

FERRIS STATE UNIVERSITY

Academic Program Review

Health Information Technology (HIT)(AAS)
Health Information Management (HIM)(BS)

2012-13

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Section 1. Overview of the Health Information Programs

The health information programs are designed to provide flexibility for students by allowing them to enter and exit at various degree levels to fit their needs. The student could start his/her educational career by completing Health Information Technology (HIT) program and earn an associate degree and ladder into the 4-year Health Information Management (HIM) baccalaureate degree without loss of credit. For a graduate of an accredited HIT program, all of the professional HIM courses are offered online.

The HIT program is one of seven accredited health information technology programs in Michigan. Its curriculum has been designed to meet the accreditation standards published by the American Health Information Management Association (AHIMA) and CAHIIM (Commission on the Accreditation of Health Information and Informatics Management). Graduation from an accredited program allows the graduate to apply to write the national certification examination of the AHIMA to qualify to use the title Registered Health Information Technician (RHIT).

The HIM program is a 4-year program which culminates in the BS degree. It too, has been designed to meet the accreditation standards published by AHIMA. There are only two accredited HIM programs in Michigan. Graduates of the HIM program are eligible to apply to write the national certification examination of the American Health Information Management Association to qualify to use the title Registered Health Information Administrator (RHIA).

Since their inception in the late 1970's, both programs have been continuously accredited by the American Health Information Management Association (AHIMA) in conjunction with the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM).

Please note: Throughout this document, the Health Information Technology (HIT) and Health Information Management (HIM) programs will be referred to as the Medical Record Information Science (MRIS) programs where the responses are identical for both programs. Elsewhere, they will be referred to individually. "MRIS" (Medical Record Information Sciences) is the prefix used for most of our health information programs' professional courses.

A. PROGRAM GOALS

- 1) The primary goal of the MRIS programs is to prepare students through education and experience for entry level employment in a variety of health care settings.

At the conclusion of the student's program, they should be able to:

- a. Demonstrate interpersonal skills necessary to:
 1. work with others in a group
 2. ask questions to gain information necessary to perform assigned tasks.
 3. deal with conflict.
 4. show respect for diverse opinions and ideas.
- b. Demonstrate oral communication skills necessary to:
 1. make professional presentations.
 2. support a conclusion.

- c. Demonstrate the ability to use the computer to:
 - 1. construct a basic spread sheet.
 - 2. manipulate data.
 - 3. access information.
 - 4. use word processing skills.
 - 5. access, navigate, and retrieve patient information in the electronic health record.
- d. Demonstrate critical thinking skills to apply previously learned knowledge to solving a new problem.
- e. Demonstrate analytical skills necessary to interpret data.
- f. Demonstrate written communication skills to:
 - 1. support proposals.
 - 2. report the results of investigations.
 - 3. convey ideas to appropriate audiences.
- g. Demonstrate professional conduct.
- h. Speak the language of the health care professions.
- i. Demonstrate understanding of the laws that pertain to health care.
- j. Demonstrate understanding of the structure of health care in the United States.
- k. Demonstrate appropriate work ethics:
 - 1. responsibility for individual's actions
 - 2. punctuality
 - 3. honesty
 - 4. integrity
 - 5. understanding of personal value systems
 - 6. understanding of expectations of health care work place
- l. Demonstrate an understanding of the pervasive nature of quality assurance throughout the health care professions.
- m. Demonstrate specific knowledge and skills defined by their curriculum.

In addition to the above, our health information management graduates are skilled in the collection, interpretation, and analysis of patient data from paper health records. They receive the necessary training necessary to assume supervisory and managerial positions related to the health record functions.

2) These goals were developed by the faculty of the MRIS programs and approved by the MRIS programs' advisory committee. They are reviewed annually and remain appropriate for the programs.

3) The goals reflect program graduate needs for technical, professional and general education. Graduates of these programs are employed in various health care settings including hospitals, nursing homes, physician offices, long term care facilities, ambulatory care clinics, hospices, and insurance companies.

4) The programs' goals have not changed since the last APR. They continue to reflect the goals of the program. The MRIS Advisory Committee and the program faculty review the program goals on a regular basis and have not recommended changes.

5) The MRIS programs fit well into the overall mission of Ferris State University and the College of Health Professions.

Mission of Ferris State University: Ferris State University prepares students for successful careers, responsible citizenship, and lifelong learning. Through its many partnerships and its career-oriented, broad-based education, Ferris serves our rapidly changing global economy and society.

Mission of College of Health Professions: Building upon the mission, vision and values of Ferris State University, the College of Health Professions' mission is to prepare students for successful careers in the programs contained therein, to foster responsible citizenship and to promote lifelong learning. The college will partner with healthcare providers and facilities to prepare students for rapidly changing careers.

Vision of the College of Health Professions: The college's vision is to be a recognized leader in the provision of career-oriented programming in the allied health and nursing fields. It will become the preferred choice for students who pursue a career in one of the disciplines offered by the college through its alignment of programs with the evolving needs of the agencies which it serves.

Mission of the MRIS programs: Building upon the mission, vision and values of Ferris State University and the College of Health Professions, the Health Information programs' mission is to provide leadership in the education of health information professionals to meet the current and emerging needs of the state and region.

The programs are consistent with the university's mission statement. While the Programs are not prominent nationally, they do provide opportunities for innovative teaching and learning in career-oriented, technological and professional education. Graduates of the programs are employed in numerous states of the United States as well as Saudi Arabia, Israel, and Botswana. Most of the courses within the curricula require application skills of the Microsoft Office software. Many of the courses are web-enhanced, mixed delivery, or totally online to provide students with the most current information in the field. The programs' courses are offered during the week, on weekends, and in the evenings. Weekday/early evening courses are offered on the Big Rapids campus, evening and day classes are offered in Grand Rapids for the associate degree programs. Two of the courses are offered on the weekend. All of the HIM professional courses at the 300 and 400 levels (MRIS, HCSA, CAHS, and CCHS) are offered totally online. Most of these HIM professional courses are also offered in seat for those students that prefer this format of learning.

All of our graduates are able to:

- Work as a member of the health care team
- Identify opportunities for professional advancement
- Integrate theory and practice effectively
- Accurately code inpatient and outpatient health records
- Recognize the importance of quality control and quality assurance programs

- Perform professionally by respecting the confidentiality of patient data; maintaining neatness in personal habits, work areas; performing to the best of their abilities; following established employment policies; and assuming responsibility for their conduct and their work.

In addition to the above, our baccalaureate graduates should:

- Be capable of professional advancement and study, in health information management and education positions
- Understand, promote, and participate in total quality management and continuous quality improvement programs
- Manage and supervise other health information professionals
- Be aware of, comply with, and monitor external regulatory requirements

B. Program Visibility and Distinctiveness

- 1) The MRIS programs at Ferris State University are unique in many ways:
 - a. Well-equipped laboratory with state of the art hardware and software.
 - b. Students use the same equipment and software that they will use in health care facilities. Students are provided the opportunity to be proficient before they go on their internship.
 - c. Internships are available in various types of health care settings. Because of the increasing number of students entering the MRIS programs and competition with other health information programs, it is becoming increasingly difficult to find sites, especially in summer semester when the majority of the students are ready for internship. It is preferred that our HIT internship (6 weeks) is done in a hospital setting. When this has not been possible, we have used long term care and outpatient settings. For exposure to tasks that are primarily seen in a hospital setting, most of these students are able to schedule a few days in the hospital setting. Students are also able to complete their internship in other states or countries.
 - d. Experienced faculty. The program's faculty members have more than 100 years of teaching MRIS students as well as working experience in the health care industry.
 - e. Courses are offered at times and places convenient for students. The HIT program is offered in Big Rapids in the daytime and on weekends; and Grand Rapids in the daytime, evenings, and on weekends. Some of the program courses are also offered online or mixed delivery. Many of the HIM courses are offered at both campuses. All of the professional HIM completion program courses are offered online. Most of the courses could be taken in seat if that is the student's preference. Most of the courses are offered at least two semesters each academic year, if not all three semesters.

- f. Continuously updated curricula in response to the needs of the health care industry and the requirements of the MRIS programs" accrediting agency. Both programs have gone through major changes within the last few years and both continue to be revised as the implementation of ICD-10 coding for diagnoses and procedures becomes a requirement in October, 2014. Increased emphasis on pathophysiology has led to changes in course content and the allocation of credit hours for courses with this content. The health information programs were last updated in Spring 2012 for implementation in Fall 2012.
 - g. Faculty who lend their expertise to the CAHS core courses.
 - h. High labor demand for graduates. Employment in the field is expected to grow 20% faster than the average for all occupations through 2020 according to the Bureau of Labor Statistics.
- 2) We attract quality students by:
- a. Recruiting in high schools and career technical schools. The admission counselors have been crucial in helping us disburse program information to prospective students at schools, job fairs, and career fairs.
 - b. The CAHS advisors for pre-professional students talk to students who are waiting to get into CAHS clinical programs. If these students have completed all of their general education courses, they are able to complete the HIT program in four semesters. Very often, the student only needs to take one MRIS course in the first semester. This introductory course is a pre-requisite to most of the other MRIS courses. Some of these students then continue on with their clinical program of choice. Others seek employment in the health information field or continue their education in HIM.
 - c. Recruiting Ferris pre-pharmacy and pre-optometry students who are not accepted into their respective programs.
 - d. Attending the annual Michigan Health Information Management Association meeting where we have an exhibitor's booth to provides us with the opportunity to provide program literature to attendees.
 - e. Offering a career ladder (HIT to HIM) that meets the needs of graduates of an accredited HIT program.
 - f. Offering the HIT program at the Grand Rapids campus to attract individuals who may not be able to attend the main campus to take classes.
- 3) The institutions that offer the main competition to our HIT program:
- Baker College –Flint, Jackson, Allen Park, Clinton Township
 - Davenport University-Livonia
 - Schoolcraft College- Garden City

- Macomb Community College – Clinton Township
- Southwestern Michigan College – Dowagiac
- Mid-Michigan Community College – Harrison

The institutions that offer the main competition to our HIM program:

- Davenport University – Grand Rapids, Livonia
- a. These HIT and HIM programs are different than ours because their internships are done one or two days a week throughout a semester. Most of our students complete their 240 or 400 hour internship by working 40 hours per week at the internship site until they have met the total number of hours. Another major difference is that our students have several projects that they must complete while on internship. The other programs leave it up to the healthcare organization to provide work activities for the interns. Many healthcare facilities have complimented us on the quality of our internship project manual. The programs are similar to ours because we all must meet the same accrediting agency requirements for content in the programs. The faculty works closely with west Michigan hospital health information directors and the MRIS programs’ advisory committee to assure that course content is reflective of the current workplace environment. Baker College, Schoolcraft College, Davenport, and Macomb Community College are located in southeast Michigan. Graduates of these CAHIIM accredited associate degree programs are able to ladder into the FSU HIM completion program. Because all of the professional courses in the online HIM completion program have been offered online since Fall 2010, the number of HIT graduates from other accredited colleges who have enrolled in our HIM completion program has increased. HIT and HIM students are combined in the 100 and 200 level courses with a MRIS prefix. Combining students in both levels helps to improve efficiency in the classroom.
 - b. Some schools require that a prospective student visit a health information department prior to enrolling in a MRIS program. Baker College and Davenport University’s programs were developed after our programs. Thus, they are very similar. We have the same accrediting agency, CAHIIM, with defined program requirements. Most of the full-time faculty at the other institutions are Ferris graduates.

C. Program Relevance

1. Labor Market Relevance – Health Information Profession

Department of Labor

Bureau of Labor Statistics (Modified March 2010)

- Employment of medical records and health information technicians is expected to increase by 21 percent from 2010 to 2020, faster than the average for all occupations.
- Health information technicians held about 179,500 jobs in 2010.

- 39% of jobs were in hospitals, the remainder were in offices of physicians, nursing care facilities, home healthcare services, public health departments and insurance firms that deal in health matters
- Most employers hire Registered Health Information Technicians (RHIT) or Registered Health Information Administrators (RHIA), who must pass a written examination offered by the American Health Information Management Association. Examinations are offered to graduates from the two year associate degree program and four year baccalaureate degree program accredited by the Commission on Accreditation of Health Information and Informatics Management.
- The mandatory implementation of ICD-10 coding of diagnoses and procedures in the United States was to be effective October 2013. However, in March 2012, the government stated that implementation will be delayed until October 2014. ICD-10 coding is more detailed than ICD-9 and will require more coders than the current number required. It is also projected that many of the current coders will retire rather than learn this new coding system. At the recommendations of AHIMA, it is the intentions of the MRIS faculty to go forward with implementation of an ICD-10 coding class (MRIS 205) in Summer 2013. We will continue teaching ICD-9 Coding (MRIS 204) until Fall 2013. At that time, we will only teach ICD-10 coding in MRIS 204 and MRIS 205.
(Bureau of Labor Statistics, Occupational Outlook Handbook, 2010)
- Earnings:
 - Median annual earnings were \$32,350 in 2010
 - Lowest 10% earned less than \$21,240 in 2010
 - Highest 10% earned more than \$53,430 in 2010

AHIMA

There were 64,000 members of AHIMA in May 2008. A salary survey was conducted of these AHIMA members and 11,000 responded. Some of the results are:

- 53% of the members work in the hospital setting
- AHIMA membership data shows the median salary range for HIM professionals with a master's degree or higher across all job categories as between \$50,000-89,999 (AHIMA, 2008).
- A director of HIM with an associate degree earns on average \$59,849; that number grows to \$68,213 for those with a baccalaureate degree, and to \$81,879 for those with a master's degree.
- Regression analysis reveals that the primary work setting is a key contributor to the variation in salaries of HIM professionals. Job opportunities are expected to be excellent because the number of job openings is expected to increase by more than 20% in the next decade. Many openings will result from the need to replace workers who retire or stop working for some reason. The implementation of ICD-10 will result in the need for qualified coders.

The MRIS faculty receives phone calls and emails on a regular basis from hospitals and other healthcare organizations with job opportunities and inquiries about our recent graduates. In March of this year, one large hospital employer called because they were looking for 17 credentialed coders. Entry level coders were eligible for these jobs as long as they had their RHIT credentials.

2. Program responds to emerging issues in the discipline, changes in the labor force, changes in employer needs, changes in student needs in the following manner:
 - a. Curriculum redesign due to technological advances using an electronic health record. The MRIS program has used AHIMA's virtual electronic health record lab, Spring Management electronic health records, and other free demos in the classroom. Academic Affairs has recently purchased Cerner's electronic health record system for the College of Health Professions. This product will be installed in our laboratory as well as the College of Health Professions computer lab. Cerner is the electronic record system that is currently used in most hospitals in the United States.
 - b. MRIS coding classes are updated each year with new textbooks and supplemented with CPT and DRG coding updates. The MRIS programs have two different coding software systems that are updated each quarter. All of the courses are reviewed and revised as necessary (when regulatory agency requirements change, reflect industry changes). The MRIS programs have recently been revised and ready for implementation in Fall, 2012.
 - c. Computers and software are continuously upgraded to meet the demands of the health care industry. In many cases, we have different types of software for the same function. We are able to expose the student to a variety of software programs that they will see in the workplace.
 - d. In the HIT program, most of the professional (MRIS) courses are offered in- seat or mixed delivery. Based on graduate and employer surveys, it is felt that students do better in face to face setting for the professional courses in the HIT program. Some of our HIT courses can be effectively taught online (CCHS 101, CCHS 102).
 - e. The professional courses in the HIM completion program are all offered online. The HIM students have completed all of the HIT courses and take the online HIM courses without difficulty. All but three of the upper level (300 and 400 level) courses are offered face to face, mixed delivery, or online which allows the student to take the class in the format that best meets their style of learning.
 - f. Review of the graduate surveys and student program evaluations allow us to make appropriate changes to individual courses in the programs.
 - g. Faculty is active in professional organizations such as the American Health Information Association, Michigan Health Information Association, local health information associations as well as specialty associations. Attendance at these

- meetings and conferences allows the faculty to stay abreast of any changes made in the health information profession.
- h. Internship site instructors often comment about the high caliber students from our health information programs. Our students and graduates are hired by our internship affiliates. Quite often, jobs are created for students that these facilities have had on internship and do not want to lose. See Appendix D (p. 360-432) for Site Coordinator Evaluations of HIT and HIM Internship students.
3. According to informal surveys conducted in MRIS 101 Introduction to Health Information Systems, the students listed the following as reasons for enrolling in a MRIS program.
 - Laboratory experience using software currently used in the healthcare Industry
 - Read about profession and the number of jobs
 - Relative is a coder
 - Reputation of the program and faculty
 - a. Graduate survey responses reflect that the MRIS programs meet their expectations. We are continually revising our curriculum and updating computer software to reflect industry changes/updates. For more information, refer to the graduate survey results in Appendix D, Survey Instruments (p.360-432).
 - b. Student sentiment is measured using the Student Assessment of Instruction (SAI)/IDEA for two courses per tenured instructor each semester. Students meet with their academic advisors at least once per semester to discuss concerns and have their questions answered. They must meet with their advisor each semester to have their advising holds lifted. Faculty use evaluations that they have personally created to identify strengths and weaknesses of their specific courses. These are then used to make modifications to the specific courses.

D. PROGRAM VALUE:

1. To the university: The MRIS programs benefit the university because we are one of only two HIM bachelor degree programs in Michigan. The associate degree program is only taught at six other Michigan colleges/universities, all in southern Michigan, except one in Grand Rapids. Our well-equipped computer lab has 23 stations with state of the art hardware and software. All program faculty has working experience in the health care industry that allows them to bring real-world experiences into the classroom. The faculty survey results show that they feel that the library has the resources available to meet the needs of our students.
2. To students: The students learn in state of the art equipped labs in both of the sites where the program is offered. Although the faculty survey shows that we have a well-equipped laboratory, there are times when students must use their personal laptops in the lab

because there are not enough computers to accommodate all students in the class. The programs' courses are offered at various times (day, evening, weekend formats) and locations to meet the needs of the students. It is common for Big Rapids students to take evening classes in Grand Rapids or Grand Rapids students to take classes at the Big Rapids campus. The faculty is available to the students via email, telephone, or face to face meetings.

The HIT program benefits both the university and the students by providing an associate degree program that can be completed in four semesters if all of the general education requirements have been completed. This allows students to complete a program while waiting to begin a clinical program that has more applications than available spots. Understanding the coding and billing process is an added benefit for any of our clinical programs and it also provides another career option.

3. Assessment by program personnel: MRIS faculty believe that the value of our HIT/HIM programs starts with many employers desiring credentialed employees as part of their staff. Our programs allow HIT/HIM professionals to understand the structure and format of a legal health record (electronic & paper), coding and reimbursement, quality monitoring and information technology. Employers also recognize that Ferris HIT/HIM programs are CAHIIM accredited.

Our program/students are ready to become leaders in translating data into useful information about diseases for a variety of customers (TJC, CMMS, NCQA, healthcare providers, research facilities, etc.) Students completing the HIT/HIM programs require less workplace training and are able to competently perform all HIT/HIM functions. Our graduates are ready to be involved in the ever changing roles in healthcare in information technology, fraud & abuse, quality, privacy, security, data management and others.

The value of the Ferris HIT/HIM programs is evidenced by many employers selecting FSU interns and graduates over other programs offered in the state. While on internship, some Ferris interns are providing training to student interns from other HIT programs in various HIM functions. Ferris students pass the national certification exam at a rate higher than the national average. Ferris graduates/students have a high rate of employability in HIT/HIM. For years 2006-2010, both HIT and HIM graduates scored above the national average each year except 2007. For example, in 2009, the RHIT national average pass rate was 82% and Ferris pass rate was 91%. Employer responses from the annual surveys show that Ferris does a "good job preparing students for meeting challenges". They also state that our graduates have very good computer skills, often commenting on their Excel skills. See Appendix D, Survey Instruments (p.360-432).

Many employers with open positions contact Ferris instructors requesting graduate/student referrals as possible candidates. Also, some employers in the community have contacted Ferris to assist them in the training and education required for implementation of ICD-10 coding classification system anticipated in 2014.

4. To entities external to the university:

Faculty explains the role of health information professionals to technical center and high school students at Open Lab Days that have been hosted by the College of Allied Health Sciences. Program faculty has visited career fairs and job fairs as a means to attract students to our profession. The program coordinator has visited other accredited HIT programs in the state to encourage students to enroll in the online HIM completion program. The MRIS programs at Ferris prepare a large number of the health information practitioners in Michigan. All of the faculty have presented continuing education activities and/or reviewed textbook chapters, and/or served as officers in local and state health information associations. Faculty has worked with the Michigan Health Information Management Association to co- sponsor ICD-9 and CPT Coding update workshops at the Grand Rapids campus. Health care recruiters contact us when they have health information job openings. Employers who hire our graduates state that they would hire a Ferris grad again. This is reflected on employer surveys and via conversations directly with faculty at professional meetings. Although most of our graduates are employed by hospitals, we have graduates working for software vendors, long term care facilities, outpatient clinics, home health agencies, hospices, and insurance companies.

5. Services for extra-University general public groups: The faculty participates in local, state, and national continuing education activities. Faculty have presented continuing education activities, reviewed textbook chapters, and served as officers in local and state health information associations. Faculty has worked with the Michigan Health Information Management Association to co- sponsor ICD-9 and CPT Coding update workshops at the Grand Rapids campus. A faculty member serves on the advisory committee for the Mecosta-Osceola Career Center. See Appendix A – Faculty Curricula Vitae (p. 58-92).

Groups outside the university: Program faculty and students have provided services to groups outside the university. Students have gone to their high schools and tech centers to talk about the value of a health information profession. The registered student organization, Health Care Management Association (HCMA), of which many MRIS students are members of, have participated in several service projects each year including Relay for Life, The Big Event, Big Brothers, Big Sisters, Toys for Tots, Adopt a Family at Thanksgiving and Christmas, Halloween party for community children, and participating with the American Red Cross blood drives. They also host social events for association members and/or the community.

Faculty explains the role of health information professionals to tech center and high school students at Open Lab Days that have been hosted by the College of Health Professions. Program faculty has visited career fairs and job fairs as a means to attract students to our profession. The program coordinator has visited other accredited HIT programs in the state to encourage students to enroll in the online HIM completion program.

Section 2: Collection of Perceptions

A. Graduate Follow-up Survey

The programs, as a part of their ongoing outcomes assessment, undergo a two-part graduate evaluation. The first part, conducted as the students prepare to leave campus consists of a survey of graduating students. The second part consists of a graduate survey mailed to all graduates one year following their graduation.

The survey that is conducted just prior to the student's graduation is designed to assess their perceived readiness to enter professional practice. Students are asked to evaluate their perceived value of the courses, their internship and various other aspects of the program.

The purpose of the graduate survey is to determine the graduate's employment and salary status and to determine whether they perceive that they were prepared for professional practice. Additional questions are designed to elicit information regarding areas where the curriculum may need to be revised to remain current with practice in the field. Results have been extensively used in recent curriculum revisions. A lot of the content on the graduate survey is required by CAHIIM.

There is an ongoing problem getting the graduates to return the survey documents. A total of 232 surveys were sent out to HIT and HIM graduates from 2007-2011. Until 2010, surveys were sent only by United States mail. Beginning in 2010, the surveys were sent electronically. The return rate was higher when surveys were sent electronically. Of the 137 graduates surveys sent out between 2007 and 2009, only 33 surveys or 24% of the surveys were returned. Of the 95 graduate surveys sent by email, 32 surveys or 34% of the surveys were returned.

The Alumni office and CHP dean's office staff are helpful with providing addresses of program graduates. When sent by mail, many surveys are returned as "undeliverable". The majority of our graduates are females which complicates things when they marry and change their name. The College of Health Professions Dean's Office supplied us with email addresses of graduating students. We are considering the use of social media such as Facebook or LinkedIn to contact our graduates. We have a Facebook group for HIT/HIM graduates.

Faculty have discussed offering each graduate the opportunity to win a gift card if he/she completes the graduate survey. We think that offering this type of incentive will continue to improve the return rate of the graduate surveys.

Surveys were created based on the accreditation requirements of CAHIIM and recommendations from Institutional Testing and Research.

HIT/HIM Program Graduate Survey Results 2007-2010

	2007	2008	2009	2010
Surveys Sent	42	59	36	35
Surveys Completed/Returned	4	18	11	12
Employed FT	3	14	8	8
Employed PT	1	0	2	0
Continuing education	0	2	0	1
Other (Relief, Pool)	0	2	0	3
Not working	0	0	1	0

Evaluation of the above data suggests that students readily find employment in the field within one year of graduation. Employment opportunities are available in a variety of settings, but graduates find employment mainly in the acute care setting.

The graduate survey from 2007 - 2010 graduates has continued to identify the strengths to be the faculty, internships, and relevancy of coursework. Graduates repeatedly and continuously identify the weaknesses to be the amount of general classes (too many), the need for additional coding classes, and the need for an electronic health record software package (Cerner EMR is currently being installed in the CHP for use by all of the health and hospital-related programs).

With implementation of ICD-10 in 2014, many current health information professionals have expressed their intentions to retire rather than learning this new classification system for diagnoses and procedures. This will provide additional job opportunities for our graduates who will have had ICD-10 training.

HIT/HIM Graduate Survey Results 2007 – 2010* Based on scale of 1 (Strongly Disagree) to 5 (Strongly Agree)

	2007	2008	2009	2010
The program helped me acquire knowledge needed for job.	4.3	4.5	4.7	4.0
Program prepared me to use sound judgment in job	4.3	4.5	4.8	4.0
Program prepared me to be able to recommend appropriate procedures for job.	4.7	4.0	4.5	4.0
Program enabled me to think critically, solve problems and develop action steps.	4.0	4.0	4.2	4.1

Program prepared me with skills for HI professional.	4.0	4.5	4.5	3.9
Professional practice was valuable in reinforcing HI skills.	4.3	4.5	4.5	4.3
Program prepared me to effectively communicate in job	4.3	4.0	4.5	4.5
Program prepared me to conduct myself in ethical and professional manner.	4.5	4.0	4.5	4.6
Program taught me to manage my time efficiently	4.7	4.0	4.3	4.3
Program prepared me to work effectively as team member	4.5	4.0	4.5	4.9
Overall quality of preparation as HI professional	4.3	4.0	4.5	4.8

***2011 surveys were changed to 4 point scale as recommended by CAHIIM.**

Average responses were calculated by dividing the average number of responses to an item by the number of individuals who responded to each item. In many cases, all of the alumni who responded to the survey failed to respond to some of the individual items. As noted in the above table, the overall quality of preparation for the health information profession is very high.

HIT/HIM Graduate Surveys can be found in Appendix D Survey Instruments (p. 360-432).

B. Employer Follow-up Survey:

HIT/HIM Employer Survey Results 2007-2010*
Results based on a scale of: 1 (Strongly Disagree) to 5 (Strongly Agree)

	2007	2008	2009	2010
Graduate has knowledge to function in job.	5	4	5	4.8
Grad uses sound judgment while functioning in job	5	4	5	4.8
Grad is able to recommend appropriate HIM procedures	5	3	4.5	4.8
Grad able to think critically, solve	5	4	4.5	4.6

problems, and develop appropriate action steps.				
Grad possesses technical skills to perform job.	5	4	5	4.7
Grad communicates effectively	5	4	4.5	4.7
Grad conducts self in ethical and professional manner	5	4	5	4.9
Grad manages time efficiently	5	5	4	4.8
Grad functions effectively as team member.	5	4	5	4.8
Overall quality of grads of program	5	4	4.5	4.8

***2011 MRIS programs changed to 4 point scale as recommended by CAHIIM.**

Employer surveys are sent at the same time that graduate surveys are sent. For years 2007, 2008, and 2009, the surveys were sent to the graduates. The graduates were asked to give their employer a survey to complete and return in the enclosed self-addressed stamped envelope. For years 2010 and 2011, the surveys were sent to healthcare facilities that we knew had hired Ferris MRIS graduates. The return rate was higher when we sent the surveys to the specific employers.

There were 172 employer surveys sent out between 2007-2010. Forty-five surveys (22%) were completed and sent back. The scores ranged from 4(Generally Agree) to 5 (Strongly Agree) for overall quality of the graduates of the MRIS programs. As shown in the above table, employers are very satisfied with HIT/HIM graduates.

Surveys can be found in Appendix D-Survey Instruments (p. 360-432).

C. Graduating Student Exit Survey:

Graduating students were surveyed after Fall 2011 to attain their perspectives related to the quality of instruction, relevance of courses, and satisfaction with program outcomes based on their expectations. Program faculty utilizes the comments/recommendations as a tool to evaluate the effectiveness of the specific course.

The surveys were given to students at the end of their last class prior to going out on internship. Eleven of the twelve HIT/HIM graduating students felt that they were adequately prepared for an entry level position in the health information profession. Ten of the twelve graduating students who returned their survey felt that they were well-prepared for an entry level position in the health information profession. One student did not know if he/she was prepared for an entry level position. Eleven of the twelve graduating students would recommend the HIT/HIM program at Ferris State University. Comments made by these students included: "I feel I was prepared for 90% of my

assignments”; “Instructors were willing to help me when I didn’t feel prepared”; and “I can’t believe everything I have learned”.

A separate survey is given to students at the end of their internship experience. One of the questions asked of the students is if their classroom instruction adequately prepared them for their internship. The majority of these students felt that they were prepared for the internship.

**MRIS 293 Professional Practice I Student Evaluations Fall 2006 – Su 2011
287 Student Respondents**

	Yes	No	Student Comments
Received tour and orientation to department	280	7	
Received orientation to hospital	280	7	
Received adequate orientation to each procedure performed	282	5	
Performance in each function was monitored	279	8	Completed tasks were double-checked; Given instructions and discussed outcomes; Checked on regularly and asked if there were questions
Felt comfortable asking for assistance from supervisor/other employees	279	8	
Received help when questions were asked	285	2	
Felt accepted by healthcare organization and department personnel	285	2	
Granted permission to spend time in areas other than ones scheduled by site coordinator	270	17	
Classroom instruction adequate for internship	278	9	Felt unprepared in Utilization Review. Although discussed in class, not prepared; difficult to code from patient record; doing both CPT and ICD coding on same patient chart
Internship manual provided sufficient information for internship preparation	278	9	Facilities should know how university wants reports to look like; better explanation of how to do projects; revise manual for EMR as opposed to paper records; manual projects for nonacute settings; some of projects weren’t worded quite right;

MRIS 293 Professional Practice I student comments identified the strongest aspects of the internship experience to be: “Handling actual records of real patients; being trusted and treated as an actual employee; great cooperation from the staff; working with outpatient coders; going to meetings; experience and knowledge gained; being able to work with minimal supervision; opportunity to network; and exposure to many different department functions.”

MRIS 293 Professional Practice I students commented that the weakest points were: “Completing tasks that were irrelevant to internship; putting together reports; spending time in transcription; days were long; not staying busy; too short; project deadlines; site coordinator didn’t provide a lot of guidance; site meetings often rescheduled; felt like I was bothering people and in the way.”

In most cases, students complete their first internship (240 hours) in a hospital setting. The hospital can be in any state or country. Most students secure a Michigan internship site. In some cases, non-traditional settings such as nursing homes and clinics have served as a student’s internship site. The reason could be that this is the place of employment for the intern or they could not secure an acute care setting in the area that he/she wanted to complete the internship.

**MRIS 493 Professional Practice II Student Evaluations Fall 2006 – Su 2011
27 Student Respondents**

	Yes	No	Student Comments
Received tour and orientation to department	27	0	
Received orientation to hospital	26	1	Already worked there, received orientation when hired at hospital
Received adequate orientation to each procedure performed	25	2	
Performance in each function was monitored	24	3	Worked independently, but was monitored; could only observe some areas
Felt comfortable asking for assistance from supervisor/other employees	27	0	
Received help when questions were asked	27	0	
Felt accepted by healthcare organization and department personnel	27	0	
Granted permission to spend time in areas other than ones scheduled by site coordinator	25	2	
Classroom instruction adequate for internship	27	0	Well-prepared, good preparation
Internship manual provided sufficient information for internship	25	2	Need a few clarifications; no problems, I felt lucky because interns from other

preparation			schools didn't have a manual
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MRIS 493 Professional Practice II student stated that the strongest aspects of this internship included: “Exposure to so many departments, helpful people who answered questions; able to pull classroom learning together with real world; networking; working with real data.”

MRIS 493 Professional Practice II student stated that the weakest aspects of this internship included: “Having to reschedule appointments for projects; site person didn't always have time for me; wasn't able to attend all meetings; didn't have my own desk; supervisor was gone a lot.”

The student recommendations were to ask a lot of questions because “no question is stupid”, create a schedule with site coordinator, and to visit as many departments as possible.

MRIS 493 Professional Practice II is a 400 hour experience in a health related organization such as hospital, nursing home, ambulatory care setting, home health agency, clinics, or physician practice.

Surveys can be found in Appendix D-Survey Instruments (p.360-432).

MRIS 293 Professional Practice I Site Coordinator's Final Assessment of Intern's Performance 2007-2011

4=Above Average 3=Average 2=Below Average 1=Poor

The Intern:	Above Average (4)	Average (3)	Below Average (2)	Poor (1)
Demonstrated appropriate interpersonal skills	203	11	1	0
Asked questions to gain information needed to complete tasks	203	12	0	0
Dealt appropriately with conflict	200	10	5	0
Showed respect for diverse opinions and ideas	202	10	3	0
Showed respect for site coordinator and allowed time when submitting projects for review	200	12	3	0
Presented material professionally	198	12	4	1
Explained his/her point of view	201	12	2	0
Constructed basic spreadsheet	200	12	3	0
Manipulated data	191	20	4	0
Accessed information within facility's system	200	13	2	0
Used word processing skills to complete projects	214	1	0	0
Applied knowledge learned on-	212	3	0	0

campus to the healthcare setting				
Accurately interpreted information	210	5	0	0
Used acceptable grammar and punctuation when completing tasks	208	5	2	0
Completed all assigned work	210	5	0	0
Presented work that was neatly done and had professional appearance	208	7	0	0
Arrived on time for scheduled days	209	3	2	1
Arrived on time for scheduled meetings	209	6	0	0
Was in attendance for number of hours scheduled each day	212	3	0	0
Was neat and clean	213	2	0	0
Was appropriately attired for work situation	213	2	0	0
Could speak language of healthcare	189	26	0	0
Demonstrated understanding of laws that pertain to healthcare	177	38	0	0
Demonstrated understanding of structure of healthcare in U.S.	194	21	0	0
Demonstrated an understanding of pervasive nature of quality improvement throughout healthcare	187	28	0	0

The site coordinator at the internship site completes a final assessment of the intern's performance. As noted in table above, site coordinators are very happy with the quality of our students.

Some positive comments included: "Student was professional and well spoken, liked to stay busy and ask appropriate questions; very detailed and conscientious about the quality for her work; this is the type of ethic we like to see in health information; always presented professional and pleasant personality; exemplary employee who is very knowledgeable in her profession; attention to detail, and good professional demeanor; self- motivated and professional demeanor; knowledgeable and confident; thorough and eager to learn, helpful; professional in appearance and had great computer skills; not afraid to ask questions, she sees the "big picture" and is able to work well in a structured environment; punctual, plans ahead, friendly and cooperative; team player, self-motivated; learns systems quickly."

Some areas for improvement included as noted by Site Coordinators included: "N/A(62); passionate about wanting a quality, complete record that I think it frustrates her to deal with a record from imperfect providers and staff; continued exposure to HIM profession; become more confident-this will come with time; should feel free to ask questions; trust self; more experience in coding; keep up with lifelong learning;-collating thoughts and expressing what is learned in written format; and validate assumptions".

MRIS 493 Professional Practice II Site Coordinator's Final Assessment of Intern's Performance

2007-2011

4=Above Average 3=Average 2=Below Average 1=Poor

The Intern:	Above Average (4)	Average (3)	Below Average (2)	Poor (1)
Demonstrated appropriate interpersonal skills	26	0	1	0
Asked questions to gain information needed to complete tasks	25	2	0	0
Dealt appropriately with conflict	22	3	1	0
Showed respect for diverse opinions and ideas	25	1	1	0
Showed respect for site coordinator and allowed time when submitting projects for review	25	1	1	0
Presented material professionally	25	2	0	0
Explained his/her point of view	24	3	0	0
Constructed basic spreadsheet	26	1	0	0
Manipulated data	25	2	0	0
Accessed information within facility's system	26	1	0	0
Used word processing skills to complete projects	27	0	0	0
Applied knowledge learned on-campus to the healthcare setting	26	1	0	0
Accurately interpreted information	26	1	0	0
Used acceptable grammar and punctuation when completing tasks	24	2	1	0
Completed all assigned work	26	1	0	0
Presented work that was neatly done and had professional appearance	26	1	0	0
Arrived on time for scheduled days	26	0	0	1
Arrived on time for scheduled meetings	26	0	1	0
Was in attendance for number of hours scheduled each day	26	1	0	0
Was neat and clean	27	0	0	0
Was appropriately attired for work situation	27	0	0	0
Could speak language of healthcare	23	4	0	0
Demonstrated understanding of laws that pertain to healthcare	24	3	0	0
Demonstrated understanding of structure of healthcare in U.S.	24	3	0	0
Demonstrated an understanding of pervasive nature of quality improvement throughout	24	3	0	0

healthcare				
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The site coordinator at the internship site completes a final assessment of the intern's performance. As noted in table above, site coordinators are very happy with the quality of our students.

Some positive comments from the Site Coordinators included: "Intern got along well with employees and willing to help wherever needed; not easily distracted from task; friendly and outgoing; professional; asked good questions; good oral communication skills; intern made many valid and quality suggestions; always thinking; eagerness to learn; accepted new challenges; completed high quality projects; did not much direction; projects accurate; dressed appropriately; prompt and present as scheduled; positive outlook on healthcare; understands impact and relationship of concepts and processes to overall job functions; good understanding of U.S. healthcare; detail-oriented; organized; works well with diverse staff; good communicator; learns systems quickly."

Some areas for improvement as noted by the Site Coordinator include: "Inappropriate comments to associates; lack of "grateful" attitude for allowing student learning; sometime too blunt; needs to improve written communication skills; validate assumptions."

Faculty reviews these evaluations each semester. The negative comments are discussed and faculty determine the best way to make improvements. Most often, the "weak areas" are already covered in class in great detail. However, faculty continues to emphasize the importance of these topic areas.

D. Student Program Evaluation:

HIT/HIM Student Perceptions of Programs 2011 Respondents: 35 HIM Students, 50 HIT Students

A= Excellent B = Good C=Acceptable D=Below Expectations E=Poor

	Excellent	Good	Acceptable	Below Expectations	Poor
Courses available at convenient times	25%	40%	26%	7%	2%
Pre-requisites for courses are realistic	43%	39%	16%	2%	0
Know how assignments will be graded (rubrics)	53%	35%	9%	2%	1%
There are enough supplies and/or equipment to use during classroom/lab sessions (2 did not respond)	60%	27%	6%	1%	4%
Required general education courses for degree are current and meaningful (1 did not respond)	24%	49%	22%	2%	1%
Library has needed	32%	39%	16%	2%	4%

information (8 did not respond)					
Advisor is available when needed (2 did not respond)	43%	28%	18%	6%	2%
Provided with useful information by advisor	49%	33%	14%	2%	1%
Instruction in program courses is	39%	48%	7%	4%	1%
Online courses designed to meet student needs. (3 did not respond)	39%	40%	14%	1%	2%

Current students (BR, GR) are surveyed to obtain information regarding quality of instruction, relevance of courses, and satisfaction with program outcomes based on their own expectations. This survey was given to students at the end of Fall semester, 2011.

