Site Coordinator or Supervisor Signature

MRIS 293  
TECHNICAL INTERNSHIP EVALUATION  
HEALTH INFORMATION SCIENCES PROGRAM

INTERN:	
FACILITY:	
DATE:	

1. Please complete this evaluation of the intern's internship performance.
2. You may request that the intern do a self assessment on these behaviors to compare with you evaluation.
3. Review this evaluation with the intern prior to the end of the internship.

COLLEGE OF ALLIED HEALTH SCIENCES  
200 Ferris Drive, Big Rapids, MI 49307-2740  
Phone 231 591-2270 or 1-800-462-8553

Please use the following scale to rate the intern's performance. Circle the number which reflects your observation. Use the comment section to support your rating.

5 ALWAYS	4 USUALLY	3 AVERAGE	2 RARELY	1 NEVER
-------------	--------------	--------------	-------------	------------

**INTERPERSONAL SKILLS: The intern:**

- |    |   |   |   |   |   |   |
|----|---|---|---|---|---|---|
| 1. | demonstrated appropriate interpersonal skills when working with others.                               | 5 | 4 | 3 | 2 | 1 |
| 2. | asked questions to gain information necessary to perform assigned tasks.                              | 5 | 4 | 3 | 2 | 1 |
| 3. | dealt appropriately with conflict [NA].   | 5 | 4 | 3 | 2 | 1 |
| 4. | showed respect for diverse opinions and ideas.  | 5 | 4 | 3 | 2 | 1 |
| 5. | showed respect for site coordinator and allowed appropriate time when submitting projects for review. | 5 | 4 | 3 | 2 | 1 |

Comments:

**ORAL COMMUNICATIONS SKILLS: The intern:**

- |    |   |   |   |   |   |   |
|----|---|---|---|---|---|---|
| 6. | was able to make professional presentations [NA]. | 5 | 4 | 3 | 2 | 1 |
| 7. | could explain his or her point of view.           | 5 | 4 | 3 | 2 | 1 |

Comments:

**COMPUTER SKILLS The intern demonstrated the ability to**

- |    |                                |   |   |   |   |   |
|----|--------------------------------|---|---|---|---|---|
| 8. | construct a basic spread sheet | 5 | 4 | 3 | 2 | 1 |
| 9. | manipulate data                | 5 | 4 | 3 | 2 | 1 |

10.	access information within the facility's system	5	4	3	2	1
11.	use word processing skills to complete assigned projects	5	4	3	2	1

Comments:

**QUALITY OF WORK: The Intern:**

12.	was able to apply knowledge learned on-campus to the health care setting	5	4	3	2	1
13.	was able to accurately interpret information	5	4	3	2	1
14.	used acceptable grammar and punctuation when completing tasks.	5	4	3	2	1
15.	completed all work assigned.	5	4	3	2	1
16.	presented work that was neatly done and had a professional appearance	5	4	3	2	1

Comments:

**PROFESSIONAL CONDUCT: The Intern:**

17.	arrived on time for scheduled days.	5	4	3	2	1
18.	arrived on time for scheduled meetings and appointments.	5	4	3	2	1
19.	was in attendance for the number of hours scheduled each day.	5	4	3	2	1
20.	was neat and clean	5	4	3	2	1



21.	was appropriately attired for the work situation [followed the facility's dress code].	5	4	3	2	1
-----	--	---	---	---	---	---

Comments:

**DEMONSTRATION OF KNOWLEDGE: The intern:**

22.	could speak the language of health care.	5	4	3	2	1
23.	demonstrated understanding of the laws that pertain to health care.	5	4	3	2	1
24.	demonstrated understanding of the structure of health care in the U.S.	5	4	3	2	1
25.	demonstrated an understanding of the pervasive nature of quality assurance throughout health care.	5	4	3	2	1

COMMENTS:

26.	<b>OVERALL INTERNSHIP PERFORMANCE</b>	Excellent	Very Good	Good	Below Average	Poor
		5	4	3	2	1

**COMMENTS BY THE SITE COORDINATOR: If none, write NONE.**

Strong Attributes

Areas for Improvement -

Potential for Health Information Management employment

**COMMENTS BY THE INTERN: If none, write NONE.**

Intern Signature	Date	Site Coordinator Signature	Date
------------------	------	----------------------------	------

Student signature indicates that this evaluation has been reviewed, it does not indicate agreement.

FSU Faculty Member Notes.

**ATTACHMENT C**

**PROJECT 14**

**INTERN EVALUATION OF INTERNSHIP**

**1 Point**

<b>FACILITY</b>	<b>SITE COORDINATOR</b>	<b>DATES OF INTERNSHIP</b>

Answer each question listed below. Record any comments in the space between questions.

		yes	no
1.	Did you receive a tour and general orientaton to the department?		
2.	Did you receive adequate orientation to each procedure that you performed? (i.e. clear instructions, explanation of job purpose, location of needed tools, etc.)		
3.	Was your performance in each function monitored? How?		
4.	Did you receive a 2 week evaluation?		
5.	Did you receive a 4 week evaluation?		
6.	Did you feel comfortable asking for assistance from your supervisor and other employees?		
7.	When you asked questions or requested assistance, did you receive the help you needed?		
8.	Did you feel accepted by departmental personnel?		
9.	Were there any areas of the department you did <u>not</u> receive exposure to? List.		
10.	Did you ask to spend time in any areas other than the ones your supervisor had scheduled for you?		
11.	If so, was your request granted?		
12.	Did your classroom instruction adequately prepare you for internship?		

13. In what areas did you feel?

Prepared

Unprepared

14. Did the internship manual provide you with sufficient information?

--	--

15. What additional information would have been useful?

16. List the strongest aspects of your internship experience.

17. List the weakest aspects of your internship.

18. What recommendation would you make for the next intern that interns at this facility?

INTERN SIGNATURE	DATE

**MANAGEMENT INTERNSHIP**  
**MRIS 493**

<b>Name:</b>	
<b>Site:</b>	
<b>Start Date:</b>	
<b>Finish Date:</b>	
<b>Site Coordinator:</b>	
<b>Phone:</b>	

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## INTERN INFORMATION

### INTERNSHIP HOURS AND WORK ROTATION

Each intern will complete 320 hours (8 weeks) of clinical practice at the assigned site.

A intern with prior medical record experience may not be required to complete a full 8 week internship. Prior experience will be evaluated by the MRIS Program. A minimum of 4 weeks is required.

Hours of Internship: Forty per week, **MINIMUM**, as determined by the site. The intern will report at 9:00 a.m. on the first day of internship.

### FACULTY MEMBERS:

Paula Hagstrom VFS 407 231 591 2316 hagstrop@ferris.edu	Cindy Konrad VFS 413 231 591 2298 konradc@ferris.edu	Judy Monson VFS 428 231 591 2275 monsonj@ferris.edu	Marie Sichelsteel VFS 412 231 591 2321 sickelsm@ferris.edu
--	---	--	---

Address to:

[Faculty Member name]  
 College of Allied Health  
 VFS \_\_\_\_\_  
 Ferris State University  
 200 Ferris Drive  
 Big Rapids, MI 49307

If you cannot contact a Faculty Member, call Ellen Haneline 231 591 2313.

The intern will be monitored by a Faculty Member during the internship. Site visit are not routinely made. An intern or Site Coordinator experiencing problems may request an on-site visit.

### PROJECT AND EVALUATION OVERVIEW

#### 1. Due Dates

2 projects	THIRD Monday
3 projects	FIFTH Monday
3 projects	SEVENTH Monday
3 projects	Monday following the final internship date

- You determine which projects are due on the above dates. Projects submitted on or before the above due dates will be at your discretion, as each intern's schedule will vary in each facility
- Notify your Faculty Member if dates can't be met; only valid extensions will be granted. The Faculty Member may reassign above due dates. Projects and log sheets must be received by the due date.
- One [1] point late penalty, per day, for late arrivals.
- Not accepted after five [5] days
- Read project instructions several times. **Proofread and edit all projects.**
- **ALL PROJECTS RETAINED AT FSU.** Make copies for yourself.

Health Care Systems Administration,

Medical Records Administration,

Medical Records Technology

Addendum to

APRC 2000-2001

section 6 of 6



- 2. Project Evaluation**
- ALL projects require Site Coordinator approval and signature [or his or her designee] prior to sending to FSU. The Site Coordinator reviews all projects to detect any misconceptions or confusion on your part. The Site Coordinator is not responsible for correcting your projects, only to offer guidance
  - This form will indicate how many drafts were submitted before the project was acceptable.
  - Attach a signed Project Evaluation by Site Coordinator form to each project.
  - The Faculty Member will use this evaluation when assigning project points.
  - Exceptions:  
*Project 1 - Professional Ethics  
 Log sheets*
- 3. Format:**
- Cover page for each project
    - project title and number
    - site name
    - your name
    - date
  - Address all project items, type the item and then your response
  - Free of grammatical or spelling errors
  - Professional appearance
  - Computer printed [or typed]
  - Maximum 1 inch margins
  - Font 12 [minimum]
  - Single spaced
  - Always send original project to Faculty Member. Attachments of site samples often strengthen your project.
  - Format Exceptions:  
*Log Sheets - may be handwritten*
- 4. Log Sheets**
- Complete a weekly log of daily activities [hand written or word processor]. Each day note the types of activities you were involved in. Please comment on how you felt about the experience, what you gained from it, etc. This log must reach your Faculty Member by **Tuesday** of each week.
- NOTE: Problems and questions should be recorded on the back of the log sheet. Notify your Faculty Member of any problem so she can follow up with you. Do not wait until the end of the internship to discuss problems related to the internship or the projects.*
- 5. Evaluation**
- Your FSU Faculty Member [FM] will evaluate on the above and the content [organization, overview and depth] of each project.
- **Administrative Project** Site Coordinator will be complete and send to FM. Your FM will evaluate on project requirements [refer to project [6]. Both evaluations will be used to assign project points.
  - **2 and 4 Week Eval.** Site Coordinator will complete and send to FM.
  - **Intern Evaluation** You complete as to your internship experience. Send to FM.
  - **Final Evaluation** Site Coordinator will complete and send to FM.
- \*All evaluations should be discussed with you, reviewed and signed by you.**

## GRADE COMPONENTS

	<i>Points</i>
<i>PROJECTS</i>	
1. Professional Ethics	5
2. Departmental Functions	20
3. Transcription/Word Processing	6
4. Technology	6
5. Management and Staff Interactions in a Meeting	6
6. ADMINISTRATIVE PROJECT	20
7. Human Resource Department	10
8. Management Topics - Wage Determination, Inservice Education, Forms Design, Employee Evaluation, Work Simplification	10
9. HIM Department Director and Finance Department	5
10. Risk Management	2
11. Intern Evaluation of Internship	1
<i>OTHER</i>	
• Evaluation of Management Internship	5
• Log Sheets	4
TOTAL	100

## PURPOSE OF THE MANUAL

This manual is designed to guide both you and your Site Coordinator through your internship. Read it carefully prior to your arrival at the internship site.

The objectives are designed to assist you in meeting the competencies which have been established for your internship. The objectives will guide you in acquiring an overall experience in the working environment and assist you in effectively functioning within the work setting. You should be prepared to discuss your internship experiences.

## INTERNSHIP POLICIES

1. Contact your Site Coordinator at least one week before the starting date to determine hours you will be working, dress code, etc.
2. You are expected to follow the dress code for the department and facility. Contact your Site Coordinator regarding acceptable dress during your internship.
3. You are to report to the internship site at 9:00 a.m., on the first morning unless otherwise arranged with the Site Coordinator.
4. It is important that you report to work on time. If you must be late, report to your Site Coordinator prior to the time that you are supposed to report to work. **All lost time must be made up at the discretion of your Site Coordinator..**
5. You will be working a minimum 8 hours per day, 40 hours per week; unless other hours have been prearranged.
6. The Site Coordinator can schedule evening, night or weekend shifts in your schedule if it is felt that it would be helpful to your learning experience.
7. You should make every effort not to miss work. If you absolutely have to be absent, be sure to inform the Site Coordinator prior to the time you are scheduled for work. Check with the Site Coordinator to see when you are to make up the time.
8. While at the internship site, you are directly responsible to the Site Coordinator. You are asked to abide by the policies of the internship site concerning breaks, parking, personal telephone calls, etc., as well as all departmental and hospital policies and regulations. It is your responsibility to determine what the rules and regulations are.
9. If any problems arise, they should be brought to the attention of your Site Coordinator. However, the Faculty Member is available by phone should you need consultation at any time. You will be advised as to which Faculty Member will be supervising your internship.
10. You may be sharing your experience with other interns following your internship. Unique or interesting experiences are the most important experiences to share.

11. You may be visiting other sites as a FSU coordinated visit. This will be prearranged; transportation to the site is your responsibility.
12. You are responsible for costs incurred in housing, food, transportation, parking, and for miscellaneous items.
13. Before leaving your assigned work, notify in person the appropriate departmental personnel and describe the status of any work that you did not complete so that arrangements may be made for its completion.
14. Personal telephone calls are not to be made within the department or during working hours.
15. Project assignments are not to be done during your internship working hours unless permission is granted by your Site Coordinator. Gathering information for project assignments should be part of each daily schedule.
16. Should you become ill while on duty, notify the Site Coordinator. Arrangements will be made for medical attention as appropriate within existing departmental procedures. You are responsible for the costs incurred in this treatment. Lost time should be made up.
17. Americans with Disabilities Act -- You must notify your clinical site of any disability that needs special consideration.
18. An unsatisfactory 2-week or 4-week evaluation could result in an academic warning
19. **INTERNSHIP TERMINATION** - Unsatisfactory internship progress or conduct could result in an academic or disciplinary termination from the internship. If there is evidence that termination may occur, the Faculty Member will be contacted by the Site Coordinator. A meeting between the intern and the Site Coordinator will be scheduled. A meeting of the Site Coordinator and Faculty Member will follow. At this time, a decision will be made as to whether the intern will continue in the internship.
20. **APPEAL** - Each intern will have the right to appeal an academic or disciplinary termination from an affiliation site.
  - 20.1. The intern shall first appeal within five working days to the Department Head who shall inform the intern of her decision in writing within three working days.
  - 20.2. If the intern wishes to appeal further, he or she shall file a written appeal within five working days to the Associate Dean for Intern Academic Affairs, College of Allied Health Sciences who shall meet with the intern and issue a written decision within five working days.
  - 20.3. The Final Step in the appeal process shall rest with the Dean of the College of Allied Health Sciences. If any intern wishes to appeal the decision of the Associate Dean for Student Academic Affairs, he or she shall file an appeal within five working days to the Dean of the College of Allied Health Sciences. The Dean shall meet with the intern and render a written decision within five working days.

- 20.4. If an intern is removed from an internship site, that entire internship will have to be repeated.
21. Enjoy your internship! This is a valuable experience, begin networking, and challenge yourself. Your growth is directly related to your active involvement and follow through.

## **INTERACTIONS AT INTERNSHIP SITE**

During your internship, you will meet and interact with many different people. As an intern, it is your responsibility to "fit" into this new environment. It is expected that you exhibit a professional attitude toward these individuals at all times.

1. When interacting with physicians, you should:
  - 1.1. address him or her by the title "Doctor," never "Doc"
  - 1.2. willingly conform to the physician's requests or directives where these are applicable to departmental protocol
  - 1.3. if the physician wishes you to perform some task that is contrary to departmental protocol, report it to your supervisor member who will make the appropriate decision
  - 1.4. be polite and professional at all times
2. When interacting with the Site Coordinator and departmental staff, you should:
  - 2.1. treat the staff and their work with respect and refrain from verbalizing judgments and criticisms about their performance
  - 2.2. refrain from loud talking, rudeness and socializing, this is out of place in the department
3. When interacting with patients, you should:
  - 3.1. use tact and diplomacy at all times
  - 3.2. refrain from any discussion of the patient or his or her medical care unless such discussion is related to your assigned tasks
  - 3.3. handle every record in strict conformance with departmental policies and procedures.

<p style="text-align: center;"><b>REMEMBER THAT FAILURE TO MAINTAIN CONFIDENTIALITY MAY WARRANT DISMISSAL FROM THE INTERNSHIP AND THE PROGRAM</b></p>
---

## **GLOSSARY**

Affiliation (site): Health care setting.

Site Coordinator: Individual at internship or affiliation site who assumes responsibility for scheduling and supervising the intern.

Competency: The ability to function in a specific manner.

Department Head: Individual at Ferris State University responsible for development and coordination of the HIT/HIM Programs.

Faculty Member: Individual at Ferris State University responsible for coordination and supervision.

Internship: Management experience in health care setting for the purpose of allowing the intern to observe the application of management principles.

Objectives: Goals set to assist in meeting the course competencies.

Project Evaluation by Site Coordinator: A form used to evaluate each intern project, indicates how many drafts were submitted to the Site Coordinator before the project was acceptable.

Intern: Person enrolled in HIT or HIM Program at Ferris State University

## SITE COORDINATOR GENERAL INFORMATION AND SUGGESTIONS

Ferris State University, in compliance with the "Essentials for Accredited Programs in Medical Records," requires that the intern complete an internship assignment. The internship assignment for the Health Information Technology (HIT) intern consists of 6 weeks spent in a health care setting. The Health Information Management (HIM) intern spends an additional 8 weeks in the health care setting applying management principles.

Frequently, the intern experiences some apprehension in terms of how he or she will fit into your department. We hope that the following comments and suggestions will be of assistance to you as you prepare for, and work with, the interns.

### 1. SCHEDULE FOR INTERNSHIP

- 1.1. The schedule, which you are asked to prepare in advance of the intern's arrival and forward to the Faculty Member at the University. This is helpful tool to you and your staff, but also to the intern in giving a sense of direction for practical experience. The intern can be scheduled to work with any employee in the department as long as he or she remains under the overall direction of the Site Coordinator.
- 1.2. The intern has been instructed to report to you prior to the scheduled starting time if they must be absent. If the intern is absent, it is recommended that the time be made up; it is left to your discretion. Excessive absences [3 consecutive days or 5 total days] should be reported to the Faculty Member.
- 1.3. If you desire specific feedback from the intern on a particular work assignment, you may ask that a brief summary of his or her observation be written, or a flow chart developed. If you decide to do this, you may wish to review the work with the intern and comment on the accuracy of the presentation.
- 1.4. With the increased emphasis on ambulatory settings, we would like the intern to get as much exposure to these as possible, particularly those with organized health record systems.
- 1.5. Meeting attendance is encourage. Please communicate to the intern when he or she may attend a meeting.
- 1.6. To assist you in planning and scheduling for the internship, we suggest the following time allotments for the main activities of the internship. It is not a rigid schedule, and you may vary this according to the functions of your department. All of the project activities are to be included in the internship through observation, explanation, or participation. You may make the determination as to the appropriate approach.

## 1.7. ORIENTATION

We would suggest you cover the following topics on the first day:

1.7.1. A basic orientation in terms of general overview of the department including such things as:

- facility and departmental organizational structure
- introduction to employees with whom he or she will be working
- rules of the department and facility
- a tour of the facility
- scheduling attendance at a general orientation session, if possible

1.7.2. Review of the schedule which you have prepared for the intern. Discuss your mutual expectation, and the needs and interests of the intern for the internship. This discussion will help to set the direction for periodic reviews during the internship and the evaluation at the end.

1.7.3. Have the intern read and sign the confidentiality agreement [Attachment A]

## 1.8. HEALTH INFORMATION MANAGEMENT DEPARTMENT OVERVIEW 2 days

Since the intern has had a previous technical experience, a brief overview of your medical record system (unless they are unique and innovative in some respect) is all that is expected. After this introduction to the department, the intern could be allowed free time to follow the work flow, observe activities as he or she feels necessary, and ask questions of employees.

## 1.9. HEALTH INFORMATION MANAGEMENT DEPARTMENT - MANAGEMENT 10 days

We consider this to be a very important area. We suggest you allow the intern to spend as much time as possible with you. Interns have expressed a desire to be able to observe a full day's activities of the department director.

Time should be set aside each day, preferably 1/2 to 1 hour, to allow the Site Coordinator and the intern to discuss management problems or considerations that relate to the experience of that day and to allow time for answering intern questions. This can take place between the intern and the most appropriate supervisor.

Provide a "wrap-up" session at the end of the internship, this is attended by the intern and Site Coordinator/ director with or without support staff.

Main Activities:

- Facility and department organization (including charts).
- Department policies.
- Personnel management - employee selection, orientation and evaluation; scheduling.



- Personnel supervision: motivation, discipline, problems, and affirmative action.
- Managerial applications: budgeting, forms design, standards.
- Involvement with computer applications.
- Involvement with accrediting and regulatory agencies.
- Meetings and functions - medical staff, interdepartmental and department, professional HIM.
- Director relationships to administration, medical staff and other departments.
- Other managerial responsibilities (i.e., professional correspondence).

## **1.10. POLICIES AND PROCEDURES**

**5 days**

The purpose of this section is to acquaint the intern with the manner in which the following procedures are carried out in your department. It is also to allow the intern to apply the managerial considerations listed under Objectives 2 and 3.

- 1.10.1. Admission procedures (inpatient and outpatient)
- 1.10.2. Chart assembly/discharge procedures (inpatient and outpatient)
- 1.10.3. Daily collection of statistics (whether for manual or computer processed)
- 1.10.4. Abstracting, coding and indices.
- 1.10.5. Filing and record retrieval.
- 1.10.6. Record locator or check-out controls.
- 1.10.7. Birth certificates.
- 1.10.8. Tumor registry.
- 1.10.9. Transcription or word processing system (should be included as an observation of procedures, equipment and application of management considerations).
- 1.10.10. Release of information (medicolegal requests, insurance requests, phone and reception).
- 1.10.11. Other clerical functions in the department.

## **1.11. DATA RETRIEVAL AND REPORTING**

**5 days**

- 1.11.1. Statistical reporting.
- 1.11.2. CQI and utilization management. Please try to expose the intern to as many of these activities as internship time permits.
- 1.11.3. MPRO functions.
- 1.11.4. Finance/reimbursement.

## **1.12. OTHER DEPARTMENTS, HEALTH CARE FACILITIES, AND AGENCIES**

It is recommended that the interns have an opportunity to visit each hospital department, a nursing unit, and other health care facilities and agencies.

## **1.13. ADMINISTRATIVE PROJECT**

**5 days**

It may involve at least 40 hours within the clinical site schedule and another 40 hours of the intern's own time. This will involve researching an area, determining alternative solutions, and suggesting recommendations. It would not necessarily include

implementation because of the time limitation. It will be assigned and evaluated by the Site Coordinator member.

Refer to Objective 6 regarding your involvement in identifying the objective(s), deadline for completion, and specific items to be included.

#### **1.14. ADDITIONAL APPROPRIATE LEARNING ACTIVITIES INCLUDE:**

- 1.14.1. Attendance at meetings (committee--medical staff, department, interdepartmental, professional) whenever possible.
- 1.14.2. Exposure to any unusual, unique, or innovative procedure, equipment, diagnostic and treatment units such as dialysis, burn, infant, intensive care.
- 1.14.3. An opportunity for the intern to observe or participate in greater depth in areas of special interest, or where there is a need for clarification.
- 1.14.4. Any other activities which the Site Coordinator feels would be a good learning experience.
- 1.14.5. Interns should not be scheduled to visit more than 2 departments in one day as they tend to be exhausted and lose their attentiveness.
- 1.14.6. An intern orientation guide may be helpful for other departments [Attachment D].

#### **1.15. EVALUATION**

- 1.15.1. Complete and sign a "Project Evaluation by Site Coordinator" form for all intern projects. With this evaluation, FSU - Faculty Member will be able to assign points to each project, based on the numbers you assigned. FSU - Faculty Member is interested in how many drafts are submitted to you before the project is acceptable from you perspective - Refer to Attachment A.
- 1.15.2. Complete a one page evaluation on the intern at 2 weeks and 4 weeks.
  - This evaluation will be mailed to you for completion. Please return to FSU.
  - The purpose of these evaluations is to monitor intern progress.
  - Additional evaluations may be requested, if intern progress is unsatisfactory.
  - Each evaluation should be discussed with the intern. The intern is required to review and sign the evaluation.
- 1.15.3. Complete a separate evaluation for the administrative project. See Attachment C
- 1.15.4. Complete a final intern evaluation " Management internship evaluation " at the end of the internship and return it to FSU - Faculty Member. We ask that you discuss the evaluation with the intern before he or she leaves your institution. The intern is to sign the evaluation. A sample of the evaluation is included in this manual. Attachment B.
- 1.15.5. A intern signature on an evaluation indicates that the evaluation has been reviewed, it does not indicate agreement.

1.15.6. The intern will complete an evaluation at the end of the internship. He or she has been asked to discuss the evaluation with you [Attachment E].

1.16. **OTHER**

1.16.1. You are not required to sign the weekly log sheets.

1.16.2. When it does not disrupt the flow of work in the department, we ask that interns be allowed to use a word processor to complete his or her projects. The intern is not to use internship time to type the projects.

1.16.3. **INTERNSHIP TERMINATION** - Unsatisfactory internship progress could result in an academic or disciplinary termination from the internship. If there is evidence that termination may occur, the FSU - Faculty Member will be contacted by the Site Coordinator. A meeting between the intern and the Site Coordinator will be scheduled to hear the intern's side. A meeting of the Site Coordinator and Faculty Member will follow. At this time, a decision will be made as to whether the intern will continue in the internship.

1.16.4. **APPEAL** - Each intern will have the right to appeal an academic or disciplinary termination from an affiliation site.

The intern shall first appeal within five working days to the Program Director who shall inform the intern of her decision in writing within three working days.

If the intern wishes to appeal further, he or she shall file a written appeal within five working days to the Assistant Dean, College of Allied Health Sciences who shall meet with the intern and issue a written decision within five working days.

The Final Step in the appeal process shall rest with the Dean of the College of Allied Health Sciences. If any intern wishes to appeal the decision of the Associate Dean for Intern Academic Affairs, he or she shall file an appeal within five working days to the Dean of the College of Allied Health Sciences. The Dean shall meet with the intern and render a written decision within five working days.

If an intern is removed from an internship site, that entire internship will have to be repeated.

# AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

## DOMAINS, TASKS, AND SUBTASKS FOR REGISTERED RECORD ADMINISTRATORS

- 1.1.25 Confer with peers, providers and for users of departmental or institutional services
- 1.1.27 Participate in departmental and/or institutional committees.

### COURSE COMPETENCIES

At the end of the internship, the intern will be able to:

1. Apply health information management principles appropriately in intra- and interdepartmental health information functions by demonstrating:
  - 1.1. insight into and an understanding of health information systems, and limited skill in HIM procedures.
  - 1.2. confidence through exposure to health information management procedures in operation.
  - 1.3. an understanding of the administrative and personnel implications of each department function.
  
2. Demonstrate skill in establishing and maintaining effective and appropriate interpersonal relationships with various levels of HIM personnel and other health care professionals within the facility.
  
3. Understand the role of the Health Information Management Director in the health care setting with attention to departmental relationships and interactions by demonstrating:
  - 3.1. Familiarity with the duties of the Health Information Management Director:
    - in relation to personnel supervision
    - in relation to medical staff
  
  - 3.2. Insight into the total organization and management of the Health Information Department:
    - systems coordination
    - personnel administration
    - control of department activities
    - record management and work flow
  
  - 3.3. Appreciation of the importance of good relationships of the Health Information Director:
    - with HIM personnel
    - with administration
    - with other department heads
    - with medical staff

4. Appreciation of the importance of a good working relationship between the Health Information Management Director and other hospital departments:
  - in correlation of medical record data from record to computer
  - in forms design and control
  - in development of policies and procedures
  
5. Understanding of the role of the Health Information Management Director in relation to transfer of information and consultative services with:
  - alternate health care facilities
  - outside agencies
  - other hospitals
  
6. Discuss the Health Information Management Department activities and the Health Information Management Director's role in planning, implementing, and controlling technology.
  
7. Observe and interact with personnel and management of a functioning health information department. This observation will lead to the formation of personal attitudes and opinions towards health information management and professional behavior.