Thirty-five HIM students responded to the survey and fifty HIT students responded. Of the 35 HIM students surveyed, 13 were on campus students and 22 were off campus. Of the 50 HIT students surveyed, 16 were on campus students and 33 were off campus students. The surveys showed that the students were satisfied with the quality of education received in the health information programs. Students felt that courses are available at times convenient for them. They felt that they were provided with useful information when meeting with their advisor. 87% of the students rated their classroom instruction as “Excellent” or “Good”.

Sixty-five percent (55/85) of the students felt that courses were available at convenient times. Some students would like to be on campus only two to three times a week because of family and work obligations. We try to schedule classes to accommodate this. In Grand Rapids, classes are offered one time a week, in the evening and if a second section is needed, it would be offered in the afternoon. If there are Grand Rapids seats available, Big Rapids campus students can enroll in these classes.

Seventy two percent (60/83) of the students felt that their academic advisor is available to them at the times they are needed. Students must meet with their advisor before registering for classes. Most faculty are on campus at least four days a week for at least 8 hours each of these days. Each faculty has at least four hours of scheduled office hours each week and also are available to “walk-in” requests/concerns.

Surveys can be found in Appendix D-Survey Instruments (p. 360-432).

E. Faculty Perceptions:

**MRIS Faculty Perceptions of Program
2011**

**Rating Scale: 5=Excellent B=Good C=Acceptable D=Below Expectations E=Poor
Results based on 3 Tenure Track Faculty in Big Rapids and 2 Full Time Faculty in Grand Rapids**

	Excellent	Good	Acceptable	Below Expectations	Poor
Administrators involved in developing/revising program plan seek and respond to faculty input	5	0	0	0	0
Written goals for program state realistic outcomes	5	0	0	0	0
Curricula designed to meet needs of graduates	4	1	0	0	0
Curricula designed to meet needs of employers	4	1	0	0	0
Curricula designed to meet requirements of accrediting body	4	1	0	0	0
Involved in program evaluation	5	0	0	0	0
Administrative support for program	4	1	0	0	0
Lab space for program	2	3	0	0	0
Lab equipment for program	2	3	0	0	0
Library support for program	3	2	0	0	0
Adequate support for professional development	0	0	5	0	0
Advisory committee for programs	4	1	0	0	0
Provision for students with disabilities	2	3	0	0	0
Secretarial support for programs	3	1	1	0	0
Instructional support staff	1	3	1	0	0
Number of faculty assigned to program	0	2	3	0	0
Quality of faculty assigned to	5	0	0	0	0

program					
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These surveys were given to the five full-time health information faculty (three in Big Rapids and two in Grand Rapids) to assess their perceptions of the program curricula, resources, admissions standards, commitment by administration, processes and procedures used, and their overall feelings.

The surveys showed that the faculty is satisfied with the program. Areas where faculty is most satisfied are program goals with realistic outcomes, faculty involvement in evaluation progress, and department head support. Area where faculty is least satisfied is loss of full time tenure track faculty line after the death of a faculty member. Current MRIS faculty is on overload each semester. We have an adjunct faculty member who is also on overload each semester. Prior to 2011-12 academic year, CHP funding for professional development activities had not been available for the preceding three years. This made it more difficult for faculty to attend educational sessions in their area of expertise.

Surveys can be found in Appendix D-Survey Instruments (p.360-432).

F. Advisory Committee Perceptions:

HIT/HIM Advisory Committee Survey Results 2011 9 of 10 Advisory Committee Members responded

	Excellent	Good	Acceptable	Below Expectations	Poor
Courses available at convenient times	44%	44%	11%	0%	0%
Program meets needs of health information community	44%	33%	22%	0%	0%
Faculty in the program are qualified	78%	22%	0%	0%	0%
Lab facilities for program are adequate (<i>I did not respond</i>)	67%	11%	11%	0%	0%
Graduates are in high demand	67%	22%	11%	0%	0%
Curricula reflective of current health information practice	67%	22%	11%	0%	0%

The purpose of this survey is to obtain information from the members of our advisory committee regarding the curriculum, outcomes, facilities, equipment, graduates, and trends affecting job placement.

We surveyed the ten members of our advisory committee and nine completed surveys were returned. Overall satisfaction with the programs, faculty, and graduates is apparent by the above survey results. To better meet the needs of the health information community, the faculty are exposing the students to records from non-acute care settings such as clinics and long term care facilities.

Survey cans be found in Appendix D-Survey Instruments (p.360-432).

Section 3: Program Profile

A. Profile of Students

1 a-f) Student Demographic Profile: Health Information Technology (HIT) and Health Information Management (HIM) programs

		2007	2007	2008	2008	2009	2009	2010	2010	2011	2011
		HIT	HIM	HIT	HIM	HIT	HIM	HIT	HIM	HIT	HIM
Sex	Male	5	2	3	3	10	5	8	4	8	3
	Female	85	29	73	31	95	26	117	36	87	49
Race	Unknown	5	1	4	1	10	0	7	1	5	2
	Black	9	2	9	0	12	1	8	6	4	5
	Hispanic	3	1	2	1	3	1	6	1	2	2
	Native	1	0	1	2	0	1	2	2	1	1
	Asian	4	0	3	0	4	1	3	2	1	1
	White	68	27	54	30	76	27	98	28	82	40
	Hawaiian	0	0	0	0	0	0	0	0	0	0
	Multi	0	0	0	0	0	0	1	0	0	1
	Foreign	0	0	0	0	0	0	0	0	0	0
	Age	Avg. Age	33	30	31	32	32	31	33	29	35
Residence	In-state	84	30	73	33	104	31	124	40	93	52
	Out-of-State	0	0	0	0	0	0	1	0	0	0
Enrolled Status	Full-Time	24	15	23	14	47	11	53	15	36	26
	Part-Time	66	16	50	20	58	20	72	25	59	26
Attend Classes	Day	30	26	28	17	52	14	58	16	40	26
	Evening	60	5	45	17	53	15	67	20	55	22
	Weekends*										
Enrolled	On-Campus			38	18	51	19	63	23	40	30
	Off-Campus			42	18	59	14	63	17	55	22
SCH's	On-Campus					593	227	769	269	464	381
	Off-Campus					384	76	413	105	396	185
Delivery Method	100% On-line	0	0	0	0	0	2	0	4	0	4

*One HIT course is only offered mixed delivery with in-seat portion on a Saturday.

- g. With the increase in number of students enrolled in the HIT programs at the Big Rapids campus, each professional course is offered in at least two different semesters each academic year. Many of our HIT students at the Grand Rapids campus are attending classes on a part-time basis because they are currently working full-time in health care. We have seen an increase in the number of Grand Rapids HIT graduates laddering into the HIM completion program because all of the professional courses are offered in an online format. Although we have several students in the online completion HIM degree, many

of these students are still taking some of their course work on campus. As we continue to enroll HIT graduates from other colleges, we will continue to see an increase in the number of students completing the professional courses in HIM totally online.

MRIS 101, the introductory health information course, is typically taught in Big Rapids only in the fall semester. Beginning Summer 2010, we began to also offer this course in summer semester. This allowed students who were waiting to begin a clinical program the opportunity to complete our HIT program in four semesters. After completing their general education requirements and pre-requisite courses for their clinical program, most students have to wait at least a year before they are accepted into their clinical program. The HIT program works well for these students because they complete their HIT internship the following summer after taking MRIS 101. They are then ready to start their clinical program in fall semester after completing the HIT program. Having an understanding of the coding and billing process is valuable for any healthcare profession. After completing the HIT program, some of these students who had intended to enter a clinical program decide to continue into HIM or find a job in health information.

The number of HIT students increased from 105 in 2009 to 125 in 2010 because we began offering MRIS 101, the first health information course during summer semester in Big Rapids. This course is usually only offered in fall semester in Big Rapids. Thus, for the past three years, we have offered MRIS 101 in both fall and summer semesters. Many of the students who begin the program in summer semester have all of their general education requirements completed and complete the HIT program in four semesters. Although the number of HIT students decreased from 125 to 95 between 2010 and 2011, eight of these HIT students did a curriculum change into the HIM program. We have seen the numbers in our HIM program increase because all of the HIM professional courses are now offered online. We have also experienced a decrease in the number of HIT students on our Grand Rapids campus. For the last five years, we had a large number of displaced employees in the Michigan Works programs enroll in the HIT program. The HIT program does not have a wait list and can be completed in within the timeframe established by Michigan Works. However,

2.) Quality of Students

		2007	2007	2008	2008	2009	2009	2010	2010	2011	2011
		<i>HIT</i>	<i>HIM</i>	<i>HIT</i>	<i>HIM</i>	<i>HIT</i>	<i>HIM</i>	<i>HIT</i>	<i>HIM</i>	<i>HIT</i>	<i>HIM</i>
a. Currently Enrolled GPA	Range	1.68 - 4.	2.58 - 3.98	1.51 - 4.	2.5 - 4.	1.75 - 4.	2.65 - 4.	1.6 - 4.	1.51 - 4.	2.07 - 4.	2.17 - 4.
	Average	3.31	3.18	3.13	3.27	3.28	3.31	3.29	3.22	3.3	3.18
Currently Enrolled ACT	Range	13 - 29	15 - 28	10 - 23	15 - 28	13 - 28	14 - 30	14 - 27	14 - 30	13 - 30	14 - 27
	Average	18.53	19.76	17.56	20.06	19.08	21	19.44	19.55	19.83	19.63
b. Graduating Students GPA	Range	2.32 - 4.	2.49 - 2.49	2.85 - 4.	2.82- 3.76	2.51 - 4.	2.8 - 3.6	2.51 - 4.	2.77 - 3.66		
	Average	3.47	2.49	3.49	3.28	3.26	3.45	3.53	3.22		

Graduating Students ACT	Range	15 -25		15 - 27	16 - 28	13 - 20	18 - 22	15 - 26	17 - 26		
	Average	19.83		17.83	19.43	17.06	20	20.29	21		

Source: Ferris Fact Book

a. ACT and GPA, students must earn a “C” or better in all MRIS and HCSA courses. It is noted that the GPA of students currently enrolled in HIT or HM often falls below 2.5. Students must have a 2.5 GPA to be admitted into the HIT or HIM program and a 2.0 to graduate. Beginning Fall 2012, students must have a 2.25 GPA to graduate. The GPA of students currently in the HIT or HIM program will be closely monitored. According to the statistics above, the low end of the ACT scores range from 10-15. Prior to Fall 2010, students with GPA below 2.5 would be identified as a pre-HIT or pre-HIM. We no longer have a pre- program. Once a student’s GPA is 2.5 or above, the student can request a program change to be completed. We do find that students sometimes try to enroll in MRIS 101 and do not have a 2.5 GPA.

b. We will continue to monitor ACT scores and GPA of graduating students. This is especially important that we monitor GPA as we have raised the GPA of graduating students to 2.25. In the past, a graduating student needed a 2.0.

c. No other methods are currently used to assess the quality of students entering the program. The clinical programs in the CHP require successful completion of pre-requisite courses prior to applying. They usually require a “B” or better in these courses. Because of the increasing number of students interested in the HIT/HIM programs, faculty will consider stricter entrance requirements.

d. Students in the MRIS programs are members of the American Health Information Management Association, the national professional organization; members of Michigan Health Information Management Association; and Health Care Management Association, the student association on campus. These students perform fundraising activities for various charitable organizations in Big Rapids, mentor students in the program, and sponsor social activities for the members.

Each year, Michigan Health Information Management Association, our state organization offers the opportunity for health information program students to apply for scholarships (\$500 – \$750) based on GPA, student involvement at school and in the community, and honors/awards received. The number of scholarships vary by year (usually 3 – 7). Since the last program review, 15 of our students have earned these scholarships. They also offer graduating students the opportunity to apply for an award that would pay for first year national association dues and a state conference registration and lodging. Two of our graduates have received this award since the last program review. We have had six of our students apply and receive scholarships from our national association, American Health Information Management Association. Marcy Parry received the “Outstanding Academic Advisor” award in 2010.

e-f. Other significant accomplishments of students in the MRIS programs include

serving as SLA facilitators, tutors, guides for CAHS Open Lab Days and Dawg Days. Students attend Michigan Health Information Management Association state meetings where they are able to attend continuing education activities. They often help at the registration desk.

3.) Employability of students.

- a. Unless a student chooses to work part-time, continues their education, or decides not to work, the majority of our MRIS graduates have become employed full-time in the field within one year of receiving their degree. This is based on the graduate survey results.
- b. The average starting salary of HIT graduates who became employed full-time in the field since the last program review is \$ 33,000. The average starting salary of HIM graduates who become employed full-time in the field since the last program review is \$ 45,000. According to the Bureau of Labor Statistics, the average starting salary of HIT graduates is \$32,350 and the average starting salary of HIM graduates is \$ 57,140.
- c. The 2009/2010 Graduate Follow Up Survey conducted by Ferris showed that there were 32 HIT graduates and 7 HIM graduates. Nine of the thirty-two HIT graduates responded. Six of these graduates were working or continuing their education. The average starting salary for the HIT graduates was \$20,435. Of the seven HIM graduates, three graduates responded to the survey. All three graduates were working or continuing their education. The average starting salary for the HIM graduates was \$61,000.
- d. Career assistance provided to RHIT and RHIA students include presentations by staff from Career Services. The presentation includes discussion on resumes, cover letters, and interviewing. Recent graduates come to campus to discuss job opportunities and explain how they obtained jobs with the HIT review class (MRIS 261). Students are encouraged to attend the on-campus job fairs. Many students make contact with prospective employers at these events. Most of our students do not require career assistance because they are hired by healthcare facilities before the completion of their internships. Many healthcare facilities send job announcements to the program coordinator. These are disseminated to program faculty and students on internship. They are also posted on the bulletin board in our department.
- e. Many of our graduates are hired as coders. Because of the electronic health record, coders are able to work from home. They are able to work part-time or full-time. Our graduates have been fortunate and have not felt the impact of the recession.
- f. Although many of our graduates are still employed in Michigan, we find that those that leave Michigan do so because of a spouse/significant other. Some of our graduates seek employment with coding companies that are physically located in different states. They are able to work from home. Many of our graduates were

working prior to enrollment in the HIT or HIM and were already established in Michigan.

- g. Because our HIM completion program is available online for graduates of an accredited HIT program, we are finding that more students are continuing their education at Ferris. We have had a few HIM graduates continue with their Master's degree. In most health care facilities, the education requirements for department managers are a bachelor degree. If a graduate chooses to continue for a Master's degree, it is because they are interested in becoming an educator or completing it for their personal satisfaction.
- h. Most graduates of the HIT program who want to continue their education do so in the online HIM completion program. Although all of the professional courses in the HIM program are online, some students stay on campus to complete the program by taking in-seat classes. Those who are working take their professional courses online and then take their general education courses at any school offering equivalent classes. Students attend graduate programs at Central Michigan University, St. Scholastica, University of Cincinnati, and Grand Valley State University.

B. ENROLLMENT

- 1. The anticipated fall enrollment for the MRIS programs: HIT 105 HIM 62. MRIS 101, the introductory health information course, is typically taught in Big Rapids only in the fall semester. Beginning Summer 2010, we began to also offer this course in summer semester. This allowed students who were waiting to begin a clinical program the opportunity to complete our HIT program in four semesters. After completing their general education requirements and pre-requisite courses for their clinical program, most students have to wait at least a year before they are accepted into their clinical program. The HIT program works well for these students because they complete their HIT internship the following summer after taking MRIS 101. They are then ready to start their clinical program in fall semester after completing the HIT program. Having an understanding of the coding and billing process is valuable for any healthcare profession. After completing the HIT program, some of these students who had intended to enter a clinical program complete decided to continue into HIM or found a job in health information. Enrollment in the HIM completion program has increased because all of the professional courses are now offered online. Only two Michigan universities offer the HIM completion program so we are attracting students from all parts of the state who would not otherwise be able to travel to Ferris to take classes.
- 2. Enrollment and student credit hour production (SCH) has increased since the last program review. In Fall 2010, we began offering all of the 300 – 400 level professional courses in the HIM program in an online format. Because Presidents' Bush and Obama have stressed the importance of the electronic health record and required implementation in health care facilities, there has been a lot of publicity and increased interest in the health information

profession.

In Fall 2005, HIT/HIM enrollment was 81 and SCH was 779. In 2011, enrollment was 157 and SCH was 1426. It is important to keep in mind that about half of the students that start the program in summer semester are also taking classes that apply to the clinical program that they are waiting to be accepted into. In Summer 2011, 9 students enrolled in the introductory health information course were waiting for acceptance into a clinical program.

Student credit hours for the MRIS programs are included in the following table:

HIT/HIM Student Credit Hours 2009-2011						
	2009	2009	2010	2010	2011	2011
	On	Off	On	Off	On	Off
HIT	593	384	769	413	464	396
HIM	227	76	269	105	381	185
SCH	820	460	1038	518	845	581
TOTALS (includes online classes)						

Source: FSU Administrative Program Review 2011 SCHs

** On = On-Campus ** Off = Off-Campus (Grand Rapids)*

Student Credit Hours – On-Campus, Off-Campus, On-line

Numbers do not match Fact Book

3. We are not able to track the number of students who apply to each program. If a student meets the admission requirements for the university and the HIT/HIM program, they would be admitted.
4. If the prospective student meets Ferris admission requirements and our programs' admission requirements, they would be accepted. We are not able to track this percentage.
5. We are not provided with the names of students admitted to our programs to be able to track the percentage that actually enroll.
6. What are the program's current enrollment goals, strategy, and efforts to maintain/increase/decrease the number of students in the program?

We would like to enroll 22 new students in the summer semester and 22 new students in the fall semester at each of our campuses. We would like to increase the number of students who ladder into the HIM completion program by 10% each year until we have 25 graduates of an accredited HIT program who ladder into HIM.

Limitations to enrollment capacity are availability of faculty, lab space, and

the number of internship sites.

Various strategies are used to increase and maintain our enrolment. Included are:

Strategy for Increasing Enrollment	Person(s) Responsible
Dawg Days	MRIS faculty
Career Fairs	Admissions, MRIS faculty, admissions
Michigan Works	Program Coordinator
Booth at MHIMA annual meeting	Program Coordinator
Online HIM completion program	MRIS faculty

Strategy for Increasing Retention	Person(s) Responsible
Advising	MRIS faculty
Hands-on Laboratory Courses	MRIS faculty
Variety of Teaching Methods	MRIS faculty
Active student organization	MRIS students, faculty advisor

These strategies help to increase and retain student numbers. The HIT program allows students to ladder into the HIM and take all professional courses in an online format. Some of the HIM professional courses are also offered in-seat because these courses are also taken by other programs.

C. PROGRAM CAPACITY

1. Given the available faculty, physical resources, funding, accreditation requirements, and state and federal regulations, the appropriate enrollment capacity is 22 students per lecture section and 22 per lab section. On the Big Rapids campus, approximately 20 HIT students begin the program in summer semester. The majority of the students who begin the HIT program in summer semester have met their general education requirements and are able to complete the HIT program in four semesters. Most of these students complete the HIT program while they are waiting to be admitted to a clinical program. Many of these students are attending school part-time because they are also working full-time.

The Big Rapids MRIS laboratory has 23 computer stations (22 student stations and one faculty station). The Grand Rapids computer laboratory also has 23 computer stations (22 student computers and one faculty computer). Most of our laboratory sections require use of the computer. It is for this reason that the appropriate enrollment for each of the professional courses in the MRIS programs is 22.

D. RETENTION AND GRADUATION

1. To determine the attrition rate, we looked at the students who enrolled in MRIS 101 and then determined the number of students who left the program. Whenever possible, we identified the reason. From Fall 2006 until Summer 2011, we have had 399 students enrolled in MRIS 101 Introduction to Health Information Systems, one of the first courses in the MRIS programs.

Only 31 students of the 399 students have not graduated nor are they still in the HIT or HIM program.

Reason	# of Students
Academic Dismissal	5
Withdrew from Ferris	15
Program Change	8
Unknown	3

2. The program's current goals, strategy and efforts to retain students in the program include:
 - a. Mandatory advising session – students are required to attend an individual advising session with their program advisor. Thus, students must meet with their advisor at least two times per year. Students meet more often with advisor if there are academic problems or other concerns.
 - b. Offer SLA sections for MRIS 103 Medical Terminology, MRIS 204 ICD Coding, MRIS 210 Fundamentals of Medical Science, MRIS 211 CPT Coding. The additional help in SLA reinforces the course content.
3. Many HIT students do a curriculum change into the HIM program. This is shown as a program change in the institutional reports and appears that students did not complete the HIT program prior to completing the HIM program.
- 4-5. For a new HIT student with no college credits, it takes 5 semesters to complete the program. For students who have completed their general education requirements, the HIT program can be completed in 4 semesters. In the first semester, student may only need to take MRIS 101, but this course is the pre-requisite of several of the MRIS courses. For the graduate of an HIT program, a student can complete the HIM program in four additional semesters.

Most of the students who take more than the “prescribed” period of time do so because they have to repeat courses that are pre-requisites for other courses.

Some of the non-traditional students are completing the program on a part-time basis, thus taking longer to complete the program. Most of our students take their HIT internship summer semester of their second year. Because this is only a six week internship, the students are often able to complete any classes yet remaining in the first six weeks of summer semester and complete the internship in the second six weeks.

E. ACCESS

1. The MRIS program faculty make themselves accessible to students by:
 - a. Offering multiple entry points – Entry point in any semester although MRIS 101 is offered only in Summer and Fall in Big Rapids and Fall and Spring in Grand Rapids
 - b. Using Ferris Connect for internships and mixed delivery courses
 - c. Offering graduates of accredited HIT programs the opportunity to complete HIM professional courses in online format
 - d. Because we have a physical presence in Grand Rapids, our program is visible to many students who might not attend FSU if they had to move to Big Rapids.
 - e. Entry point in any semester benefits displaced workers who must complete the program in a defined time period.
2. The actions described in #1 above have had the following impact.
 - a. Increased enrollment in MRIS programs
 - b. Increased enrollment means that all HIT program classes are offered at least two semesters each academic year at the Big Rapids campus. In Grand Rapids, to accommodate the number of students needing a specific course, two sections of most MRIS classes are offered. This puts additional pressure on the program faculty to find instructors for the courses or to teach on overload. Most of the tenure track faculty is on maximum overload. The full time MRIS faculty in Grand Rapids is also on overload each semester.
 - c. Multiple entry points allows a greater number of student opportunities to enroll in MRIS programs. Using Ferris Connect for internships has reduced costs related to printing/postage, allows students to see grades quicker, and facilitates communication between faculty in Grand Rapids and Big Rapids.
 - d. Increased enrollment has impacted the faculty. Many are at maximum load in addition to college and university committee responsibilities. In addition to the teaching responsibilities, there are more students to advise. The

increased numbers also requires more coordination time for internships.

3. The action in (1) has had the following impact on the goals of the MRIS programs:
 - a. An important goal has been to increase enrollment in the HIM program. We are experiencing success because we now offer all of the HIM professional courses online. This is especially important because FSU has one of only two bachelor of science degree programs in Health Information Management in the state of Michigan.
 - b. Entry points in any semester allows us the flexibility to tailor a student's schedule to meet their needs.

F. Curriculum

1. Program requirements. Describe and assess the program-related courses required for graduation.

The curricula for both the Health Information Technology and Health Information Management programs have been designed to meet the accreditation standards of the Commission on Accreditation for Health Informatics and Information Management (CAHIIM). The programs have been designed so that the first two years (the associate degree program) ladder directly into the final two years of the baccalaureate degree program. Therefore the student can earn a bachelor's degree without loss of credit.

The foundation and technical courses are located in the Health Information Technology program and consist of the following:

SUPPORT COURSES		
CCHS 101*	Orientation to Health Care	3 cr.
CCHS 102*	Safety Issues in Health Care	1 cr.
HCSA 202*	Health Care Law	3 cr.
HCSA 345*	Internship Orientation	1 cr.
ISYS 105	Introduction to Microsystems and Software	3 cr.
TECHNICAL COURSES		
MRIS 101*	Introduction to Health Information Systems	4 cr.
MRIS 103*	Medical Terminology	4 cr.
MRIS 122*	Health Information Systems 1	4 cr.
MRIS 204*	ICD-9-CM Coding	4 cr.
MRIS 205*	ICD-10-PCS Coding	2 cr.
MRIS 209*	Quality Management In Health Care	3 cr.
MRIS 210*	Fundamentals of Disease Processes	4 cr.
MRIS 211*	CPT Coding	3 cr.

MRIS 228*	Healthcare Reimbursement	3 cr.
MRIS 261	Health Information Technology Review (Pass/Fail)	1 cr.
MRIS 293*	Professional Practice 1	6 cr.
GENERAL EDUCATION COURSES		
COMM 105* OR COMM 221*	Interpersonal Communication or Small Group Decision Making	3 cr.
ENGL 150*	English 1	3 cr.
ENGL 250*	English 2	3 cr.
BIOL 109*	Basic Human Anatomy and Physiology	4 cr.
MATH 110	Fundamentals of Algebra	4 cr.
	Social Awareness elective	3 cr.
	Cultural enrichment elective	3 cr.

* Requires "C" or better

72 credit hours are required for graduation.

- a. There are 2 areas where general education courses are directed in the 2-year curriculum: BIOL 109 and the choice of either COMM 105 or COMM 221. BIOL 109 is a directed general education course because knowledge of anatomy and physiology is a foundation for many of the professional courses and an accreditation requirement by CAHIIM. The choice of communications courses is directed because of the College of Allied Health Sciences Core requirements. When the Core requirements were implemented, the faculty within the college reviewed all of the communication courses that could be used to fulfill general education requirements and determined that COMM 121, COMM 105 or COMM 221 best met the needs of allied health graduates. Graduates of allied health programs, especially at the 2-year level are required to be able to have strong interpersonal communications skills to interact with patients and other groups within the facility. The option of COMM 221 was given because of its intent to prepare students to work in groups, a skill which is also needed in the health care arena. Honor students are required to take COMM 121 which is a personal speaking class that is accepted for the HIT degree. Students may choose are not instructed to take a specific cultural enrichment or social awareness course. They are able to choose the classes in these topics areas that are of interest to them.
 - b. There are no hidden prerequisites in the program.
2. The curriculum has been revised twice since the time of the last review. The first revision resulted in the removal of MRIS 123-Health Information Systems Lab 1 and the redistribution of the content of the course into MRIS 122. One additional credit was added to MRIS 122. The addition of 1 credit to MRIS 228 (two credit to three credits) adding hospital billing content. HCSA 335

was deleted from the curriculum because CAHIIM standards significantly reduced the amount of supervisory and management content on the HIT certification exam. Remaining supervisory and management content was placed in MRIS 122. HIT 261 was added to the curriculum to help prepare students for the national certification exam. The United States will be implementing ICD-10 coding within the next two years. The new coding system will be much more specific than ICD-9 coding. Thus, ICD-10 coding will be divided into two coding classes, MRIS 204 ICD-10-CM (diagnostic coding) and MRIS 205 ICD-10-PCS (procedural coding) (new course). An additional credit has been added to MRIS 210 Fundamentals of Medical Science to include additional information to help with ICD Coding. The curriculum revisions were made as a result of comments from graduate, student and employer surveys.

3. CAHIIM standards have recently been revised with added emphasis on databases. Thus, discussion to add ISYS 200 to the HIT curriculum is being considered. In addition to the courses required in the HIT curriculum, the following courses are required for completion of the baccalaureate degree in Health Information Management:

SUPPORT COURSES		
ACCT 201	Principles of Accounting 1	3 cr.
CAHS 300*	Health Information Systems	3 cr.
CCHS 315*	Introduction to Epidemiology and Statistics	3 cr.
HCSA 310*	Finance Concepts in Health Care	3 cr.
HCSA 474*	Planning and Promotion in Health Care	4 cr.
ISYS 200	Database Design and Implementation	3 cr.
MGMT 301*	Applied Management	3 cr.
PROFESSIONAL COURSES		
MRIS 402*	Health Information Management Principles	3 cr.
MRIS 404*	Research in Health Information Management	2 cr.
MRIS 493*	Professional Practice 2	10 cr.
MRIS 461	Health Information Management Review (Pass/Fail)	1 cr.
GENERAL EDUCATION		
ENGL 321*	Advanced Composition	3 cr.
	Scientific Understanding Elective	3-4 cr.
MATH 115	Intermediate Algebra	3 cr.
	Social Awareness electives	6 cr.
	Cultural enrichment elective	6 cr.

131 credits required for graduation.

There are no hidden prerequisites in the curriculum.

Like the 2-year program, the 4-year program has undergone two curriculum changes since the time of the last academic program review. In addition to the changes made in

the requirements for the 2-year program, the following changes were made to the 4-year program: MRIS 493 Professional Practice 2 credit hours were decreased from 12 credits to 10 credits. During the second curriculum revision, MRIS 402 Health Information Management Principles was added to the curriculum and MRIS 499 Seminar in Health Information Management was deleted from the curriculum. Much of the content from MRIS 499 was placed in MRIS 402. MRIS 404 Research in Health Information Management and CAHS 300 Health Information Systems were also added to the program. This content is required by CAHIIM, our accrediting agency. HCSA 310 Health Care Finance was revised based on recommendations of MRIS advisory board.

During the spring semester, 2012, the faculty met to perform a gap analysis to compare the HIM curriculum's content to CAHIIM standard revisions. As a result of that analysis, the curriculum revision process will continue in fall 2012. Adding STQM 342 Data Mining Tools and/or STQM 370 to the curriculum will be discussed. The content of many of the professional courses will be updated to reflect changes in CAHIIM standards.

We will continue to review the curriculum as there will be many changes in medical record/health information practice. The onset and increased use of the electronic health record will necessitate the programs' continuous curriculum review to assure that students are able to keep abreast of the technological advancements in this field.

G. Quality of Instruction

1. Discussion of student and alumni perceptions: Based on the various survey results provided to current students, interns, graduating students, and graduates, we are satisfied that the course content meets the needs of the HIT/HIM industry. The content is taught at the appropriate level and at a quality that allows our students/graduates to be successful. Our students/graduates are able to work independently, as team members, use various healthcare computer software packages, and interpret and understand health information.
2. Discussion of advisory committee and employer perceptions: Based on the advisory Committee survey and employer surveys, it is apparent that they are very happy with our students/graduates. Survey results and comments state that the students produce high quality projects. They are also able to communicate very effectively with other healthcare workers. This is possible because our faculty are current in today's health information technology, laws, and procedures that need to be taught to our students.
3. The MRIS programs continue to improve the learning environment. This is done by maintaining state of the art computers in the program laboratory. Many of the software applications are updated at least annually. The coding software is updated quarterly. Structure Learning Assistance (SLA) sections are offered for medical terminology, pathophysiology, ICD coding, and CPT coding courses. Student participation in these has helped to enhance the student knowledge and grades in these courses. Cerner is being installed in the CHP this summer. This is an electronic health record system that is currently used in many hospitals in the United States.

After much discussion with health information managers at various healthcare settings, the Coding and Reimbursement Specialist (CRS) program was deleted. With the increased specificity of ICD-10 compared to ICD-9 coding, managers stressed the importance of hiring RHITs versus certificate graduates. The HIT and HIM programs are currently being reviewed to address revised content domains established by the American Health Information Management Association and CAHIIM.

4. Professional Development by the Faculty: The faculty has attended a variety of Faculty Center for Teaching and Learning (FCTL) courses including workshops on “Blackboard” and “Quality Matters”. Each faculty member enhances their skills/knowledge for specific classes by attendance at professional seminars/conferences. For more detail, see faculty CVs in Appendix A (p.58-92).
5. Efforts to increase interaction between students and faculty include an annual banquet of HCMA members and faculty. Students are also encouraged to attend Michigan Health Information Management Association’s annual meeting. This is a good opportunity for faculty and students to interact outside of the classroom.
6. Current laboratory activities enhance the teaching and learning in the MRIS courses. A variety of assignments/projects are used to enhance the students’ learning. Assignments related to the electronic health record are integrated into the lab activities. These include reading, writing, case studies, lab activities, and working with health care facilities in the area to conduct “live” quality improvement projects.
7. The same software applications used in healthcare settings are used in our lab. Thus, our students are adequately prepared in the classroom and lab prior to their internship experience. The “live” quality improvement projects/studies are conducted by the students who then prepare a written report of their findings and present them to the health care facility. These activities are invaluable to their learning experience.

H. Composition and Quality of Faculty

1. Tenured and Tenure-Track Faculty
 - a. Paula Hagstrom, MM, RHIA, Associate Professor, Program Coordinator
Marie Sickelsteel, MS, RHIT, Associate Professor, Clinical Coordinator
Cynthia Konrad, MS, RN, RHIT, Associate Professor, Faculty Member

Some of the professional courses in the MRIS programs are taught by HCSA Faculty: The following are tenure and tenure-track faculty from the HCSA program.

Marcy Parry, MAcct., MS, CPA; Associate Professor, Faculty Member
Steve Karnes, LNHA, MHA; Assistant Professor, Faculty Member

- b. Marcy Parry received a merit award in 2009

- c. Refer to Appendix A for current CVs and summaries of professional activities.

2. Workload

- a. The normal workload in the program is 12 credit hours per week. Program faculty may also teach at Grand Rapids campuses. Program faculty accept overload nearly every semester.
- b. The MRIS programs' coordinator receives 25% release time per semester. The clinical coordinator receives release time based on the number of internship sites and students planning their internship for the next semester. She is the coordinator for MRIS and HCSA programs' internships.

3. Recruitment

- a. Faculty members are recruited using procedures approved by the university. Once the approval to hire has been obtained, a search committee is formed. A faculty member in the program chairs the committee. There is representation from program faculty, department faculty, a member from outside the program, and a program student. A national search takes place with advertisements placed in professional publications and online resources. Applications are reviewed, telephone interviews are conducted, and qualified applicants are interviewed on campus. Applicants brought to campus will meet with MRIS program faculty, department head, and the dean. Applicants also make a 20 – 30 minute presentation on a relevant program topic to college faculty, students, and staff.
- b. New faculty are required to have at least a Master's Degree, RHIA credentials, healthcare management experience, and teaching experience is preferred.
- c. The program has no specific goals for hiring new faculty members of a specific gender, race, or ethnicity. The University guidelines are followed.
- d. We strive to hire the most qualified candidate regardless of gender and race/ethnicity. The MRIS profession is predominantly female. I am not aware of any males ever applying for a faculty position in MRIS programs at Ferris.

4. Orientation of New Faculty

- a. A new faculty member is expected to attend FCTL New Faculty Transition program. A MRIS faculty member would be assigned to mentor the new faculty member.

5. Reward Structure

- a. In addition to salary, the faculty is rewarded with departmental and CAHS funds to help with travel expenses to attend professional activities. There are no eligibility criteria, although faculty is required to apply through the Faculty

Affairs Committee. The reward is limited to \$ 800/faculty member per year. Faculty members are expected to apply for Timme funding as well. Funding from the Grand Rapids campus is available for full-time faculty teaching at the Grand Rapids campus.

- b. MRIS faculty receive Market Adjustment dollars each year because salary is lower than a manager's salary in a healthcare organization. It is difficult to attract adjunct faculty because of the current pay scale.
 - c. The reward structure to support faculty productivity in teaching is in place. Faculty who accept overloads are compensated according to the University standards. Many faculty members routinely accept overloads. Faculty members are active in college and university committees. There is not a college program that rewards faculty to participate in research or service. There is no reward structure in place for enhancing diversity and inclusion. The promotion/merit process requires a lot of documentation from the faculty member who is applying.
 - d. Enhancing diversity is not a component of the reward structure. It is not an issue because we haven't been able to hire additional faculty.
6. Graduate Instruction
- a. There are no graduate courses in the MRIS programs.
7. Non-Tenure Track Faculty and Adjunct Faculty
- a. Janna Baxter, RHIA; faculty member at Grand Rapids campus; year to year contract
Paula Koning, MM, RHIA; faculty member at Grand Rapids campus; year to year contract
Therese Harper, MSCTE, RN; three year temporary full-time HCSA faculty
Julie Alles, RHIA; adjunct faculty member who has been teaching at maximum load each semester (F,Sp,Su) for the last three years.
We have been fortunate to retain Julie Alles. She is willing to teach whatever she is asked to teach. She is willing to teach at maximum overload.
Although we have been lucky with Julie, it is difficult to retain non-tenured track faculty. It is difficult to hire a qualified instructor to travel/relocate to Big Rapids for a non-tenured track position.
 - b. Non-tenure track and adjunct faculty teach on the Big Rapids and Grand Rapids campuses. The MRIS classes taught by adjunct faculty on the Big Rapids campus are MRIS 101 Introduction to Health Information (summer semester), MRIS 103 Medical Terminology, MRIS 122 Health Information, MRIS 210 Fundamentals of Disease Processes, MRIS 228 Billing and Reimbursement. Paula Koning was hired as full-time Grand Rapids faculty in Fall 2010. Prior to this time, about 60% of the courses on the Grand Rapids campus were taught by adjunct faculty. Approximately 20% of the courses at the Big Rapids campus are taught by adjunct faculty.

- c. The required qualifications for adjunct faculty are a bachelor of science degree in Health Information or other related program. We have been fortunate to have Julie Alles, an adjunct faculty member at the Big Rapids campus. She willingly teaches whatever class she is asked to. She is respected by faculty and students for her professionalism and knowledge that she brings to the classroom. She is currently working on her Master's degree and plans to graduate in December, 2012. In the past, the problem that we have had with using adjunct faculty is the lack of consistency in teaching. For the Grand Rapids MRIS positions, a Master's degree in related health area, bachelor degree in HIM, RHIA credentials, HIM experience, and teaching experience.
- d. The MRIS faculty think that the current use of non-tenured track faculty is appropriate as long as there is mentoring by program tenure-track faculty and that there is consistency in teaching by the adjunct and non-tenured track faculty. Adjunct faculty is provided with the course syllabus and course materials that are used by the tenured/tenure track program faculty. The faculty member for the specific course also oversees the adjunct faculty member and is available to answer questions and concerns of the adjuncts.
- e. The program is accredited by the Commission on Accreditation Health Informatics and Information Management Education (CAHIIM). They do not address the use of non-tenure track faculty in the education process for HIT and/or HIM programs.
- f. Refer to Appendix A (p.58-92) for current CVs and summary of professional activities for non-tenure track and adjunct faculty.