## COURSE OBJECTIVES AND PROJECT REQUIREMENTS

### OBJECTIVE 1

*The intern will:*

1. *Adhere to the dress code.*
2. *Abide by the employee rules and regulations of the internship.*
3. *Abide by the AHIMA Code of Ethics.*
4. *Maintain a cooperative attitude throughout the clinical experience.*
5. *Accept responsibility for assigned tasks (projects) and for initiating discussion that will enhance his or her learning experience.*
6. *Represent the Health Information Management Program at Ferris State University in a professional manner.*

### PROJECT - 1

### PROFESSIONAL ETHICS

5 POINTS

NOTE: It is not required that the Site Coordinator review and sign this project. If the Site Coordinator would like a copy of this project; you may omit #4 and #6.

1. Discuss your reactions to the dress code at the facility.
2. Describe the clothes that you wore on one day of the internship. (NOTE: a suit or dress vs. pants; it is not intended that you wear clothes that would embarrass either you or the employees in the department).
3. How did you feel dressed in this manner?
  - 3.1. Did you notice any reaction, either positive or negative, to your method of dress?
4. Describe your reaction to the employee rules and regulations of the facility.
5. What might you do differently if you were to become manager of the department?
6. When would you be professionally ready to manage a department of this size?
7. Describe how the HIMD personnel abide by the AHIMA Code of Ethics.
8. Describe the professional ethics of a HIM Director in his or her relationship with the medical staff, administration, department heads, and personnel.
9. Discuss an experience which you feel contributed to your professional growth.
10. Discuss an experience which you feel contributed to your personal growth.

## OBJECTIVE 2:

The intern will demonstrate an understanding of the departmental functions by discussing the following functions:

1. Admissions
2. Record Assembly and Discharge Analysis
3. Coding and Indexing of Diseases and Procedures
4. Abstracting
5. Release of Information
6. Physicians' Incomplete Record Control
7. Storage and Retrieval
8. Tumor Registry
9. Statistics

## PROJECT - 2

## DEPARTMENTAL FUNCTIONS

20 POINTS

1. Discuss the above functions, 1 - 9.
  - 1.1. Who supervises each function? (Position, not name)
  - 1.2. What are the management concerns of potential management problems related to this function?
2. Discuss the following items as they relate to the departmental functions. **NOTE:** It is not necessary to discuss each function separately; a general discussion is satisfactory.
  - 2.1. Performance Standards
    - Method of establishment
    - How are they used
  - 2.2. Job Descriptions
    - How are they used
    - By whom are they used
  - 2.3. Procedures
    - How are they used
    - By whom are they used
  - 2.4. Organizational Charts (Facility and Department)
    - Develop an organization chart for the facility and the department.
    - How are they used
    - Who uses

- 2.5. Written Policies
- How are they used
  - Who uses

3. Chart the work flow of the medical record.

**NOTE:** Do this early in your internship and give it to your Site Coordinator to review prior to including it in your report.

4. Discuss the relationship of "two" of the department functions with other departments in the hospital, e.g., the relationship of the record control function with the nursing units.
5. Discuss the relationship of the release of information function to other health care facilities or agencies.



### **OBJECTIVE 3**

*The intern will be able to discuss the transcription/word processing area, e.g. - controls, staffing and supervision necessary to maintain its functioning.*

#### **PROJECT - 3**

#### **TRANSCRIPTION and WORD PROCESSING**

**6 POINTS**

1. Equipment
  - 1.1. type of dictation
  - 1.2. type of transcription
  - 1.3. advantages
  - 1.4. disadvantages
  - 1.5. cost considerations
  - 1.6. service - how is it serviced; problems with service
  
2. Controls
  - 2.1. dictation coming in
  - 2.2. transcription production
  - 2.3. backlogs
  
3. Personnel
  - 3.1. qualifications for employment
  - 3.2. training
  - 3.3. turnover
  - 3.4. incentive pay procedure used, if so describe; how good is it?
  - 3.5. productivity - how monitored, recorded
  
4. Other Facility Transcription Services
  - 4.1. job descriptions
  - 4.2. pay scale
  - 4.3. systems used
  - 4.4. similarities and differences re: job qualifications
  
5. Outside Transcription Service
  - 5.1. used
  - 5.2. amount of usage
  - 5.3. comparative costs
  - 5.4. turnaround time
  
6. Supervision
  - 6.1. RRA, ART, other
  - 6.2. concerns

**OBJECTIVE 4**

*The intern will be prepared to discuss the use of technology in the HIM department.*

*NOTE: You must visit another facility, if there are no computers in the HIMD.*

**PROJECT - 4**

**TECHNOLOGY**

**6 POINTS**

1. How does the Director utilize the service of the systems analyst in the planning and development of the computer applications related to medical records or in terms of record linkage?
2. Describe the backup systems, either manual or computer, that are available during computer down time.
3. What are the computer applications related to the HIM Department, utilization management, and/or quality assurance?
4. List the computer applications and the position responsible.
5. After contact with each person, describe the method of input of data and output devices or methods used for each application.
6. Has the Director become involved with coordinating functions relating to input of data from various departments (OP, ER, Admitting, Business Office, other departments) and how?
7. Describe the policies and procedures that relate specifically to control of confidential information stored in the computer.
8. Discuss the department's future plans for record storage, e.g., laser and optical disc.
9. Discuss the department's future plans for other computer applications.
10. Discuss the department's future plans for CPR.

**OBJECTIVE 5**

*The intern will be able to summarize his or her observation of HIMD meeting in terms of management and staff and employee-supervisor, or department head interaction, basic values, and project the effects or outcome of such a meeting.*

**PROJECT - 5**

**MANAGEMENT AND STAFF  
INTERACTIONS IN A MEETING**

**6 POINTS**

1. Identify the location, date, time, and length of the meeting.
2. Explain the reason for the meeting.
3. Describe the agenda. Was the agenda followed?
4. List attendees by position title (not name), e.g., coders, file clerks, transcriptionists, persons in attendance.
5. Describe how the chair controlled the process and not the content of the meeting.
6. Explain how the chair encouraged participation.
7. Evaluate the meeting process.
8. Describe what you learned by attending this meeting.

## **OBJECTIVE 6**

*The intern will complete an ADMINISTRATIVE PROJECT(S) that is assigned by the Site Coordinator.*

**PROJECT -6**

**ADMINISTRATIVE PROJECT**

**30 POINTS**

1. With the Site Coordinator, define the objective(s) of the project, the deadline for completion, the specific items (i.e., forms, procedures, etc.) to be included in the project report, method of presentation (i.e., written report plus oral presentation). The Site Coordinator must determine when the action plan is due and approve the action plan.

NOTE: The administrative project should involve at least 40 hours of the intern's time within the clinical site schedule and at least 40 hours of the intern's own time outside the clinical site schedule. Several smaller projects may be assigned if one major project is not available. Its purpose is to assist the intern in using problem-solving and administrative skills (i.e., researching an area, determining alternative solutions, suggesting recommendations); because of time limitation, the intern does not necessarily need to implement the recommendation.

Refer to Evaluation of Administrative Project for evaluation criteria.

2. The Administrative Project will be conducted and the report written using a proposal outline:
  - 2.1. Objective
  - 2.2. Current situation
  - 2.3. Plan
  - 2.4. Alternatives
  - 2.5. Recommendation
  - 2.6. Implementation
  - 2.7. Appendices
3. The original copy of the report shall be submitted by the intern to the Site Coordinator on the deadline date. A copy of the report is to be submitted to the Faculty Member at Ferris State University.
4. Evaluation of the Administrative Project
  - 4.1. Site Coordinator (Evaluation of Administrative Project - Attachment C).
  - 4.2. Faculty Member will evaluate:
    - 4.2.1. Content
      - logical flow of information
      - clear and concise documentation

- alternatives and recommendations supported by data
- correct grammar
- correct spelling

#### 4.2.2. Format

- Cover Page
- Table of Contents
- Objective
- Current Situation
- Plan
- Alternatives
- Recommendation
- Implementation
- Appendices

### 5. **EXAMPLES** of administrative project assignments:

- 5.1. designing an incomplete record control system
- 5.2. adaptation of some form of automation to a health information procedure
- 5.3. forms design/revision; developing a forms control program
- 5.4. revision of policies for release of information and revision of consent forms
- 5.5. development of a floor plan or equipment selection
- 5.6. development of a new procedure
- 5.7. development of performance measures for department activities/function
- 5.8. cost-analysis of a department activity or function
- 5.9. designing a quality assurance program for the HIMD
- 5.10. designing a "charge-out" system for health information
- 5.11. evaluation of current procedure/system in operation with recommendations for improvement (work simplification process)
- 5.12. comparison of two or more types of word processing systems and recommendations for selection
- 5.13. investigation of a record transport problem with outpatient clinics and recommendations for solution

## **OBJECTIVE 7**

*The intern will demonstrate personnel management understanding with the Department Director or Site Coordinator, or the Director of Human Resources.*

**PROJECT -7**

**HUMAN RESOURCE DEPARTMENT**

**10 POINTS**

1. To prepare for this project review:
  - 1.1. employee handbook
  - 1.2. employee newsletter
  - 1.3. sample job description
  - 1.4. evaluation forms
  - 1.5. interview guides for employment, interview and exit interview
  - 1.6. time card, absentee and sick leave record forms
  
2. Discuss and report on the following:
  - 2.1. recent or potential union activity
  - 2.2. impact of union on HIM Department
  - 2.3. employee health and safety program
  - 2.4. salary schedules (internal and external) (not necessarily actual figures); where HIM personnel are located on the salary scale and why
  - 2.5. fringe benefit package
  - 2.6. recent legislation affecting selection of and dealing with employees, i.e., ADA, FMLA
  - 2.7. the general process of employee selection, orientation and scheduling
  - 2.8. unique roles of human resource manager and department heads and how they interrelate
  - 2.9. the effects of budget cuts, job freezes, or layoffs on both the department head and the employees
  - 2.10. the policies and procedures for employee evaluation, promotion and dismissal
  - 2.11. personnel problems, discipline, motivation, and affirmative action
  - 2.12. policy regarding inservice training and continuing education for:
    - 2.12.1. department heads
    - 2.12.2. employees
  - 2.13. Employee Assistance Programs
  
3. The Site Coordinator will provide a scenario of a personnel problem. Through research, the intern will provide a documented solution to the problem with justification. Discuss with Site Coordinator. Send all documentation to the Faculty Member.

**OBJECTIVE 8**

The intern will be prepared to discuss the total organization and management of the HIM Department:

**PROJECT -8**

**MANAGEMENT TOPICS**

**10 POINTS**

1. Describe the management philosophy (style) of the Director.
2. Describe the budget process used in the facility.
3. Prepare a variance report for 1 month; discuss reasons for variance.
4. Describe the methods used to place employees in job classifications.
5. Describe the methods used to determine employee salary/wage.
6. What unusual staffing patterns are used to accommodate employee needs/desires, such as job sharing, flextime, etc.?
7. Describe the inservice education opportunities for medical record personnel.
8. Describe the role of the Director in forms design and control.
9. Describe the employee evaluation mechanism in the facility.
10. Describe recent work simplification initiatives.
11. Describe the time management techniques used by the Director and how his or her day is organized.
12. Describe marketing strategies for HIM Department.
13. Describe Director's plans for future projects.
14. Describe the department's CQI program.
15. Describe how CQI is taught and implemented in the facility.

**OBJECTIVE 9**

*The intern will be prepared to discuss the interrelationships and role of the HIM Director to the Finance Department.*

**PROJECT -9**

**HIM DIRECTOR AND FINANCE DEPARTMENT**

**5 POINTS**

1. How does the Director of Finance see the role of the HIM Director in relationship to his or her department?
2. Describe the relationship of the Health Information Department to Finance Department.
  - 2.1. Describe the relationship to total health information system.
  - 2.2. Discuss HIMD coding vs. patient accounting coding (who does what and why?)
  - 2.3. Discuss the case management system and describe the types of reports generated and how used.
  - 2.4. reports generated and how used.
  - 2.5. Explain how AR (accounts receivable) information is exchanged.

**OBJECTIVE 10**

*The intern will be prepared to discuss the role of the Risk Manager.*

**PROJECT -10**

**RISK MANAGEMENT**

**2 POINTS**

1. Describe:
  - 1.1. the role of the risk manager and the RM program in relation to UM and CQI programs.
  - 1.2. RM relationship with HIMD
  - 1.3. current trends in risk management
  - 1.4. total quality improvement involvement
  - 1.5. quality improvement philosophy



PROJECT -11

INTERN EVALUATION OF INTERNSHIP

1 POINTS

1. Complete the attached evaluation; it must contain your signature.
2. It is suggested that you fill this out as you progress through the internship and discuss it with the Site Coordinator towards the end of the internship.
3. It is suggested that you make a copy for your Site Coordinator.

**'THANK YOU'**

Prepare and mail a *'thank-you'* note to your Site Coordinator and the health information management department where you spent your internship.

**PROOFREAD** carefully before mailing to the Site Coordinator and department.

<b>SITE</b>	<b>SITE COORDINATOR</b>	<b>DATES OF INTERNSHIP</b>

Answer each question listed below. Record any comments in the space between questions.

1. Did you receive a tour and general orientation to the department and facility?
2. Did you receive adequate orientation to each procedure that you performed? (i.e. clear instructions, explanation of job purpose, location of needed tools, etc.)
3. Was your performance in each function monitored? How?
4. Did you receive a 2 week evaluation?
5. Did you receive a 4 week evaluation?
6. Did you feel comfortable asking for assistance from your supervisor and other employees?
7. When you asked questions or requested assistance, did you receive the help you needed?
8. Did you feel accepted by departmental personnel?
9. Were there any areas of the department you did not receive exposure to? List.
10. Did you ask to spend time in any areas other than the ones your supervisor had scheduled for you?
11. If so, was your request granted?
12. Did your classroom instruction adequately prepare you for internship?

yes	no

13. In what areas did you feel?

Prepared

Unprepared

14. Did the internship manual provide you with sufficient information?

--	--

15. What additional information would have been useful?

16. List the strongest aspects of your internship experience.

17. List the weakest aspects of your internship.

18. What recommendation would you make for the next intern that interns at this facility?

INTERN SIGNATURE	DATE

**Send - Attachment E**

PROJECT EVALUATION BY SITE COORDINATOR

INSTRUCTIONS FOR COMPLETION:

A Site Coordinator's evaluation should be completed for each project (except for activity checklists). This evaluation shall be the cover sheet for the project.

- ONE number for "Format/Content"
- ONE number for "Grammar/Punctuation" should be circled on the completed evaluation. The Site coordinator should then sign the evaluation.

EXAMPLES

- If the first draft of the project is acceptable, the coordinator should circle '1' under 'Draft' and '5' under 'Acceptable.'

<u>DRAFT</u>	<u>ACCEPTABLE</u>	<u>NEEDS IMPROVEMENT</u>	<u>UNACCEPTABLE</u>
1	5	1	0
2	4	1	0
3	3	1	0

- However, if corrections are necessary, the intern should make appropriate changes and the second draft should be reviewed. If the second draft is acceptable, the Site coordinator should circle '2' under 'Draft' and '4' under 'Acceptable.'

<u>DRAFT</u>	<u>ACCEPTABLE</u>	<u>NEEDS IMPROVEMENT</u>	<u>UNACCEPTABLE</u>
1	5	1	0
2	4	1	0
3	3	1	0

- If the second draft needs improvement, but the intern doesn't make appropriate changes, the Site coordinator should circle '2' or '3' under 'Draft' and '1' under 'Needs Improvement.'

<u>DRAFT</u>	<u>ACCEPTABLE</u>	<u>NEEDS IMPROVEMENT</u>	<u>UNACCEPTABLE</u>
1	5	1	0
2	4	1	0
3	3	1	0

**PROJECT EVALUATION BY SITE COORDINATOR**

INTERN:

PROJECT:

FACILITY:

DATE:

**FORMAT and CONTENT:**

<u>DRAFT</u>	<u>ACCEPTABLE</u>	<u>NEEDS IMPROVEMENT</u>	<u>UNACCEPTABLE</u>
1	5	1	0
2	4	1	0
3	3	1	0

**GRAMMAR and PUNCTUATION:**

<u>DRAFT</u>	<u>ACCEPTABLE</u>	<u>NEEDS IMPROVEMENT</u>	<u>UNACCEPTABLE</u>
1	5	1	0
2	4	1	0
3	3	1	0

My evaluation of the intern is as follows:

- |   |  |
|---|--|
| 5 | Able to function with minimal supervision                                |
| 4 | Able to function with occasional supervision                             |
| 3 | Functions with constant supervision                                      |
| 2 | Unable to function with present knowledge and experience                 |
| 1 | Needs to rethink career options based upon present knowledge and effort. |

1.	Assessment of Knowledge	5	4	3	2	1
2.	Assessment of Skills	5	4	3	2	1
3.	Conceptual Skills	5	4	3	2	1
4.	Assessment of Attitude	5	4	3	2	1
5.	Overall Performance	5	4	3	2	1

COMMENTS:

Date

Site coordinator or Supervisor Signature

**MRIS 493  
MANAGEMENT INTERNSHIP  
EVALUATION**

<b>INTERN:</b>	
<b>FACILITY:</b>	
<b>DATE:</b>	

1. Please complete this evaluation of the intern's internship performance.
2. You may request that the intern do a self assessment on these behaviors to compare with you evaluation.
3. Review this evaluation with the intern prior to the end of the internship.

Please use the following scale to rate the intern's performance. Circle the number which reflects your observation. Use the comment section to support your rating.

5 ALWAYS	4 USUALLY	3 AVERAGE	2 RARELY	1 NEVER
-------------	--------------	--------------	-------------	------------

**INTERPERSONAL SKILLS: The intern:**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. demonstrated appropriate interpersonal skills when working with others.                               | 5 | 4 | 3 | 2 | 1 |
| 2. asked questions to gain information necessary to perform assigned tasks.                              | 5 | 4 | 3 | 2 | 1 |
| 3. dealt appropriately with conflict [NA].   | 5 | 4 | 3 | 2 | 1 |
| 4. showed respect for diverse opinions and ideas.  | 5 | 4 | 3 | 2 | 1 |
| 5. showed respect for site coordinator and allowed appropriate time when submitting projects for review. | 5 | 4 | 3 | 2 | 1 |

Comments:

**ORAL COMMUNICATIONS SKILLS: The intern:**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 6. was able to make professional presentations [NA]. | 5 | 4 | 3 | 2 | 1 |
| 7. could explain his or her point of view.           | 5 | 4 | 3 | 2 | 1 |

Comments:

**COMPUTER SKILLS The intern demonstrated the ability to**

- |                                   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|
| 8. construct a basic spread sheet | 5 | 4 | 3 | 2 | 1 |
| 9. manipulate data                | 5 | 4 | 3 | 2 | 1 |

10.	access information within the facility's system	5	4	3	2	1
11.	use word processing skills to complete assigned projects	5	4	3	2	1

Comments:

**QUALITY OF WORK: The intern:**

12.	was able to apply knowledge learned on-campus to the health care setting	5	4	3	2	1
13.	was able to accurately interpret information	5	4	3	2	1
14.	used acceptable grammar and punctuation when completing tasks.	5	4	3	2	1
15.	completed all work assigned.	5	4	3	2	1
16.	presented work that was neatly done and had a professional appearance	5	4	3	2	1

Comments:

**PROFESSIONAL CONDUCT: The intern:**

17.	arrived on time for scheduled days.	5	4	3	2	1
18.	arrived on time for scheduled meetings and appointments.	5	4	3	2	1
19.	was in attendance for the number of hours scheduled each day.	5	4	3	2	1
20.	was neat and clean	5	4	3	2	1



21.	was appropriately attired for the work situation [followed the facility's dress code].	5	4	3	2	1
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Comments:

**DEMONSTRATION OF KNOWLEDGE: The intern:**

22.	could speak the language of health care.	5	4	3	2	1
23.	demonstrated understanding of the laws that pertain to health care.	5	4	3	2	1
24.	demonstrated understanding of the structure of health care in the U.S.	5	4	3	2	1
25.	demonstrated an understanding of the pervasive nature of quality assurance throughout health care.	5	4	3	2	1

COMMENTS:

26.	<b>OVERALL INTERNSHIP PERFORMANCE</b>	Excellent	Very Good	Good	Below Average	Poor
		5	4	3	2	1

**COMMENTS BY THE SITE COORDINATOR:** If none, write NONE.

Strong Attributes

Areas for Improvement -

Potential for Health Information Management employment

**COMMENTS BY THE INTERN:** If none, write NONE.

Intern Signature	Date	Site Coordinator Signature	Date
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Student signature indicates that this evaluation has been reviewed, it does not indicate agreement.

FSU Faculty Member Notes.

**MRIS 493  
ADMINISTRATIVE PROJECT  
EVALUATION**

<b>INTERN</b>	<b>FACILITY</b>	<b>DATE</b>

Please use the following scale to rate the intern's performance. Circle the number which reflects your observation. Use the comment section to support your rating.

<b>5 ALWAYS</b>	<b>4 USUALLY</b>	<b>3 AVERAGE</b>	<b>2 RARELY</b>	<b>1 NEVER</b>
---------------------	----------------------	----------------------	---------------------	--------------------

**WRITTEN REPORT**

1. Project objective[s] met.	5	4	3	2	1
2. Appropriate facts and principles applied to the project.	5	4	3	2	1
3. Recommendations and alternative supported by data.	5	4	3	2	1
4. Clear and concise documentation.	5	4	3	2	1
5. Logical flow of information.	5	4	3	2	1
6. Acceptable grammar and punctuation.	5	4	3	2	1

Comments:

## ORGANIZATIONAL ABILITY

7.	Established an action plan for the project.	5	4	3	2	1
8.	Followed through and revised the plan as appropriate.	5	4	3	2	1
9.	Met established deadline[s].	5	4	3	2	1

Comments:

## VERBAL LPRESENTATIONS [Formal or Informal] Please complete, even if the project was only presented to you.

10.	Purpose stated.	5	4	3	2	1
11.	Material presented clearly contributed to purpose.	5	4	3	2	1
12.	Used visual aids when appropriate.	5	4	3	2	1
13.	Held audience's interest.	5	4	3	2	1
14.	Arranged discussion points in logical order.	5	4	3	2	1
15.	Moved from point to point with smooth transitions.	5	4	3	2	1
16.	Summarized subject, viewpoint or discussion points.	5	4	3	2	1
17.	Spoke with confidence and enthusiasm.	5	4	3	2	1
18.	Established and maintained eye contact with audience.	5	4	3	2	1
19.	Sounded spontaneous, not read or memorized [even using notes.	5	4	3	2	1
20.	Avoided irritating behavior – playing with pencil, notes, clothes, hair, etc.	5	4	3	2	1
21.	Avoided use of ah, so, ya know, well, stuff, you guys, etc.	5	4	3	2	1
22.	Spoke clearly and loud enough to be heard and enunciated clearly.	5	4	3	2	1
23.	Varied speaking rate and voice pitch and volume.	5	4	3	2	1

- 24. Gestured effectively.
- 25. Maintained appropriate facial expressions.

26. <b>OVERALL INTERNSHIP PERFORMANCE</b>	Excellent	Very Good	Good	Below Average	Poor
	5	4	3	2	1

Comments:

Site Coordinator Signature	Date

FSU Faculty Member Notes.

**SUGGESTIONS FOR AN INTERN ORIENTATION**

**A GUIDE FOR THOSE OUTSIDE THE HEALTH INFORMATION MANAGEMENT DEPARTMENT**

**NOTE TO SITE COORDINATOR:** These guidelines are for your use, if you desire, to guide others outside the HIMD in conducting the intern's visit to their department. You may chose to share a copy with those departments.

**HOSPITAL DEPARTMENT OR PROGRAMS IN GENERAL:**

1. Description of organizational framework.
2. Tour of facilities, explanation of function.
3. How does this area/department contribute to the information flow, especially relating to the total health information system?
4. What statistics are generated?
5. How is the Director of Health Information Management Department of assistance to you?
6. How is this area/department of assistance to the Health Information Management Department?
7. Can any additional information on unique aspects of this program/personal insights or experiences be provided?

**ADMITTING:**

1. Describe the organizational framework of the Admitting Department.
2. Explanation of function.
3. How does this department contribute to the information flow, especially as it relates to the total health information system?
4. What statistics are generated by the Admitting Department?
5. How is the Director of HIM of assistance to the Admitting Department?
6. How is the Admitting Department of assistance to HIMD?
7. Specifically, please describe:
  - Number assignment: computer and human process required.
  - Number control. Is it computerized?

- Process for correction of number assignment errors?
  - Patient preregistration steps.
  - What skeleton health information forms are assembled?
  - Actual patient registration steps and the information generated.
  - Registration process for ambulatory patient.
8. Can any additional information on unique aspects of this department's activities be provided?

## **INFORMATION SYSTEMS**

1. Overview of current system of applications.
  - 1.1. In total hospital
  - 1.2. In the HIMD
2. How is the expertise of the health information management person utilized in the development of the Health Information Management Department/health information applications?
3. Describe the plans for the future HIMD on-line systems.
4. What backup systems are provided for downtime and equipment failure for the on-line application?
5. What data security measures are provided for confidentiality? (system security)
6. What are the implications to data security in a shared system?
7. What information is generated to assist managers in the supervision of personnel? How should this information be used?
8. Do you feel that the computer generated information has the potential to increase the paperwork time rather than decrease it? Do you feel that the paperwork generated by this system is excessive?
9. Can any additional information on unique aspects of this system or personal insights or experiences be provided?

## **FINANCE:**

1. Description of organization framework.
2. Explanation of function.
3. How does the Finance Department assist the Director of the HIMD?
4. How does the HIMD interface with the Finance Department?
5. Budget Process:
  - 5.1. What type of budget is in use?
  - 5.2. How are long range planning and the budget related?

- 5.3. How is the budget to be used?
    - as a planning tool?
    - as a controlling mechanism?
  - 5.4. What should managers base their budget estimates on?
  - 5.5. What information is provided to managers in order to complete their budget estimates?
  - 5.6. What feedback is provided to managers on actual expenses?
  - 5.7. What budget variances require justification. How is the justification reported?
  - 5.8. How should the manager use the feedback information?
6. Can any additional information or unique aspects of this department/personal insights or experience be provided?

#### **MANAGEMENT ENGINEERING:**

1. Description of organizational framework.
2. Explanation of function.
3. How does Management Engineering assist managers in this facility?
4. What is required to initiate a study?
5. What is the process necessary for conducting analysis and providing systems suggestions? (e.g., flow charting or current system, etc.)
6. Examples of recent (within 5 years) studies relating to the HIMD and outcome suggestions.
7. What scientific methods are employed, e.g., work simplification, work sampling, time studies, PERT?
  - 7.1. Do any findings from these studies relating to HIM exist?
  - 7.2. How have these findings been utilized?
8. What intra- or extra-hospital resources are utilized by the Management Engineering Department?
9. Are any studies pending which may have an impact on the operation of the Health Information Department?
10. Can any additional information on unique aspects of this department/personal insights or experiences be provided?

#### **MEDICAL EDUCATION:**

1. Explanation of the residency program.
2. As a teaching institution, what health information and documentation principles are taught to the residents?



3. What is the most effective means of communicating with the medical staff for the purpose of effecting change or getting improved results?
4. What means have been used to communicate results of quality assurance studies to the medical staff?
5. Do you feel the CQI program has been effective in its goal to improve patient care and customer satisfaction? Why (or why not)?
6. What are the best methods of gaining physician support for a program such as a CQI?