I. ASSESSMENT AND EVALUATION

1. List and describe student learning outcomes at the course level.
Many of the course syllabi include the student learning outcomes for the course. Our goal is to have course learning outcomes on each syllabus by the end of the next academic school year. We have been using and reporting the learning outcomes for each professional course at the end of each semester. Where problems have been identified, related course content has been revised and enhanced. The learning outcomes for each course are in Appendix F (p. 435-443).
2. Program learning outcomes were looked at this past year. It was decided to wait until the next academic year to review and revise them as we continue to make changes to the MRIS programs that correlate with CAHIIM's revised standards. The HIT program outcomes are:
 - Graduates will apply previously learned knowledge to the solution of new problems - Case Studies/Problem-based Assignments
 - Graduates will apply knowledge/professional competencies required to

practice as an entry-level HIM Tech – Employer and graduate surveys, RHIT certification exam, internship evaluation

- Graduates will communicate to acquire/develop/convey ideas and information to diverse populations – internship evaluation
- Graduates will demonstrate professional and ethical behaviors – observations in classroom and internship, classroom assignments
- The program will continue to meet the standards established by CAHIIM (Commission on Accreditation for Health Informatics and Information Management Education) – Annual Faculty Report of Activities, review of syllabi, employer survey, review of programmatic information, review of Ferris State University scheduling matrix to determine offerings using alternative delivery methods (to meet community of interest needs)

The HIM program outcomes are:

- Graduates will apply the knowledge/professional competencies to practice as entry-level health information administrators - Employer and graduate surveys, RHIA certification exam, internship evaluation
 - Graduates will communicate effectively to acquire/develop/convey ideas and information to diverse populations - Case Studies/Problem-based Assignments, oral presentation, written papers, internship evaluation
 - Graduates will apply previously learned knowledge to new problems – Case Studies/Problem-based Assignments
 - Graduates will demonstrate professional and ethical behaviors – observations in classroom and internship, classroom assignments
 - The program will meet the standards established by the CAHIIM – Annual Faculty Report of Activities, review of syllabi, employer survey, review of programmatic information, review of Ferris State University scheduling matrix to determine offerings using alternative delivery methods (all 300-400 HIM professional courses are offered online)
3. The program outcomes correlate with the course outcomes. This past year, we evaluated the course outcomes and will evaluate program outcomes in the next academic year to assure conformance. The HIT and HIM curricula maps are in Appendix F (p. 435-443).
4. Learning outcomes at the course level are measured. Analysis regarding how well

students are meeting course level outcomes. We have at least three outcomes for each course. This past academic year, the student learning outcomes at the course level were reviewed for all program courses. The outcomes were revised where the faculty felt it was appropriate. This is a work in progress. We will continue to monitor outcomes and revise as needed. Where it was felt that we had enough data, faculty has used the results to make improvements to the individual courses.

5. Learning outcomes at the program level are measured by using the accreditation survey evaluation report from CAHIIM and the national credentialing examination scores of our graduates to evaluate the adequacy of our program outcomes. Our graduates are scoring above the national average on both the Registered Health Information Technician (RHIT) and Registered Health Information Administrator (RHIA) exams. We will continue to monitor program outcomes using CAHIIM standards.
6. The assessment/survey results are used to revise learning outcomes, assessment methods, and best formats to present the course content. For example, last year, our criterion for success was “90% of students will receive at least 75% on grading rubric”. We felt that we needed to raise this standard to at least 80%. We want our students prepared for the national certification exam and felt that we needed to increase our expectations. We found that students were not meeting the criterion for coding activities with an encoder. After reviewing the assignments and the software, it was necessary to rewrite the procedure for using the encoder. It was found that students were missing important steps in the coding process when using the encoder.
7. The Health Information program survey graduating students, graduates, employers, and their Advisory Committee to assess the appropriateness of the program. Graduate scores on national accreditation and certification exams are also reviewed. This assessment process was approved by the Department Head.

Some of these survey variables include mastery of essential subject material, place of employment, salary, strengths and weaknesses of the program.

Many of these variables were chosen because they are required by the external accreditation agency (CAHIIM) for the health information programs. Graduate and employer satisfaction surveys as well as national examination scores are a good indicator of a program’s success.

Results of the surveys can be found in Appendix D-Survey Instruments (p. 360-432). These surveys show that graduates of the MRIS programs have had and continue to have successful careers.

- 8-10. Throughout the years, the HIT and HIM national examination scores have reflected the national mean scores. The national examinations are administered by the American Health Information Management Association. Students are now able to take the exam at a time and place of their choice. The exam may be taken

in the student's last semester at Ferris.

Although we encourage the graduates to take the national exam, our graduate surveys show that many graduates wait to take the exam or do not take the exam at all if it is not required by their employer.

Tables 1 and 2 are included for the RHIT classes of 2006-2010. HIT graduates have scored above the national average each year except 2007.

Tables 3 and 4 are included for the HIM classes 2006-2010. The surveys show that many of our graduates are waiting to take the exam or do not take the exam at all if it is not required by their employer. Our pass rates were at or above the national average each year except 2007.

We have enhanced our student expectations to help assure that our graduates are academically prepared for the national exams. To help us maintain this ideal, students may only take a professional course two times and must pass with a "C" or better. Previously, students could take a course up to three times. If a student doesn't complete The HIT/HIM program and chooses to return at a later date, we follow the Sunset Policy. Students must also show competency in each MRIS and HCSA course that they may have taken when they were previously a student at Ferris. Our revised Progression Policy requires that a student needs a 2.25 to graduate, where it previously was a 2.0.

Table 1. Registered Health Information Technician (RHIT) Examination Scores

		Pass	Fail
2006	1 st Time Candidate	14	5
	Repeat Candidate	1	0
2007	1 st Time Candidate	6	5
	Repeat Candidate	0	1
2008	1 st Time Candidate	17	4
	Repeat Candidate	1	1
2009	1 st Time Candidate	27	2
	Repeat Candidate	2	1
2010	1 st Time Candidate	19	3
	Repeat Candidate	0	1

Table 2. RHIT National Examination Pass Rates Compared to National Average

	FSU Pass Rate	National Average Pass Rate
2006	75%	67%
2007	50%	75%
2008	78%	73%
2009	91%	82%
2010	83%	74%

Table 3. Registered Health Information Management (RHIA) Examination Scores

		Pass	Fail
2006	1 st Time Candidate	5	2
	Repeat Candidate	1	1
2007	1 st Time Candidate	4	3
	Repeat Candidate	1	1
2008	1 st Time Candidate	8	0
	Repeat Candidate	0	1
2009	1 st Time Candidate	6	3
	Repeat Candidate	6	3
2010	1 st Time Candidate	6	2
	Repeat Candidate	2	0

Table 4. RHIA National Examination Pass Rates Compared to National Average

	FSU Pass Rate	National Average Pass Rate
2006	67%	66%
2007	56%	63%
2008	89%	64%
2009	67%	60%
2010	80%	74%

Graduate and employer satisfaction surveys have proven to be very helpful as we continually strive to provide quality education in our MRIS programs. We have used the survey results in the curriculum revision process. The Advisory Committee suggestions and rationale have been important in the curriculum revisions that we have made since the last APR.

The HIT/HIM Advisory Committee and employers have asked for more content on healthcare finance, interpretation of healthcare financial reports, project management, and health informatics. These topics have been discussed and included in the program

courses. This has meant that we have had to redesign classes. Currently, we are in the process of revising the curriculum to strengthen the program as well as to respond to the surveys and assessments.

The graduate and employer satisfaction survey results are invaluable to maintain the currency of the programs' content. Because of the courses required for the AAS degree in HIT, our graduates can easily ladder into the BS degree in HIM. Most HIT graduates can complete the BS degree in two additional years or less.

Because we rely on employee and graduate survey results as well as national exam scores, we continue to maintain a curriculum that meets the needs of the industry.

Assessment and Evaluation

Activity	When Completed	What is Done	Follow-Up
Graduation Rate	Annual	Monitor	
Survey Graduates	1 year post degree	Surveys sent to email address or home address	Annual Advisory Meeting
Survey Employers	1 year post degree	Surveys sent to healthcare facilities	Annual Advisory Meeting
Site Coordinator Intern Evaluations	At midterm and conclusion of internship	Surveys sent to site coordinator at healthcare faculty	Annual assessment meeting
Students Internship Experience	At conclusion of internship	Surveys included in internship manual	Annual assessment meeting
National examination scores	Quarterly	Exam scores sent to program coordinator	Twice a year review
Advisory committee meeting	Annual	Discussions	Annual assessment meeting
Monitor program attrition	Ongoing	Discussions	Program meetings - ongoing

J. SERVICE TO NON-MAJORS

- a. There are no general education courses provided by MRIS faculty for other departments at Ferris.
- b. MRIS 103 Medical Terminology is a service course provided by MRIS faculty for an average of 100 students each semester. MRIS faculty also teach MRIS 102 Medical Vocabulary to students in the College of Health Professions. CCHS 101 Orientation to Health Care is a core course for all Allied Health students that has been taught by faculty in the health information programs.

- c. The impact of General Education and non-General Education courses on the programs is burdensome especially in the HIT program. We currently have 72 credits in the HIT program. Based on the results of the certification exam that our HIT graduates take, it would be beneficial to add ISYS 200 Database Design and Implementation to the program. However, there aren't any professional courses that can be reduced or deleted. Adding ISYS 200 will be one of the first topics discussed when faculty meetings resume in fall 2012.
- d. The MRIS programs plan to maintain the level of service courses that are taught by MRIS faculty.

K. DEGREE PROGRAM COST AND PRODUCTIVITY DATA

Productivity Report Aggregated by Course Prefix (MRIS)

Year	Student Credit Hours				Full-Time Equated Faculty				SCH per Full-Time Equated Faculty			
	Summer	Fall	Spring	F + Sp	Summer	Fall	Spring	Avg F + Sp	Summer	Fall	Spring	F + Sp
2007-2008	671.00	1209.00	1269.00	2478.00	4.68	5.45	5.26	5.36	143.48	221.69	241.17	462.51
2008-2009	595.00	1265.00	1316.00	2581.00	4.35	5.28	5.28	5.28	136.71	239.57	249.24	488.81
2009-2010	627.00	1587.00	1669.00	3256.00	5.28	6.30	6.26	6.28	118.75	251.92	266.61	518.48
2010-2011	805.00	1678.00	1835.00	3513.00	7.94	7.59	5.59	6.59	101.45	221.16	328.22	533.16

Source: FSU Productivity Report

Degree Program Costing 2007 -2008

	Avg. Instructor Cost/SCH	Avg. Dept Cost/SCH	Avg. Dean's Cost/SCH	Total Avg. Cost/SCH	Total Program Instructor Cost	Total Program Dept Cost	Total Program Dean's Cost	Total Program Cost
HIT	\$115.58	\$25.21	\$10.99	\$151.78	\$7,165.92	\$1,562.77	\$681.40	\$9,410.00
HIM	\$115.58	\$25.21	\$10.99	\$151.78	\$7,165.92	\$1,562.77	\$681.40	\$9,410.00

Source: Office of Institutional Research

The MRIS programs are inexpensive when compared to other programs in the College of Health Professions. We don't require expensive equipment other than computers; faculty to student ratio is 22:1; and our accreditation requirements do not mandate that we visit our students on internship. All of this allows us to keep our program costs relatively low.

L. Administration Effectiveness

- 1. Adequacy of administrative and clerical support

Since March, 2009, our department head has been Dr. Gregory Zimmerman. He is very supportive of the MRIS programs. He works with the program faculty to determine the appropriate direction of the HIT and HIM programs. We share a secretary with four other programs. Nancy Alles is very efficient and is always willing to provide clerical support to the department. She willingly addresses student concerns and questions. She

directs students to appropriate faculty member or program coordinator when necessary. The secretarial support in our Student Affairs office is able to meet the needs of the college. The CAHS has a counselor who provides academic and career counseling for prospective and current CAHS students. The academic advisor also works with prospective and current CAHS students. CAHS recently hired a second academic advisor. These advisors also talk to FSUS 100 classes about the MRIS programs.

2. Efficiency of the program/department

Paula Hagstrom, the program coordinator, is efficient in her role. Regular program meetings are conducted. The department faculty work well together and communicate on a regular basis. There is good communication between the department head and department faculty. The department head is supportive of the health information programs.

3. Class and teaching schedule preparation

The department head prepares the class schedule with input from the program coordinator and faculty. This process works well for us.

4. Students' ability to take courses in a timely manner. Many of the MRIS courses require pre-requisites. The HIT program can be completed in five semesters. The fifth semester is a six week (240 hour) internship in a hospital setting. Students in the HIM program can complete the program in nine semesters. The ninth semester is a ten week (400 hour) internship in a health care organization. Most MRIS courses are offered at least two different semesters each academic year so students are assured they can graduate on schedule.

Section 4: Facilities and Equipment

A. Instructional Environment

1 – 2. The Health Information programs' laboratory is a Smart classroom located in the Victor F. Spathelf building on the Big Rapids campus. The lab occupies 300 square feet of space. The lab has new tables that are used as student desks. The tables will accommodate 34 students. This lab has 23 computers, 22 for students and one for classroom instruction. This unit has greatly improved the facilities in this room. Within the last five years, every computer in the health information program laboratory has been replaced with a new computer. Installed on all of the computers are various software packages. We currently are using two different coding packages, 3M and Intelicode, for use in MRIS 204 ICD Coding and MRIS 211 CPT Coding. We have MedLook and MediSoft which are billing software packages used in MRIS 228 Medical Billing and Reimbursement. This semester, Cerner's electronic health record system will be installed in our lab and the computer lab in CHP. Most of the classrooms in CHP have been renovated with new desks/tables and "smart classroom" equipment to improve the instructional facilities in our building.

At the Grand Rapids campus, there is a dedicated computer laboratory for the health information programs. At times, it is difficult to schedule classrooms to accommodate the number of classes that we need to offer each semester. Quite often, class size is limited in Grand Rapids due to rooms that are available. We schedule around other classes to accommodate our students for classroom and computer lab space. The same software is installed on the computers in Grand Rapids that we have in Big Rapids. The number of computers and laboratory facilities are adequate for instruction in the health information programs in Big Rapids.

CHP has a computer lab that is accessible to faculty and students. The lab has 25 computers. Our coding software (3M and Intelicode) is installed on these computers.

3. The program's projected needs are additional classroom space. Quite often, classes must be held in other buildings on campus to accommodate the health information programs' classes. Our students require several books and/or paper records for many of the program classes. Tables rather than desks are necessary to accommodate the materials needed by our students.
- 4-5. Because the numbers of health information students and other Allied Health programs have been increasing in numbers, we have had to offer classes outside of the Allied Health building. The "smart classroom" capabilities have improved the instructional capabilities of the faculty.

B. COMPUTER ACCESS AND AVAILABILITY

1. CHP has a computer lab that can be used by faculty and students. MRIS program software is available in the computer lab. The computers also have the Microsoft Office suite which allows them to use Word, Excel, Access, and PowerPoint.

The MRIS program has a classroom/computer lab with 23 computers, 22 available for student use and one for faculty.

2. For the past few years, the computer lab has been used for classes that require the use of computers. The computer lab is not available to students outside of class. Many students have their own laptops that they bring to class. The library has computers available for student use.

The health information programs' lab provides computer access for our MRIS student projects.

Students are able to use computers to check email or access other course materials via Ferris Connect. Students can use the internet to research their project activities.

3. We believe that the numbers of computers in the CAHS lab and the health information programs' laboratory are adequate to meet the needs of our students.
4. For the past several years, incentive funds have been used to upgrade computers each year. On average, five new computers are placed in the MRIS lab each year.
5. We currently use Ferris Connect for our online courses. Ferris Connect is also used to communicate, deliver documents, administer tests, and provide the students with their grades. Most students are comfortable with using Ferris Connect. Faculty has recently completed Blackboard training for full implementation beginning Fall 2012. Two faculty members have completed "Quality Matters" training. Blackboard will be used beginning Fall 2012.
6. We are very fortunate to have very supportive assistance through TAC. When there are computer problems, TAC responds in a timely manner. The computer technicians are very helpful.

B. OTHER INSTRUCTIONAL TECHNOLOGY

- 1-3. The MRIS programs do not require other types of instructional technology resources.
4. The MRIS programs have a computer replacement plan. Each computer in the health information lab is replaced every five years using department and/or Perkins funds. Most of the software updates are provided at no cost to Ferris. They have either been donated or purchased by Academic Affairs.
5. This is not applicable to the health information programs. Alumni often travel to Ferris to talk to our students about the certification exams and career opportunities in health information.

C. LIBRARY SOURCES

1. The print and electronic resources available through FLITE are adequate to meet the needs of the MRIS program students. The College of Health Professions

librarian, Alison Konieczny, has a good relationship with MRIS faculty and students. She comes to the CAHS at least once a week to meet with students.

2. The service and instruction that is provided by FLITE faculty and staff meet the needs of the program.
3. The budget allocation provided by FLITE is adequate to meet our needs. The College of Health Professions librarian regularly asks for input from faculty in regard to book purchases for the library.

Section 5 Conclusions

A. Relationship to FSU Mission

“Ferris State University prepares students for successful careers, responsible citizenship, and lifelong learning. Through its many partnerships and its career-oriented, broad-based education, Ferris serves our rapidly changing global economy and society”.

The MRIS programs at Ferris State University help to enhance the mission of the university. The MRIS programs prepare the graduates for entry level positions in their choice of career. We offer one of only two BS degree programs in HIM in the entire state of Michigan. Our on-campus training with laboratory activities prepares the students for their internship in health care facilities throughout Michigan as well as other states.

B. Program Visibility and Distinctiveness

Our program will allow a student to begin with the HIT degree and then ladder into the HIM degree. We offer one of only two BS degree programs in HIM in the entire state of Michigan.

Beginning Fall 2010, we began offering all of the professional courses in the HIM completion program in an online format. This will provide us with visibility throughout the state.

C. Program Value

The MRIS programs at Ferris State University prepare a large number of the health information professionals practicing in the state of Michigan. We are the only HIM program in a state-supported institution of higher education in Michigan and one of only two HIM program in the state. Our HIT and HIM graduates are hired throughout the state and country.

Our graduates are employed in hospital health information departments, non-traditional health care facilities such as home health, long term care, hospice, and ambulatory care settings. They are also employed by the insurance industry, government, and software vendors. Many of our graduates also serve as consultants to various healthcare organizations.

D. Enrollment

In Big Rapids, for the past three years, we have offered the introductory course two semesters each academic year compared to one semester prior to that time. The HIM program is steadily increasing enrollment numbers as a result of offering the professional courses in the HIM program in an online format. For Fall 2012, we have met the cap for MRIS 101 Introduction to Health Information. For the students who are not able to enroll in MRIS 101 because it is full, the program coordinator is currently working with them on alternative scheduling so they can still complete the HIM degree in a timely manner.

E. Characteristics, Quality and Employability of Students

Job opportunities in the health information field are in the top 10 careers cited by the Bureau of Labor Statistics. The MRIS programs provide an alternative for students in pre-pharmacy, pre-optometry, and other College of Health Professions programs that have more applicants than available seats. They are able to complete a health-related program and gain professional employment making a good salary.

The MRIS programs are enrolling increasing numbers of non-traditional students. We continue to see an increase in the number of students as well as the quality of students.

We have worked with Michigan Works to accommodate eligible students to successfully complete the HIT degree. The demand for graduates continues to be strong. Graduates are able to find employment in entry level health information positions in various types of health care facilities. With the implementation of ICD-10 Coding in October 2014, there will be a large demand for ICD-10 trained coders.

F. Quality of Curriculum and Instruction

Survey of students, graduates, and employers of graduates indicate that the content of the curriculum is appropriate for positions in the health information field. Our graduates are prepared to work in entry level HIT positions.

The MRIS program includes various methods of instruction including online courses, mixed delivery courses, in-seat classes, group activities, conducting projects at off-site health care settings, and critical thinking exercises to enhance student learning.

The faculty attends professional meetings to help maintain currency. However, for several years, faculty has not been financially supported by CHP for attendance at professional meetings. Funding for professional meetings was once again made available this past academic year.

G. Composition and Quality of Faculty

Program faculty have reviewed text books, have been active in a variety of professional organizations, and are active in a variety of professional organizations. The faculty serves on CAHS and university-wide committees and task forces.

Since the last APR, the MRIS programs have lost one full-time tenure track faculty line at the Big Rapids campus. However, we have had an increase in enrollment. We now offer most of the health information courses at least two semesters each year in Big Rapids. In addition to teaching an overload, faculty continues to attend continuing education activities.

H. Academic Program Review Process

The MRIS faculty appreciates the opportunity to participate in the Academic Program Review process. We see the potential benefits of this process. However, preparing this document is very time consuming and led to additional work for the small number of MRIS faculty who were already teaching an overload.

The program faculty feel that the HIT and HIM programs are worthy of enhancement. We feel this way because:

1. The number of applicants for our on-campus HIT program in Big Rapids and Grand Rapids continues to grow.
2. The number of applicants for our online HIM completion program continues to grow.
3. The United States is transitioning to a new coding system which will require trained ICD-10 coders.

Appendix A

Tenure and Tenure-Track Faculty Curricula Vitae

Curriculum Vita

MARIE J SICKELSTEEL, MS RHIT

EDUCATION: Masters of Science, Education, Ferris State University, Big Rapids, MI

EXPERIENCE: Associate Professor, Health Management Programs, 1974-present
Ferris State University, Big Rapids MI

- *Instruction in both Associate Degree and Bachelors Degree medical records and Bachelors Degree health care systems administration curricula.*
- *Internship Coordinator – Medical Records and Health Care Systems Administration (on-campus and off-campus students).*
- *Primary teaching responsibility in ICD-9-CM coding system, Internship Preparation, and Health Care Issues and Reimbursement.*
- *Advisor for medical records and health care administration students.*

ACADEMIC ACTIVITIES: College of Allied Health Sciences, Ferris State University

- Assisted in curriculum revision with creation of new courses and modification of existing courses for Medical Record Technology, Medical Record Management, and Health Care Systems Administration.
- Assisted with development of a coding certificate program.
- Developed and taught weekend and evening curriculum courses to off-campus students for Medical Record Technology, Medical Record Administration, and Health Care System Administration.
- Tenure Faculty Search Committee, Chair 2005
- Internship Coordination Task Force, Member 2003-2004
- Faculty Affairs Committee, Chair (Promotion & Merit, Sabbatical Leave, Tenure, Faculty Enrichment) 1999– 2011
- College of Allied Health Sciences 1999-2000

Reorganization Task Force, *Chair*

University

- Quality Improvement 2000+ member 2002-2003
- Curriculum Development & Approval Task Force member 1999-2000

AWARDS:

- Distinguished Member Award, Michigan Health Information Mgt. Assoc 2003
- Honorary Member, Southwest Michigan Health Information Mgt. Assoc. 2001

PROFESSIONAL AFFILIATIONS:

- American Health Information Mgt. Assoc.
- Michigan Health Information Mgt. Assoc.

- PAST PRESIDENT 1990-91
- PRESIDENT 1989-90
- PRESIDENT ELECT 1988-89
- VICE PRESIDENT 1984-85
- CODING PANEL MEMBER 1988-95
- MHIMA DELEGATE 1989-93

1980-84

- NOMINATING COMMITTEE CHAIR 1999-00
- CENTRAL OFFICE PROJECT MANAGER 1991-93
- SECRETARY 1976-77

Southwest MI Health Information Mgt. Assoc.

Michigan Association of School Boards

PRESENTATIONS:

- Coding Roundtables, Facilitator
- Coding Workshops
- Medical Record Review Workshops for registration candidates 1976-2000

<i>ELECTED OFFICE:</i>	School Board Member, President, Tri County Areas Schools, MI	1989 - 2005
<i>COMMUNITY ACTIVITIES:</i>	Alzheimer's Association, West Michigan Chapter Facilitator for Big Rapids, MI, Support Group.	1996-2005

Curriculum Vita

Paula Hagstrom, MM, RHIA

805 Orton St..
Howard City, MI 49329
231-937-5037 home
231-580-1245 cell

Education:

Masters of Management, Aquinas College, Grand Rapids, MI
Bachelor of Science Medical Record Administration, Big Rapids, MI
Associate of Science Medical Record Technology, Big Rapids, MI

Experience:

Associate Professor, Health Administration Programs, Ferris State University, Big Rapids, MI 1983-Present

- Instructor in Health Information programs and Health Care Systems Administration programs
- Program Coordinator, Health Information Technology/Management

Medical Record Director, Kent Community Hospital, Grand Rapids, MI 1980-83

Coder, Utilization Management, Spectrum Hospital, Grand Rapids, MI
Summer 1984

Academic Activities: College of Allied Health Sciences, Ferris State University

- Prepared Academic Program Review documentation for Health Information programs
- Assisted in curriculum revisions for Health Information Technology (Medical Record Technology), Health Information Management (Medical Record Administration), and Health Care Systems Administration
- Assisted with development of Coding and Reimbursement Specialist certificate program
- Program coordinator for Health Information and Health Care Systems Administration programs
- Weekend and evening instructor in Health Information programs at off-campus locations
- University-wide Athletic Advisory Committee member
- Strategic Planning Committee, College of Allied Health Sciences
- Leadership Council, College of Allied Health Sciences

Professional Membership:

Member, American Health Information Management Association (AHIMA)	1980 - Present
Member, Michigan Health Information Management Association (MHIMA)	1980 - Present
Member, Southwest Michigan Health Information Management Association (SWMHIMA)	1985 - 1995
Member, American Academy of Professional Coders (AAPC)	1992 - 2008

Presentations:

“Use of Blackboard for Advising” Presented to Allied Health faculty, Best Practices. Presented at Lilly Conference, Traverse City	2010
“Importance of a Bachelor Degree in Health Information”, Presented to community college students	2007
Medical Record Review Workshop for AHIMA registration applicants	1995 – 2000
CPT Coding Review Workshop for AAPC certification applicants	1996 -1998

Professional Development: (2003 – 2012)

Identity Issues in Online Learning
WebX for Online Learning
Using a PDA in the Classroom
FerrisConnect Training (Blackboard)
What Unique Things We Are Doing with WebCT in Allied Health
WebCT, Getting Up to Speed
Advanced RefWorks Training
CPT Coding Update, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012
Covering Your Assets: Minimizing Risk
Effectively Responding to an Audit
The Perils of Coding and Reimbursement

RBRVS and Developing Your Fee Schedule

Changing Landscape of HIM Education

Building the Workforce for Health Information

Moving Towards the Learning Centered Curriculum

New RHIT Certification Blueprint

e-HIM Curriculum Changes

Health Information Management (HIM) Role in a Paperless Environment

HIPAA, the OIG and the (Electronic Health Record (EHR): Issues and Trends

HIM Compliance- What Should It Encompass?

Speech Recognition, What's Right for Your Facility?

Revenue Cycle Management –Role at William Beaumont

Implementation of Electronic Coding System

Implementation of a Clinical Documentation Program

Hot Topics in Professional Coding

Medicare Rules and Regulations Self-Study

Effective Documentation for the Electronic Health Record

The Perfect Storm – Future of Retention and Engagement

Professional Certification Exam and the New Curricula

Products, Service, Resource Showcase

Coding Certificate Programs Meeting Workforce Needs

Transitioning an HIM Program: From Brick to Click

Regional Health Info Organizations: Impact on HIM Curricula and Careers

Taking the Next Step in HIM Education: Issues for Graduate Degrees

Let's Make Our Workforce Cases Before It's Too Late

CPT and APC Update and Coding Roundtable

Michigan's Medical Records Access Act

Documentation for Doctors

Audit the Physician Practice

Community Service:

Advisory Committee Member for Health Occupation Students Mecosta Osceola Career Center	2005 – Present
Judge for Health Occupation Students of America regional competition	2005 – Present
Member Howard City Harvest Festival Queen Pageant Chair	2005 - Present
Member, Tri County Schools Sports Booster	2004 – Present
Member, St. Mary Catholic School Board, Big Rapids, MI	2000-2004
Girl Scout Leader	1998 -2004

Janna E. Pacey RHIA
200 South Webster Street
Greenville, MI 48838
Home (616) 894-7579

Summary of Qualifications

Experience in teaching within a Health Information Management Curriculum
Electronic Medical Record Trainer for Cerner implementation
Experience in leadership roles and team building
Competent in ICD-9-CM and CPT coding and coding ethics
AHIMA-approved ICD-10 trainer
Competent in the HIPAA Regulations
Outstanding record of being successful on team projects and oral presentations
Proven skills in time management
Instruction in Human Resources

Education

May 2011 **Ferris State University**, Big Rapids, MI
Masters in Career and Technical Education Instructor Focus
August 1999 **Ferris State University**, Big Rapids, MI
Bachelor of Science, dual major: Health Information Management and
Health Care Systems Administration
August 1997 **Ferris State University**, Big Rapids, MI
Associate in Applied Science, Health Information Technology

Areas of Expertise

Managerial Health Information Skills: Experience in the managerial and technical functions of a health information department. The functions include supervising ICD-9-CM and CPT coding, record assembly and analysis, and release of information. Experience with Human Resource functions. Ability to create and maintain departmental job descriptions and policies and procedures.

Project, Presentation, and PC Skills: Successful completion of a variety of projects and presentations. The projects included creating a Registration Education Manual, Setting up a Physician Deficient Chart Room, creating Evaluation and Management Levels in the Emergency Room, and developing the HIPAA privacy policies and procedures. Presentations have included attending physician staff meetings, education on coding updates and HIPAA as it related to privacy, and departmental monthly meetings. Fluent in using Microsoft Office.

Team Building Skills: Responsibility for being a team leader for various project committees. Proven success as a team leader by displaying the ability to get projects initiated and have teamwork through the necessary elements to meet completion successfully.

Relevant Experience

- 2007-Present Ferris State University Grand Rapids MI
Instructor
Advising and Teaching for the Health Management Programs
Lead for creating the new ICD-10-CM and ICD-10-PCS courses
- 2007-2008 Spectrum Health United Memorial Greenville MI
Flex Coder
Consulting and Outpatient Coding
- 2005-2007 Ferris State University Grand Rapids MI
Adjunct Professor for the Health Information Management Program
Taught Introduction to Health Information Management and ICD-9-CM Coding
- 2000-2007 Spectrum Health United Memorial Greenville, MI
Health Information Management Supervisor
Supervisor for Coding Department and Health Information Management Department
- 1999-2000 Spectrum Health-Kent Community Campus Grand Rapids, MI
Project Coordinator
Filed, answered phones, kept schedules, and did various projects for the administrators
- 1999-Summer Kent Community Hospital Grand Rapids, MI
Internship-Health Information Management
Management residency with Health Information Management Director
Internship-Health Care Systems Administration
Administrative residency with Vice President of Operations
- 1997-Summer United Memorial Hospital Greenville, MI
Internship-Technical
Filed, in-patient and out-patient coding, transcription and release of information

Certifications

- October 1997 Registered Health Information Technologist (RHIT), AHIMA
October 1999 Registered Health Information Administrator (RHIA), AHIMA
August 2011 AHIMA-approved ICD-10 trainer

Organizations

1998-Present American Health Information Management Association

1998-Present Michigan Health Information Management Association

2000-Present Southwest Health Information Management Association Treasurer Terms
2004-2010

2003-Present Ferris State University Advisory Board Member for the Health Management
Programs

2010-Present Health Sciences Early College Academy Advisory Board Metro/Byron Center

References Available Upon Request

Julie M. Alles, RHIA

juliealles@ferris.edu; julie_alles@hotmail.com

19681 W Wood Lake Rd.
Pierson, MI 49339

Cellular: (616) 204-4861

CAREER SUMMARY

With over 5 years of experience in the Health Information Management field I have the knowledge and skills of working with physicians, completing data reports, coding a wide variety of services for health care acute facilities, and a coding accuracy rate of a 98% and above. As an educator I have developed and implemented courses to the curriculum, an advocate for students by helping them prepare for their national exam, and preparing them for their future career.

PROFESSIONAL EXPERIENCE

FERRIS STATE UNIVERSITY, Big Rapids, MI
College of Allied Health Sciences

2008-Present

Part-Time Adjunct Instructor/SLA Facilitator Health Information Management Programs

Provide a number of lectures on health management, medical billing and reimbursement, medical terminology, ICD-9-CM coding, health care statistics, and pathophysiology studies. Established a variety of teaching strategies that includes group work, in class assignments, numerous hands on activities for the courses I teach. Collaborate with other health information professionals. Offer required help to the students outside of the classroom if needed. Facilitate 3-4 hours of structured workshops each week, incorporating the duties such as clarifying course concepts, incorporating study skills, and prepare workshop materials. Facilitate development of study skills as applied to specific content. Meet with professors weekly for workshop communication and feedback.

- Preparing students for their internship and passing the national exam
- Implemented and developed courses relating to the Health Information Management Programs
- Successfully integrated physician and facility billing and reimbursement
- All 36 students in medical terminology that had SLA successfully completed the course with a 73% or higher and all 27 students in ICD-9-CM successfully completed the course with a 73% or higher

MEDQUIST, MOUNT LAUREL, NEW JERSEY
Remote Coding

2007-2008

Senior Coder

Remote coding for a wide variety of hospitals and clinics; such as John Hopkins Clinic, Southern Illinois Healthcare, and Bay Area Medical in Wisconsin.

- Accuracy rate of 98% or higher
- Clients were extremely satisfied with my work and they continued to contract with the company

SPECTRUM HEALTH DOWNTOWN CAMPUS, Grand Rapids, MI

2006-2007

Spectrum Health OBGYN Resident Clinic

Data Quality for Professional Coding

Educated physicians and residents on CPT codes on a daily basis and also gave a presentation once a month about current changes to codes and guidelines. Coded patient records and created a spreadsheet to bundle services of pregnant patients.

- Optimize the aging list from 8 days down to 3 days.
- Communicated effectively with physicians, residents, and other staff in the clinic.
- Proficient in CPT coding and maintaining the spreadsheet.
- Successful completion of complying and presenting updates to physicians and residents.

SPECTRUM HEALTH REED CITY CAMPUS, Reed City, MI
Health Information Management Department

2003-2006

Coder/Abstractor

Coding of outpatient services such as; ancillaries, physical and occupational therapy, infusions, surgeries, observations, Crossroads Cancer Center and skilled inpatient nursing facility. Verification of record completion, and creating daily ledger of uncoded fiscal service. Release of Information to patients, who were walk-ins.

- Optimized the aging list from 1 ½ pages to ½ page to reduce the time of reimbursement services
- Accelerated my learning curve for outpatient coding for increased productivity in my current job assignment
- Created a new procedure for inpatient (SNF) skilled nursing facility coding
- Optimized physician record completion to under thirty days
- Proficient in data entry

WEST MICHIGAN CREDIT UNION BIG RAPIDS, MI
2003

1999-

Customer Service Representative

Managed the credit union when the branch supervisor was absent/vacation and administered disciplinary procedures when appropriate. Input Ferris payroll into central computer system, assisted daily with our collection department operations, and trained new employee in financial procedures

- Maintained high level of customer service to account members
- Developed leadership interpersonal skill by daily interaction with credit union functions
- Detail oriented and proficient with cash handling and balancing procedures
- Daily computer interaction into account transactions involving deposits, withdrawals, transfers, money orders, visa cash advances, travelers checks and certificates of deposit
- Active in opening new member accounts, and cross selling – credit union benefits
- Involved and maintained drive thru account responsibilities
- Proficient in using computer software, e.g. Word, Excel, and Microsoft PowerPoint

EDUCATION

Currently working on a Masters in Career and Technical Education/Instructor Concentration,
Ferris State University, Big Rapids, MI (graduation date 12/12)

BS in Health Information Management, Ferris State University, Big Rapids, MI	2009
BS in Health Care Systems Administration, Ferris State University, Big Rapids, MI	2009
AS in Health Information Technology, Ferris State University, Big Rapids, MI	2003

ADDITIONAL HONORS & ACCOMPLISHMENTS

Nominated for the Adjunct Teaching Award	2012
Promotions Manager, Michigan Health Information Management Association	2011
Spectrum Health Reed City Cancer Committee	2006
Design Member, Spectrum Health Reed Plane Tree Committee	2005

MEMBERSHIPS

American Health Information Management Association	2003
Michigan Health Information Management Association	2003

Paula D. Koning, MM, RHIA
831 60th St. SW
Byron Center, MI 49315
616-648-6670

EXPERTISE

Management of Health Information Management and Utilization Management Departments, including transcription, incomplete records, statistics, and release of information; medical record documentation requirements, record review, ICD-9-CM, DSM-V, CPT and HCPCS coding, quality improvement, infection control, TJC, and ADT systems. Also, providing education to college students, including adult learners, in Health Information and Healthcare Management programs. Presently involved with quality improvement/assurance activities.

EXPERIENCE

Quality Assurance/Improvement

LifeLink Foundation, 8510 Sunstate St., Tampa, FL Jan. 2008-Aug 2010

Quality Assurance Recovery Review Coordinator

- Reviewing quality of documentation by tissue/organ procurement teams
- Facilitate documentation of missing information and/or corrections
- Conducting internal audits of various functions provided by the tissue bank
- Facilitating proper serology reporting for tissue/organ donors and communicating with other agencies involved
- Corrective action reporting as needed

Academic Positions

Ferris State University, Big Rapids/Grand Rapids, MI campuses 2005-Aug. 2007
Aug 2010-Present

Full-Time Temporary Faculty

- Teaching Medical Terminology, Introduction to Health Information Systems, Orientation to Health Care, Supervisory Practices in Health Care, CPT Coding, Health Information Systems I
- Online course for Medical Terminology I and II using WebCT
- Advising Prospective & Current students
- Admission Approval of students in HIM/HCSA programs located in Grand Rapids, MI

Santa Fe Community College, Gainesville, FL Aug 2009- 2010

Adjunct Instructor-HIM/HIT Programs

- Teaching online Medical Terminology, Introduction to HIM & Healthcare Statistics using Angel

Contract & Consulting Positions

Pine Rest Christian Mental Health Services, Grand Rapids, MI 1995-2006

- Clinical Pertinence, Record Analysis, Policy Recommendation for Residential Services
- Professional billing and mental health medical record/documentation reviews
- Transcription services

Carson City Hospital, Carson City, MI 2004-2005

- Preparation for AOA survey, record review, policy & procedure development
- Hospital and office record review for physician board certification

Brookcrest, Grandville, MI 2002

-Long term care medical record/documentation reviews Michigan Capital Medical Center , Lansing, MI	1998
-Mental health medical record documentation reviews	
St. Mary's Medical Center , Grand Rapids, MI	1997, 2001
-Transcription Supervisor	
-Emergency Department ICD-9-CM and CPT coding	
Spectrum Health , Corporate Offices, Grand Rapids, MI	1998
-Release of information for clinics and urgent care centers	
Riverwood (Community Mental Health), Benton Harbor, MI	1995-96
-Mental health medical record/documentation reviews	

Health Information Management Positions

Pine Rest Christian Mental Health Services , Grand Rapids, MI	1987-94
<u>Director of Medical Records & Utilization Management</u>	
-Responsible for all aspects of hiring and managing staff (30+)	
-Provided education for department, clinical and administrative staff	
-Analysis and selection of automated systems related to Medical Record functions	
-Quality improvement reviews/reporting	
Three Rivers Area Hospital , Three Rivers, MI	1980-1987
<u>Quality Assurance Manager/Director of Medical Records</u>	
-Responsible for all aspects of hiring and managing staff (10) in the Utilization Review, Infection Control, Medical Records and Quality Assurance Departments	

EDUCATION & CERTIFICATION

Master's Degree, Management Aquinas College, Grand Rapids, MI	1992
Bachelor's Degree, Health Information Management Ferris State University, Big Rapids, MI	1979
Certification, Registered Health Information Administrator Registration # 10886	1979-current

CONTINUING EDUCATION & PROFESSIONAL ORGANIZATIONS

Member, American Health Information Management Association (AHIMA)	Since 1979
Member, Michigan Health Information Management Association (MHIMA)	1979-2007
	2011-Present
Member, Florida Health Information Management Association (FHIMA)	2008-2010
Member, Southwest Michigan Health Information Management Association	1980-2007
	2010-Present
Secretary/Treasurer (SWMHIMA)	1996-1998
ICD-9-CM & CPT Coding Classes (to update skills), Ferris State University	2000

Marcy Parry, MAcct., MS, CPA

Parrym@ferris.edu
20630 18 Mile Rd. Big Rapids, MI 49307

231-591-2273 Office
231-796-4534 Home

EXPERIENCE

Ferris State University (Big Rapids, MI) – College of Allied Health Sciences

Associate Professor - Health Management Department
present

1991 -

Courses taught

- Healthcare Finance I & III
- Healthcare Strategy & Planning
- Computers in Health Care
- Orientation to Health Care
- Epidemiology & Statistics
- Introduction to Epidemiology
- Environmental Health Statistics
- Technical Internship
- Management Internship
- Ferris State University Seminar
- Non-Profit Accounting (College of Business)
- Teambuilding
- Introduction to Honors

Other

- Current advisor of non-program student organizations
- Former advisor for program student organization (4 years)
- Student advisor (ongoing)
- Multiple college/university teams & committees (ongoing)

Expanded requirements include team development, creativity, original writing & speaking. Finance course results in a fully supported budget sequence in Excel. Emphasis in all courses includes critical thinking, computing, quality, teaming, & awareness of current trends. Engaged in ongoing course design, online development & curriculum revision for program & department.