#### **HUMAN RESOURCE DEPARTMENT:**

1. Review the following items:
  - 1.1. Employee handbook
  - 1.2. Employee newsletter
  - 1.3. Sample job description
  - 1.4. Evaluation forms
  - 1.5. Interview guides for employment, interview and exit interview
  - 1.6. Time card, absentee and sick leave record forms.
2. Discussion:
  - 2.1. Recent or potential union activity
  - 2.2. Employee health and safety program
  - 2.3. Any major revisions of salary schedules (internal and external) (not necessarily actual figures): Where Any major revision of the fringe benefit package
  - 2.4. Recent legislation affecting selection of and dealing with employees
  - 2.5. Employee council or similar group
  - 2.6. The general process of employee selection, orientation and scheduling
  - 2.7. Unique roles of personnel manager and department heads and how they interrelate
  - 2.8. The effect of budget cut, job freeze, layoff on both the department head and employees
  - 2.9. The policies and procedures for employee evaluation, promotion and dismissal
  - 2.10. Personnel problems, discipline and motivation
  - 2.11. Policy regarding inservice training and continuing education for:
    - department heads
    - employees
  - 2.12. Employee Assistance Programs
  - 2.13. The personnel department as a resource:
    - Assistance provided
    - The staffing process
    - Assistance with problems
    - General advice/suggestions regarding management

## **PUBLIC RELATIONS**

1. Description of organizational framework.
2. Explanation of function.
3. How is this area of assistance to the department head?
4. How is this are of assistance to the employee?
5. What role does this department play in the important area of marketing?
  - 5.1. the hospital to the community?
  - 5.2. the hospital as an employer?
6. Can any additional information on unique aspects of this program/personal insights or experiences be provided?

## **PURCHASING:**

1. Describe the organizational framework of the Purchasing Department.
2. How is the Purchasing Department of assistance to the Director of HIM?
3. What considerations should be made to effectively select equipment? (e.g., cost, features, requirements, space, etc.)
4. What policies exist for equipment purchase specifying when purchase may be justified from a sole source, and when competitive bidding must take place? What documentation must be provided to support a capital equipment request?
5. What benefits does competitive bidding have for the facility?
6. What possible disadvantages could competitive bidding have?
7. When should purchases be justified in writing?
  - 7.1. What criteria should be addressed?
8. What advice would you offer any department head regarding dealing with sales personnel?
9. Can any additional information on unique aspects of this department/personal insights or experiences be provided?

## **UNIT MANAGEMENT:**

1. Describe the organizational framework of Unit Management and the Nursing Station.

2. Explain the functions of the Ward Secretary (Unit Clerk) relating to medical record maintenance and information flow.
3. What statistics are generated by the Unit Management Department?
4. How is the Director of HIM of assistance to the Unit Management Department?
5. How does the Unit Management Department assist HIMD?
6. Can any additional information on unique aspects of this department/personal insights or experiences be provided?

SITE	SITE COORDINATOR	DATES OF INTERNSHIP

Answer each question listed below. Record any comments in the space between questions.

	yes	no
1. Did you receive a tour and general orientation to the department?		
2. Did you receive adequate orientation to each procedure that you performed? (i.e. clear instructions, explanation of job purpose, location of needed tools, etc.)		
3. Was your performance in each function monitored? How?		
4. Did you receive a 2 week evaluation?		
5. Did you receive a 4 week evaluation?		
6. Did you feel comfortable asking for assistance from your supervisor and other employees?		
7. When you asked questions or requested assistance, did you receive the help you needed?		
8. Did you feel accepted by departmental personnel?		
9. Were there any areas of the department you did <u>not</u> receive exposure to? List.		
10. Did you ask to spend time in any areas other than the ones your supervisor had scheduled for you?		
11. If so, was your request granted?		
12. Did your classroom instruction adequately prepare you for internship?		

13. In what areas did you feel?

Prepared

Unprepared

14. Did the internship manual provide you with sufficient information?

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15. What additional information would have been useful?

16. List the strongest aspects of your internship experience.

17. List the weakest aspects of your internship.

18. What recommendation would you make for the next intern that interns at this facility?

INTERN SIGNATURE	DATE

**INTERN STATEMENT OF CONFIDENTIALITY  
HEALTH MANAGEMENT DEPARTMENT**

I, \_\_\_\_\_, understand that it is normal and to be expected that I will come into deliberate or inadvertent possession of patient, facility, or departmental information that must be regarded as confidential. This confidential information may be of a financial, personal, or medical nature. I am aware of the serious nature of violating such confidentiality. I recognize and appreciate the serious nature of the privilege I have been accorded in having access to such information. I will hold this information in strict confidence.

I understand and acknowledge that the following actions are necessary should I breach this confidence.

1. My Site Coordinator will contact my FSU Faculty Member immediately.
2. My Faculty Member, in conjunction with my Site Coordinator and the Assistant Dean for Academic Affairs, will investigate the breach of confidentiality.
3. In concert, the parties in #2 above will make disciplinary recommendations to the Dean of the College of Allied Health as warranted.
4. Such disciplinary recommendations may include immediate termination of my internship and loss of academic credit.

Intern Signature	Date	Site Coordinator Signature	Date

**ATTACHMENT G**

**MRIS INTERN DATA FORM - MAIL TO FACULTY MEMBER**

The purpose of this form is to simplify ongoing contact with you at your site or home

<b>INTERNSHIP DATA</b>	
Name	
Semester & Internship	F      W      S                      MRIS293                      MRIS493
Start Date	
Finish Date	
Phone # [residence]	
Phone # [permanent]	
Intern Number	
Address [residence]	
Address [permanent]	

<b>SITE COORDINATOR DATA</b>	
Name	
Title	
Coordinator Phone #	
Department Phone #	
Fax [if known]	

<b>SITE DATA</b>	
Name	
Address	
DATE	SIGNATURE

Health Care Systems Administration,  
Medical Record Administration,  
Medical Record Technology

Addendum

APRC 2000-2001

section 1 of 6



**HEALTH CARE SYSTEMS ADMINISTRATION (BS)  
MEDICAL RECORD ADMINISTRATION (BS)  
MEDICAL RECORD TECHNOLOGY (AAS)**

**ADDENDUM**

**PROGRAM REVIEW PANEL REPORT**

**SEPTEMBER 15, 2000**

### COURSE SYLLABI

CCHS 101 Orientation to Health Care	1-6
CCHS 102 Safety Issues in Health Care	7-12
EHSM 315 Epidemiology and Statistics	13-15
HCSA 246 Regulatory Agencies in Health Care	16-19
HCSA 333 Quality/Reimbursement Issues in Health Care	20-30
HCSA 335 Supervisory Practices for Health Care Workers	31-34
HCSA 392 Internship Manual	35-113
HCSA 401 Financial Concepts in Health Care	114-120
HCSA 460 Long Term Care Concepts	121-131
HCSA 474 Strategy & Planning in Health Care	132-137
HCSA 493 Internship II Manual	138-175
MRIS 101 Introduction to Health Information Systems	176-188
MRIS 103 Medical Terminology	189-199
MRIS 204 ICD Coding	200-208
MRIS 209 Quality Assurance	209-216
MRIS 210 Fundamentals of Medical Science	217-226
MRIS 211 CPT Coding	227-232
MRIS 222 Health Information Science I	233-239
MRIS 293-Technical Internship	240-289
MRIS 493 Management Internship	290-337

**FERRIS STATE UNIVERSITY  
COLLEGE OF ALLIED HEALTH SCIENCES  
HEALTH MANAGEMENT DEPARTMENT**

**Course Syllabus – Fall 2000**

**Course Title:** CCHS 101 – Orientation to Health Care

**Credits:** 3 credit hours (Lecture 3, Lab 0)

**Instructor:** Richard Lyon, M.S., LNHA  
Office – VFS 419A  
Office phone – 591-2280  
Toll free phone – 1-800-462-8553 (business hours) or 1-800-591-6499  
E-mail: Richard\_C\_Lyon@ferris.edu  
Mailing address: 200 Ferris Drive, FSU, Big Rapids, MI 49307

**Office Hours:** M, W, F 11:00 – 11:50 a.m.  
T, R, F 1:00 – 1:50 p.m.

**Course Description:** Segments of the health care industry will be identified and described with the historical background, functions, interrelationships and future role of each being presented.

**Course Objectives:**

1. Discuss the major areas of all health care delivery systems.
2. Describe the roles of health care professionals.
3. Understand the role of accrediting agencies in the regulation of health care.
4. Understand the legal issues pertaining to health care delivery.
5. Discuss issues surrounding preventive health care.
6. Compare complementary medical practices.
7. Identify resources across the continuum of health care.
8. Discuss the challenges in health care delivery, both present and future.
9. Discuss the methods available to pay for medical care.
10. Demonstrate a respect for the varying roles of health care professionals.
11. Formulate plans for the future of health care.

**Course Schedule:** Section 002 Tuesday & Thursday 9:00 – 10:15 a.m. VFS 420

- Required Materials:**
1. Shi, Leiyu & Singh, Douglas, Delivering Health Care in America, A Systems Approach, 1st edition, 1998, Gaithersburg, MD, Aspen Publications.
  2. Course manual

# **CCHS 101 – ORIENTATION TO HEALTH CARE**

At the conclusion of this course, the student shall be able to:

## **UNIT 1 - Health Care Delivery Systems – Overview**

- A. Describe the four basic functional components of a U.S. Health Care Delivery System.
- B. Describe the basic characteristics of the U.S. Health Care System & factors that influence access to health care.
- C. Discuss the development of the health care industry.
- D. Develop formal vocabulary and terminology references.

### **Beliefs, Values, and Health**

- A. Identify and describe the concepts of health and illness.
- B. Discuss the determinants of health in relation to medical care delivery, health promotion, and The disease prevention.
- C. Apply basic measures of health status to health services utilization.
- D. Describe your personal position regarding the distribution of health services.

### **Evolution of Health Services in the United States**

- A. Discuss the historical developments that have shaped the nature of the U.S. health care delivery system.
- B. Identify the various factors that interacted and led to the transformation of medicine as a professional sovereignty.
- C. List and explain the events that introduced and assisted in the rise and growth of private and public health insurance, and its relationship to private medicine.
- D. Explain some of the key forces that will assist in the shaping of 21<sup>st</sup> century health delivery services.
- E. Describe various complementary and alternative medicine modalities.
- F. Discuss the role of complementary and alternative medicine in health care delivery today.

### **Health Services Professionals**

- A. Identify and describe the major types of health services professionals and their roles, training, and practice settings.
- B. Explain the differences between primary care and specialty care.
- C. Describe the factors that influence the health services professional development and maldistribution in the United States.
- D. Identify and explain the basic role of the non-physician providers in health care delivery.

## **UNIT 2 - Medical Technology**

- A. Define and explain the meaning and role of medical technology in health care delivery.
- B. Identify the factors that have influenced the diffusion and utilization of technology.
- C. Have a familiarity with the governmental role relating to the regulation and assessment of technological innovation.
- D. Demonstrate an understanding of the impact and relationship of technology to health care costs, access to care, and the structure of health services delivery.
- E. List and explain the various facets of technology assessment.
- F. Explain the relationship of technology to health care policy and management.

## **UNIT 4 – Long Term Care**

- A. Define the concept of long-term care and the basic premise to maintain optimum level of health care.
- B. Describe the necessity to assess the psychological, physical, and social nature of long-term care.
- C. Explain the continuum of long-term care services and the various types of community-based facilities available.
- D. Be acquainted with the demographic characteristics of the long-term care patient.
- E. List and describe the various types of long-term care institutions and their corresponding levels of care.
- F. Describe the basic differences of funding available to the long-term care patient for the payment of health care services.
- G. Describe key trends in the industry.

### **Health Services for Special Populations**

- A. Describe the challenges and barriers in accessing health care services by population groups.
- B. Explain the racial disparities in health status.
- C. List the various health concerns and availability of health services to women, children, the homeless, and other specific segments of the population in the United States.
- D. Have developed a familiarity with the basic elements that pertain to mental health care services, and its respective professional care providers.
- E. Define and describe the health care concerns and needs for HIV/AIDS related health care services.

### **Health Policy**

- A. Define what a health policy is, and how it may be used as a tool for regulatory status or allocative processes.
- B. Explain the various aspects of contributing elements that influence the initiation, definitions, and development of the principle features leading to the U.S. Health Policy.
- C. List and describe the critical policy issues, i.e., costs, access, and quality.

### **Future of Health Services Delivery**

- A. Define the concept of wellness and health promotion.
- B. Explain the trend toward wellness and health promotion programs, and how it relates to public health agencies.
- C. List and explain the impact of finance, demographic factors, and managed care concepts on future health care services.
- D. Describe the expected impact of work organization, assessment, and accountability in the future of health care.

## **UNIT 5 – Legal Aspects**

- A. Define medical malpractice and negligence.
- B. List the elements of negligence.
- C. Define standard of care.
- D. Explain the concept of confidential and privileged information.
- E. Discuss the proper form for patient authorization for release of information from the medical record.
- F. Discuss the Patient Self-Determination Act.

**FERRIS STATE UNIVERSITY  
COLLEGE OF ALLIED HEALTH SCIENCES  
HEALTH MANAGEMENT DEPARTMENT  
FALL 2000**

**COURSE TITLE:** CCHS 102 – Safety Issues in Health Care

**CREDITS:** 1 credit hour (Lecture 1, Lab 0)

**INSTRUCTOR:** Brad McCormick, M.A., C.H.C.M.  
Office: VFS 311  
Office phone: 592-2278 or leave a message

**OFFICE HOURS:** Posted on door.

**REQUIRED MATERIALS:** Course Pack, FSU Bookstore

**COURSE DESCRIPTION:** This course will address the following subjects relative to the workplace: potential chemical and physical hazards, rights and responsibilities of employers and employees under OSHA, JCAHO safety and environmental care standards, the need for documentation and reporting of hazard activities, hazard communication plans, emergency preparedness (fire, chemical spills, tornadoes, etc.), ergonomic risks, and roles and responsibilities of environmental services. (1+0) FWS

**COURSE OBJECTIVES:** At the end of this course, the student will be able to:

1. Recognize and explain actual and potential chemical and physical hazards in the workplace.
2. Describe the necessary precautions for chemical, physical, walking surfaces, and hazardous materials in the healthcare facility.
3. Identify and explain the rights and responsibilities for OSHA and JCAHO compliance.
4. Discuss the elements of a hazard communication plan, emergency action plan, and office safety plan.
5. Identify and develop a proactive and reactive ergonomic process.
6. Discuss the elements of mechanical and electrical safe work practices.
7. Develop procedures for safety audits and safety reporting communications.
8. Discuss the needs for reasonable accommodation for a diverse work force.

**COURSE OUTLINE:** (Clock hours)

1. \*\*Introduction to OSHA/MIOSHA (1 hour)
2. JCAHO Environment of Care (1 hour)
3. \*\*Hazard Communication (1 hour) – MSDS, HAZCOM Plans, Posting Requirements
4. \*\*Bloodborne Pathogens (1 hour)
5. \*\*Emergency Preparedness (2 hour) – Fire protection, fire classes, fire extinguishers, Means of Egress legal requirements, responsibilities, planning/practicing emergency action planning legal requirements, severe weather, fire.
6. \*\*Walking Surfaces (.5 hour)
7. \*\*Hazardous Materials (1 hour) – Storage (chemical, flammable); Waste Management Bio-medical, General Waste (batteries, lights), Radiation Safety
8. \*\*Electrical Safety (1 hour) – Grounding, Surge Protectors

**ATTENDANCE:**

Students are expected to attend class for quizzes and exams announced and unannounced. Make up exams are only given with hospital/doctor excuses, or by arrangement with the professor **PRIOR** to the date of the test.

In order to receive the OSHA 10 Hour Certificate of Completion, 14 out of the 15 sessions must be attended.

**STUDENT DIGNITY:**

The University expects all students and employees to conduct themselves with dignity and respect for students, employees, and others. It is each individual's responsibility to behave in a civil manner and make responsible choices about the manner in which they conduct themselves. Harassment of any kind is not acceptable at Ferris State University. The University does not condone or allow harassment of others whether engaged in by students, employees, supervisors, administrators, or by vendors or others doing business with the University. Harassment is the creation of a hostile or intimidating environment in which verbal or physical conduct, because of its severity or persistence, is likely to significantly interfere with an individual's work or education, or adversely affect a person's living conditions.

To assist with the understanding of what harassment is, this policy contains specific definitions of two of the more prevalent types of harassment – racial harassment and sexual harassment.

**RACIAL HARASSMENT:**

Racial harassment includes any conduct, physical or verbal, that victimizes or stigmatizes an individual on the basis of race, ethnicity, ancestry, or national origin. Such behavior could involve any of the following:

1. The use of physical force or violence to restrict the freedom of action or movement of another person, or to endanger the health or safety of another person;
2. Physical or verbal conduct intentional or otherwise that has the purpose or effect of (or explicitly or implicitly threatens to) interference with an individual's personal safety, academic efforts, employment, or participation in University-sponsored activities.
3. The conduct has the effect of unreasonably interfering with an individual's work, or academic performance or creating an intimidating, hostile, or offensive working, learning, or living environment.

The attributes of racial harassment described above are also the attributes of most other types of harassment that can occur. Harassment may be based upon a person's status that is protected by law (i.e., religion, veteran status, handicap, etc.), or may be for some other reason not specifically covered by law. In any event, harassment of any type is not acceptable at Ferris State University.

## **CONSENSUAL RELATIONSHIPS BETWEEN UNIVERSITY EMPLOYEES AND STUDENTS:**

Consensual relationships of an amorous or sexual nature that might be appropriate in other circumstances are deemed inappropriate when they occur between an employee of the University and a student for whom he or she has a professional responsibility. For example, such a relationship would be inappropriate between a faculty member, administrator, supervisor, advisor, coach, or residential staff member and a student for whom he or she has professional responsibility. Even when both parties have consented to the development of such a relationship, the relationship can raise serious concerns about the validity of consent, conflicts of interest, and unfair treatment for others and may result in serious consequences. Employees and students of the University are expected to make responsible choice.

It is the policy of Ferris State University that any University employee who has professional responsibility for students shall not assume or maintain professional responsibility for any student with whom the University employee has engaged in an amorous or sexual relationship. Whether the relationship predated the assumption of professional responsibility or arose out of the professional association, the University employee will immediately disclose the relationship to the relevant unit administrator. The unit administrator will immediately arrange a meeting of the parties to the relationship to discuss alternative oversight of the student, and attempt to cooperatively agree to changes that will move professional responsibility of the student to another University employee. If no agreement is reached, the unit administrator will determine and direct the best method to deal with the situation.

## **DISRUPTIVE BEHAVIOR POLICY STATEMENT:**

The College of Allied Health Sciences strives to maintain a positive learning environment and educational opportunity for all students. Consequently, patterns of behavior which obstruct or disrupt the learning environment of the classroom or other educational facilities will be addressed.

1. The instructor is in charge of the course. This includes assignments, due dates, methods and standards of grading, and policies regarding attendance, tardiness, late assignments, outside conferences, etc.
2. The instructor is in charge of the classroom. This includes the times and extent to which they allow questions or discussion, the level of respect with which they and other students are to be treated, and the specific behaviors they will allow within their classes. Open discussion of an honest opinion about the subject of a course is encouraged, but the manner in which the class is conducted is a decision of the instructor.
3. An instructor is entitled to maintain order in his/her class and has an obligation to other students to do so. Toward that end, an instructor is authorized and expected to inform a student that his/her behavior is disrupting a class and to instruct the student to stop that behavior. If the student persists, the instructor is authorized to direct the student to leave the class. If the student fails to comply with a directive to leave the class, the instructor may call Public Safety to assist with the student's removal.
4. If a student persists in a pattern of recurrent disruptive behavior, then the student may be subject to administrative action up to and including an involuntary withdrawal from the course, following administrative review by the Allied Health Sciences Dean's Office, and/or University disciplinary proceedings.



**EHSM 315 EPIDEMIOLOGY AND STATISTICS**  
**Fall 2000**

**INSTRUCTOR:** Mrs. Lori A. Seiler, CIH, MS  
**OFFICE:** VFS 300A  
**PHONE:** 231-591-2307  
**EMAIL:** lseiler@ferris.edu  
**OFFICE HOURS:** MW 11AM - 1PM  
**MEETING TIME:** MWF 2-2:50 PM

**TEXT & SUPPLIES:**

Course pack available in the bookstore. Bring to class.  
Kuzma, J., Basic Statistics for the Health Sciences, third edition.  
Internet access for assignments given during the semester  
Scientific calculator (with statistical functions)

**COURSE DESCRIPTION:**

Study of diseases and their distribution among people. Topics include methods of data collection, analysis, presentation, and sources of vital statistics. Statistics used in the health sciences are introduced, along with application in conducting epidemiological studies. Epidemiology topics include uses and applications, frequency measures, public health surveillance, and journal article interpretation. Statistical topics include measures of central, distribution, statistical inference, and tests of statistical significance.

**COURSE OBJECTIVES:** Upon completion of the course, each student will be able to:

1. Evaluate health problems from an epidemiological viewpoint.
2. Demonstrate knowledge of basic statistics and calculations used in health sciences and epidemiology.
3. Conduct a basic epidemiological investigation and prepare a summary report.
4. Locate, summarize and evaluate current sources of epidemiological and disease related literature and health statistics.

**GRADING:** Grades will based on:

6 Exams (50 points each)  
Homework assignments (points will vary)  
In-class exercises (points will vary)  
Team project (points will vary)  
Final exam (100 points)

The following grading scale will be used:

A	94-100	B	83-86	C	73-76	D	63-66
A-	90-93	B-	80-82	C-	70-72	D-	60-62
B+	87-89	C+	77-79	D+	67-69	F	<59

## EHSM 315 Tentative Course Outline

Week	Date	Topic	Course pack	Textbook
1	28-Aug	Introduction and Overview of Epidemiology and Statistics	Lesson 1	Chapter 1
2	4-Sept.	Probability and Normal Distributions		Chapter 5, 6
3	11-Sept.			
		<b>Exam 1 - September 15</b>		
4	18-Sept	Frequency Measures Used in Epidemiology	Lesson 2	Chapter 3, pp. 23-30 and Chapter 15
5	25-Sept			
		<b>Exam 2 - September 29</b>		
6	2-Oct	Organizing and Displaying Data	Lesson 4	Chapter 3, pp. 30-40
7	9-Oct.			
		<b>Exam 3 — October 16</b>		
8	16-Oct.	Measures of Central Tendency and Dispersion (for grouped and ungrouped data)	Lesson 3	Chapter 4
9	23-Oct			
		<b>Exam 4 October 27</b>		
10	30-Oct	Public Health Surveillance and Epidemiological Investigations	Lessons 5 and 6	Chapters 2 and 17
11	6-Nov			
		<b>Exam 5 — November 10</b>		
12	13-Nov	Data Interpretation and Tests of Significance		Chapters 7, 9
13	20-Nov			
		<b>Exam 6 — November 29</b>		
14	27 Nov	Group Projects		
15	4-Dec	Group Project Presentations		
16	11-Dec	Final Exam TBD		

FERRIS STATE UNIVERSITY  
College of Allied Health Sciences  
Health Management Department  
**COURSE SYLLABUS – Winter 2000**

**Course Title:** HCSA 246, 3 credits

**Course Description:** Study of the state and federal regulatory agencies and their impact upon health care facilities.

**Course Objectives:** At the end of this course, the student shall be able to:

1. To familiarize the student with the various state and federal agencies that impact health care.
2. To enable the student to interpret regulatory agency guidelines as they pertain to the health care setting.
3. To enable the student to assist the facility in complying with regulatory agency requirements.
4. To discuss medical staff credentialing process.
5. To define terminology that deals with medicolegal issues as related to regulatory agencies.
6. To discuss the regulatory process of managed care.
7. To demonstrate communication capabilities (oral, written, and listening) by class participation.

**Instructor:** Mary Edgerly, RRA                      Phone - 231-591-2297 or 800-462-8553  
Office – VFS 415                                      E-mail - Mary\_Edgerly@Ferris.edu  
*Office Hours:* Monday & Wednesday            1:00 PM – 2:00 PM  
Tuesday & Thursday                                1:30 PM – 3:00 PM  
Other hours available by appointment

**Course Schedule:** Tuesday & Thursday    12:00 PM – 1:15 PM

**Required Materials:** 2 - 3" loose leaf binder & set of dividers for the binder

**Evaluation:** Uniform Grading Scale will be used.

A	95 - 100	B	83 - 86	C	73 - 76	D	63 - 66
A-	90 - 94	B-	80 - 82	C-	70 - 72	D-	60 - 62
B+	87 - 89	C+	77 - 79	D+	67 - 69	F	Below 60

**Grade Determination:** The final grade will be evaluated as follows:

Quizzes/Exams/Final Exam	50%
Assignments/Projects	40%
Class Participation	10%

**Additional comments regarding grading procedures:**

Attendance in this class is essential for successful understanding of the material, as *information is often presented in class that is not covered in handouts.*

## **Accreditation**

Identify and describe the major accrediting agencies in health care.

Joint Commission on Accreditation of Health Care Organization (JCAHO)

American Osteopathic Agency (AOA)

Committee on Allied Health Education and Accreditation (CAHEA)

Commission on Accreditation of Rehabilitation Facilities (CARF)

Describe the accreditation process.

Identify the appropriate standards of accrediting agencies in various health care settings.

Develop reference material for accrediting agencies.

## **Certification**

Describe the purpose and process of certification.

Identify the role of the Health Care Financing Administration in certification.

Identify and discuss standards of certification of health care facilities.

Use the Federal Register to access proposed requirements for health care facilities.

Describe the survey process.

Develop reference material for certification.

## **Licensure**

Describe the purpose and process of licensure.

Identify the agencies that license health care facilities.

Identify and discuss standards and rules of licensure of health care facilities.

Describe the survey process.

Develop reference material for Licensure

## **National Committee on Quality Assurance**

Identify legislative mandates and oversight agency requirements for quality review activities in health care.

Describe the purpose of NCQA

Identify and discuss standards and rules of NCQA

Describe the survey process.

Develop reference material for NCQA

## **Managed Care**

Describe how various managed care organizations are regulated by state agencies.

Identify what steps state regulator take to safeguard the interest of consumers

Describe the inter-relationship between state and federal regulation.

To understand the trend toward increased state regulation of managed care plans and its impact on Congress.

Understand the basic elements of governance and control of a managed care organization.

## **Information Systems**

Identify information needed to fulfill reporting requirement related to applicable legal, licensing, certification and accreditation requirements.

## **Medical Staff Credentialing**

Discuss the process of credentialing medical staff.

Describe the regulatory requirements of credentialing.

# FERRIS STATE UNIVERSITY

## COLLEGE OF ALLIED HEALTH SCIENCES HEALTH MANAGEMENT DEPARTMENT COURSE SYLLABUS - FALL 2000

course title

**HCSA 333 Quality/Reimbursement  
Issues in Health Care**

**3 CREDITS  
[2+2]**

**COURSE OBJECTIVES:**

- 1 Demonstrate knowledge and skills regarding continuous quality improvement in the health care system: theory, implementation, and applications.
- 2 Define data quality and illustrate the importance of fusing data to drive quality improvement activities.
- 3 Evaluate data quality linkage with reimbursement.
- 4 Assign DRGs
- 5 Discuss case mix management, managed care and case management, utilization management, and clinical pathways.
- 6 Discuss billing forms: UB92, HCFA 1500, Claim Adjustment, Inquiry, Remittance Advice, Explanation of Benefits, Electronic Claim Processing.
- 7 Define PAR/NonPAR, RBRVS, UCR, Fee Schedules, APCs, ASCs, Blended Rates, Contractuals.
- 8 Calculate the fee for various services provided using various types of reimbursement.
- 9 Discuss various fraudulent and abuse activities.
- 10 Discuss content and importance of a compliance program.
- 11 Interpret the meaning of the JCAHO standards 'Improving Organization Performance.'
- 12 Practice team building techniques.
- 13 Develop a philosophy that consumer satisfaction is the hallmark of excellence.
- 14 Conduct an interview with a healthcare provider.

**GRADE DETERMINATION**

	POINTS	RECORD YOUR POINTS
• Assignments	15	
• Projects	10	
• Current Issues	3	
• Journal Article Reviews	4	
• Glossary	2	
• Interview	2	
• Tests	35	
• Quizzes	20	
• Final Examination	5	
• Class Participation [Attendance]	4	
<b>TOTAL POINTS 100</b>		

**POLICIES**

- **DISRUPTIVE STUDENT BEHAVIOR** Acts of obstruction or disruption that disturb classroom activities are not allowed..

Classroom Chitchat: Demonstrate respect for others, inappropriate conversation when someone else is speaking is disruptive to the entire class.

- **ACADEMIC DISHONESTY** Cheating and plagiarism is considered unethical and unprofessional. Please refer to the Student Handbook.