Private practice

1981 - 1990

- Consulting & tax planning/compliance for small businesses & partnerships in healthcare, real estate, sales, & service industries.

GTE (Westfield, IN & Durham, NC)

1987-1990

National Database Administrator (7 companies, 38 states)

- Designed system specifications & data dictionary to combine several diverse companies into a single national hierarchical financial database, administered & maintained 20+ databases
- Trainer & end-user liaison for 200 local employees & thousands nationwide for micro/mainframe & downloading/RAMIS issues

Senior Reporting Analyst

- Coordinated internal & external audits, designed multi-party reporting systems via relational databases
- Re-tooled budget reporting to facilitate control of \$ 6 million budget

Ohio State University - College of Business

1986 - 1987

Faculty - Accounting/finance

- Courses taught (quarter system)
- Introductory & Intermediate Accounting (I & II for each)
 - Cost Accounting
 - Managerial Accounting
 - Introductory & Intermediate Finance

- Other
- Counseled students
 - Initiated Accounting Club

EXPERIENCE, continued

M L Parry

University of North Carolina Hospitals (Chapel Hill, NC)

750 bed teaching hospital

\$150 million operating budget \$40 million capital budget

Assistant Controller

1982 - 1985

- Spearheaded successful general ledger conversion, initiated fixed asset conversion, converted trust funds (49) from manual to

- computerized system
- Negotiated RFPs & faculty physician group contracts
- Motivated & empowered staff resulting in increased productivity, significantly decreased turnover & expanded upward job mobility
- Acclaimed as leader of first „dean“ audit in hospital“s history
- Commended by Board for outstanding cash management
- Converted hospital to accrual reporting & maintained both cash & accrual systems
- Directed activities of third party audits, general & trust fund accounting, payroll, payables, fixed assets & financial systems
- Established goals & objectives for team of 50 employees

Arthur Andersen & Co (Columbus, OH)

1979 – 1981

Acting Manager/Tax Senior

- Engaged in tax planning, research, compliance & education for small to large businesses, both domestic & international
- Requested by international subsidiaries to be the liaison with the firm
- Youngest acting manager in the history of the Columbus firm
- Managing partner“s personal friend (& general partner of several partnerships) requested permission to retain my services when I left the firm & paid thousands of dollars in fees to do so.

EDUCATION

Ferris State University	2003
Masters of Science in Information Systems Management	
Ohio State University	1979
Master of Accounting	

PROFESSIONAL

Memberships & licensing

Ferris Critical Thinking Institute (founding member)	2002 to present
Healthcare Financial Management Association	1996 to present
Certified Public Accountant (CPA)	1981 to 2009
American Institute of Certified Professional Accountants	1981 to 2009

PROFESSIONAL, cont.

M L Parry

Presentations, panels, workshops, professional engagements

• Advising for Student Success	Ferris State University	April 2012
• Text review	Delmar	February 2011
• Ask & You Will Be Amazed (Invited presenter)	Lilly Conference, Traverse City, MI	September 26, 2009
• The Ferris State University Political Engagement Project (Poster session, shared)	Lilly Conference, Traverse City, MI	September 24, 2009
• Political Creatures Lurk Within	Lilly Conference, Traverse City, MI	September 21, 2008
• Growing PEP on Campus (Poster session, shared)	Lilly Conference, Traverse City, MI	September 20, 2008
• Identity Theft	Puterbaugh & Masselink Hall directors, Big Rapids, MI (one of best attended sessions)	Fall 2008
• Building Community (Invited speaker)	HCMA banquet, Big Rapids, MI	April 17, 2009
• Relating Critical Thinking to Learner-Centered Teaching	Northwestern Michigan College, Traverse City, MI Critical Thinking Conference	June 8-9, 2006
• Designing Assignments for Critical Thinking, I & II	Northwestern Michigan College, Traverse City, MI Critical Thinking Conference	June 8-9, 2006
• Assessing Student Performances for Critical Thinking, I & II	Northwestern Michigan College, Traverse City, MI Critical Thinking Conference	June 8-9, 2006
• Small Groups: The Engine of Critical Thinking in the Classroom	Northwestern Michigan College, Traverse City, MI Critical Thinking Conference	June 8-9, 2006
• How to Prepare Federal Income Taxes (Invited speaker)	HCMA meeting	March 21, 2006

<ul style="list-style-type: none"> • Teaching Students to Think Critically and Communicate Reflectively 	Western Communication Asso Palm Springs, CA	Feb 18, 2006
<ul style="list-style-type: none"> • Critical Thinking for Cultural Competence 	Guest speaker for Arts & Science colleague, Ferris State University	February 8, 2006
<ul style="list-style-type: none"> • Introduction to Intellectual Standards 	Critical Thinking Workshop for	August 17-18, 2005
<ul style="list-style-type: none"> • How to Improve Student Learning 	Educators	
<ul style="list-style-type: none"> • Applying the Elements 	Critical Thinking Institute at FSU	
<ul style="list-style-type: none"> • Overcoming Barriers 	Andrews University	
<ul style="list-style-type: none"> • Facilitator in all break-out sessions 	Berrien Springs, MI	
Invited presenter	25 th International Conference	July 13, 2005
<ul style="list-style-type: none"> • A Grassroots Approach to Infusing Critical Thinking at FSU 	Critical Thinking Foundation Berkeley, CA	
<ul style="list-style-type: none"> • Introduction to Intellectual Standards (co-presenter) 	Critical Thinking Conference for	September 2004
<ul style="list-style-type: none"> • How to Improve Student Learning (co-presenter) 	Educators	
<ul style="list-style-type: none"> • Facilitator in all break-out sessions 	Critical Thinking Institute at FSU	
	Grand Rapids, MI	
Invited presenter	24 th International Conference	July 2004
<ul style="list-style-type: none"> • From Trauma to Thinking 	Critical Thinking Foundation	
<ul style="list-style-type: none"> • Information Revolution or Pandora's Box: Thinking Critically Online (co-presenter) 	Palo Alto, CA	
Panel/presenter	Faculty Week	August 2003
<ul style="list-style-type: none"> • Unique WebCT Applications 	Ferris State University	
Invited presenter	Critical Thinking Conference	June 2003
<ul style="list-style-type: none"> • How to Improve Student Learning (co-presenter) 	Northwestern Michigan University	
	Traverse City, MI	

Presenter/facilitator	1 st Critical Thinking Conference (2 days)	May 2003
	Critical Thinking Institute at FSU Big Rapids, MI	
Reviewer	Basic Statistics for the Health Sciences, 5 th edition, Kuzma & Bohnenblust	Spring 2003
• Mayfield Publishing		
Consultant to consultant	Essential Solutions Detroit Quality Improvement firm	Spring – Fall 2001
Reviewer	Financial Management of Health Care Organizations: An Introduction to Fundamental Tools, Concepts, and Applications, 2 nd ed. Zelman, McCue et al	April – September 2001
• Blackwell Publishing		
Panel	New faculty orientation Ferris State University	August 2000
• Teaching tips		
Presentations, panels, workshops, professional engagements, cont.		
Co-presenter	HCSA students	Fall 1999
• How to Succeed on Internship	College of Allied Health Sciences Ferris State University	
Requested presenter	3 session series conducted for Health Management students	Fall 1998
• Investing Basics		
Invited presenter	NAACP Empowerment Conference	Fall 1996
• Empower Yourself		

Ferris State University

Publications

Thesis: May 2003
 Development of Web-based Core Resources for the
 College of Allied Health Sciences, Ferris State University

Sabbatical

Granted to study critical thinking applications in health Winter 2005
 care finance & information systems.

Writings to support teaching & internship endeavors (individually or

as primary compiler)

Supplement for HCSA 410, 2 nd ed.	HCSA 410	2012
Supplement for HCSA 210, 2 nd ed.	HCSA 210	2011
Supplement for HCSA 401, 1 st ed., 150+ pages	HCSA 401	2009
Supplement for HCSA 474, 1 st ed., 75+ pages	HCSA 474	2009
Computers in Health Care, 2 nd ed.	HCSA 205	2005
Thinking about Healthcare Finance, 1 st ed.	HCSA 401	
Computers in Health Care	HCSA 205	2004
Healthcare Finance: Fun Fundamentals, 2 nd ed.	HCSA 401	
Healthcare Finance: Fun Fundamentals	HCSA 401	2003
Planning Concepts in Healthcare, 2 nd ed.	HCSA 474	2001
Orientation to Health Care, 2 nd ed	CCHS 101	2000

Healthcare Finance: The Basic

Concepts 3rd ed

HCSA 401, post curriculum revision

Orientation to Health Care

CCHS 101, new core curriculum course

1999

HCSA 392 Internship Manual

HCSA 392, „technical“ internship

1997

Seminars/continuing education

Program name	Institution or Location	CEU/ certificate	Year
• BlackBoard training	Ferris State University	N/A	2011
• Smart Room Technology	Ferris State University	N/A	September 22, 2009
• Evidenced-Based Teaching and Learning	Lilly Conference Traverse City, MI	N/A	September 24 – 27, 2009
• CAHS: Best practices	Ferris State University	N/A	April 9, 2009
• PEP roundtables	Ferris State University	N/A	Bi-weekly 2008-2009
• The First SOTL Academy	SOTL Academy Ypsilanti, MI	N/A	May 18–19, 2009
• Colloquium: Online teaching tips	College of Business Ferris State University	N/A	April 5, 2009
• Colloquium: Internet resources in teaching finance	College of Business Ferris State University	N/A	October 2008
• MSU Medical School is Coming	Alliance for Health, Grand Rapids, MI		November 3, 2006
• Learner Centered Teaching	FTCL, Ferris State University		May 16-17, 2006
• Scanning the Future – Designing Curriculum for the Future (a Webcast)	Ferris State University		April 13, 2006
• Six Sigma and Lean			February 2006

Thinking				
• Learning Community – Enhancing Online Learning	IIES, San Diego, CA			Weekly, Fall semester 2005)
• Live IT Up in the Classroom	Faculty Resource Network, John Wiley			October 26, 2005
• Designing Assignments for Critical Thinking	Faculty Resource Network by Susan Wolcott, PhD	N/A		October 11, 2005
• Engaging the Online Learner	Ferris State University Learning Community	N/A		Weekly during Fall 2005
• Writing Better Assignments	Ferris State University, Faculty Week	N/A		August 2004
• What Does the Future Hold?	Friday First Forum Grand Rapids, MI	N/A		Jan 2004
• 24 th International Conference	Critical Thinking Foundation Palo Alto, CA	3 days		July 2004
• 23 Rd International Conference	Critical Thinking Foundation Sonoma, CA	3 days		July 2003
• HIPAA Privacy Policies & Procedures	Ferris State University	N/A		April 2003
• Train the Trainers	Critical Thinking Foundation Sonoma, CA	4 days		July 2002
• WebCT - content	Ferris State University	1/2 day		November 2001
• WebCT - overview	Ferris State University	3 days		July 2001
• Equity Conference	Hosted by Ferris State University	2 days		March 2001
• Socratic Dialectic – Critical Thinking	Ferris State University	1/2 day session		Nov 10, 2000

- Are You History? Online World Ferris State University 1/2 day session Oct 12, 2000
 - Education Technology Conference Syllabus 99, San Jose, CA Certificate (3 days) July 1999
 - Synergy from Others Ferris State University N/A Jan 1999
- Seminars/continuing education, cont.**
- Applying Continuing Quality Improvement to the Classroom Ferris State University by Dr. Robert Cornesky 2 days Jan 1999
 - Managed Care HFMA (Healthcare Financial Management Association) Chicago, IL Certificate (2 days) Oct 1998
 - Introduction to Grant Searching & Proposal Writing Ferris State University N/A April 1998
 - Advanced Microsoft Excel Accountants Education Group 20 CPE* Oct 1997
 - Faculty Summer Institute - Technologies in the Classroom Ferris State University Certificate (3 days) July 1997
 - Spring Conference on Managed Care: Minnesota Experience, Pricing & Capitation Health Care Association of Michigan Lansing, MI 12 CEU May 1997

- Using the World Wide Web Accountants Education Group 10 CPE* Fall 1996
- Collaboration, Learning & Teaching Ferris State University by Betsy Wilson U. of Washington Libraries 1 day Fall 1996
- Distance Learning Education Northwestern Michigan College Certificate (5 days) August 1996
- Faculty Summer Institute - Problem Based Learning Ferris State University Certificate (5 days) July 1996
- Summer Institute: Technology, Human Rights & Development MIDEON (Michigan International Development Education Outreach Network) By invitation only Certificate (5 days) June 1996

* One hour CPE credit based on a 100-minute hour

Course development

Finance I & III	Sole developer	2010 -2011
Teambuilding, 2 cr.	Sole developer	2005
Computers in Health Care, 2 cr.	Sole developer	2003

Online course development

Strategic Alignment in Healthcare	Sole developer	2010
Concepts in Health Care Finance, 4 cr.	Sole developer	2009
Introduction to Epidemiology, 1 cr.	Sole developer	2003
Epidemiology & Statistics, 3 cr.	Sole developer	2002
Orientation to Health Care, 3 cr.	Primary developer	2002

Grant writing

1996

Grant proposal: "The Access & Cost Issues Related to Transitory Migrant Workers" Spread of Infectious Diseases" Robert Wood Johnson Foundation Health Care Investigator Awards- co-authored with Dr. Richard Griffin (Professor - Political Science, Program Director - Public Affairs, Ferris State University)

Status: Passed first round, 3 year grant not awarded

SERVICE

Recruiting & retention

HOSA judge	2/8/2009
Critical Thinking Study Group	2006-2007
Critical Thinking Study Group Pancake Break – finals week, Fall and Winter PIKE First Open House	2005-2006
Critical Thinking Study Group	2004-2005
Dawg Days Critical Thinking Study Group	2003-2004
Dawg Days Open labs Critical Thinking Study Group	2002-2003
First Impressions Autumn Adventure Critical Thinking Study Group Pilot program – Learning Style Assessment	2001-2002
Critical Thinking Study Group Autumn Adventure Dawg Days	2000-2001

University committees/task forces	
Ferris Connect Advisory Board	2011-2012
Faculty Center for Teaching & Learning (FCTL) Advisory Group	
Ferris Connect Advisory Board	2010-2011
Faculty Center for Teaching & Learning (FCTL) Advisory Group	
General Education Financial Literacy Task Force	
PEP Steering Committee (4 member)	2009-2010
International Education (Chair-elect)	
Faculty Center for Teaching & Learning (FCTL) Advisory Group	
HLC, Criterion 3b	
Faculty Center for Teaching & Learning (FCTL) Advisory Group	2008-2009
International Education (Chair-elect)	
ADP-PEP Advisory board	
PEP	
Inaugural FCTL Timme Allocation	
HLC, Criterion 3b	
Panel member for Theater Academic Program Review	
Health Promotion & Substance Abuse Prevention	2007-2008
President's Focus Groups (SP)	2006-2007
Presidential Task Force (Health & Wellness)	
Health Promotion & Substance Abuse Prevention (Secretary)	
Faculty Center for Teaching & Learning Advisory Group	
Health Promotion & Substance Abuse Prevention	2005-2006
Open forum participant – NCA accreditation online learning team (May 22)	
Faculty Senate member (elected)	2004-2005
Faculty Senate E-Board, at large (elected)	2003-2004
Faculty Senate member (elected)	
Chair – General Education Task Force	
Faculty Senate E-Board, at large (elected)	2002-2003
Faculty Senate member (elected)	
Chair – General Education Task Force	
Workload Review (requested) – College of Business	

University committees, cont.

Faculty Senate member (elected) Programmatic Marketing (requested) General Education – communication Book Store Advisory – ex-officio	2001-2002
Faculty Senate member (elected) Programmatic Marketing (requested) General Education – communication sub-committee „Extranet“ ad hoc committee	2000-2001
NCA self-study co-chair, criterion IIg NCA self-study member, criterion IIe	1999-2000
Secretary - Senate Budget Planning Committee	1998-99
VP Academic Affairs Search Committee Senate Budget Planning Committee Ferris Faculty Association Exception Committee General Education - Reasoning Ability Assessment Committee Pilot study member	1997-98
General Education – Life long learning sub-committee Arts & Lecture Committee	1996-97
College committees/task forces	
Tenure committee (2 tenure track faculty) College Curriculum Committee Search committee - HCSA faculty	2011-2012
Tenure committee (3 tenure track faculty) College Curriculum Committee Assessment Committee	2010-2011
Tenure committee (3 tenure track faculty) HCSA curriculum review Assessment Committee	2009-2010
Tenure committee (3 tenure track faculty) HCSA curriculum review Assessment Committee	2008-2009
Tenure committee (3 tenure track faculty) HCSA curriculum review	2007-2008
Tenure committee (4 tenure track faculty)	2006-2007
Tenure committee (5 tenure track faculty)	2006-2007
Interdisciplinary task force: strategic planning	Fall 2005
Chair - Strategic Planning Committee	2005-2006
Chair - Search committee – programmatic faculty (temporary 1 yr)	2005-2006

Search committee – programmatic faculty (tenure track)	
Search committee (Nursing, tenure track)	
Tenure committee – chair (1 tenure track faculty)	
Tenure committee – member (2 tenure track faculty)	
Chair – Strategic Planning	2004-2005
Tenure committee – member (2 tenure track faculty)	
Chair – Strategic Planning	2003-2004
Core Curriculum	
Recruiting & Retention	
WebCT User Group	
Workload Review – Lab/Online	
Tenure committee – member (1 tenure track faculty)	
Search committee – Dean of College of Allied Health Sciences	2002-2003
Chair - Strategic Planning	
Recruiting & Retention	
WebCT User Group	
Tenure committee – member (1 tenure track faculty)	
Chair - Strategic Planning	2001-2002
WebCT User Group	
Chair - Curriculum, Assessment & Planning	2000-2001
Curriculum, Assessment & Planning	1997-2000
CCHS Non-Clinical Core Task Force	1997-98
CCHS 101 Core Curriculum Committee	1998-99
HCMA (student organization) co-advisor, advisor	1996-1999
Department committees	
Faculty mentoring, weekly	2005-2006
Search committee- temporary faculty HCSA	2004-2005
Chair - search committee- tenure track faculty HCSA	2003-2004

Search committee- temporary faculty HCSA	2002-2003
Curriculum revision committee	2001-2002

Community

AAUW - - assist with book sales	2009 -2012
Habitat for Humanity construction committee	2002-
Friends of the Library - assist with book sales	present
United Church - Mission Commission	
Relay for Life - volunteer & requested reader	
United Church - Liturgist & usher	1996 -
Salvation Army - Bell ringer	present
Initiated & implemented college wide donation program of personal care items for WISE (Women's Information Service) & Manna (local food pantry)	
Habitat for Humanity - pro bono review for State of Michigan	2002-2005
Starburst - assist with Christmas package wrapping/distribution	2002, 2003
Habitat for Humanity Board Member	2000, 2001
Habitat for Humanity construction committee & volunteer	
Team manager - Grand Valley Soccer Association	
Team captain - CAHS - Relay for Life	
Faculty connection - Linking Together to Make A Difference (CCHS 101 fund raiser for American Red Cross - 9/11 tragedy)	
United Church - Senior High Sunday School Teacher	
United Church - Senior High Sunday School Teacher	1999
Relay for Life - walker & fund raiser with HCMA	1996-1998
United Church - Substitute Sunday School teacher (& substitute)	
United Church - Spiritual Life Commission	
Playscape construction volunteer	
Citizens' Curriculum Advisory Committee member for Big Rapids Public Schools	

March 1992 to
January 1995

Baywood Nursing Home
Ludington, Michigan

Nursing Home Administrator

April, 1986 to March,
1992

Elim Nursing Home

Nursing Home Administrator

June, 1977 to
April, 1986

Ev Luther Good Samaritan Society

Soiux Falls, South Dakota

Worked as a nursing home administrator for the Good Samaritan Society in the following locations:

St. Croix Valley Good Samaritan Center in St. Croix Falls, Wisconsin

Ellis Good Samaritan Center in Ellis, Kansas

Noonan Good Samaritan Center in Noonan, North Dakota

Organizations

Ferris State University

Chair of College of Allied Health Sciences curriculum committee.

Member of Ferris State University curriculum committee

Member of Timme Grant committee

Michigan Association of Homes and Services for the Aging

Former member of Board of Directors of the Michigan Association of Homes and Services for the Aging

Member of Continuing Education Committee

Past Co-chair of the task force on Quality Improvement

Past co-chair of the Council on Continuing Care Policy

APPENDIX B

Curricula Check Sheets

Ferris State University
College of Allied Health Sciences
HEALTH INFORMATION TECHNOLOGY

For students who enter the program Fall 2012 and beyond
72 credits required for graduation

Name _____ **Student**
Number _____

		Technical Core Requirements –46 cr. hours		
CCHS	101	Orientation to Health Care (none)	3	
CCHS	102	Safety Issues in Health Care (none)	1	
HCSA	202	Health Care Law (CCHS 101 with grade of C or better)	3	
HCSA	345	Internship Orientation (Departmental approval)	1	
MRIS	101	Introduction to Health Information Systems	4	
MRIS	103	Medical Terminology (none)	4	
MRIS	122	Health Information Systems (MRIS 101 with grade of C or better)	4	
MRIS	204	ICD-10-CM Coding (MRIS 101 and MRIS 103 and MRIS 210 and BIOL 109 or BIOL 205, all with grade of C or better)	4	
MRIS	205	ICD-10-PCS Coding (MRIS 204 with grade of “C” or better)	2	
MRIS	209	Quality Management in Health Care (MRIS 103 and MRIS 101 or HCSA 120, all with grade of C or better)	3	
MRIS	210	Fundamentals of Disease Processes (MRIS 102 or MRIS 103 and BIOL 109 or BIOL 205, all with grade of C or better)	4	
MRIS	211	CPT Coding (MRIS 101 and MRIS 103 and BIOL 109 or BIOL 205, all with grade of C or better; concurrent enrollment in MRIS 228)	3	

MRIS	228	Introduction to Medical Billing and Reimbursement (MRIS 101 and MRIS 103 and BIOL 109 or BIOL 205, all with grade of C or better; concurrent enrollment in MRIS 211)	3	
MRIS	261	Health Information Technology Review (All CCHS, HCSA, and MRIS classes except MRIS 293)	1	
MRIS	293	Professional Practice 1 (Departmental approval)	6	
		Communication Competence- 9 cr required		
COMM	221 or 105	Small Group Decision Making (none) Interpersonal Communication (none)	3	
ENGL	150	English 1 (ENGL 074 or minimum score of 14 on ACT or 370 on SAT)	3	
ENGL	250	English 2 (ENGL 150 with a grade of C- or better)	3	
		Computer Competency/Proficiency - 3 cr.		
ISYS	105	Intro to Micro Systems-Software	3	
		Scientific Understanding 4 cr. Required		
BIOL	109	Basic Human Anatomy and Physiology	4	
		Quantitative Skills – 4 cr.		
MATH	110	Fundamentals of Algebra	4	
		Social Awareness –3 cr. required		
		Social Awareness Foundations Course	3	
		Cultural Enrichment 3 cr. Required		
		Select one course from the following subject areas: ARTH, ARTS, FILM, FREN, GERM, HIST, HUMN, LANG, LITR, MUSI, PHIL, SPAN, THTR, WGST		
		Elective	3	

- Prior to MRIS 293, all students enrolled in the Health Information Technology program must earn at least a “C” in following courses: CCHS 101, CCHS 102, COMM 105 or 221, BIOL 109, ENGL 150, ENGL 250, HCSA 202, HCSA 345, ISYS 105, MRIS 101, MRIS 103, MRIS 122, MRIS 204, MRIS 205, MRIS 209, MRIS 210, MRIS 211, and MRIS 228.

-If you earn less than “C” in any of the above listed courses, you will be required to repeat the course. Two unsuccessful attempts (less than “C”) in any MRIS and/or HCSA course will result in dismissal from the Health Information programs.

-A GPA of 2.25 is required for graduation.

-Effective for students who apply to or start at FSU in Fall 2012 or later, BIOL109 and all MRIS courses within the curriculum requirements must be taken within (2) years of the date of application to the Health Information programs. Students who have attended or applied to Ferris prior to Fall 2012 should seek clarification as to this policy and how it will be applied to them.

HIT Program Outcomes

Graduates will apply previously learned knowledge to the solution of new problems - Case Studies/Problem-based Assignments

Graduates will apply knowledge/professional competencies required to practice as an entry-level Health Information

Technician- Employer and graduate surveys, RHIT certification exam, internship evaluation
Graduates will communicate to acquire/develop/convey ideas and information to diverse populations – internship evaluation

Graduates will demonstrate professional and ethical behaviors – observations in classroom and internship, classroom assignments

The program will continue to meet the standards established by the CAHIIM (Commission on Accreditation for Health Informatics and Information Management Education) – Annual Faculty Report of Activities, review of syllabi, employer survey, review of programmatic information, review of Ferris State University scheduling matrix to determine offerings using alternative delivery methods (to meet community of interest needs)

Ferris State University
College of Allied Health Sciences
HEALTH INFORMATION MANAGEMENT
Guide for students who enter the program Fall 2012 and beyond
131 credits required for graduation

Name _____ **Student**
Number _____

Technical Core Requirements –91 cr. hours				
ACCT	201	Principles of Accounting 1 (MATH 110 or ACT Math score of 19 or 460 on SAT)	3	
CCHS	101	Orientation to Health Care (none)	3	

CCHS	102	Safety Issues in Health Care (none)	1	
CCHS	315	Introduction to Epidemiology and Statistics (enrollment in CAHS)	3	
HCSA	202	Health Care Law 1(CCHS 101 with grade of C or better)	3	
HCSA	310	Health Care Finance 2 (ACCT 201 and HCSA 210 or MRIS 228, all with grade of C or better)	3	
HCSA	336	Health Care Supervisory Practices (CCHS 101 with grade of C or above)	4	
HCSA	345	Internship Orientation (Departmental approval)	1	
HCSA	474	Health Care Strategic Application (MRIS 209 and MRIS 122 and MRIS 123 and HCSA 310 or HCSA 401)	4	
ISYS	105	Intro to Micro Systems-Software	3	
ISYS	200	Database Design and Implementation (ISYS 105)	3	
MGMT	301	Applied Management (none)	3	
MRIS	101	Introduction to Health Information Systems	4	
MRIS	103	Medical Terminology (none)	4	
MRIS	122	Health Information Systems (MRIS 101 with grade of C or better)	4	
MRIS	204	ICD-10-CM Coding (MRIS 101 and MRIS 103 and MRIS 210 and BIOL 109 or BIOL 205, all with grades of "C" or better)	4	
MRIS	205	ICD-10-PCS Coding (MRIS 204 with grade of "C" or better)	2	
MRIS	209	Quality Management in Health Care (MRIS 103 and MRIS 101 or HCSA 120)	3	
MRIS	210	Fundamentals of Disease Processes (MRIS 102 or MRIS 103and BIOL 109 or BIOL 205, all with grades of "C" or better)	4	
MRIS	211	CPT Coding (MRIS 101and MRIS 103 and BIOL 109 or BIOL 205, all with grades of "C" or better; concurrent enrollment in MRIS 228)	3	
MRIS	228	Introduction to Medical Billing and Reimbursement (MRIS 101 and MRIS 103 and BIOL 109 or BIOL 205, all with grades of "C" or better; concurrent enrollment in MRIS 211)	3	
MRIS	261	Health Information Technology Review (All CCHS, HCSA, and MRIS classes except MRIS 293)	1	
MRIS	293	Professional Practice 1 (Departmental Approval)	6	
CAHS	300	Health Information Systems (Junior Status)	3	
MRIS	402	Health Information Management Principles (MGMT 301and MRIS 293 and HCSA 336 with grade of C or better; ISYS 200)	3	
MRIS	404	Research in Health Information Management (CCHS	2	

		315 and MRIS 293 with grade of C or better)		
MRIS	461	Health Information Management Review (All CCHS, HCSA, MRIS courses except MRIS 493)	1	
MRIS	493	Professional Practice 2 (Departmental Approval)	10	
		Communication Competence- 12 cr required		
COMM	221 or 105	Small Group Decision Making (none) (grade of “C” or better) or Interpersonal Communication (none) (grade of “C” or better)	3	
ENGL	150	English 1 (ENGL 074 or minimum score of 14 on ACT or 370 on SAT;)	3	
ENGL	250	English 2 (ENGL 150 with a grade of C- or better)	3	
ENGL	321 325	Advanced Composition (ENGL 250 or ENGL 211) OR Advanced Business Writing	3	
		Scientific Understanding 7 cr. required		
BIOL	109	Basic Human Anatomy and Physiology (grade of “C” or better)	4	
		Scientific Understanding	3	
		Quantitative Skills – 3 cr.		
MATH	115	Intermediate Algebra (or competency or ACT 24) with a grade of C- or better	3	
		Social Awareness 9 cr. required		
		Social Awareness (SA) courses must include: <ul style="list-style-type: none"> • Courses in at least 2 different subject areas • One foundations course • One Race/ethnicity, and/or gender course • One course at 200 level or higher • Global consciousness requirement – see below * 		
			3	
			3	
			3	
		Cultural Enrichment 9 cr. Required		

		<p>Select 3 courses from the following subject areas: ARTH, ARTS, FREN, GERM, HIST, HUMN, LITR, MUSI, SPAN, THTR</p> <ul style="list-style-type: none"> • One course must be at the 200 level or higher • No more than 5 credits in music or theater activities courses • PHIL 220 and/or PHIL 320 strongly recommended • Global consciousness requirement – see below * 		
			3	
			3	
			3	

***Each student must complete one course from the global consciousness group that may also count toward fulfilling the cultural enrichment or social awareness requirement.**

- Prior to MRIS 293, all students enrolled in the Health Information Management programs must earn at least a “C” in following courses: CCHS 101, CCHS 102, COMM 105 or 221, BIOL 109, ENGL 150, ENGL 250, HCSA 202, HCSA 345, ISYS 105, MRIS 101, MRIS 103, MRIS 122, MRIS 204, MRIS 205, MRIS 209, MRIS 210, MRIS 211, and MRIS 228. Prior to taking MRIS 493, the following courses must be successfully completed with a grade of “C” or better: MRIS 293, ACCT 201, MGMT 301, CCHS 315, ENGL 321 or ENGL 325, CAHS 300, HCSA 310, HCSA 336, MRIS 402, MRIS 404, and HCSA 474.

-If you earn less than “C” in any of the above listed courses, you will be required to repeat the course. Two unsuccessful attempts (less than “C”) in any MRIS and/or HCSA course will result in dismissal from the Health Information program.

-A GPA of 2.25 is required for graduation.

-Effective for students who apply to or start at FSU in Fall 2012 or later, BIOL109 and all MRIS courses within the curriculum requirements must be taken within (2) years of the date of application to the Health Information programs. Students who have attended or applied to Ferris prior to Fall 2012 should seek clarification as to this policy and how it will be applied to them.

HIM Program Outcomes

Graduates will apply the knowledge/professional competencies to practice as entry-level health information administrators - Employer and graduate surveys, RHIA certification exam, internship evaluation

Graduates will communicate effectively to acquire/develop/convey ideas and information to diverse populations - Case Studies/Problem-based Assignments, oral presentation, written papers, internship evaluation

Graduates will apply previously learned knowledge to new problems - Case Studies/Problem-based Assignments

Graduates will demonstrate professional and ethical behaviors – observations in classroom and internship, classroom assignments

The program will meet the standards established by the CAHIIM – Annual Faculty Report of Activities, review of syllabi, employer survey, review of programmatic information, review of Ferris State University scheduling matrix to determine offerings using alternative delivery methods (all 300-400 HIM professional courses are offered online)

APPENDIX C

Sample Course Syllabi

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

COURSE SYLLABUS SPRING 2012

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 Joint Commission and American Osteopathic Association 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: Janna Pacey, MCTE, RHIA
Office: ATC 139 Phone: 616-643-5723
E-mail: jannapacey@ferris.edu
Office Hours: Monday and Tuesday 1:00 pm to 5:00 pm
Wednesday 11:00 am to 5:00 pm
Thursday 11:00 am to 12:00 pm
Weather Line: 1-616-643-5678

COURSE SCHEDULE: **Mondays 5:00 – 9:50 PM**

REQUIRED MATERIALS: Johns, Merida, Health Information Management Technology An Applied Approach, Third Edition AHIMA
MRIS 101 Course Packet

COURSE OBJECTIVES: At the completion of this course, the student shall be able to:

Introduction to the HIM Profession - Chapter 1

Objectives: At the end of this chapter the student will be able to:

1. Summarize the development of the health information management profession from its beginnings to the present
2. Discuss how professional practice must evolve to accommodate changes in the healthcare environment
3. Identify the responsibilities of health information management professionals
4. Describe the purpose and structure of the American Health Information Management Association
5. Explain the certification processes of the American Health Information Management Association
6. Discuss the accreditation process of the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM)

Purpose and Function of the Health Record - Chapter 2

Objectives: At the end of this chapter the student will be able to:

1. Define the term health record
2. Understand the purposes of the health record

3. Identify the different users of the health record and its importance of each user
4. Explain the functions of the health record
5. Apply quality characteristics to the collection and maintenance of health data and databases
6. Clarify the differences in paper-based, hybrid, and electronic methods in fulfilling the functions of the health record
7. Discuss the attributes of security, access, flexibility, connectivity, and efficiency in fulfilling the functions of the health record
8. Identify the roles and responsibilities of health information management professionals in the development and maintenance of health record systems

Content and Structure of the Health Record - Chapter 3

Objectives: At the end of this chapter the student will be able to:

1. Identify the content of health records in various healthcare settings
2. Describe the purpose, use, and documentation requirements for customary reports, observations, orders, notes, authorizations, and consents included in a health record
3. Explain documentation best practices as applied to the content of health records in paper-based, hybrid, and electronic environments
4. Summarize the documentation requirements of accreditation organizations and state and federal government agencies
5. Describe the different formats used for health records in healthcare organizations and the strengths and weaknesses of each
6. Discuss the core capabilities of an electronic health record
7. Explain the purpose and elements of a personal health record
8. Identify the advantages of electronic health records over paper-based and hybrid records

Health Information Technology Functions - Chapter 8

Objectives: At the end of this chapter the student will be able to:

1. Identify the typical health information management functions
2. Explain the purpose and techniques used for the maintenance of the master patient index in paper-based and electronic environments
3. Identify operational techniques for managing traditional HIM functions in paper-based, hybrid, and electronic record environments
4. Discuss techniques used in processing, storage, retrieval, and maintenance of health records in paper-based, hybrid and electronic environments
5. Explain the use of quality control techniques used for paper-based, hybrid, and electronic health records and for supporting services such as medical transcription, release of information, and coding functions
6. Discuss the concept of the legal health record and how it is applied
7. Describe practices for authorization and access control of health records in paper-based, hybrid, and electronic formats
8. Recognize the interrelationship between the HIM department and other key departments within the healthcare organization
9. Describe the purpose, development, and maintenance of registries and indexes such as the master patient index, disease index, and operation indexes
10. Discuss the functions and responsibilities of common HIM support services, including cancer and trauma registries, birth certificate completion, and statistical and research services
11. Explain the relationship of accreditation, licensing, and standards requirements to HIM functions and how compliance with these is monitored
12. Understand techniques used in the management of the HIM department, such as policy and procedure development and the budgeting process

Healthcare Delivery Systems – Chapter 12

Objectives: At the end of this chapter the student will be able to:

1. Understand the history of the healthcare delivery system from the ancient times until the present
2. Understand the basic organization of the various types of hospitals and healthcare organizations
3. Describe how internal and external forces have shaped the healthcare industry
4. Differentiate the roles of various stakeholders throughout the healthcare delivery system
5. Describe the influence of federal legislation on healthcare delivery
6. Identify various functional components of an integrated delivery system
7. Describe the systems used for reimbursement of healthcare services
8. Recognize the role of government in healthcare services

Ethical Issues in Health Information Management - Chapter 13

Objectives: At the end of this chapter the student will be able to:

1. Recognize core health information ethical problems, including those related to privacy and confidentiality; compliance, fraud and abuse; clinical code selection and use; quality review, research and decision support; public health; managed care; clinical care; electronic health information systems; the management of sensitive information; the roles of manager, entrepreneur, and advocate; and business relationships with vendors
2. Recognize the historical problems of research and ethics and the importance of diligence for future research endeavors
3. Recognize the problems associated with the emerging ethical problem of medical identity theft
4. Identify ethical principles and professional values that can guide health information management (HIM) professionals who must confront and respond to ethical problems
5. Apply the AHIMA Code of Ethics to guide behaviors such as protecting privacy, advancing HIM knowledge and practice, advocating for others, and refusing to participate in or conceal unethical behaviors
6. Follow the steps in an ethical decision-making process that can be used to resolve complex ethical problems

EVALUATION: Uniform Grading Scale will be used.

A	100 – 93	B-	82 – 80	D+	69 – 67
A-	92 – 90	C+	79 – 77	D	66 – 63
B+	89 – 87	C	76 – 73	D-	62 – 60
B	86 – 83	C-	72 – 70	F	59 or below

GRADE DETERMINATION: (some assignments may be adjusted/added):

Quizzes/Exams	55%
Assignments/Projects	25%

Final Examination	20%
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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 the textbook or handouts*

COURSE POLICIES:

See Student Handbook, Health Management Department on line at:
<http://www.ferris.edu/htmls/colleges/alliedhe/files/Handbook%200-11%20PT%20rvwd.pdf>

COURSE POLICIES:

1. **Attendance** – When absent from the class, the student is responsible for all of the information covered during that session including contacting the instructor regarding materials and assignments handed out in class. 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. **In-class activities may not be made up.**

2. All assignments/worksheets are to be submitted on the date given in class. Assignments are due at the beginning of class. Failure to submit assignments on time or before the due date will result in an automatic **50% deduction** of assigned points. **Assignment will not be accepted 1 week from due date.**
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. Make-up examinations will be allowed at the discretion of the instructor. Missed application exercises, discussions, and other in-class activities may be made up at the discretion of the instructor.
4. **Department Progression Policy-** You must pass this course with a C or better to continue on with any MRIS classes. You will be allowed to take the course one more time to attain a C or better. If you do not received a C or better on the second time of taking the course you will be removed from the program.
5. Ferris State University is committed to following the requirements of the Americans with Disabilities Act Amendments Act and Section 504 of the Rehabilitation Act. If you are a student with a disability or think you may have a disability, contact the Disabilities Services office at 231.591.3057 (voice), or email ecds@ferris.edu to discuss your request further. More information can be found on the web at <http://www.ferris.edu/htmls/colleges/university/disability/>.