- **SEXUAL HARASSMENT** Ferris is committed to maintaining an educational and working environment free of conduct that degrades or oppresses individuals, including conduct that sexually humiliates individuals.

- **ATTENDANCE/LATENESS** Attend each class. Students who arrive late disturb the class.

## TENTATIVE SCHEDULE

1. Order of Course Content:
  - CQI concepts and principles. Textbooks:
    - IMPROVING QUALITY A Guide to Effective Programs
    - The Memory Jogger
  - JCAHO Improving Organizational Performance
    - Using CQI Approaches to Monitor, Evaluate, and Improve Quality
    - Standards
  - DRGs
  - Managed Care
2. Assignments and projects will correspond with the above content
3. Three to 4 tests.
4. Several quizzes - unannounced
5. Special projects - record due dates on your planning calendar
6. Final Examination - comprehensive

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## I. CURRENT HEALTH CARE ISSUE      1 POINT EACH      [3]

1. You will be assigned a date to present a current health care issue three times during the semester.
  2. Bring a copy of a current health care issue to class. Any source may be used, Internet, newspaper, journals, etc.
    - 2.1. Issues to consider, but **not limited to**: managed care, long term care, reimbursement, ambulatory care, Medicare, Medicaid, Blue Cross, third party payors, HMOs, health care reform, etc.
  3. You will present and discuss the issue and your point of view.
  4. A copy of the issue with your name must be submitted to the instructor.
-

**III.****GLOSSARY****Due - TEST DAY****2 Points**

1. Develop a glossary on index cards of significant terms you encounter during this class [HCSA 333]. Do not use a glossary from another class or terms from another class.
2. The glossary should contain terms, abbreviations, phrases, and 'buzz words' that are new to YOU.
3. Note the item and provide a working definition that makes sense to you.
4. The glossary should contain **at least 100 terms**, abbreviations, phrases, or 'buzz words.'
5. Your cards must be in alphabetical order. The top card must have you name and course number and title on it.
6. Evaluation:
  - 6.1. number of terms
  - 6.2. applicable terms - A glossary that contains terms from another class will be returned to you for no credit - 0 POINTS.
  - 6.3. alphabetical format
  - 6.4. each entry is numbered [1., 2., .....100
  - 6.5. free of spelling and grammatical errors
  - 6.6. professional appearance
  - 6.7. Look-a-like glossary. Any glossary that resembles another will be returned to you for no credit - 0 POINTS. Don't let someone else borrow your disk.
  - 6.8. Your glossary will be evaluated on each test date throughout the semester. Bring your glossary for evaluation on each scheduled test day. Failure to meet this requirement will result in loss of points. **TEST DAY IS THE ONLY TIME THE INDEX CARDS WILL BE EVALUATED - NOT BEFORE AND NOT AFTER.**

**IV.****INTERVIEW****DUE - NOVEMBER 21, 2000****2 POINTS**

1. INTERVIEW a health care manager in any type of health care setting.
  - 1.1. You will be responsible for making an appointment to conduct the interview.
  - 1.2. A list of suggested questions is included.
2. Your interview must be done in person, this semester, and before the above due date. Phone interviews will not be accepted.
3. Submit a typed report of the results of your interview and be prepared to discuss your findings with the class. Type your question first and then on a new line type the response [answer] of the person you interviewed. Number each question. At the end of your report include a summary of your reaction [positive and negative] to the interview and findings.
4. You may want to consider asking for an organizational chart of the facility, job description, sample of departmental policies, etc.



19. What would you add to the education classes based on your experience?
  20. Would you hire a new graduate-----why or why not?
  21. What should a new grad do to get that first position?
  22. Describe the training program for new employees.
  23. Advantages and disadvantages of your job?
  24. Is continuing education required or encouraged? Are seminars paid by your employer?
  25. Do you get tuition reimbursement?
  26. Do you have TQM in your facility? Do you work in teams?
  27. How are you evaluated?
  28. Do you have productivity standards?
  29. What are some of the employee benefits?
    - health care
    - fitness programs
    - child care services available; what if your child is sick
    - how is vacation time or time off acquired
    - retirement
    - flex time
  30. Do you have a job description? [You might ask for a copy.]
  31. What is the job market for this profession?
  32. Do you know other department personnel that work different shifts?
  33. What happens when you make a mistake [error]?
  34. Who do you report to? Do you have an organizational chart?
  35. Is there a union? Advantages and disadvantages.
  36. What do you know about other departments in the facility?
  37. Who are your customers?
  38. What are your short and long term goals? Where do you see yourself in 10 years?
  39. Salary range ---- starting and current?
  40. Other responsibilities?
  41. Ask any other questions that you may have.
  42. Include a summary of your reaction [positive and negative] to the interview and findings.
-

HCSA 333 QUALITY/REIMBURSEMENT ISSUES IN HEALTH CARE  
STUDENT INFORMATION

*Please complete this sheet and return to the instructor.*

NAME	DATE
------	------

1. Other Curriculum + HCSA? [i.e. Nuc Med.]
2. If you currently work in a healthcare setting, what do you do?
3. Specific learning needs that you have that I should know about.
4. Special concerns you may have about this class.
5. What do you expect to gain from this class?
6. Other information that I need to know; or you would like to share with me.

Thank you.

Ferris State University  
College of Allied Health Sciences  
Health Management Department  
Course Syllabus – Fall 2000

**Course Title** HCSA 335 Supervisory Practices for Health Care Workers  
4 cr hr (Lecture 3, Lab 2)

**Course Description** Theory and practice in personnel recruitment, selection, management and utilization in health care facilities. Unique characteristics of professional, technical, skilled and unskilled health care workers will be stressed. Legal responsibilities, collective bargaining, and training are covered. Prerequisite: MGMT 301 or permission of professor.

**Course Objectives** At the end of this course, the student shall be able to -

1. Conduct and participate in meetings.
2. Develop appropriate orientation and training sessions for employees.
3. Complete a job analysis and use it to develop a job description and perform a job evaluation for a health care position.
4. Demonstrate principles of employee selection through the use of appropriate recruitment and selection techniques.
5. Develop productivity standards as a basis for employee evaluation and counseling.
6. Demonstrate principles of employee discipline/counseling.
7. Develop policies and procedures.
8. Identify pertinent legislation that defines organizational and supervisory behavior
9. Select leadership style appropriate for work place situation/circumstances.
10. Recognize and implement appropriate motivational techniques for employees.
11. Appropriately delegate functions to empower employees.
12. Describe techniques to successfully negotiate solutions to work place problems.
13. Acknowledge diversity of employees and customers within the work place and recognize its value.
14. Describe the role of the supervisor in dealing with employees who are members of the bargaining unit.
15. Implement management techniques that are effective in supervising the health care employee.
16. Demonstrate appropriate written communication skills through the development of a training plan.
17. Demonstrate appropriate oral communication skills and presentation skills by conducting a training session.
18. Demonstrate interpersonal skills through teamwork.

## **Attendance**

When absent from class, the student is responsible for all the information covered during that session. Grade determination includes points for participation. There will be a percentage loss for absence and tardiness. Extended absence due to extreme circumstances may be excused at the discretion of the instructor. It is expected that the students will not schedule elective doctor/dental appointments or job/internship interviews during scheduled class time. See attached policy on religious holidays.

## **Assignments**

Each student is expected to keep a three ring binder portfolio which will contain:

- (1) sample documents (such as a job description, job analysis, etc.)
- (2) in-service training study guides
- (3) assessment tools from training sessions

Students are expected to keep their portfolio up-to-date, indexed and organized with tabbed dividers. Portfolios will be collected two times during the semester and evaluated for content. Points will be deducted for missing content and poor organization.

## **Exams**

Assessments will be conducted by individuals performing the training and by the instructor. These assessments may be in the form of in-class activities (such as simulations, case studies, team work), take home activities, assignments, or quizzes. They will become part of the portfolio and will be worth points. Assessments of the same form will also be given by the instructor. There will be two exams, one midterm and one final.

## **Class Schedule**

August – September	Course Introduction In-Service Training Job Analysis, Job Description, Job Training
October – November	In-Service Training Sessions (schedule to follow)
November – December	Unions
December 11-15th	<b>FINAL EXAM - TO BE TAKEN ON THE DAY AND TIME SCHEDULED BY THE UNIVERSITY</b>

**Unit Objectives** At the end of this course, the student shall be able to -

### **Orientation/Training -**

- Identify orientation and training needs.
- Develop appropriate orientation and training sessions.
- Conduct orientation and training sessions.
- Evaluate results/effectiveness of orientation and training.

Describe various forms of negotiation.

Describe how to prepare for negotiation and how to carry out the major steps in negotiation.

Identify and acknowledge diversity in the work place.

Describe the value of a diverse work force.

**Labor law -**

Explain the reasons that employees unionize.

Describe the major legislation that resulted in labor unions.

Explain why health care organizations are target opportunities for union organizing.

Describe the typical union organizing approach.

Define the supervisor's role during a union organizing campaign.

Describe the rights of employees and employers during a strike.

H C S A 3 9 2 Internship  
Manual

Health Care Systems Administration Program

Published 1998

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# INTRODUCTION

The time has arrived! You are about to enter an exciting & challenging phase of your educational career - your technical internship. The value of your internship experience will be determined, in large part, by your attitude, work ethic & professionalism. YOUR desire to learn & contribute are critical.

This manual is designed to guide both you and your Site Coordinator through your internship. **You are asked to read it carefully prior to your arrival at the internship site.** It will guide you in acquiring an overall experience in the working environment and assist you in functioning more effectively within a Health Care Organization (HCO). You should be prepared to discuss and write about your internship experiences following your return to campus.

## OVERVIEW

During your 240 hour technical internship, you will be assigned to one primary clinical service area. This will give you exposure to the many related functions necessary to effectively run an operational area. It will also give you an opportunity to work extensively with a primary group of clinical practitioners, an opportunity generally not available as you move into the administrative side of health care. This is an opportunity to learn about the clinical side of health care from the clinical practitioners themselves.

The assignment requirements of this internship are intended to benefit both the HCO & you. You will benefit the HCO by:

1. adding an extra pair of hands,
2. devoting energy, knowledge, & research to awaiting projects,
3. providing an 'extra body' to perform required duties,

and benefit yourself by:

1. gaining an appreciation of the complexity of health care,
2. gaining in depth knowledge of a clinical service area,
3. touring the departments in an acute care setting, and
4. networking with myriad health care professionals.

### **Written Assignments**

A significant requirement is a series of short memos that discuss how other functions & activities within the hospital relate to your specific clinical service area. The web of interdependency in the hospital should become clearer as you work through the series of assignments

### **Departmental Contribution**

Another significant requirement is your formal documentation of three methods in which you contributed to your department: completing a short-term project, assisting with a long-term project plus working within the department on a day to day basis.

# STUDENT INTERN INFORMATION

## INTERNSHIP HOURS AND WORK ROTATION

You will complete 240 hours (6 weeks x 40 hours per week) of a technical internship at the designated site; work schedule will be determined by the site. You must contact the site at least 2 weeks before the start of the internship to determine your arrival time.

During your technical internship, you will be assigned to one primary clinical service area. This will give you exposure to the many related functions necessary to effectively run an operational area. It will also give you an opportunity to work extensively with a primary group of clinical practitioners, an opportunity generally not available as you move into the administrative side of health care. This is an opportunity to learn about the clinical side of health care from the clinical practitioners themselves.

## FACULTY

**Paula Hagstrom**

VFS 407

616 592-2316

phagstro@alh01.ferris.edu

**Cindy Konrad**

VFS 413

616 592-2298

ckonrad@alh01.ferris.edu

**Richard Lyon**

VFS 319

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**Judy Monson**

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jmonson@alh01.ferris.edu

**Marcy Parry**

VFS 332

616 592-2273

mparry@alh01.ferris.edu

**Marie Sickelsteel**

VFS 412

616 592-2321

msickels@alh01.ferris.edu

Address to:

xxxxxx (Faculty member )

VFS \_\_\_\_\_

Ferris State University

200 Ferris Drive

Big Rapids, MI 49307

You will be monitored by a Faculty member during your internship. Visits may be held in conjunction with other students. A Student Intern or Site Coordinator experiencing problems may request an on-site visit.

If you cannot contact your Faculty member, call Ellen Haneline 616-592-2313.



# **SITE COORDINATOR INFORMATION**

## **GENERAL COMMENTS AND SUGGESTIONS**

Ferris State University requires that the student complete two (2) internship rotations. The first internship rotation consists of a six (6) week internship in an acute care facility with a subsequent eight (8) week managerial internship in a different Health Care Organization (HCO).

Student interns may experience some apprehension in terms of how they will fit into your department. We hope that the following comments and suggestions will be of assistance to you as you prepare for, and work with, the student interns in this six (6) week internship..

### **SCHEDULE AND ITS IMPLEMENTATION**

1. The student intern can be scheduled to work with any employee in the HCO as long as he/she remains under the overall direction of the Site Coordinator.
2. Student interns have been instructed to report to you prior to the scheduled starting time if they must be absent. If the student intern is absent, it is expected that the missed time be made up. Excessive absences (3 consecutive days or 4 total days) should be reported to the Faculty member.
3. Meeting attendance is encouraged. Please communicate to the student intern when he/she may attend a meeting.

### **ORIENTATION**

We suggest that you cover the following topics on the first day:

- 1.1 A basic orientation or general overview of the HCO might include:
  - a discussion of HCO & departmental organizational structure & rules
  - introductions to potential co-workers
  - a tour of the facility
  - scheduling attendance at a general orientation session, if possible
- 1.2 Discuss your mutual expectations and the needs and interests of the student intern for the internship. This discussion will help to set the direction for periodic reviews during the internship and the evaluation at the end.
- 1.3 Have the student intern read & sign the ***Student Intern Statement of Confidentiality***.

**OTHER, cont.**

4. APPEAL - Each student intern will have the right to appeal an academic or disciplinary termination from an affiliation site.

The student intern shall first appeal within five working days to the Health Management Department Head who shall inform the student intern of her decision in writing within three working days.

If the student intern wishes to appeal further, he/she shall file a written appeal within five working days to the Associate Dean for Student Academic Affairs, College of Allied Health Sciences who shall meet with the student intern and issue a written decision within five working days.

The Final Step in the appeal process shall rest with the Dean of the College of Allied Health Sciences. If any student intern wishes to appeal the decision of the Associate Dean for Student Academic Affairs, he/she shall file an appeal within five working days to the Dean of the College of Allied Health Sciences. The Dean shall meet with the student intern and render a written decision within five working days.

If a student intern is removed from an internship site, that entire internship will have to be repeated.

## INTERNSHIP POLICIES

1. Contact your Site Coordinator at least two weeks before the starting date to determine hours you will be working.
2. You are expected to follow the dress code for the HCO. Contact your Site Coordinator prior to the first day regarding acceptable dress during your internship.
3. You are to report to the internship site at 9:00 A.M., on the first morning unless otherwise previously arranged with the Site Coordinator.
4. It is important that you report to work on time. If you must be late, report to your Site Coordinator prior to the time that you are supposed to report to work. All lost time must be made up.
5. You will be working a minimum of 8 hours per day, 40 hours per week; unless other hours have been prearranged.
6. The Site Coordinator can schedule evening, night or weekend shifts in your schedule if it is felt that it would be helpful to your learning experience.
7. You should make every effort not to miss work. If you absolutely have to be absent, be sure to inform your Site Coordinator prior to the time you are scheduled for work. Check with your Site Coordinator to see when you are to make up the time.
8. While at the internship site, you are directly responsible to the Site Coordinator. You are asked to abide by the policies of the internship site concerning breaks, parking, personal telephone calls, etc. as well as all departmental and hospital policies and regulations. It is *your* responsibility to determine what the rules and regulations are.
9. If any problems arise, they should be brought to the attention of your Site Coordinator. However, the Faculty member is available by phone should you need consultation at any time. You will be advised as to which faculty member will be supervising your internship.
10. Remember that you will be sharing your experience with the rest of the class following your internship. You should be prepared to give a presentation on some aspect of the experience. Unique or interesting experiences are worthy of sharing.
11. You are responsible for costs incurred during internship--housing, food, transportation, parking, and for miscellaneous items, both on and off campus.
12. Before leaving your assigned work areas, prepare a detailed list denoting the status of HCO assigned projects. Include information that will be useful to the person who will complete the project, e.g., location of bulky materials, sources of input, and where you may be contacted. Notify, in person, the appropriate departmental personnel and discuss this status report so that arrangements may be made for completion of projects.
13. Attending meetings is an excellent opportunity for exposure to committee/project activities and to observe group dynamics. Communicate with your Site Coordinator about upcoming meetings that you will be permitted to attend. Remember that as a guest you show respect by showing interest in the proceedings

## ***Student Intern Statement of Confidentiality***

I, \_\_\_\_\_, understand that it is normal & to be expected that I will come into deliberate (or inadvertent) possession of patient, facility, or departmental information that must be regarded as confidential. This confidential information may be of a financial, personal, or medical nature. I am aware of the serious nature of violating such confidentiality. I recognize and appreciate the serious nature of the privilege I have been accorded in having access to such information. I will hold this information in strictest confidence.

I understand & acknowledge that the following actions are necessary should I breach this confidence.

1. My Site Coordinator will contact my Faculty member immediately.
2. My Faculty member, in conjunction with my Site Coordinator and my FSU Department Head, will investigate the breach of confidentiality.
3. Together, the parties in 2 above will make disciplinary recommendations to the Dean as warranted.
4. Such disciplinary recommendations may include immediate termination of my internship and loss of academic credit.

\_\_\_\_\_  
Student Intern signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Coordinator signature

**Make a copy of this form and mail to your Faculty member. Return the original signed form to your Site Coordinator.**

## **Assignment Overview - Checklist**

**One week AFTER beginning internship ( Monday of week 2)**  
**"Conclusive HCSA Internship Information"**

**Weekly, beginning Monday of week 2**  
**Weekly Log**

**Submit at least two (2) each Monday Weeks 2 - 7.**

### ***Required***

**Clinical Services - Outpatient**  
**Clinical Services - Professional**  
**Finance**  
**Glossary (submit Week 7)**  
**Health Information (AKA Medical Records)**  
**Human Resource**  
**Information Systems**  
**Medical Staff**  
**Quality Improvement**  
**Regulatory**

### ***Options (Choose 2)***

**Emergency Room**  
**Marketing/Public Relations**  
**Operating Unit Statistics**  
**Orientation**  
**Policy & Procedures**  
**Volunteer Services**

### **Final follow-up**

**Departmental Contribution Summary**  
**Professional Courtesy**  
**Student Intern Evaluation of Internship**

# Assignments

# Conclusive HCSA Internship Information

(Send in with first log sheet)

The purpose of this form is to provide background information to facilitate ongoing contact.

## Student Intern information

Name	
Semester of internship	392    493    circle one
Beginning date	
Ending date	
Phone number during internship (at site)	
Phone number during internship (Home)	
Phone number, permanent	
Mailing address during internship (home)	
Permanent mailing address (home)	

## Site Coordinator information

Name	
Title	
Phone	
Fax (if known)	

## Site information

Name	
Department	
Address	
Phone	

The above information is pertinent for my internship noted above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Clinical Services (Outpatient) Assignment (Required)

<b>Purpose</b>	An understanding of the increasing complexity and importance of outpatient services in the HCO is essential to your entry level health care knowledge base.
<b>Format</b>	<p>Memo to Faculty member</p> <p>Interview a clinical manager in an outpatient area to discover areas of responsibilities, required educational background, function of the area, number &amp; type of services, type &amp; number of FTEs supervised, revenues, expenses, trends, and more.</p> <p>Attach a tabular report that summarizes the above <b>plus the same information for at least 3 other outpatient services</b>. This may be an existing report or a brief report that you create.</p>

**Sample tabular report - note if you're sharing monthly or annual data**

	Outpatient area 1	Outpatient area 2	Outpatient area 3
Areas of responsibility			
Primary educational background			
Number of services			
Types of services			
Type of FTEs			
Number of FTEs			
Revenues			
Expenses			
Trends			
etc.			

**Add at least the following to assignment specifics**

Research time  
I didn't know...

Is this a "Thinking" possibility? See Assignment Overview for details.



# Finance Assignment

(Required)

<b>Purpose</b>	An understanding of the financial concerns that underscore decision making, control, & adherence to the HCO's mission is essential to your entry level health care knowledge base.
<b>Format</b>	<p>Memo to Faculty member</p> <p>Discover the most significant ways that financial information &amp; financial requirements impact the day to day operations of the unit.</p> <p>Determine, at a minimum, the impact of payroll, revenues &amp; expenses, variance analysis, reimbursement, &amp; budgeting (operating &amp; capital) in your primary clinical area.</p> <p><b><u>Attach a sample of a key financial report for your unit.</u></b> Circle key amounts then describe (in your handwriting) why those amounts &amp; this report are important to the unit's operations.</p>

**Add at least the following to assignment specifics**

Research time

I didn't know...

Is this a "Thinking" possibility? See Assignment Overview for details

# Health Information Assignment

## (AKA Medical Records)

(Required)

<b>Purpose</b>	An understanding of the critical importance of creating a complete accurate medical record and the ways in which the underlying information may be used is essential to your entry level health care knowledge base.
<b>Format</b>	<p>Memo to Faculty member</p> <p>Spend 3-4 hours in the Health Information Department observing the various functions &amp; roles of personnel. You may also need to interview someone in Utilization Review.</p> <p>Interview your unit leader to determine how Health Information relates to your unit.</p> <p>Include, at a minimum,</p> <ol style="list-style-type: none"> <li>1. How does your unit contribute to and/or utilize the record?</li> <li>2. How does your unit work with Health Information?</li> <li>3. A description of a completed inpatient and outpatient record. How are they similar? How are they different? What is included?</li> <li>4. What is the purpose of discharge analysis, ROI (Release of Information), coding, and abstracting?</li> <li>5. How may information in the medical record be utilized beyond providing patient care?</li> <li>6. What is an admission review? Who performs this task?</li> <li>7. How is medical necessity and appropriateness of admission determined? Who performs this task? Why/when is it important?</li> <li>8. How does the medical record relate to reimbursement?</li> </ol>

**Add at least the following to assignment specifics**

Research time  
I didn't know...

Is this a "Thinking" possibility? See Assignment Overview for details

# Information Systems Assignment

(Required)

<b>Purpose</b>	Good information systems provide the backbone of quality decision making in any HCO. An understanding of this critical function that crosses all units is essential to your entry level health care knowledge base.
<b>Format</b>	<p>Memo to Faculty member</p> <p>Discover the most significant ways that information systems, hardware &amp; software, impact the day to day operations of the unit.</p> <p>Include, at a minimum, a discussion of networks, available software &amp; hardware, standardization, system reports &amp; how these contribute to the functioning of your unit. You may wish to structure this as an assessment of manual and mechanized capabilities, training, &amp; usefulness.</p>

**Add at least the following to assignment specifics**

Research time  
I didn't know...

☞ Is this a "Thinking" possibility? See Assignment Overview for details.

# Quality Improvement Assignment

(Required)

<b>Purpose</b>	An understanding of quality assessment, assurance, and improvement in quality care is essential to your entry level health care knowledge base.
<b>Format</b>	<p>Memo to Faculty member</p> <p>Interview a management and non-management employee in the unit (or other area, if necessary) to ascertain the level &amp; perceived value of quality improvement activities during the past two years.</p> <p>Include, at a minimum, with appropriate headings or labels:</p> <ol style="list-style-type: none"> <li>1. An example of a current objective or goal             <ol style="list-style-type: none"> <li>a. State the objective/ goal/desired outcome</li> <li>b. Describe the background &amp; timeline, e.g., what prompted this particular goal to be addressed?</li> <li>c. Discuss the method of compiling &amp; reporting data</li> <li>d. List the titles of employees involved</li> <li>e. <b><u>Attach</u></b> a copy of the format used for reporting</li> <li>f. Discuss the appropriateness of the benchmark and the methods of data collection, reporting, &amp; analysis</li> <li>g. Discuss how this goal relates to quality care &amp; the cost of care</li> <li>h. Discuss the perceptions of management and non-management personnel in addressing this issue</li> </ol> </li> <li>2. <b><u>Repeat the above</u></b> for a completed quality improvement project.</li> <li>3. Provide your opinion: How involved is this unit (facility) in QI? Support your answer.</li> </ol>

**Add at least the following to assignment specifics**

Research time  
I didn't know...

☒ Is this a "Thinking" possibility? See Assignment: Overview for details.

HCSA 392  
TECHNICAL INTERNSHIP  
WEEKLY ACTIVITY LOG  
Week \_\_\_\_\_

NAME: \_\_\_\_\_ BEGINNING: \_\_\_\_\_

RECORD YOUR ACTIVITIES FOR EACH DAY OF THE WEEK BELOW

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TECHNICAL INTERNSHIP  
WEEKLY ACTIVITY LOG  
Week \_\_\_\_\_

NAME: \_\_\_\_\_ BEGINNING: \_\_\_\_\_

RECORD YOUR ACTIVITIES FOR EACH DAY OF THE WEEK BELOW

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WEEKLY ACTIVITY LOG  
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TECHNICAL INTERNSHIP  
WEEKLY ACTIVITY LOG  
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TECHNICAL INTERNSHIP  
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HCSA 392  
TECHNICAL INTERNSHIP  
WEEKLY ACTIVITY LOG  
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# Emergency Room Assignment

(Option)

<b>Purpose</b>	An understanding of the Emergency Room's function in providing care & channeling patients is essential to your entry level health care knowledge base.
<b>Format</b>	<p>Memo to your Faculty member</p> <p>Spend 2-4 hours observing and/or helping in the Emergency Room.</p> <p>Pay attention to triage &amp; waiting times, admitting procedures, insurance requests, emergency codes, availability &amp; demeanor of staff, attitude &amp; response of patients.</p>

**Add at least the following to assignment specifics**

Research time

I didn't know...

Is this a "Thinking" possibility? See Assignment Overview for details.

# Operating Unit Statistics Assignment

(Option)

<b>Purpose</b>	<p>Knowledge of the important statistics in an operating unit denote key indicators that directly relate to achievement of the unit's goals. Understanding these statistics provides a true understanding of the unit's purpose.</p>
<b>Format</b>	<p>Memo to Faculty member that discusses the knowledge you gained through an understanding of the unit's &amp; hospital's statistics.</p> <p>Discover the types of statistics, numerical indicators, or other types of data that are compiled on a regular basis <u>in your clinical service area</u>. (Minimum four).</p> <p>Determine <u>the primary hospital statistics</u>, e.g., percentage of occupancy, death &amp; autopsy rate, bed turnover, average LOS, etc., that are important in your clinical service area.</p> <p>Attach a sample of the statistics, if permitted.</p>

**Add at least the following to assignment specifics**

Research time

I didn't know...

☒ Is this a "Thinking" possibility? See Assignment Overview for details.

# Policy & Procedure Assignment

(Option)

<b>Purpose</b>	An understanding that policies & procedures must be properly developed, communicated to all employees and equitably applied is essential to your entry level health care knowledge base.
<b>Format</b>	<p>Memo to Faculty member</p> <p>Interview a Human Resource Department administrator to find out how organization-wide policies are initiated and applied.</p> <p><u>Clearly include</u>, at a minimum, the following:</p> <p>One example of steps taken when a new organization-wide policy/procedure was initiated. Discuss the following about the policy/procedure:</p> <ul style="list-style-type: none"> <li>name</li> <li>reason(s) initiated</li> <li>personnel involved in development</li> <li>required format (attach a sample or format outline)</li> <li>how it was communicated to employees and whether or not consequences of non-compliance are included</li> </ul> <p>Two examples of applying an existing policy/procedure. Note the Incident</p> <ul style="list-style-type: none"> <li>name &amp; section of applicable policy/procedure</li> <li>outcome of the incident</li> <li>your analysis of the employee &amp; HR's responses, e.g., what went right, what went wrong? What are some possible solutions?</li> </ul> <p>An analysis of responses/reactions of two employees PLUS an HR representative to a recently enacted policy. Steps to take</p> <ul style="list-style-type: none"> <li>Choose a policy (or ask HR to provide guidance)</li> <li>Interview two employees</li> <li>Interview the HR representative</li> <li>Analyze &amp; conclude</li> </ul>