Any student registered with Disabilities Services should contact the instructor as soon as possible for assistance with classroom accommodations.
6. **Cell Phones-** If you have a cell phone please make sure it is turned off so it will not disturb the instructor or your classmates. I don't want to see cell phones being used during class so please make sure you have it stored away and off during class meeting times.

This course meets the following American Health Information Management Association entry-level competencies (student learning outcomes) for HIM Baccalaureate Degree Program (RHIA):

I. Domain: Healthcare Data Management

A. Subdomain: Health Data Structure, Content and Standards

1. Ensure that documentation in the health record supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status.

B. Subdomain: Healthcare Information Requirements and Standards

1. Develop organization-wide health record documentation guidelines.

III. Domain: Health Services Organization and Delivery

A. Subdomain: Healthcare Delivery Systems

1. Interpret, communicate, and apply current laws, accreditation, licensure and certification standards related to health information initiatives at the national, state, local and facility levels.

This course meets the following American Health Information Management Association entry-level competencies (student learning outcomes) for HIM Associate Degree Program (RHIT):

I. Domain: Healthcare Data Management

A. Subdomain: Health Data Structure, Content and Standards

1. Collect and maintain health data (such as data elements, data sets, and databases).

2. Conduct analysis to ensure that documentation in the health record supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status.
 3. Apply policies and procedures to ensure the accuracy of health data.
 4. Verify timeliness, completeness, accuracy, and appropriateness of data and data sources for patient care, management, billing reports, registries, and or databases.
- B. Subdomain: Healthcare Information Requirements and Standards**
1. Monitor and apply organizationwide health record documentation guidelines.
 2. Apply policies and procedures to ensure organizational compliance with regulations and standards.
 3. Maintain the accuracy and completeness of the patient record as defined y organizational policy and external regulations and standards.
 4. Assist in preparing the organization for accreditation, licensing and/or certification surveys.
- II. Domain: Health Statistics, Biomedical research and Quality Management**
- A. Subdomain: Healthcare Statistics and Research**
1. Abstract and maintain data for clinical indices/databases/registries.
- III. Domain: Health Services Organization and Delivery**
- A. Subdomain: Healthcare Delivery Systems**
1. Apply current laws, accreditation, licensure and certification standards related to health information initiatives from the national, state, local and facility levels.
 2. Differentiate the roles of various providers and disciplines throughout the continuum of healthcare and respond to their information needs.
- B. Subdomain: Healthcare Privacy, Confidentiality, Legal and Ethical Issues**
1. Apply and promote ethical standards of practice.
- IV. Domain: Information Technology & Systems**
- A. Subdomain: Information and Communication Technologies**
1. Use technology, including hardware and software, to ensure data collection, storage, analysis, and reporting of information.
 2. Use common software applications such as spreadsheets, databases, word processing, graphics, presentation, e-mail, and so on in the execution of work processes.
- C. Subdomain: Data Storage and Retrieval**
1. Use appropriate electronic or imaging technology for data/record storage.
 2. Query and generate reports to facilitate information retrieval.
- V. Domain: Organizational Resources**
- A. Subdomain: Human Resources**
1. Apply the fundamentals of team leadership.
 2. Organize and contribute to work teams and committees.

Tentative Course Schedule:

Week 1 January 9	Introduction to Course Healthcare Delivery Systems-Chapter 12
Week 2 January 16	No Class Martin Luther King Day
Week 3 January 23	Continue Chapter 12 Introduction to the HIM Profession-Chapter 1

Week 4 January 30	Continue Chapter 1 Ethical Issues in Health Information Management-Chapter 13
Week 5 February 6	Purpose and Function of the Health Record-Chapter 2 Content and Structure of the Health Record-Chapter 3
Week 6 February 13	Exam on Chapters 1,2,12,13 Continue Chapter 3
Week 7 February 20	Continue Chapter 3
Week 8 February 27	Continue Chapter 3
March 5	No Class Spring Break
Week 9 March 12	Complete Chapter 3 Electronic Health Records
Week 10 March 19	Exam Chapter 3 Electronic Health Records
Week 11 March 26	Regulatory Agencies Lecture In clad Lab Assignment
Week 12 April 2	Quiz on Regulatory Agencies Health Information Functions-Chapter 8
Week 13 April 9	Continue Chapter 8 Electronic Health Record Activity Presentation Group Time (if time allows)
Week 14 April 16	Exam on Chapter 8 Possibe Professional Tour-Storage Facility
Week 15 April 23	Health Record Presentations Final Exam Review
Week 16 April 30	Comprehensive Final Exam

Ferris State University
College of Allied Health Sciences
Clinical Laboratory, Respiratory Care
And Health Administration Program

Course Syllabus – SPRING 2012

TITLE OF COURSE: MRIS 103 Medical Terminology

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. (4 credit hours – 4 lecture hours)

INSTRUCTOR: Julie Alles, RHIA
Office: VFS 416
Phone: (231) 591-2318 or x2318
(Please leave a message)
E-mail: alle2@ferris.edu
(Preferred contact is email)

OFFICE HOURS:
Monday: 10-11
Tuesday: 11-12
Wednesday: 10-11
Thursday: 11-12

SCHEDULE: Class meets –MRIS 103 Monday & Wednesday: 9:00-9:50 VFS 326A
Tuesday & Thursday: 8:00-8:50 VFS 326A

SLA: Monday: 4:30-5:45 PHR 201
Wednesday: 4:30-5:45 VFS 419

STUDENT TEXTS: The Language of Medicine by Davi-Ellen Chabner, 9th Edition,
WB Saunders Company and Mosby's Medical, Nursing & Allied
Health Dictionary

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

A 100-93	B- 82-80	D+ 69-67
A- 92-90	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 student's 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. Workshop determination will come from quizzes and tests only. **Quizzes cannot be made up.**

A student must pass the class with a 73% or better to progress in the Health Information Programs or Health Care Systems Administration Program. Two unsuccessful attempts will mean removal from the program.

Assignments are to be submitted on the due date given in class. Failure to do so will result in **the loss of 50%** of the grade no papers accepted after five days.

Attendance will be taken daily. 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 telephone call to the instructor prior to the class hour and 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.

Tardiness – Frequent tardiness will result in loss of 10 pts. per occurrence unless a valid excuse is given to the teacher. Missing a quiz due to tardiness results in the loss of quiz points.

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.

METHODS OF TEACHING: quizzes, lecture, assignments, group in-class work, library assignments, programmed text, tests, pronunciation

COURSE POLICIES: See attachments and Programmatic Handbook

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

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
CLINICAL LABORATORY, RESPIRATORY CARE AND HEALTH
ADMINISTRATION PROGRAM DEPARTMENT**

COURSE SYLLABUS – SPRING 2012

**TITLE OF COURSE: MRIS 122 - HEALTH INFORMATION SCIENCE 1
(Lecture/Lab)**

COURSE DESCRIPTION: Various procedures specific to health information practice will be calculation and interpretation of health care statistics, specialized registry and entry and retrieval of medical information into healthcare specific software. Laboratory experiences will reinforce the students understanding of lecture topics. Prerequisites: MRIS 101

INSTRUCTOR: Julie Alles RHIA

Office: VFS 416

Phone: (231) 591-2318 or x2318

(please leave a message)

E-mail: alle2@ferris.edu

OFFICE HOURS:

Monday: 10-11

Tuesday: 2-3

Wednesday: 10-11

Thursday: 2-3

COURSE SCHEDULE: Class meets: Tuesday and Thursday 9:30-10:45 VFS 425

REQUIRED MATERIALS:

Horton, Loretta A., Calculating and Reporting Healthcare Statistics, AHIMA, **3rd edition**, 2006

MATERIALS:

MRIS 122 Course Pack

3 ring binder

Calculator - Bring Calculator to class each time we meet

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

A 100-93

A- 92-90

B+ 89-87

B 86-83

B- 82-80

C+ 79-77

C 76-73

C- 72-70

D+ 69-67

D 66-63

D- 62-60

F 59 and below

GRADE DETERMINATION:

The student's 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, projects, tests and quizzes. Final exam will be comprehensive. QUIZZES CANNOT BE MADE UP!

Attendance is mandatory and will be taken each class/

Absence on a quiz day or in- class assignment day will mean no credit for the quiz or assignment.

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%. No assignments accepted after five days. **(As per program policy)** All assignments are to be typed, untyped assignments are not accepted.

Attendance is essential for successful understanding of the material, as information is often presented in class that is not covered in the textbook or handouts.

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 you must telephone the instructor **prior** to the class hour **and 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. All in class assignments and quizzes** are not allowed to be made up.

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.

Tardiness – Frequent tardiness will result in loss of 10 pts. per occurrence unless a valid excuse is given to the instructor. Missing a quiz due to tardiness results in the loss of quiz points.

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

1. retrieve medical information from relevant databases
2. compute health care statistics
3. complete a birth certificate
4. describe requirements for birth, death, and fetal death certificates
5. complete a death and fetal death certificate as well as ambulatory chart abstraction
6. identify various ways in which statistics are used in health care
7. understand the principals of management as they apply to work processes, work flow, performance monitoring, resource allocation in a health information department

8. describe the roles and responsibility of health information technicians with regard to data security, integrity, and quality
9. identify various ways in which statistics are used in healthcare

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

COURSE POLICIES: Disruptive Student Behavior – handbook (The instructor is in charge of the class. If you have an issue to discuss, you are to discuss it privately at the earliest convenience. The class ends when the instructor says it is ended.

Academic Dishonesty – handbook
Student Dignity – handbook

5:00 – 9:50 PM

JANUARY 10 – MAY 1 2012

- required materials**
- Course Packet
 - 3-ring notebook (2-3")
 - ICD 9 CM Coding Book

evaluation Uniform Grading Scale

100 – 93	A	79 – 77	C+
92 – 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

'C' or above is passing; 'C-' indicates that this class must be repeated.

GRADE DETERMINATION

Record Your Score

⇒	60%	Tests	
⇒	10%	Exercises	
⇒	2%	ICD-10 Exercise	
⇒	1%	Weekly Journal	
⇒	1%	Article	
⇒	1%	Participation & Attendance	
⇒	25%	Comprehensive Final Examination-Part 1, 2, 3	
	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/LATENESSES* **MANDATORY ATTENDANCE.** You are expected to attend each class. If you arrive late, it disturbs the class. When absent from class, the student is responsible for all the information covered during that session including contacting the instructor regarding materials and assignments handed out in class. 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 student. **In class activities cannot be made up.**
- *ASSIGNMENTS* All assignments/worksheets are to be submitted on the date given in class. Assignments are due at the beginning of class. Failure to submit assignments on time or before the due date will result in an automatic **50% deduction** of assigned points. Assignments will not be accepted 1 week from due date. 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 week before the test. Mandatory attendance is required. If you are ill or an emergency occurs, please notify the instructor before class; a voice (phone) mail or e-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

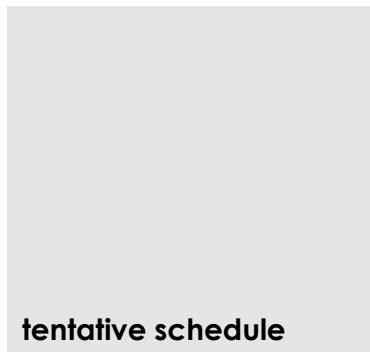
- participates in discussions and group activities
- attempts to answer questions given to the class or group
- ask questions
- expresses herself or himself every once in awhile
- does not offer information in class and does not participate

- RED PEN

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

- CELL PHONES

If you have a cell phone please make sure it is turned off so it will not disturb the instructor or your classmates. I don't want to see cell phones being used during class so please make sure you have it stored away and off during class meeting times.



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. NEOPLASMS
8. CODING, RECORD DOCUMENTATION AND DIAGNOSTIC RELATED GROUPS [DRGs]
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. MISCELLANEOUS
23. DRGs , CASE MIX, AND QUALITY CONTROL

<u>PROJECT 1</u>	<u>DAILY JOURNAL</u>	<u>1 POINT</u>	<u>EACH TEST DAY</u>
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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 electronically. Please do not rewrite the lecture notes; be brief and pertinent. Minimum requirement is at least **one entry per class meeting (i.e. 1 per week)**.

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.

<u>PROJECT 2</u>	<u>JOURNAL ARTICLE REVIEW</u>	<u>1 POINT</u>	<u>DUE: 2-14-2012</u>
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- 1 Typewritten summary of a journal article that relates to ICD coding or reimbursement, 1 to 1½ pages. This article can be taken from the Internet. Article recent (2010 to Present).
- 2 Write a summary of the article. Summary must include:
 - 2.1 What does the article say to you?
 - 2.2 How will it impact practice?

- 2.3 How will it impact you?
- 2.4 Your reaction to the article.
- 3 Attach a stapled copy of the article to the typewritten summary. The instructor will retain the copy; the summary will be returned.
- 4 Evaluation:
- ARTICLE RECENT (2010 TO PRESENT) AND RELATES TO CODING. .25
 - GRAMMAR AND SPELLING .25
 - SUMMARY COMPLETE .25
 - **YOUR REACTION** .25
- 5 Follow this format:

SUSAN ADAMS MRIS 204 – PROJECT 2 FEBRUARY 14, 2012
<p><i>Smith, Susan J. "Coding and Data Integrity". <u>Journal of the American Health Information Management Association</u>. 60/1 (June, 2003, 25-27)</i></p> <p style="text-align: center;"><u>Summary</u></p> <p style="text-align: center;"><u>Reaction</u></p> <p><i>My reaction to this article was</i></p>

<u>PROJECT 3</u>	<u>ICD-10 EXERCISE</u>	<u>2 POINTS</u>	<u>DUE: 4-24-2012</u>
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Details of the assignment will be given later in the semester

<u>PROJECT 4</u>	<u>EXTRA CREDIT NOTEBOOK</u>	<u>1 POINT</u>	<u>DUE: FINAL EXAM DAY 5-1</u>
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- 1 Maintain a three ring notebook (2-3") of the contents of this class.
- 2 The "Notebook" will be evaluated by the professor on the day of the final examination (May 1, 2012) 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.**

ATTITUDE

Charles Swindoll

THE LONGER I LIVE, THE MORE I REALIZE THE IMPACT OF ATTITUDE ON LIFE.

ATTITUDE, TO ME, IS MORE IMPORTANT THAN FACTS.

IT IS MORE IMPORTANT THAN THE PAST, THAN EDUCATION, THAN MONEY, THAN CIRCUMSTANCES, THAN FAILURE, THAN SUCCESS, THAN WHAT OTHER PEOPLE THINK OR SAY OR DO.

IT IS MORE IMPORTANT THAN APPEARANCE, GIFTEDNESS OR SKILL.

IT WILL MAKE OR BREAK A COMPANY...A CHURCH...A HOME.

THE REMARKABLE THING IS WE HAVE A CHOICE EVERYDAY REGARDING THE ATTITUDE WE WILL EMBRACE FOR THAT DAY.

WE CANNOT CHANGE OUR PAST...WE CANNOT CHANGE THE FACT THAT PEOPLE WILL ACT IN A CERTAIN WAY. WE CANNOT CHANGE THE INEVITABLE.

THE ONLY THING WE CAN DO IS PLAY ON THE ONE STRING WE HAVE, AND THAT IS OUR

ATTITUDE.

I AM CONVINCED THAT LIFE IS 10% OF WHAT HAPPENS TO ME AND 90% HOW I REACT TO IT.

MY MRIS 204 ACTION PLAN

THE LETTER GRADE I EXPECT TO EARN:

In MRIS 204, I want to learn:

1. _____
2. _____
3. _____
4. _____
5. _____

MY PLAN, I WILL do the following to EARN the above grade.

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

- ❑ 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 INFORMATION MANAGEMENT
MRIS 211 – CPT CODING
SUMMER 2011**

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

(3 cr.) (2 hours lecture + 2 hours lab)

INSTRUCTOR:

Janna Pacey, RHIA
Office: ATC 139
Phone: 1-616-643-5723
E-mail: JannaPacey@ferris.edu
Office hours: Monday and Wednesday 10:00-3:00
Tuesday 11:00-12:00
Thursday 1:00-5:00
Weather Line: 1-616-643-5678

COURSE SCHEDULE:

EITHER: Tuesdays 12:00-4:20 or Thursdays 5:00-9:20

**REQUIRED COURSE
MATERIALS:**

MRIS 211 CPT Coding, 2011 Edition
Step-by-Step Medical Coding, by Carol Buck, 2011 edition
MRIS 211 CPT Coding Course Pack

EVALUATION:

Uniform grading scale for all medical record courses.

A	100 – 93	B-	82 – 80	D+	69 – 67
A-	92 - 90	C+	79 – 77	D	66 – 63
B+	89 - 87	C	76 – 73	D-	62 – 60
B	86 – 83	C-	72 – 70	F	Below 60

Grade Determination:

20% worksheets
60% quizzes and tests

COURSE POLICIES:

1. **Attendance:** You are expected to attend and participate. When absent from class, the student is responsible for all of the information covered during that session including contacting the instructor regarding materials and assignments handed out in class. 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 student. **In-class activities may not be made up.**

2. **Assignments:** All assignments and/or worksheets are to be submitted on the date given in class. Assignments are due at the beginning of class. Failure to submit assignments on time or before the due date will result in an **automatic 50% deduction** of assigned points. Assignments will not be accepted 1 week from due date.
3. **Exams:** 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 class. Make-up examinations will be allowed at the discretion of the instructor.
4. **Quizzes:** Unannounced quizzes may not be made up.
5. **Department Progression Policy:** You must pass this course with a C (73%) or better to continue on with any MRIS classes. You will be allowed to take the course one more time to attain a C or better. If you do not receive a C or better on the second time of taking the course you will be removed from the program.
6. **Cell Phones:** If you have a cell phone please make sure it is turned off (vibrate) so it will not disturb the instructor or your classmates. I don't want to see cell phones being used during class so please make sure you have it stored away and off (vibrate) during class meeting times.
7. **FSU adheres to the requirements of the Americans with Disabilities Act.** If you are a student with a documented disability who will require accommodations, contact Disabilities Services at 231-591-3057 to determine eligibility. Any student registered with Disabilities Services should contact me as soon as possible for assistance in developing a plan to address your academic needs in this course.

Learning Outcomes: At the end of this course, the student will:

1. Select and sequence medical/surgical procedures using CPT codes
2. Demonstrate proficiency using 3M encoder
3. Demonstrate knowledge of coding compliance

To achieve the learning outcomes, the student will:

1. Discuss the purpose and different levels of HCPCS codes
2. Demonstrate different ways to locate CPT codes using the alphabetic index
3. Illustrate how to apply CPT coding guidelines to ensure accurate code assignment
4. Identify the documentation necessary for code assignment
5. Demonstrate correct use of HCPCS modifiers
6. Assign appropriate section CPT codes to scenarios/case studies using both books and encoder
7. Audit completed Evaluation and Management encounters using AMA worksheet to validate accuracy

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 Management**
 - A. **Subdomain: Health Data Structure, Content and Standards**

2. Conduct analysis to ensure documentation in the health record supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status.
- C. Subdomain: Clinical Classification Systems**
1. Use and maintain electronic applications and work processes to support clinical classification and coding.
 3. Apply procedure codes using CPT/HCPCS
 4. Ensure accuracy of diagnostic/procedural grouping such as DRG, APC and so on
 5. Adhere to current regulations and established guidelines in code assignment
 6. Validate coding accuracy using clinical information found in the health record
 8. Resolve discrepancies between coded data and supporting documentation
- D. Subdomain: Reimbursement Methodologies**
3. Use established guidelines to comply with reimbursement and reporting requirements such as the National Correct Coding Initiative
- III. Domain: Health Services Organization and Delivery**
- B. Subdomain: Healthcare Privacy, Confidentiality, Legal and Ethical Issues**
7. Apply and promote ethical standards of practice
- IV. Domain: Information Technology and Systems**
- A. Subdomain: Information and Communication Technology**
1. Use common software applications such as spreadsheets, databases, word processing, graphics, presentation, e-mail and so on in the execution of work processes.
 2. Use specialized software in the completion of HIM processes such as record tracking, release of information, coding, grouping, registries, billing, quality improvement, and imaging
- V. Domain: Organizational Resources**
- B. Subdomain: Financial and Physical Resources**
3. Monitor coding and revenue cycle processes

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 Management**
- A. Subdomain: Health Data Structure, Content, and Standards**
2. Ensure documentation in the health record supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status
 3. Maintain processes, policies and procedures to ensure the accuracy of coded data
- B. Subdomain: Healthcare Information Requirements and Standards**
2. Maintain organizational compliance with regulations and standards
- C. Subdomain: Clinical Classification Systems**
2. Implement and manage applications and processes for clinical classification and coding
- III. Domain: Health Services Organization and Delivery**
- B. Subdomain: Healthcare Privacy, Confidentiality, Legal and Ethical Issues**
6. Apply and promote ethical standards of practice

GENERAL POLICIES:

Academic Honesty:

The purpose of this policy is to encourage a mature attitude toward learning, to establish sound academic morale, and to discourage illegitimate aid with examinations, class assignments, and laboratory work.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to obtain products or prepared materials, information about a quiz or examination, or copies of work that a student is assigned to do alone and not in collaboration with others. Plagiarism (copying) of written work is also considered an infraction of this policy.

Students are required to present their own work, except under circumstances where the instructor has requested or approved the joint efforts of a group of students.

The penalty for a first offense of willful cheating will be a grade of zero for the assignment. Cheating on a quiz or examination means failure of the course. The student may appeal any decision to the Program Director or Department Head. See Student Handbook, Health Management Department on line at

<http://www.ferris.edu/htmls/colleges/alliedhe/HAhandbook.pdf>

Misconduct and following

Policies on Misconduct and Student Dignity are found at the

Student Dignity:

website:

<http://www.ferris.edu/HTMLS/administration/trustees/boardpolicy/5.htm>

Withdrawal:

The last day to withdraw from the class with a “W” is published on the academic calendars website. Failure to attend class does not constitute withdrawal. The student must follow proper procedure to formally withdraw from the course. Failure to do so will result in a failing grade.

Disruptive Students:

Any student that acts in a disruptive, inappropriate, and/or counter-productive behavior in the classroom will be asked to leave the classroom and the course. If necessary, such a student will be dealt with according to Ferris State University policies.

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
CLINICAL LABORATORY, RESPIRATORY CARE AND HEALTH
ADMINISTRATION PROGRAM DEPARTMENT**

COURSE SYLLABUS – SPRING 2012

**TITLE OF COURSE: MRIS 122 - HEALTH INFORMATION SCIENCE 1
(Lecture/Lab)**

COURSE DESCRIPTION: Various procedures specific to health information practice will be calculation and interpretation of health care statistics, specialized registry and entry and retrieval of medical information into healthcare specific software. Laboratory experiences will reinforce the students understanding of lecture topics. Prerequisites: MRIS 101

INSTRUCTOR: Julie Alles RHIA

Office: VFS 416

Phone: (231) 591-2318 or x2318

(please leave a message)

E-mail: alle2@ferris.edu

OFFICE HOURS:

Monday: 10-11

Tuesday: 2-3

Wednesday: 10-11

Thursday: 2-3

COURSE SCHEDULE: Class meets: Tuesday and Thursday 9:30-10:45 VFS 425

REQUIRED MATERIALS:

Horton, Loretta A., Calculating and Reporting Healthcare Statistics, AHIMA, **3rd edition**, 2006

MATERIALS:

MRIS 122 Course Pack

3 ring binder

Calculator - Bring Calculator to class each time we meet

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

A 100-93

A- 92-90

B+ 89-87

B 86-83

B- 82-80

C+ 79-77

C 76-73

C- 72-70

D+ 69-67

D 66-63

D- 62-60

F 59 and below

GRADE DETERMINATION:

The student's 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, projects, tests and quizzes. Final exam will be comprehensive. QUIZZES CANNOT BE MADE UP!

Attendance is mandatory and will be taken each class/

Absence on a quiz day or in- class assignment day will mean no credit for the quiz or assignment.

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%. No assignments accepted after five days. **(As per program policy)** All assignments are to be typed, untyped assignments are not accepted.

Attendance is essential for successful understanding of the material, as information is often presented in class that is not covered in the textbook or handouts.

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 you must telephone the instructor **prior** to the class hour **and 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. All in class assignments and quizzes** are not allowed to be made up.

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.

Tardiness – Frequent tardiness will result in loss of 10 pts. per occurrence unless a valid excuse is given to the instructor. Missing a quiz due to tardiness results in the loss of quiz points.

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

10. retrieve medical information from relevant databases
11. compute health care statistics
12. complete a birth certificate
13. describe requirements for birth, death, and fetal death certificates
14. complete a death and fetal death certificate as well as ambulatory chart abstraction
15. identify various ways in which statistics are used in health care
16. understand the principals of management as they apply to work processes, work flow, performance monitoring, resource allocation in a health information department

17. describe the roles and responsibility of health information technicians with regard to data security, integrity, and quality
18. identify various ways in which statistics are used in healthcare

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

COURSE POLICIES: Disruptive Student Behavior – handbook (The instructor is in charge of the class. If you have an issue to discuss, you are to discuss it privately at the earliest convenience. The class ends when the instructor says it is ended.

Academic Dishonesty – handbook
Student Dignity – handbook

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
CLINICAL LABORATORY, RESPIRATORY CARE AND HEALTH
ADMINISTRATION PROGRAMS
COURSE SYLLABUS – SPRING 2012
SECTION 001- SLA**

TITLE OF COURSE: MRIS 210 FUNDAMENTALS OF DISEASE PROCESSES

COURSE DESCRIPTION: Introductory study of the nature, cause and treatment of disease processes. Prerequisite: BIOL 109 or 205 and MRIS 103.

INSTRUCTOR: Cindy Konrad, M.S., R.N. Office - VFS 413 E-mail: KonradC@Ferris.edu Phone – 231-591-2298 (please leave a message)	OFFICE HOURS: Monday/Wednesday – 1-2 Tuesday – 1-3 Other times by appointment
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SCHEDULE: CLASS MEETS: Monday & Wednesday 2-2:50 in VFS 325
Thursday 2-2:50 in VFS 425

SLA MEETS: Monday 8-9:15 am in VFS 425
Thursday 5-6:15 am in VFS 326A

STUDENT TEXTS: Daniels, Rick, Delmar's Manual of Laboratory and Diagnostic Tests, 2nd edition 2010
Gould, Barbara, Pathophysiology for the Health Professions, 4th Edition, Saunders, 2011
Nursing 2011 or 2012 Drug Handbook, Lippincott, Williams & Wilkins, 2011 or 2012

EVALUATION:

COLLEGE OF ALLIED HEALTH SCIENCES GRADING SCALE:

A 100-93	C+ 79-77	D- 62-60
A- 92-90	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 will come from assignments, quizzes and tests.

A student must pass the class with a 73% or better to progress in the Health Information Programs or Health Care Systems Administration Program. Two unsuccessful attempts will mean removal from the program.

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 50% of the grade per day late, not accepted after five days.

Attendance is mandatory and will be taken daily. 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 telephone call prior to the class hour and a physician's note for illness, obituary notice for funeral attendance or other documentation so stated by the instructor. This notice must be brought to the next regular class session.

QUIZZES CANNOT BE MADE UP

Tardiness – Frequent tardiness will result in loss of 10 pts. per occurrence unless a valid excuse is given to the teacher. Missing a quiz due to tardiness results in the loss of quiz points.

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: Lecture, class discussion, study sheets, mini-papers, exams, quizzes, case studies.

COURSE POLICIES: Disruptive Student, Academic Dishonesty and Student Dignity policies – see Student Handbook

Classroom Behavior Expectations and Cell Phone Policy – see attachments

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INTRODUCTION

The time has arrived! You are about to enter an exciting and challenging phase of your educational career – your hospital-based internship 1. The value of your internship experience will be determined, in large part, by your **attitude, work ethic, and professionalism**. YOUR desire to learn and 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).

OVERVIEW

During your 240 hour full-time internship, you will be assigned to the health information management department. This will give you exposure to the many related functions necessary in an effective operational area. It will also give you an opportunity to work extensively with a primary group of practitioners, an opportunity to see day-to-day operations of the department. This is an opportunity to learn about the practical side of healthcare from the practitioners themselves.

The assignment requirements of this internship are intended to benefit both the HCO and you. You will benefit the HCO by:

1. Adding an extra pair of hands,
2. Devoting energy, knowledge, and 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 Projects

Weekly reports are to be in memo format. Use FerrisConnect or E-mail each memo as an **attachment** to your FSU Faculty Mentor. Each memo is worth 5 points (30 points for 6 weeks).

All projects are to be computer generated. Send the original to your FSU Faculty Mentor at Ferris State University. Whenever possible, attach samples of facility reports.

Projects will be retained by the Health Administration Program at FSU for one year; you should *make copies for yourself*. **Do not email or fax your projects; US Mail or hand delivered.**

Contact your FSU Faculty Mentor if you are unable to adhere to the due date as specified.

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.

Progress and Site Coordinator Evaluation of the Student

Your Site Coordinator 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 Site Coordinator will be requested to evaluate you during the third week of the internship. All completed evaluations will be sent to your FSU Faculty Mentor. 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. Under severe circumstances, the student may be removed from the internship experience.

A 'Site Coordinator's Final Assessment of Intern's Performance' 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 Site Coordinator evaluations will be sent to and graded by the FSU Faculty Mentor, he or she is responsible for determining your final grade. See page 14, Project Requirements and Point Allocation.

INTERN INFORMATION

INTERNSHIP HOURS AND WORK ROTATION

You will complete 240 hours (6 weeks x 40 hours per week) of a hospital based internship at the designated site; work schedule will be determined by the site. You must contact the site at least two (2) weeks before the start of the internship to determine arrival time.

INTERNSHIP FSU FACULTY MENTORS

Paula Hagstrom	Paula Koning	Cindy Konrad	Janna Pacey	Marie Sickelsteel
VFS 400	FSU Grand Rapids	VFS 413	FSU Grand Rapids	VFS 412
231 591-2316	151 Fountain St. NE	231 591-2298	151 Fountain St. NE	231 591-2321
hagstrop@ferris.edu	Grand Rapids, MI 49503	konradc@ferris.edu	Grand Rapids, MI 49503	sickelsm@ferris.edu
	PaulaKoning@ferris.edu		JannaPacey@ferris.edu	
	616 643 5726		616 643 5723	
	Use above address.		Use above address.	

Address to: (name of FSU Faculty Mentor)
 VFS _____
 Ferris State University
 200 Ferris Drive
 Big Rapids, MI 49307

You will be monitored by a FSU Faculty Mentor during your internship. Visits may be held in conjunction with other students. A Intern or Site Coordinator experiencing problems may request an on-site visit.

If you are unable to reach your FSU Faculty Mentor, contact the internship coordinator or department head:

Marie Sickelsteel
Internship Coordinator
231 591-2321
sickelsm@ferris.edu

Greg Zimmerman
Department Head
231-591-2313
zimmerg@ferris.edu

OTHER

Professional courtesy and a respect for confidentiality should be exhibited at all times. You are the **guest** of the HCO.

When copies of reports are requested as part of your project, delete all name specific references for the HCO and 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.

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 and value to the HCO. In large part, the value of your hospital-based internship rests in YOUR hands.

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:
 - 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.
 - Not chew gum.
2. When interacting with Site Coordinator 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.
 - Not chew gum.
3. When interacting with patients, you should:
 - Not chew gum.
 - 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.

“THANK YOUs”

Professional courtesy suggests a follow-up after you complete your internship. Please prepare and mail “thank-you” notes to your Site Coordinator and the departments where you spent your internship. Forward a copy of your thank you note to your FSU Faculty Mentor. PROOF READ carefully before mailing!

INTERNSHIP POLICIES

1. The FSU Academic Calendar will be followed regarding holidays and recesses. **Per FSU policy no intern is allowed at the site during these specified dates.** Time must be made up. Your site coordinator will be advised of these dates.
2. Contact your Site Coordinator at least two (2) weeks before the starting date to determine hours you will be working.
3. 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.
4. You are to report to the internship site at 9:00 A.M. on the first morning unless otherwise arranged with the Site Coordinator.
5. 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.
6. Do not use your cell phone during working hours. Personal telephone calls are not to be made within the department or during working hours. Cell phone use during breaks and lunch time would be permitted.
7. You will be working a minimum 8 hours per day, 40 hours per week for 6, 10, or 12 continuous weeks; unless other hours have been prearranged with your site coordinator and your faculty contact.
8. 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.
9. 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.
10. While at the internship site, you are responsible to the Site Coordinator or his or her designee. You are expected to follow 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 know and understand the rules and regulations.

11. If any problems arise, they should be brought to the attention of your Site Coordinator. However, the FSU Faculty Mentor is available by phone or email should you need consultation at any time. You will be advised as to which FSU Faculty Mentor will be supervising your internship.
12. You are responsible for costs incurred during internship -- housing, food, transportation, parking, and for miscellaneous items, both on and off campus.
13. When you move from one work area to another, 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.
14. 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.
15. You will be scheduled to be involved with a variety of functions. During this time, you will collect information for projects. **Project completion is not to be done during your internship working hours.**
16. Should you become ill while on duty, notify your Site Coordinator. 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. An affiliation site may terminate the internship.
 - o The Site Coordinator will contact the FSU Faculty Mentor or Internship Coordinator regarding the decision to terminate the internship.
 - o A meeting between the student and the FSU Faculty Mentor or Internship Coordinator will be scheduled to obtain the interns perception regarding the termination.
 - o If a student is removed from an internship site due to professional misconduct or academic performance, the entire internship will have to be repeated. If the intern chooses to terminate his or her internship, the internship will have to be repeated.
 - o At this time, a decision will be made as to whether the student intern will seek a new internship site or be required to repeat an internship..

- A repeat internship will have a contractual requirement related to the cause of removal from the first internship. This contract will be utilized during a repeat internship.
19. APPEAL – Each student will have the right to appeal an academic or disciplinary termination from an affiliation site.
 20. The student intern shall first appeal within five (5) working days to the Department Head of the Clinical Lab., Respiratory, and Health Administration Programs, who shall inform the student intern of his/her decision in writing within three (3) working days.
 21. 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 Department Head of the Clinical Lab., Respiratory, and Health Administration Programs, he/she shall file an appeal within five (5) 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 (5) working days.
 22. If a student is removed from an internship site due to professional misconduct or academic performance, the entire internship will have to be repeated. If the intern chooses to terminate his or her internship, the internship will have to be repeated.
 - 23. Review CAHS Policy 5.0 Student Conflict Resolution, page 7.**
 - 24. Enjoy your internship! *Open yourself up to this valuable experience, begin networking, and challenge yourself. Remember – your growth is directly related to your proactive involvement and follow through.***

CAHS Policy 5.0 Student Conflict Resolution

When a student has an issue with a grade, internship or other student/faculty issue, it is the responsibility of the student to use a progressive procedure to resolve the issue. This policy provides a step-by-step means of resolving student/faculty issues. Individual programs may have other specific steps for resolving student/faculty issues.

5.1 The first step in resolving a grade, internship or other student/faculty issue is for the student to talk to the Faculty Mentor about the situation. There may be a simple remedy (e.g., a calculation error and the Faculty Mentor can make the correction with a change of grade form). The student and Faculty Mentor must try to resolve the issue within five business days of the initial meeting of the student and Faculty Mentor. All discussions will be recorded and placed in the student's file.

5.2 If the issue is not resolved between the student and Faculty Mentor within five days, the next step is for the student to submit a written request, stating the issue of concern, to the Department Head. After reading the documentation between the student and Faculty Mentor, the Department Head will meet with the student and Faculty Mentor to hear both sides of the situation and analyze the issue. The Department Head will render a decision on the issue and inform the student and Faculty Mentor in writing within five business days of the meeting. If the student does not agree with the decision, he/she may petition in writing to the Dean. All discussions will be recorded and placed in the student's file.

5.3 If the issue is not resolved by the Department Head within five days, the next step is for the student to submit a written request, stating the issue, to the Dean. After reading the documentation between the student and Faculty Mentor, and the Department Head's decision, the Dean will meet with the student, Faculty Mentor and Department Head to hear all sides of the situation and analyze the issue. The Dean will render a decision on the issue and inform the student, Faculty Mentor and Department Head in writing within five business days of the meeting. The decision of the dean is final. All discussions will be recorded and placed in the student's file.

5.4 If the student does not agree with the decision of the Dean, he/she may petition in writing to the office of the VPAA according to the respective policies and procedures of that office. All discussions will be recorded and placed in the student's file.

5.5 According to FSU Academic Policy 04:4, Students have one year to appeal a course grade. After a year, grades cannot be changed. All other issues must be resolved within the semester the issue occurred or within the following semester at the latest.

Steps in the Student/Faculty Issue Resolution: Progressive Only if Required

Step	Parties Involved	Timeline (Business Days)
Step 1 Student meets with faculty member	Student/Faculty	5 days
Step 2 Student meets with Faculty/Department Head	Student/Faculty/Department Head	5 days
Step 3 Student meets with Faculty/Department Head and Dean	Student/Faculty/Department Head/Dean	5 days
Step 4 Student petitions Office of VPAA	Student and appropriate Representative of VPAA	According to VPAA Policies/Procedures

In all cases for steps 1 to 3, if the issue occurs at the end of the semester, the business day count will continue into the next semester, including summer semesters.

OBJECTIVES

1.	Attend the HCO orientation session for new employees.
2.	ADHERE TO THE DRESS CODE.
3.	ABIDE BY THE EMPLOYEE RULES AND REGULATIONS OF THE INTERNSHIP.
4.	ABIDE BY THE AHIMA CODE OF ETHICS.
5.	MAINTAIN A COOPERATIVE ATTITUDE THROUGHOUT THE CLINICAL EXPERIENCE.
6.	ACCEPT RESPONSIBILITY FOR ASSIGNED TASKS (PROJECT) AND FOR INITIATING DISCUSSION THAT WILL ENHANCE THE LEARNING EXPERIENCE.
7.	REPRESENT THE HEALTH INFORMATION MANAGEMENT PROGRAM AT FERRIS STATE UNIVERSITY IN A PROFESSIONAL MANNER.
8.	SUPPORT ACCURATE BILLING THROUGH CODING, CHARGEMASTER, CLAIMS MANAGEMENT AND BILL RECONCILIATION PROCESSES. (BILLING DEP PROJECT)

9.	APPLY POLICIES AND PROCEDURES TO ASSURE ORGANIZATIONAL COMPLIANCE WITH REGULATIONS AND STANDARDS. (REGULATORY AGENCIES)
10.	COLLECT, ORGANIZE AND PRESENT DATA FOR QUALITY MANAGEMENT. (MR REVIEW)
11.	CONDUCT ANALYSIS TO ASSURE THAT DOCUMENTATION IN THE HEALTH RECORD SUPPORTS THE DIAGNOSIS AND REFLECTS THE PROGRESS, CLINICAL FINDINGS AND DISCHARGE STATUS. (MR REVIEW)
12.	ABSTRACT AND REPORT DATA FOR FACILITY-WIDE QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT PROGRAMS. (MR REVIEW)
13.	ADHERE TO CURRENT REGULATIONS AND ESTABLISHED GUIDELINES IN CODE ASSIGNMENT.
14.	USE AND MAINTAIN ELECTRONIC APPLICATIONS FOR CLINICAL CLASSIFICATION AND CODING. (CODING SOFTWARE)
15.	USE SPECIALIZED SOFTWARE IN THE COMPLETION OF HIM PROCESSES SUCH AS RECORD TRACKING, RELEASE OF INFORMATION, CODING GROUPING, REGISTRIES, BILLING, QUALITY IMPROVEMENT, AND IMAGING.
16.	USE QUALITY IMPROVEMENT TOOLS AND TECHNIQUES TO MONITOR, REPORT AND IMPROVE PROCESSES.
17.	APPLY CONFIDENTIALITY AND SECURITY MEASURES TO PROTECT ELECTRONIC HEALTH INFORMATION.
18.	PROTECT DATA INTEGRITY AND VALIDITY USING SOFTWARE OR HARDWARE TECHNOLOGY.
19.	APPLY DEPARTMENTAL AND ORGANIZATIONAL DATA AND INFORMATION SYSTEM SECURITY POLICIES.
20.	USE APPROPRIATE ELECTRONIC OR IMAGING TECHNOLOGY FOR DATA/RECORD STORAGE.

SITE COORDINATOR INFORMATION GENERAL COMMENTS AND SUGGESTIONS

Ferris State University, in compliance with the "Essentials for Accredited Programs in Health Information Management," 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 healthcare setting. The Health Information Management (HIM) intern spends an additional 10 weeks in the healthcare setting applying management principles.

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 interns in this 6 week internship.

SCHEDULE AND ITS IMPLEMENTATION

1. The intern can be scheduled to work with any employee in the department as long as he/she remains under the overall direction of the Site Coordinator.
2. 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 **Intern Statement of Confidentiality** sheet and complete the **MRIS Intern Data Form**.

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

2. Interns have been instructed to report to you prior to the scheduled starting time if they must be absent. If the 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 FSU Faculty Mentor.
3. Meeting attendance is encouraged. Please inform the intern when he/she may attend a meeting.
4. 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.
5. Discuss lead time regarding project completion and evaluation.
6. 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.

EVALUATION

1. Complete and sign a 'Site Coordinator Project Evaluation' form for **ALL** written intern projects where it is required. **Please, only review (do NOT rewrite or correct) student** projects. With this evaluation, the FSU Faculty Mentor will receive valuable input for assigning an appropriate grade to each project.

2. Complete and return a one (1) page evaluation on the intern that will be mailed to you the 3rd week of the internship.
 - 2.1 The purpose of these evaluations is to monitor intern progress.
 - 2.2 Additional evaluations may be requested, if intern progress is unsatisfactory.
 - 2.3 Each evaluation should be discussed with the intern. The intern is required to review and sign the evaluation.
3. Near the end of the internship, a 'Site Coordinator's Final Assessment of the Intern's Performance' will be mailed to you. Please complete and return it to the FSU Faculty Mentor at the University. We ask that you discuss the evaluation with the intern before he/she leaves your institution. The intern is to sign the evaluation.
4. An intern signature on an evaluation indicates that the evaluation has been reviewed; it does not indicate agreement.
5. The intern will complete an evaluation of the internship experience and site 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 memos from the intern to the faculty contact person.
2. If it will not disrupt work flow in a department, we ask that interns 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 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. An affiliation site may terminate the internship.
 - a. The Site Coordinator will contact the FSU Faculty Mentor or Internship Coordinator regarding the decision to terminate the internship.
 - b. A meeting between the student and the FSU Faculty Mentor or Internship Coordinator will be scheduled to obtain the interns perception regarding the termination.
 - c. If a student is removed from an internship site due to professional misconduct or academic performance, the entire internship will have to be repeated. If the intern chooses to terminate his or her internship, the internship will have to be repeated.
 - d. At this time, a decision will be made as to whether the student intern will seek a new internship site or be required to repeat an internship..
 - e. A repeat internship will have a contractual requirement related to the cause of removal from the first internship. This contract will be utilized during a repeat internship.
4. APPEAL – Each student will have the right to appeal an academic or disciplinary termination from an affiliation site.
5. The student intern shall first appeal within five (5) working days to the Department Head of the Clinical Lab., Respiratory, and Health Administration Programs, who shall inform the student intern of his/her decision in writing within three (3) working days.
6. 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 Department Head of the Clinical Lab., Respiratory, and Health Administration Programs, he/she shall file an appeal within five (5) 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 (5) working days.

7. If an intern is removed from an internship site due to professional misconduct or academic performance the entire internship will have to be repeated. If the intern chooses to terminate his or her internship, the internship will have to be repeated.

8. Review CAHS Policy 5.0 Student Conflict Resolution, page 7.

PROJECT AND EVALUATION OVERVIEW

1. Due Dates

One week AFTER beginning internship (Monday of Week 2):

- Complete Information Sheet
- Signed copy of Intern Statement of Confidentiality

Weekly Memos	Each Monday, Email or FerrisConnect as an <u>attachment</u>
<u>Week 2</u>	2 projects, postmarked Monday
<u>Week 4</u>	4 projects, postmarked Monday
<u>Week 5</u>	7 projects, postmarked Monday
<u>Week 7</u>	4 projects, postmarked Friday

- A 20% late penalty if projects are postmarked within 7 calendar days of the due date. After 7 calendar days, the project is worth zero (0).
- Projects **DO NOT** have specifically defined due dates.
- Most projects will require a Site Coordinator Project Evaluation. The Site Coordinator is not responsible for correcting or writing your projects, rather he/she is to offer guidance and input.
- Time management and planning is crucial - **PLAN – DO – CHECK – ACT**
- Submit projects throughout the 6 weeks.

Project Format:

- All projects must have a cover page that includes:
 - Your name
 - Facility
 - Date
 - Project title and number
- List each question (**bold**) by number and give your response. Address all project items. 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.
- Computer generated and professional appearance. Free of grammatical or spelling errors (1 point per error).
- Maximum 1 inch margins; font 11-12
- Project content:
 - Organization and format
 - Clarity,, depth and breadth of answers are part of the evaluation
 - Grading rubrics will be utilized to determine points for each project.
 - Points will be deducted for failure to follow these guiding principles.
- As appropriate, include attachments of key documents that

exemplify your discussions. Note and label these as 'Attachment A', 'Attachment B' etc.

- **Staple** each project, don't use paper clips. Metal binder clips may be used for large documents.
- Do not place projects in sheet protectors.
- *Projects are generally produced during non-working hours.*
Interns are not expected to work on personal projects during internship hours. The intern will gather information on site
- Always send original project to Faculty Mentor. Attachments of site samples often strengthen your project. **Send US mail or hand deliver; fax not accepted.**

Rubric for Internship Projects (Agreed 12/2/2010)

		50%	60%	75%	85%	100%
Criteria	Absent or lacking	Insufficient (incomplete, errors, inconsistent)	Needs Improvement	Adequate (accurate/complete but focus on separate points rather than integrating concept of the question.)	Good	Excellent (complete, thorough, articulate, showing understanding of relationship of question to health care administration)
Clarity of Answers		Answer does not communicate a clear connection between project question and provided response.		Answered in general terms, response did not indicate thorough understanding of project question.		Clear and thorough coverage of question, providing specific examples when indicated.
	0	5/10	6/12	7/15	8/17	10/20
Depth and Breadth of Answers		Displays little understanding of the project questions or the underlying concept being asked.		Displays some understanding of the project question. None or limited use of examples, specifics, attachments or appendices to explain answer are provided.		Displays an excellent understanding of the project question and the underlying concept of question. Uses attachments, flowcharts or appendices when appropriate to support important points.
	0	5/10	6/12	7/15	8/17	10/20
Project Format		Project did not meet required format; cover page, typed questions, proper margins, proper labeling of attachments.		Project met the majority of required format but may have lacked a cover page, typed questions, proper margins, or proper labeling of attachments.		Project met all required formats: cover page, typed questions, proper margins, proper labeling of attachments.
	0	2/5	3/6	4/7	4/8	5/10
						25/50

***Please remember that proofing errors are considered outside this rubric.
*Grammatical or spelling errors (1 point per error)**

ASSIGNMENTS AND POINT ALLOCATION

POINTS		ASSIGNMENTS	
---------------	--	--------------------	--

5		INTERNSHIP INFORMATION SHEET	COMPLETE, SIGNED, AND SENT BY MONDAY OF WEEK 2.
		STATEMENT OF CONFIDENTIALITY	COMPLETE, SIGNED, AND SENT BY MONDAY OF WEEK 2.
30		WEEKLY MEMO	A <u>WEEKLY MEMO</u> OF DAILY ACTIVITIES; E-MAIL
		PROJECTS	A – ACTIVITY SHEET SC = SITE COORDINATOR FORM
20	1.	FACILITY ORIENTATION	WRITTEN REPORT W/ SC EVALUATION FORM
25	2.	DEPT CONTRIBUTIONS – SHORT TERM	WRITTEN REPORT W/ SC EVALUATION FORM
25	3.	DEPT CONTRIBUTIONS – LONG TERM	WRITTEN REPORT W/ SC EVALUATION FORM
15	4.	STORAGE & RETRIEVAL	ACTIVITY CHECKLIST W/ SC SIGNATURE
15	5.	DISCHARGE ANALYSIS	ACTIVITY CHECKLIST W/ SC SIGNATURE
15	6.	INCOMPLETE CHART TRACKING	ACTIVITY CHECKLIST W/ SC SIGNATURE
15	7.	RELEASE OF INFORMATION	ACTIVITY CHECKLIST W/ SC SIGNATURE
30	8.	PATIENT BILLING DEPARTMENT	WRITTEN REPORT W/ SC EVALUATION FORM
25	9.	REGULATORY AGENCIES	WRITTEN REPORT W/ SC EVALUATION FORM
50	10	INPATIENT ICD CODING	ACTIVITY CHECKLIST W/ SC SIGNATURE
50	11	OUTPATIENT CPT/ICD CODING	ACTIVITY CHECKLIST W/ SC SIGNATURE
30	12	PRIVACY PROTECTION PROGRAM- HIPAA	WRITTEN REPORT W/ SC EVALUATION FORM
25	13	UTILIZATION MANAGEMENT	ACTIVITY CHECKLIST W/ SC SIGNATURE
50	14	HEALTH RECORD COMPLIANCE	WRITTEN REPORT W/ SC EVALUATION FORM
50	15	OVERVIEW OF CLINICAL SITE	WRITTEN REPORT W/ SC EVALUATION FORM
10	16	INTERN'S EVAL OF INTERNSHIP	COMPLETE AND SIGNED.
5	17	THANK YOU	A <u>COPY</u> OF AT LEAST ONE OF YOUR THANK YOU NOTES TO PERSONNEL WHO ASSISTED YOU IN YOUR INTERNSHIP.
		EVALUATION	
50		SC'S FINAL ASSESSMENT OF INTERN'S PERFORMANCE	SITE COORDINATOR WILL COMPLETE AND MAIL TO FSU FACULTY MENTOR.

540		TOTAL POINTS	
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**Information Sheet
(Send 1st week of internship)**

This form is to provide information to allow the FSU Faculty Mentor to contact the intern or site coordinator. **Write clearly.**

Intern Information

Name	
Semester and year of internship	293
Beginning date	
Ending date	
Student Number	
Phone number during internship (at site)	
Phone number, cell or permanent	
Mailing address during internship (home)	
E-mail	
Permanent mailing address (home)	

Site Coordinator Information (MAY ATTACH BUSINESS CARD)

Name	
Title	
Phone	
Fax (if known)	
E-mail	

Site Information

Name	
Department	
Address	

Phone	
-------	--

Intern Signature	Date

Send – Attachment B

<p style="text-align: center;">INTERN STATEMENT OF CONFIDENTIALITY HEALTH INFORMATION MANAGEMENT DEPARTMENT</p>
--

Confidential Information includes, but is not limited to, patient information and health records, information pertinent to employees and their employee records, and the facility, business and financial information. Confidential information includes information heard and obtained from others.

I agree to use caution to avoid being overheard by others and will not discuss any Confidential Information in public areas, including hallways, elevators, and the cafeteria.

I understand that any violation of the Confidential Information policy may result in termination of my internship. The following actions are necessary should I breach this confidence.

1. My Site Coordinator will contact my FSU Faculty Mentor immediately.
2. My FSU Faculty Mentor, 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.

Intern Signature	Date	Site Coordinator Signature	Date

Send – Attachment C

Weekly Memos

- This weekly memo **does not** have to be signed by the Site Coordinator.
- Complete the memo 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?"
- Submit weekly! Email as an **attachment**; email by the following Monday.

FORMAT:

TO: (name of FSU Faculty Mentor)

FROM: (your name)

SUBJ: Week #_____, January 14-18, 200_; (five days of the week Monday-Friday)

DATE: May 16, 20__

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Comments/Questions: i.e. How is it going?

Include:

- *At least 2-3 sentences, of each day (list each day separately); 1 - 2 pages in length.*
- *A daily record of your activities, events, and interactions with people, departments, and other situations. Comment on your reactions to these occurrences, and conclude with what you have learned.*
- *Note any problems you are having, or concerns you wish to share with the FSU Faculty Mentor.*
- *Always notify your FSU Faculty Mentor of any problem so that he or she can follow up with you promptly. **DO NOT WAIT UNTIL THE END OF THE***

INTERNSHIP TO MENTION PROBLEMS RELATED TO THE INTERNSHIP OR THE PROJECTS.

PROJECT 1	ORIENTATION	20 Points
Attend the HCO orientation session for new employees.		
Describe:		
<ol style="list-style-type: none"> 1. Areas covered 2. Content of those areas 3. Your reaction to the session. 4. Attach the HCO agenda that includes the date of the HCO orientation. 		

DEPARTMENTAL CONTRIBUTIONS		
Project 2	Short Term	25 Points
Project 3	Long Term	25 Points
Project	Assignment	Description
#2 Short Term	Describe: <ol style="list-style-type: none"> 1. The purpose 2. Tools utilized 3. Time spent 4. What you did 5. How you knew what to do 6. How you reviewed your final version 7. What you learned by completing the project 	<ul style="list-style-type: none"> • Complete a short term project. • Assigned to you by your Site Coordinator.
#3 Long Term	Describe: <ol style="list-style-type: none"> 1. The purpose 2. Tools utilized 3. Time spent 4. What you did 5. How you knew what to do 6. What you learned by working on the project 	<ul style="list-style-type: none"> • Complete a long term project. • Assigned to you by your Site Coordinator.

Site Coordinator Evaluation required for each project.

PROJECT 4 - STORAGE AND RETRIEVAL

NAME:	POINTS	15
FACILITY:	DATE:	

The following is a list of Storage and Retrieval tasks. Check the 'M/E' column if you did the activity ['M' if done manually and an 'E' if electronic]. 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 'E'	DN O	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(i.e. QI or performance review) and retrieve records			
Receive requests from other departments for reports			
Complete chart tracking mechanisms for records			
Retrieve records via:			
• paper-based			
• microfilm			
• digital scanning (i.e. optical disk)			
• other			
Sign out chart to requesting department			
Demonstrates understanding of MPI as "key" to patient record by utilizing MPI for location of records			
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 5 - DISCHARGE ANALYSIS

NAME:	POINTS	15
FACILITY:	DATE:	

The following is a list of Discharge Analysis tasks. Check the 'M/E' column if you did the activity with an 'M' if done manually and an 'E' if electronic. 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 'E'	DN O	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			
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:

Site Coordinator or Supervisor Signature

Date

PROJECT 6 – INCOMPLETE RECORD TRACKING

NAME:	POINTS	15
FACILITY:	DATE:	

The following is a list of Incomplete Record Tracking tasks. Check the 'M/E' column if you did the activity with an 'M' if done manually and an 'E' if electronic. 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 'E'	DN O	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			
<i>Prepare and update physicians incomplete and delinquent record list – inpatient and outpatient</i>			
Notify physicians of incomplete and delinquent records - inpatient and outpatient			
Notify the medical staff and administration of practitioners with incomplete and delinquent records - inpatient and outpatient			
Outpatient			
OTHER [list and describe if necessary]			

COMMENTS:

PROJECT EVALUATION BY SITE COORDINATOR - INCOMPLETE RECORD TRACKING

- 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 Tracking 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 I

PROJECT 7 - RELEASE OF INFORMATION

NAME:	POINTS	15
FACILITY:	DATE:	

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 'E' if electronic. 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 'E'	DN O	NA
Follow the facility's ROI policies and procedures			
Operate and follow FAX policies and procedures			
Receive and date requests			
Log in requests			
Check validity of request			
Use MPI to locate patient's number			
Prepare out guides			
Retrieve patient's record			
Copy needed pages of record			
Calculate appropriate charges			
Prepare invoice			
Record information that was sent			
Place response in mail			
Receive subpoena or court order			
Log in subpoena			
Validate a subpoena			
Copy records			
Prepare certification document for signature of Director			
Answer phone requests for patient information			
Respond appropriately to phone request			
Complete appropriate form to request records from other health facilities			
Respond to a walk-in request for information			
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:

Site Coordinator or Supervisor Signature

Date

Send - Attachment H

PROJECT 8

**PATIENT ACCOUNTING BILLING
DEPARTMENT**

30 Points

Spend time in the Patient Billing Department with a biller for each financial class- Medicare, Medicaid, HMO, 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 department) submitted to a third party payor (Medicare, Medicaid, and one third party payor) and compare what was billed with the reimbursement received.
 - **Describe your comparison findings for each claim. Include copies of claim forms reviewed; delete all patient ID on any form.**
2. Visit the Patient Billing Department and collect the following information:
 - 2.1. What is the "Charge Master?"
 - 2.2. How is it used and how are changes and updates processed?
 - 2.3. Who is responsible for maintenance of the charge master?
 - 2.4. Explain how bills are processed - electronic, hard copy.
 - 2.5. Explain how the Health Information Management Department affects the billing process.
 - 2.6. Analyze and describe the working relationship between Health Information Management and Patient Accounting.
 - 2.6.1. What are the implications of the answer?
 - 2.7. Describe any diagnoses coding done in the Patient Billing Department.
 - 2.8. Describe the reimbursement monitoring and reporting.
 - 2.9. Is there a future for the Health Information Management Practitioner in the Patient Billing Department?

NOTE:

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

Purpose	An understanding of the myriad rules and regulations that govern health care is essential to your entry level health care knowledge base.
Assignment	<p>Discover the ways that regulatory and accreditation agencies influence daily operations in your department.</p> <p>Describe <u>two (2) examples per agency</u> for at least <u>three (3) agencies</u> below.</p> <p><u>Identify</u> the agency, state the law, rule, or guideline and <u>describe</u> how the department (HCO) meets this requirement.</p> <ol style="list-style-type: none"> 1. OSHA (or MI-OSHA) 2. ERISA, ADA, or FMLA 3. JC or AOA 4. CMS 5. MPRO 6. State of Michigan

Example:

Agency 1	Law/rule/guideline	How is this met?
Agency 1	Law/rule/guideline	How is this met?
Agency 2	Law/rule/guideline	How is this met?
Agency 2	Law/rule/guideline	How is this met?
Agency 3	Law/rule/guideline	How is this met?

Agency 3	Law/rule/guideline	How is this met?
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PROJECT 10	ICD IN-PATIENT CODING	50 POINTS
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NAME:	POINTS	50
FACILITY:	DATE:	

Follow the facility's control procedures to assure accuracy and completeness of coded materials and DRG assignment.

- ❑ Identify and code (ICD) conditions and procedures from a minimum of 30 inpatient records from various hospital services. This includes review of the face sheet and the records.) (10 medical, 10 surgical, 5 OB, 5 NB)
- ❑ Assign DRGs to all inpatient records coded.
- ❑ **Attach copies of worksheets showing your work. Delete all patient identification.**

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

PROJECT 11	CPT & ICD OUTPATIENT CODING	50 POINTS
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NAME:	POINTS	50
FACILITY:	DATE:	

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].

- **Attach copies of worksheets showing your work. Delete all patient identification.**

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

**PROJECT 12 PRIVACY PROTECTION PROGRAM PROJECT
(HIPAA)**

**30
POINTS**

Interview the Chief Privacy Officer (CPO), who is responsible for monitoring and assuring the facility's compliance with the regulations pertaining to the privacy of patient records.

- 1 The name of the CPO or designee. Briefly describe the individual's background and formal training.
- 2 What other position(s) does the CPO hold?
- 3 Briefly explain how the CPO developed and implemented the privacy policies. Were committees organized? Was the approach used to create the policy at the department level and accepted upward, or was it instituted at the executive level and handed down?
- 4 Discuss the methods and procedures used for monitoring the institution's privacy program.
 - Create and attach a flow chart showing this process.
- 5 Discuss the staff-training program process used to assure current and new staff personnel have received the mandatory training. (Attach an outline or agenda of the training program used.)
- 6 Discuss the process used when a complaint is received regarding the possibility of a breach in security. What procedures are in place for the resolution of the complaint? What basic documentation is completed (format), reported, and maintained? How long are the records kept?
- 7 What process is in place to maintain and monitor data security?
- 8 List any additional comments by the CPO as to concerns or recommendations to be made in the future.

PROJECT 13	UTILIZATION REVIEW/MANAGEMENT/MEDICAL NECESSITY	25 POINTS
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NAME:	POINTS	25
FACILITY:	DATE:	

Check items appropriately. All activities will be supervised by the Utilization Review Coordinator; the intern must be exposed to not less than 10 cases of varied services.

<u>Activity</u>	'M' or 'E'	DN O	NA
1. Conduct an admission/episode of care review. Determine medical necessity and appropriateness of the admission/episode of care using approved criteria.			
2. Assign an initial LOS and review date to all admissions deemed necessary.			
3. Record information needed on worksheets for the concurrent review process.			
4. Make determinations with respect to medical necessity and appropriateness of continued stay using approved criteria.			
5. Certify an additional continued stay period when determined to be medically necessary using approved criteria			
6. OTHER [list and describe if necessary]			
7. Attach copies of 4 of your worksheets used in the above process [ID removed].			

Alternate Site - interns in a nonacute care setting.

Describe the participation in the UM process – i.e. severity of illness, medical necessity.

- Attach documentation

COMMENTS:

**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:

UR Coordinator Signature

Date

Send - Attachment E

PROJECT 14

HEALTH RECORD COMPLIANCE

50 Points

Start this project early and stay focused.

1. Using the attached criteria review 25 completed inpatient medical records. You must compare each record to all items listed if applicable. Example: #11 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 the results of your findings in a **table** format, not paragraph form. Also display the data using a CQI tool – appropriate **graph(s)**.
4. The project report must be titled 'Health Record Compliance.' Include the facility name, day prepared, and time frame for patient information collected.
5. At the end of the report, include a summary of:
5.1. overall findings – outcome data (table) and a graph
5.2. recommendations
5.3. your reaction to the record review process
6. 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.
7. If you have questions about this project, ask your Site Coordinator early in the internship.
8. **Start this project early and stay focused.** This project can be worked on at different times throughout your internship, especially if you have a hour or more of free time.

CRITERIA:

HEALTH RECORD COMPLIANCE

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. Report of relevant physical examination
4. Statement on the conclusions or impressions drawn from the admission history and physical
5. Statement of the course of action planned for this episode of care and its periodical review, as appropriate
6. Diagnostic and therapeutic orders
7. Evidence of appropriate informed consent
8. Clinical observations, including the results of therapy
9. Progress notes made by the medical staff and other authorized staff
10. Consultation reports
11. Reports of operative and other invasive procedures, tests, and their results
12. Reports of any diagnostic and therapeutic procedures, such as pathology and clinical laboratory examinations and radiology and nuclear medicine examinations or treatments
13. Diagnoses and Procedures (principal and secondary)
14. Discharge Summary:
 - 14.1. reason for admission
 - 14.2. significant findings
 - 14.3. procedure performed and care, treatment, and services provided
 - 14.4. patient's condition at discharge
 - 14.5. information provided to patient and or family as appropriate
15. Author authentication by written signature, electronic signature, or computer key or rubber stamp for:
 - History & Physical Exam
 - Operative Reports
 - Consultations
 - Discharge Summary
16. Discharge instructions to the patient and/or family

Start this project early and stay focused on getting it done.

Using the questions below, you are to prepare a typed report about the HIM 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

- **Computer generated report must include each question and then your response**
- **Date Prepared**

HEADING:

- Name of facility.
- Accredited by JC or AOA? Teaching or nonteaching hospital?
- Licensed bed capacity.
- Number of full-time equivalents in health information department.

ORGANIZATIONAL CHARTS

1. Submit an organization chart of the facility and the HIM Department (2 charts). Include the title of all of the departments and show their relationship to the governing board and CEO. If the facility is part of a corporation, please show on the chart.

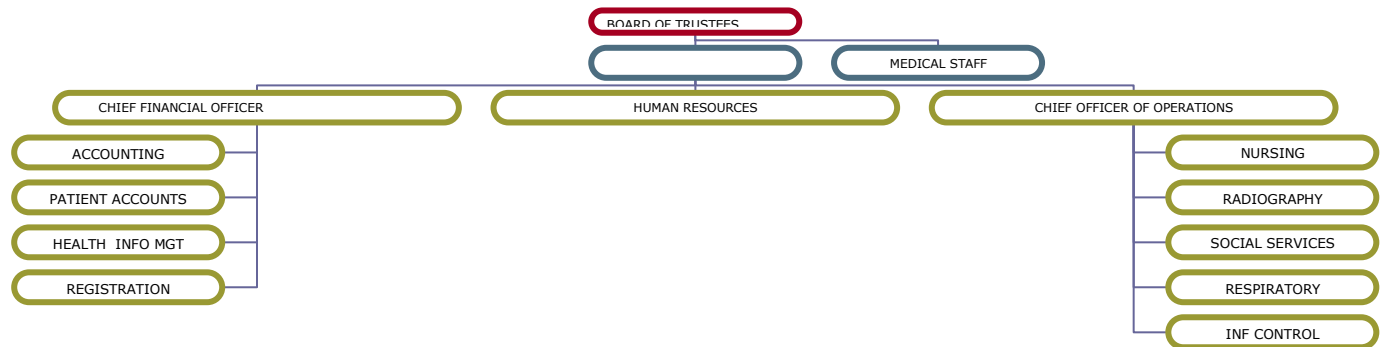
If charts already exist, you may photocopy them; otherwise prepare the charts.

1. Required Information: Prepare a report to accompany your departmental organization chart.
 - Describe use of the organizational chart in this facility (i.e. orientation, etc.)
 - Describe the span of authority in the HIM Department.

Example:

**FERRIS STATE UNIVERSITY MEDICAL CENTER
200 FERRIS DRIVE
BIG RAPIDS MI 49307**

ORGANIZATIONAL CHART



DEPARTMENT FUNCTIONS

2. Describe coding quality monitors and reporting. Describe coding compliance strategies, auditing, and reporting plans - i.e. CCI, outside compliance.
3. Describe the indexes and/or reports that are produced. (Include number, frequency, types, and formats in your discussion. Attachments are acceptable in addition to description.)
4. What happens to the record at the end of the coding and abstracting process?

ARCHIVED RECORDS

5. Describe the policy for archived records (paper-based, microfilm, and electronic) (or inactive records).
6. What is the retention period, specifically the length of time a facility will maintain an archived record. Indicate the federal and state laws specific to retention.
7. Discuss the alternative storage methods, such as off-site storage, microfilm, or optical imaging.

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 that are required by JC/AOA and facility bylaws and their functions.
12. Which ones involve the HIM Department and how (chart preparation, review)?
13. On which medical staff committee(s) is the HIM Director/Assistant a member?

GENERAL

14. How are departmental policies and procedures:
 - maintained
 - used
 - updated
 - who writes
15. Is any portion of the department unionized? If so, what is the impact of the union upon the department?
16. How are staffing levels monitored?
17. How is productivity monitored?
18. How would you characterize the management/supervision styles you observed? Strict? Permissive? Variable? Do you believe these styles are effective in this department? Why?
19. How are the employees and supervisors evaluated? How frequently?
20. How are employees disciplined when such action becomes necessary?
21. Would you characterize the relationship between the department and its customers as positive or negative and why?

WORKFLOW IN THE HIM DEPARTMENT

22. 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.
23. A typewritten legend may be used to identify items in diagram.
24. How is workflow monitored?
25. Include a brief summary of your feelings of the overall record flow. This should include assumptions, questions, effective vs. ineffective record movement.

REGULATORY AGENCIES

26. What types of accrediting and regulatory agencies (i.e., JC, AOA, MPRO, BCBS, State, CARF) have impact on this facility?

- Identify who is responsible for the preparation for:
- MPRO
- BCBS
- certification
- licensure
- accreditation
- Centers for Medicare and Medicaid Services
- other payor reviews

27. Describe how the HIM Department prepares for accreditation, certification and licensure.

28. Identify who (by job title) is primarily responsible for the JC/AOA/ISO 9000 preparation.

Start early and stay focused.

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 D

PROJECT 16 INTERN EVALUATION OF INTERNSHIP**10
Points**

- 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; document any comments in the space between questions.

- | | | CIRCLE | |
|----|--|--------|----|
| | | YES | NO |
| 1. | Did you receive a tour and general orientation to the department? | | |
| 2. | Did you receive a general orientation to the hospital? | | |
| 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.) | | |
| 4. | Was your performance in each function monitored? | | |
| | How? | | |
| 5. | Did you feel comfortable asking for assistance from your supervisor and other employees? | | |
| 6. | When you asked questions or requested assistance, did you receive the help you needed? | | |
| 7. | Did you feel accepted by HCO and departmental personnel? | | |
| 8. | Are there any areas of the HCO you did <u>not</u> receive exposure | | |

to?

If so, what were they?

9. Did you ask to spend time in any areas other than the ones your Site Coordinator had scheduled for you? YES NO

10. If so, was your request granted? YES NO

11. Did your classroom instruction adequately prepare you for internship? YES NO

If not, in what areas did you feel unprepared.

12. Did the internship manual provide you with sufficient information for internship preparation? YES NO

If not, what additional information would have been useful?

13. What were the strongest aspects of the internship experience?

14. What were its weakest points?

15. What recommendations would you make for the next

student?

Intern Signature

Date

Send - Attachment D

PROJECT 17

'THANK YOU'

**5
Points**

Prepare and mail a **'thank-you'** note to your site coordinator and the department where you spent your internship. These notes should be hand written.

Forward a copy to your FSU Faculty Mentor.

PROOFREAD carefully before mailing to the Site Coordinator and department.

FERRIS STATE UNIVERSITY
SITE COORDINATOR PROJECT EVALUATION

Intern Name	Project
Facility	Date

INSTRUCTIONS FOR COMPLETION:

- A Site Coordinator Project Evaluation must be completed for each project.
- The Site Coordinator **MUST** sign the evaluation before the intern submits the project report.

PROJECTS: (CHECK ONE)

<input type="checkbox"/>	Orientation	<input type="checkbox"/>	Regulatory Agencies
<input type="checkbox"/>	Short Term	<input type="checkbox"/>	Privacy Protection Program-HIPAA
<input type="checkbox"/>	Long Term	<input type="checkbox"/>	Medical Record Compliance
<input type="checkbox"/>	Patient Billing Department	<input type="checkbox"/>	Overview of HIM Department

Key:	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.

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

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

My opinion: The attached project *DOES* *DOES NOT* meet acceptable standards in this organization. (CIRCLE)

COMMENTS :

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Site Coordinator's Signature	Date
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INTERNSHIP EVALUATION - 3RD WEEK

INTERN	FACILITY	DATE
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Check each statement in the appropriate column as it describes your evaluation of the intern to date. Please comment on any areas.

ALWAYS	USUALLY	RARELY	NEVER
4	3	2	1

1	ATTITUDE - Intern is cooperative in accepting assignments and demonstrates interest by asking pertinent questions. Intern demonstrates enthusiasm in learning a task.	4	3	2	1
2	INITIATIVE - Intern completes assignments promptly and asks or looks for additional work if time permits.	4	3	2	1
3	COMPREHENSION - Intern understands and applies basic concepts in performing required procedures and assignments. The intern follows and understands instructions. The intern is "pulling it all together" in understanding how operations make up the complete health information system.	4	3	2	1
4	PERFORMANCE - Completed projects are error free and have a professional appearance.	4	3	2	1
5	PERSONAL APPEARANCE - Intern's appearance is neat and dress is appropriate.	4	3	2	1
6	INTERPERSONAL SKILLS - Intern is accepted by employees and is cooperative in working with others. The intern is respectful and tactful in dealing with supervisors, department heads, and medical staff, etc.	4	3	2	1

7	ATTENDANCE – Intern is present on scheduled days and arrives on time. If the intern has missed a scheduled day this has been addressed.	4	3	2	1
8	OVERALL PROGRESS TO DATE	Excellent	V Good	Good	Poor

COMMENTS [Site Coordinator or Intern] *Use the back of this evaluation for additional comments.*

Intern Signature	Date	Site Coordinator Signature	Date
-------------------------	-------------	-----------------------------------	-------------

Intern signature indicates that this evaluation has been reviewed does not indicate agreement.

Send - Attachment A

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

**MRIS 293
SITE COORDINATOR'S FINAL ASSESSMENT
OF INTERN'S PERFORMANCE**

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 your 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.

4	3	2	1
ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR

INTERPERSONAL SKILLS: The intern:

1.	demonstrated appropriate interpersonal skills when working with others.	4	3	2	1
2.	asked questions to gain information necessary to perform assigned tasks.	4	3	2	1
3.	dealt appropriately with conflict.	4	3	2	1
4.	showed respect for diverse opinions and ideas.	4	3	2	1
5.	showed respect for site coordinator and allowed appropriate time when submitting projects for review.	4	3	2	1

Comments:

ORAL COMMUNICATION SKILLS: The intern:

6.	was able to present material professionally	4	3	2	1
7.	could explain his or her point of view.	4	3	2	1

Comments:

COMPUTER SKILLS: The intern demonstrated the ability to:

8.	construct a basic spread sheet	4	3	2	1
----	--------------------------------	---	---	---	---

9.	manipulate data	4	3	2	1
10.	access information within the facility's system	4	3	2	1
11.	use word processing skills to complete assigned projects	4	3	2	1

Comments:

QUALITY OF WORK: The intern:

12.	was able to apply knowledge learned on-campus to the healthcare setting	4	3	2	1
13.	was able to accurately interpret information	4	3	2	1
14.	used acceptable grammar and punctuation when completing tasks	4	3	2	1
15.	completed all work assigned	4	3	2	1
16.	presented work that was neatly done and had a professional appearance	4	3	2	1

Comments:

PROFESSIONAL CONDUCT: The intern:

17.	arrived on time for scheduled days	4	3	2	1
18.	arrived on time for scheduled meetings and appointments	4	3	2	1
19.	was in attendance for the number of hours scheduled each day	4	3	2	1
20.	was neat and clean	4	3	2	1
21.	was appropriately attired for the work situation (followed the facility's dress code)	4	3	2	1

Comments:

DEMONSTRATION OF KNOWLEDGE: The intern:

22.	could speak the language of healthcare	4	3	2	1
23.	demonstrated understanding of the laws that pertain to healthcare	4	3	2	1
24.	demonstrated understanding of the structure of healthcare in the U.S	4	3	2	1
25.	demonstrated an understanding of the pervasive nature of quality improvement throughout healthcare	4	3	2	1

Comments:

26. **OVERALL
PERFORMANCE**

ABOVE AVERAGE

AVERAGE

BELOW AVERAGE

POOR

COMMENTS BY THE SITE COORDINATOR: If none, write NONE.

Strong Attributes –

Areas for Improvement –

Potential for employment in healthcare –

COMMENTS BY THE INTERN: If none, write NONE.

Intern Signature	Date	Site Coordinator Signature	Date
------------------	------	----------------------------	------

Intern signature indicates that this evaluation has been reviewed. It does not indicate agreement.

FSU Faculty Mentor Notes

MRIS 293 - EVALUATION CHECKLIST AND POINT ALLOCATION

INTERN		SITE		
SEMESTER		DATES		TO
		POINTS	COMMENTS	
	WEEKLY MEMOS 1 2 3 4 5 6	30		
	INTERNSHIP INFORMATION SHEET	5		
	STATEMENT OF CONFIDENTIALITY			
PROJECTS:				
1.	FACILITY ORIENTATION	20		
2.	DEPT CONTRIBUTIONS – SHORT TERM	25		
3.	DEPT CONTRIBUTIONS – LONG TERM	25		
4.	STORAGE AND RETRIEVAL	15		
5.	DISCHARGE ANALYSIS	15		
6.	INCOMPLETE RECORD TRACKING	15		
7.	RELEASE OF INFORMATION	15		
8.	PATIENT BILLING DEPARTMENT	30		
9.	REGULATORY AGENCIES	25		
10.	INPATIENT ICD CODING	50		
11.	CPT/ICD OUTPATIENT CODING	50		
12.	PRIVACY PROTECTION PROGRAM	30		
13.	UTILIZATION MANAGEMENT	25		
14.	MEDICAL RECORD COMPLIANCE	50		
15.	OVERVIEW OF HIM DEPARTMENT	50		
16.	INTERN'S EVALUATION OF INTERNSHIP	10		
17.	THANK YOU – HAND WRITTEN	5		
	FINAL ASSESSMENT BY SC	50		
TOTAL PTS		540		
INTERNSHIP GRADE				



FERRIS STATE UNIVERSITY

INTERNSHIP EVALUATION - 3RD WEEK

INTERN	FACILITY	DATE

Check each statement in the appropriate column as it describes your evaluation of the intern to date. Please comment on any areas.

ALWAYS	USUALLY	RARELY	NEVER
4	3	2	1

1	ATTITUDE - Intern is cooperative in accepting assignments and demonstrates interest by asking pertinent questions. Intern demonstrates enthusiasm in learning a task.	4	3	2	1
2	INITIATIVE - Intern completes assignments promptly and asks or looks for additional work if time permits.	4	3	2	1
3	COMPREHENSION - Intern understands and applies basic concepts in performing required procedures and assignments. The intern follows and understands instructions. The intern is "pulling it all together" in understanding how operations make up the complete health information system.	4	3	2	1
4	PERFORMANCE - Completed projects are error free and have a professional appearance.	4	3	2	1
5	PERSONAL APPEARANCE - Intern's appearance is neat and dress is appropriate.	4	3	2	1
6	INTERPERSONAL SKILLS - Intern is accepted by employees and is cooperative in working with others. The intern is respectful and tactful in dealing with supervisors, department heads, and medical staff, etc.	4	3	2	1

7	ATTENDANCE – Intern is present on scheduled days and arrives on time. If the intern has missed a scheduled day this has been addressed.	4	3	2	1
8	OVERALL PROGRESS TO DATE	Excellent	V Good	Good	Poor

COMMENTS [Site Coordinator or Intern] *Use the back of this evaluation for additional comments.*

Intern Signature **Date** **Site Coordinator Signature** **Date**
Intern signature indicates that this evaluation has been reviewed does not indicate agreement.

Information Sheet
(Send 1st week of internship)

This form is to provide information to allow the FSU Faculty Mentor to contact the intern or site coordinator. **Write clearly.**

Intern Information

Name	
Semester and year of internship	293
Beginning date	
Ending date	
Student Number	
Phone number during internship (at site)	
Phone number, cell or permanent	
Mailing address during internship (home)	
E-mail	
Permanent mailing address (home)	

Site Coordinator Information (MAY ATTACH BUSINESS CARD)

Name	
Title	
Phone	
Fax (if known)	
E-mail	

Site Information

Name	
Department	

Address	
Phone	

Intern Signature	Date

--

ATTACHMENT C

<p>INTERN STATEMENT OF CONFIDENTIALITY</p> <p>HEALTH INFORMATION MANAGEMENT DEPARTMENT</p>
--

Confidential Information includes, but is not limited to, patient information and health records, information pertinent to employees and their employee records, and the facility, business and financial information. Confidential information includes information heard and obtained from others.

I agree to use caution to avoid being overheard by others and will not discuss any Confidential Information in public areas, including hallways, elevators, and the cafeteria.

I understand that any violation of the Confidential Information policy may result in termination of my internship. The following actions are necessary should I breach this confidence.

1. My Site Coordinator will contact my FSU Faculty Mentor immediately.
2. My FSU Faculty Mentor, 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.

Intern Signature	Date	Site Coordinator Signature	Date

PROJECT 17	INTERN EVALUATION OF INTERNSHIP	10 POINTS
-------------------	--	----------------------

- 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; document any comments in the space between questions.

- | | CIRCLE | |
|---|--------|----|
| | YES | NO |
| 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? YES NO

What were they?

9. Did you ask to spend time in any areas other than the ones your Site Coordinator had scheduled for you? YES NO

10. If so, was your request granted? YES NO

11. Did your classroom instruction adequately prepare you for internship? YES NO

If not, in what areas did you feel unprepared?

12. Did the internship manual provide you with sufficient information for internship preparation? YES NO

If not, what additional information would have been useful?

13. What were the strongest aspects of the internship experience?

14. What were its weakest points?

15. What recommendations would you make for the next student?

Intern Signature

Date

PROJECT 14 UTILIZATION REVIEW/MGT

ATTACHMENT E

NAME:	POINTS	25
FACILITY:	DATE:	

Check items appropriately. All activities will be supervised by the Utilization Review Coordinator; the intern must be exposed to not less than 10 cases of varied services.

Activity

1. Conduct an admission/episode of care review. Determine medical necessity and appropriateness of the admission/episode of care using approved criteria.
2. Assign an initial LOS and review date to all admissions deemed necessary.
3. Record information needed on worksheets for the concurrent review process.
4. Make determinations with respect to medical necessity and appropriateness of continued stay using approved criteria.
5. Certify an additional continued stay period when determined to be medically necessary using approved criteria
6. OTHER [list and describe if necessary]

'M' or 'E'	DN O	NA

7. Attach copies of 4 of your worksheets used in the above process [ID removed].

Alternate Site - interns in a nonacute care setting.

Describe the participation in the UM process – i.e. ABC, medical necessity.

- Attach documentation

COMMENTS:

SITE COORDINATOR EVALUATION - 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:

UR Coordinator Signature

Date _____

**PROJECT
12**

**CPT & ICD OUTPATIENT
CODING**

ATTACHMENT F

NAME:	POINTS	50
FACILITY:	DATE:	

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].

- **Attach copies of worksheets showing your work. Delete all patient identification.**

SITE COORDINATOR EVALUATION - 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

NAME:	POINTS	50
FACILITY:	DATE:	

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 DRG's to all inpatient records coded.

- **Attach copies of worksheets showing your work. Delete all patient identification.**

SITE COORDINATOR EVALUATION - 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

PROJECT 8 RELEASE OF INFORMATION ATTACHMENT H

NAME:	POINTS	15
FACILITY:	DATE:	

The following is a list of Release of Information tasks. Check the 'M/EA' column if you did the activity with an 'M' if done manually and an 'E' if electronic. 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 'E'	DNO	NA
Follow the facility's ROI policies and procedures			
Operate and follow FAX policies and procedures			
Receive and date requests			
Log in requests			
Check validity of request			
Use MPI to locate patient's number			
Prepare out guides			
Retrieve patient's record			
Copy needed pages of record			
Calculate appropriate charges			
Prepare invoice			
Record information that was sent			
Place response in mail			
Receive subpoena or court order			
Log in subpoena			
Validate a subpoena			
Copy records			
Prepare certification document for signature of Director			
Answer phone requests for patient information			
Respond appropriately to phone request			

Complete appropriate form to request records from other health facilities

Respond to a walk-in request for information

OTHER [list and describe if necessary]

COMMENTS:

SITE COORDINATOR EVALUATION - 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:

Site Coordinator or Supervisor Signature

Date

PROJECT 7

**INCOMPLETE RECORD
TRACKING**

ATTACHMENT I

NAME:	POINTS	15
FACILITY:	DATE:	

The following is a list of Incomplete Record Tracking tasks. Check the 'M/E' column if you did the activity with an 'M' if done manually and an 'E' if electronic. 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 'E'	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			
<i>Prepare and update physicians incomplete and delinquent record list – inpatient and outpatient</i>			
Notify physicians of incomplete and delinquent records - inpatient and outpatient			
Notify the medical staff and administration of practitioners with incomplete and delinquent records - inpatient and outpatient			
Outpatient			
OTHER [list and describe if necessary]			

COMMENTS:

SITE COORDINATOR EVALUATION - INCOMPLETE RECORD TRACKING

- 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 Tracking 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

PROJECT 6

DISCHARGE ANALYSIS

ATTACHMENT J

NAME:	POINTS	15
FACILITY:	DATE:	

The following is a list of Discharge Analysis tasks. Check the 'M/E' column if you did the activity with an 'M' if done manually and an 'E' if electronic. 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'	DN O	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			
OTHER [list and describe if necessary]			

COMMENTS:

SITE COORDINATOR EVALUATION - 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:

Site Coordinator or Supervisor Signature

Date _____

PROJECT 5

STORAGE AND RETRIEVAL

ATTACHMENT K

NAME:	POINTS	15
FACILITY:	DATE:	

The following is a list of Storage and Retrieval tasks. Check the 'M/E' column if you did the activity ['M' if done manually and an 'E' if electronic. 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 'E'	DN O	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 (i.e. QI or performance review) and retrieve records			
Receive requests from other departments for reports			
Complete chart tracking mechanisms for records			
Retrieve records via:			
• paper-based			
• microfilm			
• digital scanning (i.e. optical disk)			
• other			
Sign out chart to requesting department			
Demonstrates understanding of MPI as "key" to patient record by utilizing MPI for location of records			

OTHER [list and describe if necessary]

--	--	--

COMMENTS:

SITE COORDINATOR EVALUATION - 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

**FERRIS STATE UNIVERSITY
SITE COORDINATOR PROJECT EVALUATION**

Intern Name _____ Project _____

Facility _____ Date _____

INSTRUCTIONS FOR COMPLETION:

- A Site Coordinator Project Evaluation must be completed for each project.
- The Site Coordinator **MUST** sign the evaluation before the intern submits the project report.

PROJECTS: (CHECK ONE)

<input type="checkbox"/>	Orientation	<input type="checkbox"/>	Regulatory Agencies
<input type="checkbox"/>	Short Term	<input type="checkbox"/>	Privacy Protection Program-HIPAA
<input type="checkbox"/>	Long Term	<input type="checkbox"/>	Medical Record Compliance
<input type="checkbox"/>	Patient Billing Department	<input type="checkbox"/>	Overview of Clinical Site

Key:	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.

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

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

My opinion: The attached project *DOES* *DOES NOT* meet acceptable standards in this organization. (CIRCLE)

COMMENTS :

Site Coordinator's Signature	Date

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
HEALTH CARE SYSTEMS ADMINISTRATION
Course Syllabus – Spring of 2012**

HCSA 310, Health Care Finance 2

COURSE DESCRIPTION:

This course introduces the theory of managerial planning for capital and operational budgeting in health care as well as the regulatory constraints related to capital expenditures. Students will have the opportunity to prepare a capital budget proposal as well as to gain practical skills in operational budgeting preparation and related analysis. 3 credit hours

COURSE OBJECTIVES:

At the end of the course the student will be able to:

- Identify types of budgets used in health care organizations
- List the steps in the budget process
- Discuss accrual accounting as it applied to health care providers
- Discuss cost as it relates to health care including listing the types of cost
- Discuss volume, revenue and expense as it relates to health care budgeting
- Create an integrated operating budget for a health care provider
- Create and present a capital budget proposal
- Identify capital budgeting requirements and constraints for health care providers
- Analyze a budget variance report
- Analyze a capital budget proposal

FACULTY

Steven D. Karnes, MHA
Office: VFS 407
Office Phone: 231-591-2251
Email via Ferris Connect

Mailing address: VFS 407
College of Allied Health Sciences
Ferris State University
200 Ferris Drive
Big Rapids, MI 49307

Office Hours: Monday through Thursday 8:00 until 9:30 and by appointment

REQUIRED MATERIALS:

Text: Ward, William J. Jr, Health Care Budgeting and Financial Management for Non-Financial Managers, 1994. Auburn House, ISBN: 0-86569-231-9

COURSE TIME AND PLACE:

COURSE EVALUATION:

(Scores will be posted in FerrisConnect. It is your responsibility to inform me of any discrepancies.)

Grade Determination

10 quizzes (5 pts. each)	= 50
3 Examinations – (50 pts. each)	= 150
In-Class Participation/Attendance	= 130
Excel Discovery	= 30
Capital Budget Proposal	= 100
13 Excel Assignments	= 240
Final Examination (Comprehensive)	= <u>100</u>
Total	= 800

The following uniform percentage grading scale for all health management courses will be used. Scores will be posted on FerrisConnect.

93+ (744-800)	A	80 – 82 (640-663)	B-	67 – 69 (536-559)	D+
90 – 92 (720-743)	A-	77 – 79 (616-639)	C+	63 – 66 (504-535)	D
87 – 89 (696-719)	B+	73 – 76 (584-615)	C	60 – 62 (480-503)	D-
83 – 86 (664-695)	B	70 – 72 (560-583)	C-	Below 60 (0-479)	F

* In case of medical or family emergency, I may permit you to take one quiz within a week with a 20% penalty.

Tests will cover recent content. You may bring an 8 1/2 x 11 notes sheet for any test. Front & back may be used. You may type or hand-write your notes sheet.

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. I will start deducting points from “participation” after 1 absence. We only meet 15 times this semester so every class counts!

COURSE POLICIES:

Please refer to the following pdf for all course policies including:

Disruptive Behavior, Honesty and Student Dignity

<http://www.ferris.edu/htmls/colleges/alliedhe/Editor/Files/HAhandbook.pdf>

TENTATIVE COURSE SCHEDULE:

The instructor for this course reserves the right to change, at any time, the schedule of assignments, required material to be completed and/or read, dates assignments are due, and other course student responsibilities with the issuance of a notice with the effected changes and date of

implementation. All reading assignments are in **Bold**. Readings should be completed prior to the week assigned.

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

Capital Proposal:

In small groups put together a capital request to present to the “board” for approval. Further instructions will be given in class.

Quizzes:

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.

Week	Class	Lab	Due
1 – 1/10	Introduction, Excel and Accounting Math	Excel Tutorial, Format for Assignments	
2 – 1/17	Accounting framework Chapter 2	Balance Sheet and Income Statement	L1
3 – 1/24	Strategic Planning Process Strategic Planning in Ferris Connect	Formulas	L2
4 – 1/31	Cost and Cost Behavior Chapter 3	Personal Budget	L3
5 – 2/7	Introduction to Budgeting Chapter 4	Basic Information	L4 Exam
6 – 2/14	Operations Budget Chapter 5	Volume	L5
7 – 2/21	Volume and Revenue	Volume by Payer	L6
8 – 2/28	Review	Revenue by Payer	L7 Exam
3/6	Spring Break		
9 – 3/13	Supply and Services Budgeting	Non-Payroll Expense	L8
10 – 3/20	Payroll Basics and Productivity, Payroll Math Chapter 10	Payroll Expense	L9
11 – 3/27	Capital Budget Chapter 6	Total Budget	L10
12 – 4/3	Negotiations and Presentation Chapter 11	Budget Adjustments	L11 Exam
13 – 4/10	Department Performance Reports Chapter 7	Budget Reports	L12

14 – 4/17	Tools for Managers Chapter 8	Work on Capital Budget Proposals	L13
15 – 4/24	Capital Budget Proposals	Review for Finals	
16 – 5/2	Comprehensive Final Exam		

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
DEPARTMENT OF CLINICAL LAB, RESPIRATORY & HEALTH
ADMINISTRATION PROGRAMS
HEALTH INFORMATION

MRIS 402 – Health Information Management Principles
Spring 2012

Course Description:

This course will examine the concepts, methods and management tools used in the analysis of health information systems for the development of objectives, policies and procedures, benchmarking; workflow, productivity measurement and layout analysis. The student will be introduced to IT (Information Technology) project management in the healthcare setting. Offered Spring Semester.

Instructor:

Paula Hagstrom

200 Ferris Dr., VFS 400B

Phone: 231-591-2316

Email: hagstrop@ferris.edu

Office Hours: TR 10:00a-11:00a, MW 12:00p-1:00p

Please contact me using FerrisConnect Mail function (not the email address listed above)

Required Course Materials:

Health Information Management: Concepts, Principles, and Practice, 3rd ed. _LaTour and Eichenwald Maki, 2010

Evaluation:

A	93 – 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:

190 pts	Chapter Questions; Other Assignments
75 pts	Discussion Board Posts
171 pts	Chapter Quizzes and Team Projects Quiz
<u>60 pts</u>	<u>Team project, PowerPoint, MC Questions</u>
496 Total Points	

A minimum of a “C” (73%) is required in order to pass the course and meet the program requirement for graduation. Assignments are due at the beginning of class (or it is late). Failure to submit assignments on time will result in an automatic deduction of 50%. No assignment will be accepted after 7 days.

ATTENDANCE: You are expected to log in at least once a week. Responsibility for class participation rests with you, the student.

Course Outcomes:

Management Principles

1. Describe the steps in effective problem solving and decision making.
2. Understand the purpose and function of work measurement and work measurement techniques and to assess the strengths and weaknesses of each as a management tool.
3. Explain how standards can be applied to each of the resources of management
4. Identify the criteria for effective standard setting.
5. Determine quantitative production standards in terms of time/unit and units/time using data obtained via various methodologies.
6. Identify the steps involved in work sampling effort and the tools that can be used with certain steps.
7. Determine sample size for a work sampling effort by using precision interval method and by formula involving various scenarios of desired certainty factor and acceptable error in the study results.
8. Determine production standards for HIS functions
9. Forecast staffing requirements for HIS functions on the basis of predicted work volume increases/decreases.
10. Distinguish between quantitative and qualitative standards and to identify example of each for HIS functions.
11. Write effective, well-written quantitative and qualitative performance standards
12. Identify common symptoms of process problems, generally and specific to HIM services.
13. Differentiate among the terms effectiveness, efficiency, and adaptability as goals of process improvement.
14. Summarize the steps of the systems analysis and design process.
15. Describe the tools that can be used to assist managers in determining the efficiency of work flow and the distribution of work responsibilities in a work unit.

Project Management

16. Describe the project management process.
17. Describe the steps in planning and organizing projects
18. Perform a risk assessment.

AHIMA Domains that will be met:

Domain 5: Organization and Management

Subdomain A. Human Resource Management

3. Training programs – staff orientation, continuing education
4. Productivity standards for health information functions (develop, implement, maintain, feedback to staff)
5. Benchmarking for HIM departments (such as staffing and productivity) (develop, implement, maintain, feedback)

Subdomain D. Project and Operations Management

1. Implement and evaluate process engineering to ensure efficient workflow and appropriate outcomes
2. Implement project management techniques to achieve project goals
3. Ensure compliance with relevant HIM service regulations and accreditation

standards

Spring 2012	Assignment	Points	Due Date
Week 1	-Post Introduction to Week 1 Discussion Board 1 Introductions	10	Sunday, January 15
	-Read Chapter 19 Expert Systems and Decision Support -Review Chapter 19 Expert Systems and Decision Support Outline and PowerPoint slides -Chapter 19 Expert Systems and Decision Support Questions -Review Team Project topics. A team will consist of two to three students (you contact and select your teammate(s)). Once you have determined your topic and team members, email me names of members and topic because only one group per topic. First come, first served.	20	Sunday, January 15
Week 2	-- Ch. 19 Decision Support Systems (DSS) DB 2	20	Sunday, January 22

	-Chapter 19 Expert Systems and Decision Support Review Quiz	29	Sunday, January 22
Week 3	-Read Chapter 20 Principles of Management -Review Chapter 20 Principles of Management Outline and PowerPoint slides - Chapter 20 Principles of Management Questions -Ch. 20 Management DB 3 - Email me the names of your team members and the topic that you will research	20 20	Sunday, January 29 Sunday, January 29
Week 4	-Chapter 20 Principles of Management Review Quiz	26	Sunday, February 5
Week 5	-Read Chapter 21 Leadership Theory and Change Management -Review Chapter 21 Leadership Theory and Change Management Outline and PowerPoint Slides -DB 4 Emerging Roles in Health Information Management -Chapter 21 Leadership Theory and Change Management Questions	20 20	Sunday, February 12 Sunday, February 12
Week 6	-Chapter 21 Leadership Theory and Change	21	Sunday, February 19

	Management Review Quiz		
Week 7	-Read Chapter 22 Work Design and Performance Improvement -Review Chapter 22 Work Design and Performance Improvement Outline and PowerPoint Slides -Chapter 22 Work Design and Performance Improvement Questions	20	Sunday, February 26
Week 8	-Chapter 22 Work Design and Performance Improvement Review Quiz	25	Sunday, March 4
Week 9	-Read Chapter 24 Training and Development -Review Chapter 24 Training and Development Outline and PowerPoint slides -Chapter 24 Training and Development Questions	20	Sunday, March 18
Week 10	-Chapter 24 Training and Development Review Quiz	25	Sunday, March 25
Week 11	-Read Chapter 26 Project Management -Review Chapter 26 Project Management Outline and PowerPoint Slides -Chapter 26 Project Management Exercise -Team project (written paper and PowerPoint slides) posted to Discussion Board	20 5 (per team member for posting on/before due date)	Sunday, April 1 Sunday, April 1
Week 12	-Three multiple choice questions (per team member)	10	Sunday, April 8

	submitted as an attachment under the assignment tab “Team Project Multiple Choice Quiz Questions” -Chapter 26 Project Management Review Quiz	25	Sunday, April 8
Week 13	Research/read about the role of a HIM Consultant (article and AHIMA link in Course Content) -Role of HIM Consultant Assignment	20	Sunday, April 15
Week 14	-ICD-10-CM and ICD-10-PCS	50	Sunday, April 22
Week 15	- Team Project Multiple Choice Quiz	20	Sunday, April 29

Activities that are to be submitted are noted in red.

Team Project:

1. You will work in groups of two or three. Each team will research a current topic, prepare a five – seven page typewritten paper (follow APA style guidelines), PowerPoint presentation, and multiple choice quiz questions (3 multiple choice questions per team member). At least two scholarly references must be used. Your team paper and PowerPoint is to be posted on the discussion board. Submit the team project quiz questions under the assignment tab for Team Project Quiz Questions. **Team paper and PowerPoint is worth 50 points.**
2. Email me with the names of your team members and the topic you would like to research on or before Sunday, January 29. Only one group per topic. If another group has already chosen the topic, I will let you know. If your team would like to research another current topic not listed below, please provide me with the topic and the specific areas that you would research.
3. Students are expected to read all of the team projects. The Team Project multiple choice quiz (found under the assignment tab) must be taken between Sunday, April 15 and Sunday, April 29.

Choose one of the following topics:

A. ISO 9001:2000 International Organization for Standardization

1. Define in detail.
2. Discuss costs, requirements of program in hospital
3. How is it used in a hospital?
4. Why might a healthcare organization choose ISO over Joint Commission?
5. Compare/contrast ISO regulations to JC.
6. Visit hospital (Memorial Medical Center in Ludington) health information manager and discuss their hospital's experience with ISO. Explain the process.
7. Other info

B. RAC Recovery Audit Contractor Program

1. Define in detail
2. Explain history of program
3. Purpose of RAC
4. Who is impacted? How are they impacted?
5. Costs to health care organizations
6. Other info

C. RHIO/HIE Regional Health Information Organizations/Health Information Exchange

1. Define in detail
2. Explain history/rationale for RHIOs
3. Discuss RHIO resources, tools
4. What impact does RHIOs have on health care organizations, health care personnel, and other players in the health care delivery system
5. Describe a RHIO that currently exists
6. Contact regional group that has received funding for RHIO/HIE and discuss their progress, problems encountered, successes, etc
7. Other info

D. Lean/Six Sigma in Health Care

1. Define in detail
2. Define terminology
3. How are healthcare organizations using Lean/Six Sigma
4. Tools used
5. What Michigan healthcare organizations are using Lean/Six Sigma?
6. Visit healthcare organization using Lean/Six Sigma. Discuss tools they are using, how used, training, costs.
7. Discuss benefits
8. Other info

E. Reimbursement in Long Term Care Facilities

1. Define in detail
2. Define terminology used in PPS (RUGS-III, RAPs, MDS)
3. How is coding, billing, reimbursement in LTC different than that of acute care hospitals?
4. Explain forms used in LTC billing process
5. Discuss billing for durable medical equipment
6. Compare billed services to actual reimbursement

7. Provide examples of claim forms
8. Visit long term care facility to discuss coding/billing and reimbursement
9. Other info

F. ASC X12 version 5010

1. Define in detail
2. Discuss historical background
3. Discuss reasons for going to 5010
4. How will 5010 be different than current system
5. Costs of implementing
6. Other info

G. Reimbursement in Ambulatory Care Settings

1. Define in detail
2. Define terminology used in PPS (APCs)
3. How is coding, billing, reimbursement in ambulatory care settings different than that of acute care hospitals?
4. Explain billing and reimbursement process.
5. Visit ambulatory care setting to discuss coding/billing and reimbursement
6. Other info

1. On the home page, you will find a folder for each chapter that we are covering as well as other topics that will be covered this semester. Within the chapter folders, you will find a chapter outline and chapter PowerPoint.
2. Some of the chapter folders also include project activities such as questions, exercises or other activities to be completed. These activities are also found under the “Assignment” tab.
3. The folder may also include quizzes. Quizzes are also found under the “Assignment” tab. Some folders include articles, links to course information, and other activities.

GENERAL POLICIES:

Academic Honesty:

The purpose of this policy is to encourage a mature attitude toward learning, to establish sound academic morale, and to discourage illegitimate aid with examinations, class assignments, and laboratory work.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to obtain products or prepared materials, information about a quiz or examination, or copies of work that a student is assigned to do alone and not in collaboration with others. Plagiarism (copying) of written work is also considered an infraction of this policy.

Students are required to present their own work, except under circum-

stances where the instructor has requested or approved the joint efforts of a group of students.

The penalty for a first offense of willful cheating will be a grade of zero for the assignment. Cheating on a quiz or examination may mean failure of the course. The student may appeal any decision to the Program Director or Department Head.

ADA Accommodations:

Ferris State University maintains the Office of Disabilities Services to provide accommodations for students with special needs. Disabilities Services is the campus office responsible for determining and providing requested academic accommodations for students with disabilities. A variety of support services are provided to students with documented mobility limitations, learning disabilities, hearing and visual disabilities, attention deficit disorders, psychological disabilities, and other types of disabilities. Their mission statement is:

“The mission of Disabilities Services is to serve and advocate for students with disabilities, empowering them for self-reliance and independence while promoting equal access to educational opportunities and programs. Information, reasonable accommodation, and counseling are offered to students. Professional development is offered to faculty and staff.”

In order for Disabilities Services to determine a student’s eligibility for services, all students must complete the Intake Interview Form with the Educational Counselor for Students with Disabilities, and present appropriate documentation.

- Students with hearing disabilities must provide a Speech and Hearing Evaluation, or a Physician Statement of a Long-Term Disability Form that was completed within three (3) years of the date of application to Ferris State University’s Disabilities Services.
- Students with functional disabilities (i.e., psychological or emotional impairments) may be requested to submit additional documentation that will assist Disabilities Services in clarifying the services that are most appropriate to the specific disability.
- Students with learning disabilities are required to submit documentation to verify their eligibility under Ferris’ Policy on Education of Students with Disabilities. For purposes of evaluating requests for accommodations for learning disabilities, Disabilities Services relies upon the following definition: A qualified learning disabled person is a person having average to above average intelligence with a significant discrepancy between IQ (intellectual potential) and achievement (actual performance level), and average to greater achievement scores in at least one academic area as measured by an appropriate diagnostic instrument. (Pierangelo, R., and Guiliano, G., (1998) Special Educator’s Complete Guide to 109 Diagnostic Tests, New York, The Center for Allied Research in

Education).

- Students with a physical disability must provide a Physician's Statement of Long-Term Disability form.

Both the University and the Health Management programs are eager to help all students succeed. If you need further information concerning Disabilities Services, contact ASC 1017, 231-591-3772.

Sexual Harassment: The University is very concerned about providing a positive working and learning environment for its employees and students, including those who are on internship. Part of that concern deals with the presence of sexual harassment resulting in an awkward situation in an internship site. Inappropriate conversations, inappropriate requests, and unwanted physical touching may be considered to be sexual harassment, especially if the actions continue after the recipient has asked that they cease.

You should be aware that you have recourse if such a situation occurs. There are really two things that you should do. The first is to let the department head Greg Zimmerman (591-2313), know what is happening. She will assist you in walking through the process and in carrying out the next step which is notifying the supervisor of the individual acting inappropriately. We will support you through that process and monitor the situation to make sure that there is no retaliation by the individual doing the harassing. We all recognize that such situations are unpleasant at best.

***Misconduct and
found at the following***

Student Dignity:

Policies on Misconduct and Student Dignity are

website: <http://www.ferris.edu/HTMLS/administration/trustees/board/policy/5.htm>

Withdrawal:

The last day to withdraw from the class with a "W" is published in the semester class schedule book. Failure to attend class does not constitute withdrawal. The student must follow proper procedure to formally withdraw from the course. Failure to do so will result in a failing grade.

Note: I, the instructor, reserve the right to change any of the aforementioned should the need arise. Should changes be made, you, the student, will be notified in writing.

FERRIS STATE UNIVERSITY
College of Allied Health Sciences
Health Management Department
COURSE SYLLABUS – Fall 2011

TITLE OF COURSE: HCSA 474 Health Care Strategic Application (4 credits)

INSTRUCTOR: Marilyn Skrocki JD, MBA, BS, RT

E-mail: skrockm@ferris.edu

*Use the above email ONLY as a backup to FerrisConnect

Ferris Connect will be checked daily (weekdays) during the semester.

Expect a response within 48 hours or two business days.

OFFICE HOURS: Tuesday 1-3, Wednesday 11-1, Thursday 10-11 or by appointment.

COURSE DESCRIPTION: This course introduces applications underlying strategic alignment in health care organizations. Introduction to the techniques involved in the strategic planning process, supply chain management and project planning are enhanced by best practices in quality improvement.

STUDENT TEXTS: Bradford, Robert W., Duncan, J. Peter with Brian Tarcy Simplified Strategic Planning. Studer, Quint Hardwiring Excellence

COURSE OUTCOMES:

- Design a project that supports a strategic plan.
- Design objectives and action plans to support a strategic plan.
- Analyze the value of supply chain management in healthcare.
- Discuss best practices in quality improvement.

COURSE OBJECTIVES:

At the conclusion of the course, the student will be able to:

- I Strategic planning
 1. Describe the strategic planning process.
 2. Discuss the roles of creativity and risk taking in strategic planning.
 3. Assess value, vision & mission for a health care organization.
 4. Identify approaches and benefits to utilizing a situational analysis.
 5. Design goals, objectives and action plans pertinent for a strategic goal.
 6. Present material to the class in a professional presentation.

- II Project management
 1. Utilize a common time management tool used in project management.
 2. Explain the relationship between a Gantt chart & PERT/CPM diagram.

3. Utilize space-planning software to prepare graphical support for planning documents.
4. Utilize creativity within the planning process & discuss its value in succeeding professionally.
5. Demonstrate critical thinking in assessment & discussions.
6. Demonstrate professional work behaviors.

III Supply Chain

1. Examine the relationship of a materials management department to other departments in an HCO.
2. Discuss the purpose & methods of group purchasing options.
3. Identify the primary activities that occur in supply chain.
4. Discuss primary tools in inventory management.
5. Discuss the relationship of capital budgeting & CON requirements.

IV Best practices

1. Compare and contrast best practices in quality improvement.
2. Present researched method of quality improvement.

METHODS OF LEARNING AND TEACHING: Reading, class discussions, research and writing, web reviews, assignments, assessments, class presentations, computer software applications.

EVALUATION AND GRADING SCALE:

A	93 - 100	B-	80 - 82	D+	67 - 69
A-	90 - 92	C+	77 - 79	D	63 - 66
B+	87 - 89	C	73 - 76	D-	60 - 62
B	83 - 86	C-	70 - 72	F	Below 60

(See My Grades under My Tools in Ferris Connect)

* Extra Credit opportunities (10 points each) Attend “First Friday’s” as provided by Alliance for Health and provide a written summary of the learning opportunity. “First Friday” forums are usually held in Grand Rapids from 8:30-10 AM (networking coffee starts at 8:00 AM). This semester dates are September 10th (second Friday) and then first Fridays October 1, November 5 and December 5. RSVP’s are required for attendance and can be arranged by contacting Kim Bode kim@afh.org or 616-248-3820. DO NOT RSVP unless you are sure you can attend. More information about topics and locations can be located by going to www.afh.org and clicking on News and Events, Friday forums.

GENERAL 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.

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 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.

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 constitute 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 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.

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. 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.
4. 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.)
5. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
6. 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.

Conflict Resolution Policy: Please see the CAHS WEB Homepage for more information.

TENTATIVE COURSE SCHEDULE:

Week	<i>Topic</i>
Sept. 1	Welcome, course philosophy/ map/overview, group sign-up
Sept. 8	Supply chain management, diversity
Sept. 15	Supply chain management (guest speaker)
Sept. 22	Strategic planning presentations (groups 2, 3,4)
Sept. 29	Strategic planning presentations (groups 1, 5)
October 6	Strategic planning Mission, vision, values, Situational analysis
October 13	Strategic planning Goals, objectives, action plans and monitoring
October 20	Project planning-Certificate of Need
October 27	Project planning
November 3	Project planning - tools & applications
November 10	Hardwiring Excellence-presentations (teams 3,4,5)
November 17	Hardwiring Excellence-presentations (teams 1,2)
November 24	Thanksgiving break
December 1	Best practices in quality improvement-presentations; Six Sigma/Process Capability and Design of Experiments (DOE), Lean/Kaizen, ISO QA 9000/Statistical Quality Control (SQC)/Statistical Process Control (SPC) (teams 1,2,3)
December 8	Best practices in quality improvement-presentations; TQM/PDCA/Control Charts, Baldrige Health Care Criteria (teams 4,5)
14-17	Exam Week

FERRIS STATE UNIVERSITY
College of Allied Health Sciences
Health Management Department
COURSE SYLLABUS – Summer 2012

TITLE OF COURSE: HCSA 336 Supervisory Practices (4 credits)

INSTRUCTOR: Paula Hagstrom, MM RHIA
E-mail: hagstrop@ferris.edu

*Use the above email ONLY as a backup to FerrisConnect
Ferris Connect will be checked daily (weekdays) during the semester.
Expect a response within 24 hours (weekdays) or 48 hours (weekend).

OFFICE HOURS: Online by appointment, please email me to make arrangements.

COURSE DESCRIPTION: This course will provide an overview of the 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 will be discussed.

Four credit hours (Lecture 3, Lab 2) Prerequisite: MGMT 301 or permission of the professor.

STUDENT TEXT: McConnell, C. (2012). The Effective Health Care Supervisor (7th edition). Boston: Jones and Bartlett Publishers, Inc.

You may obtain your text by going to <http://www.whywaitforbooks.com> and choose Michigan, Ferris State University and under the drop down menu, choose Summer 2012, department is HCSA, course is 336 VL1 or VL2.

COURSE OBJECTIVES: At the end of this course, the student shall be able to understand the some of the day to day responsibilities of a health care supervisor.

Competencies to be achieved from class include;

- Conduct and participate in meetings.
- Develop appropriate orientation and training sessions for employees.
- Learn about the function of a job analysis and use the information to develop a job description and develop a policy on performance appraisals.
- Demonstrate principles of employee selection through the use of appropriate recruitment and selection techniques.
- Develop productivity standards as a basis for employee evaluation, counseling and job descriptions.
- Demonstrate principles of employee discipline/counseling.

- Develop policies and procedures.
- Identify pertinent legislation that defines organizational and supervisory behavior
- Select leadership style appropriate for work place situation/circumstances.
- Recognize and implement appropriate motivational techniques for employees.
- Appropriately delegate functions to empower employees.
- Describe techniques to successfully negotiate solutions to work place problems.
- Acknowledge diversity of employees and customers within the work place and recognize its value.
- Describe the role of the supervisor in dealing with employees who are members of the bargaining unit.
- Implement management techniques that are effective in supervising the health Care employee.
- Demonstrate appropriate written communication skills through the development of a training plan, policies, job descriptions, meeting minutes, etc.
- Demonstrate appropriate communication skills and presentation skills by developing a training session.
- Demonstrate interpersonal skills through teamwork, collaborating with students in an on-line environment to research and investigate a topic area appropriate for this course and present to the class an orientation session for their peers or subordinates.

METHODS OF TEACHING: Reading, class discussions, interactions among their peers, group project, research various websites, professional journals through FLITE, writing, assignments, quizzes, book review and critique. The class requires students actively participate with fellow students to create a quality group project. Students will be expected to access material outside the context of the text such as professional journals located in the FLITE databases related to supervisory practices and their topic of choice.

EVALUATION AND GRADING SCALE:

A	93 - 100	B-	80 - 82	D+	67 - 69
A-	90 - 92	C+	77 - 79	D	63 - 66
B+	87 - 89	C	73 - 76	D-	60 - 62
B	83 - 86	C-	70 - 72	F	Below 60

(See 'My Grades' under 'My Tools' in Ferris Connect)

GRADE DETERMINATION: The final grade will be evaluated as follows:

Assignment	Point Value
Syllabus Quiz	5
Discussion Board Postings	30

Weekly Assignments	131
Group Presentation including Multiple Choice questions + Average of Peer Reviews	100
Quizzes/Assessments	190

Important things to remember about this course:

- **ALWAYS CHECK FOR NEW ANNOUNCEMENTS WHENEVER YOU LOG INTO THE COURSE.**
- You will be actively posting to a Discussion Board to assist yourself and your group members to prepare for group orientation project and decision making.
- 11:59pm Sunday evening is the default due date for all assignments and discussion board contributions.
- Early assignments are accepted, but grades and feedback may not be provided until after the deadline for the assignment has passed.
- This class has a NO LATE WORK policy. If you do not turn in an assignment by its due date, your grade is ZERO. No exceptions unless prearranged and approved by me well in advance of the due date.
- Word processing format: 11-12 font size, double spaced, maximum 1" margins. Grammar and spelling are critical for credit.
- All assignments require the question to be provided prior to providing the answer to the assignment.

PARTICIPATION:

- The intent of participation is to engage you in the thought processes that are fundamental to effective performance in the health care arena.

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.

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 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.

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 constitute 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 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.

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. 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.

4. 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.)
5. Students as well as employees are bound by the University's policy against harassment in any form. Harassment will not be tolerated.
6. 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.

Conflict Resolution Policy: Please see the CAHS WEB Homepage for more information.

TENTATIVE COURSE SCHEDULE: (See calendar in FerrisConnect, although I post as many things as possible on the course calendar, the calendar only allows me to put the date assessments, or quizzes, are available to take, not the date they are due, so I **STRONGLY** suggest you print this syllabus and make sure you have completed all week requirements).

Weeks Readings Topic
date week

All assignments are due on Sunday at 11:59pm of the due

Module 1; Chapters 1-5, 9

Week 1: May 15 – May 20

1. Review the “Getting Started in FerrisConnect” module
2. Assessment (Syllabus quiz)
3. Introductions – Please introduce yourself to the class in the Discussion Board. Tell us about you, your family, hobbies, and the academic program(s) you are in. Finally, tell us about your career aspirations and where you see yourself in ten years. Although this is not a graded assignment, it is a good way to become acquainted with your classmates.
4. Chapter 1 An Evolving Role in a Changing Environment (3-20). Read assigned pages in chapter and complete Chapter 1 Assignment.
5. Chapter 2 Health Care: How is it Different from “Industry”? (21-35), post to Chapter 2 Discussion Board (see instructions under the discussion board topic).
6. Sign up for group/team orientation topic. Sign up page can be accessed from the folder on the home page of the course. 3-4 members per group.

Week 2: May 21 – May 27
date week

All assignments are due on Sunday at 11:59pm of the due

1. Chapter 3 The Nature of Supervision: Health Care and Everywhere (36-46), complete Chapter 3 assessment
2. Chapter 4 Management and Its Basic Functions (47-63), complete Chapter 4 assignment

Week 3: May 28 – June 3
date week

All assignments are due on Sunday at 11:59pm of the due

1. Chapter 5 Delegation and Empowerment (67-88), post your response to the questions posed on the discussion board labeled Chapter 5. Review several student postings to see how they would handle the issue presented.
2. Chapter 9 The One-to-One Relationship (145-162), post your response to the questions posed on the discussion board labeled Chapter 9. Review several student postings to see how they would handle the issue presented.

Module 2; Meetings, policy writing, memo drafting

Week 4: June 4 – June 10
date week

All assignments are due on Sunday at 11:59pm of the due

1. Chapter 12 (191-213), Read supplemental information in Module 2, policy and procedure assignment. Complete policy and procedure assignment (you will be writing a policy and procedure for conducting performance appraisals at ABC hospital). **POLICY and PROCEDURE is not due this week, it is due JUNE 17. You should begin writing P & P this week.**

2. Chapter 19 and 20 (309-337), Memo writing, On-line quiz and tutorial on meeting basics, agenda and meeting minutes assignments

Module 3; Hiring and Selection of Employees
at 11:59pm of the due date week

All assignments are due on Sunday

Week 5: June 11 – June 17

1. Chapter 8 Interviewing: Start Strong to Recruit Successfully (127-144), complete Chapter 8 assignment

2. Review material on job analysis, job description PowerPoint, complete position (job) description assignment.

3. Policy and Procedure assignment is due.

Week 6: June 18 – June 24
the due date week

All assignments are due on Sunday at 11:59pm of

1. Create a job advertisement, develop interview questions

2. Begin preparing Acceptance and Rejection letters (Acceptance and Reject Letters are not due this week, they are due July 1).

Module 4; Group Orientation Projects and Presentations

Week 7: June 25 – July 1
the due date week

All assignments are due on Sunday at 11:59pm of

1. Groups research their orientation project topic; begin work on PowerPoint presentations. What I expect via a grading rubric can be found in Module 4. As you are working on your group project, a tool you might want to use is googledocs. It allows everyone to work from one document instead of sending different ones back and forth to each other, wondering which one is the most current etc. Here is the link you can copy and paste into your browser to learn more about this tool;
<http://www.google.com/google-d-s/tour1.html>

2. Acceptance and Reject Letters are due July 1.

**Week 8: July 2 – July 8 Enjoy the 4th of July
at 11:59pm of the due date week**

All assignments are due on Sunday

1. The group leader, or their designee, will email me their final presentation, labeled with the subject of their presentation. Make sure the first slide of the PowerPoint lists each member of the group.
2. Once the PowerPoint is completed, create 8 multiple choice questions from your presentation. **Group leader, or their designee will submit the 8 multiple choice questions (with answers) to me as an attachment to an email in FerrisConnect. I will choose approximately 5 questions per topic from the presentations and/or chapters and post as an assessment for the class to complete.** I only need one set of MC Questions per group. If a group presentation is not done for a chapter, I will create five multiple choice questions for that chapter and you will take an assessment/quiz.

**Week 9: July 9 – July 15
the due date week**

All assignments are due on Sunday at 11:59pm of

1. Read Chapters 13 “Criticism and Discipline” and Chapter 14 “Coaching and Counseling Problem Employees”
2. Review group presentations accessible from course home page (Group Presentation and Sign Up folder).
3. Read Chapter 18 and review group presentation on “Managing Change in the Workplace”, take assessment labeled the same.

Quizzes for all orientation projects can be accessed under “Assessment” tab. All assignments are due on Sunday at 11:59pm of the due date week.

Week 10: July 16 – July 22 If there is not a group presentation for specific chapter, assessment will be based solely on chapter content.

1. Read Chapter 16 and 17, “Healthcare (Business) Ethics and Decision Making”. Review group presentation and take assessment labeled the same.
2. Read Chapter 10, Review group presentation on “Leadership” and take assessment labeled the same.
3. Read Chapter 29, Review group presentation on “Organizational Communication”

and take assessment labeled the same.

Week 11: July 22 – July 28 If there is not a group presentation for specific chapter, assessment will be based solely on chapter content.

1. Read Chapter 11, Review group presentation on “Morale and Motivation” and take assessment labeled the same.

2. Read Chapter 6, Review group presentation on “Time Management” and take assessment labeled the same.

3. Read Chapter 7, Review group presentation on Personal Supervisory effectiveness” and take assessment labeled the same.

4. Read Chapter 22, Review group presentation on “Quality and Productivity” and take assessment labeled the same.

5. Read Chapter 23, Review group presentation on “Teams and Team Building” and take assessment labeled the same.

6. Read Chapter 24, Review group presentation on “Methods Improvement: Making Work Easier” and take assessment labeled the same.

Module 5; Legal Issues and Unions

Week 12: July 29 – August 8 Assignments Due at 11:59pm Tuesday, August 7

1. Read Chapter 27, complete Chapter 27 assignment

2. Read the MI Elliott Larsen Civil Rights Act, accessed through Module 5, I suggest downloading the statute so you will have it available when completing the MI Elliott Larsen Civil Rights Statute Assessment (quiz). Take the MI Elliott Larsen Civil Rights Assessment.

3. Read Chapter 30, complete the Unions and NLRA assignment.

Learning Objectives

General:

- Given the text, supplemental material, group discussion topics, HRSimSelection simulation, and group orientation project, at the end of the course, the student should be able to;
 - Apply information provided in the course to knowledge required to be an effective Health Care Administrator; i.e. writing policies and procedures, conducting and attending meetings.

- Locate, Examine and Analyze journal articles, websites and books using critical thinking skills
- Demonstrate various methods of reinforcing material provided in group project to simulate orientation for employees with the StudyMate tool
- Describe and communicate effectively the various types of concerns healthcare managers must consider with unions, and various employment laws, rules and regulations.
- Guide fellow health care administrators and staff to understand financial issues surrounding hiring decisions and retention of key employees.

Module 1

- Understand and describe the responsibilities and nuances of being a healthcare supervisor
- Verbalize why managed care came into being and why many medical providers and members have negative feelings toward managed care companies
- Determine the importance of planning, organizing, directing, coordinating and controlling within the healthcare arena

Module 2

- Summarize the basic functions/importance of job analysis, job descriptions, performance appraisals, memos, meetings, agendas and minutes
- Describe the role of the healthcare supervisor in development of job analysis, job descriptions, performance appraisals, memos, meetings, agendas and minutes
- Understand and verbalize why policies and procedures are essential from both an enforcement position as well as a risk management tool

Module 3

- Explain why development of rubrics and interview questions are necessary in order to assure consistency in the interview process
- Describe how consistency in the hiring process and appropriate documentation is necessary to prevent discriminatory practices
- Simulate an environment of selecting the best candidate for a position, considering the financial implications involved in the hiring process and the retention of the best candidates

Module 4

- Understand the value of orienting employees
- Describe the traits necessary for successful leadership and supervisory practices
- Summarize and list the components and steps essential for effective discipline and dealing with problem employees
- Utilize computer resources to put together a professional power-point presentation after conducting appropriate research on a topic
- Identify delegation and planning as key considerations in the supervisor's effective use of time

- Associate various ethical issues that arise in the health care setting, and how to consider such issues when making decisions

Module 5

- Describe how a healthcare organization needs to operate differently when unions are present
- Locate, Examine and Analyze both Michigan and Federal Statutes that affect the healthcare supervisor
- Understand the role of the healthcare supervisor as a representative of management when unions are being considered by employees

HEALTH ADMINISTRATION DEPARTMENT
COURSE SYLLABUS – FALL 2010

Course Title HCSA 345 Internship Orientation

Credits: 1 credit hour - lecture

Course Schedule: 8:00 – 9:50 PM, Friday (Sept. 3 – Oct. 22, 2010)

Instructor Marie J Sickelsteel, M.S., Office Phone: 231 591
R.H.I.T. 2321
Associate Professor E-mail: sickelsm@ferris.edu

College of Allied Health
Sciences
Office: VFS 412

Office Hours

Tuesday	Wednesday	Thursday
10:00 A	10:00 A	10:00 A
2:00 P		

Course Description The purpose of this course is to prepare students for their internship experience by reviewing areas that will enhance their professional preparation. Some of the areas to be explored are project requirements, internship expectations, work ethics, interviewing, resume preparation, and time management as well as others. This will be done through the use of class discussion, presentations, guest speakers, and class projects.

Internship Placement: There are many questions and concerns regarding your internship. The **Internship Coordinator, Marie Sickelsteel** processes all internship placements. Faculty are very helpful in providing guidance regarding internships; however, the process of securing and finalizing an internship rests with the internship coordinator. You may ask someone who may not be in the decision making line regarding your internship; and, a common explanation is „someone told me....“ Your time is valuable and your internship is a critical piece of your academic experience. Contact the Internship Coordinator for direct and reliable answers your questions.

Attendance: **Mandatory attendance for all scheduled classes.** In class assignments or required attendance at job fairs **cannot** be made up.

Course Objectives

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

1. Prepare a resume for an internship.
2. Prepare a cover letter for an internship.
3. Describe a commitment to an internship including an understanding of internship projects, time constraints, and the specific responsibilities to successfully complete an internship.
4. Develop an action plan for an internship.
5. Describe importance of Intent Form and who initiates the internship process.
6. Establish an interview with a health care manager/ supervisor for the purpose of obtaining acceptance to do an internship in that facility.

Evaluation

Uniform Grading Scale will be **used**. A minimum of a „C“ (73%) is required in order to pass the course and meet the program requirement for graduation and internship.

Grade Determination

- | | |
|------|---|
| 10 | Total Points |
| 0 | |
| ✓ 10 | Class Participation and Attendance |
| ✓ 5 | Student Information Sheet – Due Week 2 |
| ✓ 0 | Intent Form – Week 8 or before (spring internship students) |
| ✓ 25 | Resume: Due <u>October 8, 2010</u> ; revised after Career Services or Writing Center review; <u>not accepted without review attached.</u> |
| ✓ 25 | Cover Letter: Due <u>October 8, 2010</u> ; revised after Career Services or Writing Center review; <u>not accepted without review attached.</u> |

- ✓ **Staple** together in the following order; points deducted for failure to follow this order:
 - Revised cover letter after above review.
 - Cover letter review that includes review comments.
 - Revised resume after above review
 - Resume review that includes review comments.
- ✓ 25 Action Plan
- ✓ 10 Assignments

Hand deliver or mail (US Postal Service) resume, cover letter, and action plan with a self addressed stamped envelope to:

Marie Sickelsteel
 Ferris State University
 200 Ferris Dr.
 Big Rapids, MI 49307

Fax or FerrisConnect submission NOT ACCEPTABLE.

TENTATIVE SCHEDULE

DATE		ASSIGNMENT
Class 1	Sept. 3, 2010	Orientation
Class 2	Sept. 10	Internship overview: <ul style="list-style-type: none"> ○ written projects and format ○ progress and site coordinator project evaluation ○ grade determination ○ internship hours and work rotation ○ policies Skill Identification
Class 3	Sept. 17	Resume
Class 4	Sept. 24	Review of internship manual.

Class 5	Oct. 1	
Class 6	Oct. 8	<p>Resume and Cover Letter Due:</p> <ul style="list-style-type: none"> • revised after Career Services or Writing Center review • <u>not accepted</u> without review attached • stapled in correct order
Class 7	Oct. 15	<p>Internship Action Plan due</p> <p>Review of internship requirements.</p>
Class 8	Oct. 22	<p>Intent Form on or before this date.</p> <p>Review of internship requirements.</p> <ul style="list-style-type: none"> ○ MRIS students only ○ HCSA 392 students only

POLICIES – COLLEGE AND UNIVERSITY

SAFETY ISSUES

If there is an emergency/imminent danger, call 911. Other issues call Ext. 5000. First aid kits are available in VFS 209, 323, and 419.

In case of fire, head toward the closest stairway and exit the building. If smoke is coming from the stairway, use the other one. If smoke is coming from both, return to classroom, close the door, put something at the base of door. Take only coats and pocketbooks, no book bags. Meet 300 feet from the building behind the Pharmacy building.

In case of tornado, do not exit the building. Stay away from glass. Go into the hallway. Do not go into the stairways, they have glass. Wait for „all clear“ to return to classroom.

DISRUPTIVE STUDENTS

Any student that acts in a disruptive, inappropriate, and/or counter-productive behavior in the classroom will be asked to leave the classroom and the course. If necessary, such a student will be dealt with according to Ferris State University policies.

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.

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.

ACADEMIC DISHONESTY

The purpose of this policy is to encourage a mature attitude toward learning, to establish sound academic morale, and to discourage illegitimate aid with examinations, class assignment, and laboratory work.

Cheating is defined as using or attempting to use, giving or attempting to give, obtaining or attempting to obtain products or prepare materials, information about a quiz or examination, or copies of work that student is assigned to do alone and not in collaboration with others. Plagiarism (copying) of written work is also considered an infraction of this policy.

The penalty for a first offense of willful cheating will be a grade of zero for the assignment. Cheating on a quiz or examination may mean failure of the course. The student may appeal any decision to the Program Coordinator or Department Head.

Students are required to present their own work, except under circumstances where the instructor has requested or approved the joint efforts of a group of students.

Cheating and plagiarism is considered unethical and unprofessional.

ADA ACCOMMODATIONS

Ferris State University maintains the Office of Disabilities Services to provide accommodations for student with special needs. Disabilities Services is the campus office responsible for determining and providing requested academic accommodations for students with disabilities. A variety of support services are provided to students with documented mobility limitations, learning disabilities, hearing and visual disabilities, attention deficit disorders, psychological disabilities, and other types of disabilities. Their mission statement is to:

'The mission of the Disabilities Services is to serve and advocate for students with disabilities, empowering them for self-reliance and independence while promoting equal access to educational opportunities and programs. Information, reasonable accommodation, and counseling are offered to students. Professional developments offered to faculty and staff.'

In order for Disabilities Services to determine a student's eligibility for services, all students must complete the Intake Interview Form with the Educational Counselor or Student with Disabilities, and present appropriate documentation.

- Students with hearing disabilities must provide a Speech and Hearing Evaluation, or a Physician Statement of a Long-Term Disability Form that was completed within three (3) years of the date of application to Ferris State University's Disabilities Services.
- Students with functional disabilities (i.e., psychological or emotional impairments) may be requested to submit additional documentation that will assist Disabilities Services in clarifying the services that are most appropriate to the specific disability.
- Students with learning disabilities are required to submit documentation to verify their eligibility under Ferris' Policy on Education of Student with Disabilities. For purposes of evaluating requests for accommodations for learning disabilities, Disabilities Services relies upon the following definition: A qualified learning disabled person is a person having average to above average intelligence with a significant discrepancy between IQ (intellectual potential) and achievement (actual performance level), and average to greater achievement scores in at least one academic area as measured by an appropriate diagnostic instrument. (Plerangelo, R., and Guillano, G., (1998) Special Educator's Complete Guide to 109 Diagnostic Tests, New York, The Center for Allied Research in Education).
- Students with a physical disability must provide a Physician's Statement of Long-Term Disability form.

INTERNSHIP DATES SPRING 2011			
MRIS 293	1 st 6 weeks	JAN 10	FEB 18
MRIS 293	2 nd 6 weeks	FEB 21	APRIL 8
MRIS 493	10 weeks	JAN 10	MARCH 25
HCSA 392	1 st 6 weeks	JAN 10	FEB 18
HCSA 392	2 nd 6 weeks	FEB 21	APRIL 8
HCSA 493	12 weeks	JAN 10	APRIL 8
MRIS	6 + 10	JAN 10	MAY 6
HCSA	6 + 12	JAN 10	MAY 27

Semester Recess: When an internship extends into a semester recess, the intern is **NOT ALLOWED AT THE SITE**. The recess time will be added to the end of the internship.

INTERNSHIP DATES SUMMER 2011			
MRIS 293	1 st 6 weeks	MAY 16	JUNE 24
MRIS 293	2 nd 6 weeks	JUNE 27	AUGUST 5
MRIS 493	10 weeks	MAY 16	JULY 22
HCSA 392	1 st 6 weeks	MAY 16	JUNE 24
HCSA 392	2 nd 6 weeks	JUNE 27	AUGUST 5
HCSA 493	12 weeks	MAY 16	AUGUST 5

MRIS	6 + 10	MAY 16	SEPT 9
HCSA	6 + 12	MAY 16	SEPT 23

- USE THIS FORMAT FOR YOUR ACTION PLAN
- YOUR PLAN MUST BE COMPUTER GENERATED

INTERSHIP (COURSE)	DATE	NAME

MY INTERNSHIP ACTION PLAN

INTERNSHIP GRADE I EXPECT TO RECEIVE :	
WHAT I WANT TO LEARN AND EXPERIENCE DURING MY INTERNSHIP.	
1.	<i>(LIST BY NUMBER AS MANY ITEMS AS NECESSARY, NOT LESS THAN 10 ITEMS REQUIRED.)</i>
2.	
3.	
4.	
5.	
MY INTERNSHIP PLAN, I WILL DO THE FOLLOWING TO RECEIVE THE ABOVE GRADE:	
1.	<i>(LIST BY NUMBER AS MANY ITEMS AS NECESSARY, NOT LESS THAN 10 ITEMS REQUIRED. Action must begin prior to starting your internship.)</i>
2.	
3.	
4.	

DATE	YOUR SIGNATURE

HCSA INTERNSHIP INTENT

- COMPLETE AND SUBMIT TO **MARIE SICKELSTEEL, VFS 412**
- SUBMIT 6 – 8 WEEKS PRIOR TO THE END OF THIS SEMESTER

STUDENT INFORMATION

NAME	SEMESTER AND YEAR OF INTERNSHIP:		
INTERNSHIP DESIRED (CHECK ONE):	1ST HCSA 392	2ND HCSA 392	HCSA 493
CELL PHOONE #	TELEPHONE NUMBER (DURING INTERNSHIP):		
STUDENT NUMBER	MAILING ADDRESS (DURING INTERNSHIP)		
E-MAIL ADDRESS:			

SITE COORDINATOR INFORMATION

NAME	TITLE/DEPARTMENT
TELEPHONE NUMBER	E- MAIL ADDRESS

SITE MAILING ADDRESS

NAME OF FACILITY
MAILING ADDRESS

The above Site Coordinator agreed to oversee my Internship	SEMESTER/DATE
STUDENT'S SIGNATURE	DATE

- This form **MUST** be returned to Marie Sickelsteel, Internship Coordinator at least **6 – 8 weeks** before the end of this semester.
- You may not register for an internship (HCSA 392 or HCSA493) until this document is complete and submitted to the Internship Coordinator. After receipt you will be registered for the internship by the Internship Coordinator.
- This document provides the required data to begin the internship process.
- Please complete an *Intent form* for **EACH** Internship.
- **Complete all line items; print or write clearly.**

MRIS INTERNSHIP INTENT

- COMPLETE AND SUBMIT TO **MARIE SICKELSTEEL, VFS 412**
- SUBMIT **6 – 8 WEEKS** PRIOR TO THE END OF THIS SEMESTER

STUDENT INFORMATION

NAME	SEMESTER AND YEAR OF INTERNSHIP:		
INTERNSHIP DESIRED (CHECK ONE):	1ST MRIS 293	2ND MRIS 293	MRIS 493
CELL PHONE #	TELEPHONE NUMBER (DURING INTERNSHIP):		
STUDENT NUMBER	MAILING ADDRESS (DURING INTERNSHIP)		
E-MAIL ADDRESS:			

SITE COORDINATOR INFORMATION

NAME	TITLE/DEPARTMENT
TELEPHONE NUMBER	E- MAIL ADDRESS

SITE MAILING ADDRESS

NAME OF FACILITY	
MAILING ADDRESS	
The above Site Coordinator agreed to oversee my Internship	SEMESTER/DATE
STUDENT'S SIGNATURE	DATE

- This form **MUST** be returned to Marie Sichelsteel, Internship Coordinator at least **6 – 8 weeks** before the end of this semester.
- You may not register for an internship (MRIS 293/MRIS493) until this document is complete and submitted to the Internship Coordinator. After receipt you will be registered for the internship by the Internship Coordinator.
- This document provides the required data to begin the internship

process.

- Please complete an *Intent form* for **EACH** Internship.
- **Complete all line items; print or write clearly.**

○

HCSA STUDENT INFORMATION SHEET

	DATE:

Name - **Print CLEARLY** CELL Phone # + area code

The following information is necessary to initiate the internship process for you. You may change your plan regarding location and/or or health facility later. Alert me of changes.

SEMESTER TO INTERN	SPRING 2011	SUMMER 2011
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○ **CIRCLE APPROPRIATE BOX**

1st Jan 10 – Feb 18	2nd Feb 21 – April 8	Management Jan 10 – April 8, 2011
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#1 Hospital Based 6 weeks	#2 Management 12 weeks
LIST 3 LOCATIONS [CITY]	LIST 3 FACILITIES [hospital, long term care, physician office, etc. or specific name]
<i>Priority order.</i>	<i>Priority order.</i>
1.	1.
2.	2.
3.	3.

HOME ADDRESS	SCHOOL ADDRESS

PHONE #	PHONE #

Please note any additional information that is important to plan for your internship:

MRIS STUDENT INFORMATION SHEET

	DATE:

Name - **Print CLEARLY** CELL Phone # + area code

The following information is necessary to initiate the internship process for you. You may change your plan regarding location and/or or health facility later. Alert me of changes.

SEMESTER TO INTERN	SPRING 2011	SUMMER 2011
---------------------------	-------------	-------------

○ **CIRCLE APPROPRIATE BOX**

1st Jan 10 – Feb 18	2nd Feb 21 – April 8	Management Jan 10 – March 25, 2011
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#1 TECHNICAL 6 weeks	#2 Management 10 weeks
-------------------------	---------------------------

LIST 3 LOCATIONS [CITY]	LIST 3 FACILITIES [hospital, long term care, physician office, etc. or specific name]
<i>Priority order.</i>	<i>Priority order.</i>
1.	1.
2.	2.
3.	3.

HOME ADDRESS	SCHOOL ADDRESS

PHONE #	PHONE #

Please note any additional information that is important to plan for your internship.

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INTRODUCTION

This manual is designed to guide both you and your Site Coordinator through your internship.

Read this manual 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).

The value of your internship experience will be determined, in large part, by your attitude, work ethics, and professionalism. Your desire to learn and contribute is critical.

OVERVIEW

The management internship, full-time consisting of 40 hours per week for 10 weeks, 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 various management techniques.
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.

You are required to complete a series of projects while working at the health care organization.

The project/work requirements of this internship are intended to benefit both the HCO and you. You will benefit the HCO by:

1. adding an extra pair of hands.
2. devoting your energy, knowledge, and research to awaiting projects.
3. providing an "extra body" to perform required duties.

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.
5. understanding what makes a good manager or supervisor
6. adding experience to your resume.
7. gaining the potential for having a 'step in' if a position is posted for which you are qualified

Written Projects

All projects are to be computer printed. Send the original to your FSU Faculty Mentor at Ferris State University. Whenever possible, attach samples of facility reports.

Projects will be retained by the Health Management Department at FSU for one year; you should *make copies for yourself*. **Do not email or fax your projects.**

Contact your FSU Faculty Mentor if you are unable to adhere to the due date as specified.

Progress and Site Coordinator Evaluation of the Student

Your Site Coordinator 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 Site Coordinator will be requested to evaluate you during the third week of the internship. All completed evaluations will be sent to your FSU Faculty Mentor. 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. Under severe circumstances, the student may be removed from the internship experience.

A 'Site Coordinator's Final Assessment of Intern's Performance' 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 Site Coordinator evaluations will be sent to and graded by **the FSU Faculty Mentor, he or she is responsible for determining your final grade.** See page 13 and 14, Project Requirements and Point Allocation.

STUDENT INFORMATION

Ferris State University requires that the student complete two (2) internship rotations.

HEALTH CARE SYSTEMS ADMINISTRATION

1. SIX (6) WEEK IN AN ACUTE CARE HOSPITAL

- IF A STUDENT HAS OR WILL COMPLETE A CLINICAL INTERNSHIP ROTATION WITH ANOTHER PROGRAM (NUCM, RADI, RESP, SONO, CLLS), THIS 6-WEEK INTERNSHIP IS NOT REQUIRED.
- DHYG STUDENT MUST COMPLETE THIS INTERNSHIP.

2. TEN (10) WEEK MANAGEMENT IN A HEALTH CARE ORGANIZATION

HEALTH INFORMATION MANAGEMENT

1. SIX (6) WEEK IN AN ACUTE CARE HOSPITAL

2. TEN (10) WEEK MANAGEMENT IN A HEALTH CARE ORGANIZATION

INTERNSHIP HOURS AND WORK ROTATION

You must contact the site at least two (2) weeks before the start of the internship to determine arrival time.

During your managerial internship, you will be assigned to one primary 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 many different employees in the HCO. This is an opportunity to learn from these health care individuals, and observe many of their supportive functions in the HCO.

INTERNSHIP FSU FACULTY MENTORS

Paula Hagstrom	Terry Harper	Steve Karnes	Paula Koning
VFS 400	VFS 428	VFS 407	FSU Grand Rapids
231 591-2316	231 591 2279	231 591 2251	151 Fountain St. NE
hagstrop@ferris.edu	harpert@ferris.edu	karness@ferris.edu	Grand Rapids, MI 49503
			PaulaKoning@ferris.edu
			616 643 5726
			Use above address.

Cindy Konrad	Janna Pacey	Marcy Parry	Marie Sickelsteel	Julie Ward
VFS 413	FSU Grand Rapids	VFS 332	VFS 412	VFS 411
231 591-2298	151 Fountain St. NE	231 591-2273	231 591-2321	231 591 3110
konradc@ferris.edu	Grand Rapids, MI 49503	parrym@ferris.edu	sickelsm@ferris.edu	Wardj8@ferris.edu
	JannaPacey@ferris.edu			
	616 643 5723			
	Use above address.			

Address to: (name of FSU Faculty Mentor)
VFS _____
Ferris State University
200 Ferris Drive
Big Rapids, MI 49307

You will be monitored by a FSU Faculty Mentor during your internship. A Student Intern or Site Coordinator experiencing problems may request an on-site visit.

If you are unable to reach your FSU Faculty Mentor, contact the internship coordinator or department head:

Marie Sickelsteel
Internship Coordinator
231 591-2321
sickelsm@ferris.edu

Greg Zimmerman
Department Head
231-591-2313
zimmerg@ferris.edu

OTHER

Professional courtesy and a respect for confidentiality should be exhibited at all times. You are the **guest** of the HCO.

When copies of reports are requested as part of your project, delete all name specific references for the HCO and 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.

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 and value to the HCO. In large part, the value of your hospital-based internship rests in YOUR hands.

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:
 - 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.
 - Not chew gum.

2. When interacting with Site Coordinator 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.
 - Not chew gum.

3. When interacting with patients, you should:
 - Not chew gum.
 - 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.


“THANK YOUs”

Professional courtesy suggests a follow-up after you complete your internship. Please prepare and mail “thank-you” notes to your Site Coordinator and the departments where you spent your internship. Forward a copy of your thank you note to your FSU Faculty Mentor. (PROOF READ carefully before mailing!)

INTERNSHIP POLICIES

25. The FSU Academic Calendar will be followed regarding holidays and recesses. **Per FSU policy no intern is allowed at the site during these specified dates.** Time must be made up. Your site coordinator will be advised of these dates.
26. Contact your Site Coordinator at least two (2) weeks before the starting date to determine hours you will be working.
27. 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.
28. You are to report to the internship site at 9:00 A.M. on the first morning unless otherwise arranged with the Site Coordinator.
29. 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.

30. Do not use your cell phone during working hours. Personal telephone calls are not to be made within the department or during working hours. Cell phone use during breaks and lunch time would be permitted.
31. You will be working a minimum 8 hours per day, 40 hours per week for 10 (MRIA) or 12 (HCSA) continuous weeks; unless other hours have been prearranged with your site coordinator and your faculty contact.
32. 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.
33. 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.
 - o Alternate Site Visit – notify your SC when you plan this visit and that you will not be at your internship site
34. While at the internship site, you are responsible to the Site Coordinator or his or her designee. You are expected to follow 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 know and understand the rules and regulations.
35. If any problems arise, they should be brought to the attention of your Site Coordinator. However, the FSU Faculty Mentor is available by phone or email should you need consultation at any time. You will be advised as to which FSU Faculty Mentor will be supervising your internship.
36. You are responsible for costs incurred during internship -- housing, food, transportation, parking, and for miscellaneous items, both on and off campus.
37. When you move from one work area to another, 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.
38. 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.
39. You will be scheduled to be involved with a variety of functions. During this time, you will collect information for projects. **Project completion is not to be done during your internship working hours.**
40. Should you become ill while on duty, notify your Site Coordinator. Arrangements will be made for medical attention as appropriate with existing departmental procedures. You are responsible for the costs incurred in this treatment.
41. ADA (Americans with Disabilities Act) – You must notify your HCO site of any disability that needs special consideration.

42. INTERNSHIP TERMINATION – Unsatisfactory internship progress or conduct could result in an academic or disciplinary termination from the internship. An affiliation site may terminate the internship.
- The Site Coordinator will contact the FSU Faculty Mentor or Internship Coordinator regarding the decision to terminate the internship.
 - A meeting between the student and the FSU Faculty Mentor or Internship Coordinator will be scheduled to obtain the interns perception regarding the termination.
 - If a student is removed from an internship site due to professional misconduct or academic performance, the entire internship will have to be repeated. If the intern chooses to terminate his or her internship, the internship will have to be repeated.
 - At this time, a decision will be made as to whether the student intern will seek a new internship site or be required to repeat an internship..
 - A repeat internship will have a contractual requirement related to the cause of removal from the first internship. This contract will be utilized during a repeat internship.
43. APPEAL – Each student will have the right to appeal an academic or disciplinary termination from an affiliation site.
44. The student intern shall first appeal within five (5) working days to the Department Head of the Clinical Lab., Respiratory, and Health Administration Programs, who shall inform the student intern of his/her decision in writing within three (3) working days.
45. 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 Department Head of the Clinical Lab., Respiratory, and Health Administration Programs, he/she shall file an appeal within five (5) 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 (5) working days.
46. Enjoy your internship! ***Open yourself up to this valuable experience, begin networking, and challenge yourself. Remember – your growth is directly related to your proactive involvement and follow through.***
- 

CAHS Policy 5.0 Student Conflict Resolution

When a student has an issue with a grade, internship or other student/faculty issue, it is the responsibility of the student to use a progressive procedure to resolve the issue. This policy provides a step-by-step means of resolving student/faculty issues. Individual programs may have other specific steps for resolving student/faculty issues.

5.1 The first step in resolving a grade, internship or other student/faculty issue is for the student to talk to the Faculty Mentor about the situation. There may be a simple remedy (e.g., a calculation error and the Faculty Mentor can make the correction with a change of grade form). The student and Faculty Mentor must try to resolve the issue within five business days of the initial meeting of the student and Faculty Mentor. All discussions will be recorded and placed in the student's file.

5.2 If the issue is not resolved between the student and Faculty Mentor within five days, the next step is for the student to submit a written request, stating the issue of concern, to the Department Head. After reading the documentation between the student and Faculty Mentor, the Department Head will meet with the student and Faculty Mentor to hear both sides of the situation and analyze the issue. The Department Head will render a decision on the issue and inform the student and Faculty Mentor in writing within five business days of the meeting. If the student does not agree with the decision, he/she may petition in writing to the Dean. All discussions will be recorded and placed in the student's file.

5.3 If the issue is not resolved by the Department Head within five days, the next step is for the student to submit a written request, stating the issue, to the Dean. After reading the documentation between the student and Faculty Mentor, and the Department Head's decision, the Dean will meet with the student, Faculty Mentor and Department Head to hear all sides of the situation and analyze the issue. The Dean will render a decision on the issue and inform the student, Faculty Mentor and Department Head in writing within five business days of the meeting. The decision of the dean is final. All discussions will be recorded and placed in the student's file.

5.4 If the student does not agree with the decision of the Dean, he/she may petition in writing to the office of the VPAA according to the respective policies and procedures of that office. All discussions will be recorded and placed in the student's file.

5.5 According to FSU Academic Policy 04:4, Students have one year to appeal a course grade. After a year, grades cannot be changed. All other issues must be resolved within the semester the issue occurred or within the following semester at the latest.

Steps in the Student/Faculty Issue Resolution: Progressive Only if Required

Step	Parties Involved	Timeline (Business Days)
Step 1 Student meets with faculty member	Student/Faculty	5 days
Step 2 Student meets with Faculty/Department Head	Student/Faculty/Department Head	5 days
Step 3 Student meets with Faculty/Department Head and Dean	Student/Faculty/Department Head/Dean	5 days
Step 4 Student petitions Office of VPAA	Student and appropriate Representative of VPAA	According to VPAA Policies/Procedures

In all cases for steps 1 to 3, if the issue occurs at the end of the semester, the business day count will continue into the next semester, including summer semesters.

SITE COORDINATOR INFORMATION GENERAL COMMENTS AND SUGGESTIONS

Ferris State University requires that the student complete two (2) internship rotations.

HEALTH CARE SYSTEMS ADMINISTRATION

1. SIX (6) WEEK IN AN ACUTE CARE HOSPITAL

- IF A STUDENT HAS OR WILL COMPLETE A CLINICAL INTERNSHIP ROTATION WITH ANOTHER PROGRAM (NUCM, RADI, RESP, SONO, CLS), THIS 6-WEEK INTERNSHIP IS NOT REQUIRED.

- DHYG STUDENT MUST COMPLETE THIS INTERNSHIP.

2. TEN (10) WEEK MANAGEMENT IN A HEALTH CARE

ORGANIZATION

MEDICAL RECORDS

1. SIX (6) WEEK IN AN ACUTE CARE HOSPITAL

2. TEN (10) WEEK MANAGEMENT IN A HEALTH CARE

ORGANIZATION

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 interns.

SCHEDULE AND ITS IMPLEMENTATION

1. The 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. 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 FSU Faculty Mentor.
3. Meeting attendance is encouraged. Please inform the 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, and departmental organizational structure and 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 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 intern read and sign the ***Intern Statement of Confidentiality***.

EVALUATION

1. Complete and sign a 'Site Coordinator Project Evaluation' form for **ALL** written intern projects where it is required. **Please, only review (do NOT rewrite or correct) intern projects.** With this evaluation, the FSU Faculty Mentor will receive valuable input for assigning an appropriate grade to each project.
2. Complete and return a one (1) page evaluation on the intern the 3rd week of the internship. This evaluation is included with this manual.
 - 2.1 The purpose of these evaluations is to monitor intern progress.
 - 2.2 Additional evaluations may be requested, if intern progress is unsatisfactory.
 - 2.3 Each evaluation should be discussed with the intern. The student intern is required to review and sign the evaluation.
3. Near the end of the internship, a 'Site Coordinator's Final Assessment of the Intern's Performance' will be mailed to you. Please complete and return it to the FSU Faculty Mentor at the University. We ask that you discuss the evaluation with the intern before he/she leaves your institution. The intern is to sign the evaluation.
4. An intern signature on an evaluation indicates that the evaluation has been reviewed; it does not indicate agreement.
5. The intern will complete an evaluation of the internship experience and site 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 memos from the intern to the faculty contact person.
2. If it will not disrupt work flow in a department, we ask that interns be allowed to use available computers, or other office equipment, to key or type their projects. **They are not to use internship time to write 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. An affiliation site may terminate the internship.
 - a. The Site Coordinator will contact the FSU Faculty Mentor or Internship Coordinator regarding the decision to terminate the internship.
 - b. A meeting between the student and the FSU Faculty Mentor or Internship Coordinator will be scheduled to obtain the interns perception regarding the termination.
 - c. If a student is removed from an internship site due to professional misconduct or academic performance, the entire internship will have to be repeated. If the intern chooses to terminate his or her internship, the internship will have to be repeated.

- d. At this time, a decision will be made as to whether the student intern will seek a new internship site or be required to repeat an internship..
 - e. A repeat internship will have a contractual requirement related to the cause of removal from the first internship. This contract will be utilized during a repeat internship.
 4. APPEAL – Each student will have the right to appeal an academic or disciplinary termination from an affiliation site.
 5. The student intern shall first appeal within five (5) working days to the Department Head of the Clinical Lab., Respiratory, and Health Administration Programs, who shall inform the student intern of his/her decision in writing within three (3) working days.
 6. 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 Department Head of the Clinical Lab., Respiratory, and Health Administration Programs, he/she shall file an appeal within five (5) 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 (5) working days.
 7. Refer to **CAHS Policy 5.0 Student Conflict Resolution** – p. 9.
- 

INTERNSHIP OVERVIEW

Due Dates:

- **One week AFTER beginning internship (Monday of Week 2):**
 - Internship Information Sheet
 - Signed copy of Intern Statement of Confidentiality
- **Week 2** – Monday -Weekly Memo; email or Ferris Connect as an **attachment**.
- **Week 7** - Five projects postmarked on Monday
- **Week 9** -Two projects postmarked on Monday
- **Administrative project** due **two weeks prior to the end of the internship, postmarked Friday**.
- Remainder of projects are due 1 week following internship – 11th (MRIS) or 13th (HCSA) week on Monday.
- **A 20% late penalty if projects are postmarked within 7 calendar days of the due date. After 7 calendar days, the project is worth zero (0).**
- Projects **DO NOT** have specifically defined due dates.
- Most projects will require a signed Site Coordinator Project Evaluation. The Site Coordinator is **not** responsible for correcting or writing your projects, rather he/she is to offer guidance and input.
- Time management and planning are crucial. **PLAN – DO – CHECK – ACT**
- Submit projects throughout the internship.

Project Format:

- All projects must have a cover page that includes:
 - Your name
 - Facility
 - Date
 - Project title and number
- List each question (**bold**) by number and give your response. Address all project items. **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.**
- Computer generated and professional appearance. Free of grammatical or spelling errors (1 point per error).
- Maximum 1 inch margins; font 11-12
- Project content – organization, format, clarity, accuracy and depth are part of the evaluation process. Free of grammatical or spelling errors (1 point per error). Grading rubrics will be used.
- As appropriate, include attachments of key documents that exemplify your discussions. Note and label professionally these as 'Attachment A', 'Attachment B' etc.
- **Staple** each project, don't use paper clips. Metal binder clips may be used for large documents.
- Do not place projects in sheet protectors.
- *Projects are generally produced during non-working hours. **Interns are not expected to work on personal projects during office hours. The intern will gather information on site.***

Rubric for Internship Projects (Agreed 12/2/2010)

		50%	60%	75%	85%	100%
Criteria	Absent or lacking	Insufficient (incomplete, errors, inconsistent)	Needs Improvement	Adequate (accurate/complete but focus on separate points rather than integrating concept of the question.)	Good	Excellent (complete, thorough, articulate, showing understanding of relationship of question to health care administration)
Clarity of Answers		Answer does not communicate a clear connection between project question and provided response.		Answered in general terms, response did not indicate thorough understanding of project question.		Clear and thorough coverage of question, providing specific examples when indicated.
	0	5/10	6/12	7/15	8/17	10/20
Depth and Breadth of Answers		Displays little understanding of the project questions or the underlying concept being asked.		Displays some understanding of the project question. None or limited use of examples, specifics, attachments or appendices to explain answer are provided.		Displays an excellent understanding of the project question and the underlying concept of question. Uses attachments, flowcharts or appendices when appropriate to support important points.
	0	5/10	6/12	7/15	8/17	10/20
Project Format		Project did not meet required format; cover page, typed questions, proper margins, proper labeling of attachments.		Project met the majority of required format but may have lacked a cover page, typed questions, proper margins, or proper labeling of attachments.		Project met all required formats: cover page, typed questions, proper margins, proper labeling of attachments.
	0	2/5	3/6	4/7	4/8	5/10
						25/50

***Please remember that proofing errors are considered outside this rubric.
*Grammatical or spelling errors (1 point per error)**

HCSA 493 PROJECT REQUIREMENTS AND POINT ALLOCATION

POINTS	HCSA PROJECTS	DESCRIPTION
50	WEEKLY MEMO	E-MAIL AS AN <u>ATTACHMENT</u> TO FSU FACULTY MENTOR.
5	INTERNSHIP INFORMATION	COMPLETE AND SEND BY MONDAY OF WEEK 2.
	STATEMENT OF CONFIDENTIALITY	COMPLETE, SIGN, AND SEND BY MONDAY OF WEEK 2.
225	ADMINISTRATIVE PROJECT(S)	PROJECT W/ SITE COORDINATOR'S EVALUATION OF ADMINISTRATIVE PROJECT.
70	MANAGERIAL SKILLS	PROJECT <u>w/o</u> SC EVALUATION
75	DEPARTMENTAL FUNCTIONS	PROJECT W/ SC EVALUATION FORM
50	ALTERNATE SITE VISIT #1	PROJECT <u>w/o</u> SC EVALUATION
50	ALTERNATE SITE VISIT #2 - 12-WEEK INTERN	PROJECT <u>w/o</u> SC EVALUATION
50	FINANCE #1	PROJECT W/ SC EVALUATION FORM
50	FINANCE #2 – 12-WEEK INTERN	PROJECT W/ SC EVALUATION FORM
50	QUALITY IMPROVEMENT	PROJECT W/ SC EVALUATION FORM
50	COMPLIANCE OFFICER INTERVIEW - 12-WEEK INTERN	PROJECT W/ SC EVALUATION FORM
50	PRIVACY PROTECTION PROGRAM	PROJECT W/ SC EVALUATION FORM
50	DATA SECURITY OF INFO SYSTEMS	PROJECT W/ SC EVALUATION FORM
50	REIMBURSEMENT METHODS	PROJECT W/ SC EVALUATION FORM
50	HUMAN RESOURCES	PROJECT W/ SC EVALUATION FORM
50	MATERIALS MANAGEMENT	PROJECT W/ SC EVALUATION FORM
10	INTERN'S EVALUATION OF INTERNSHIP	<u>w/o</u> SC EVALUATION
5	THANK YOU	A <u>COPY</u> OF AT LEAST ONE OF YOUR THANK YOU NOTES TO PERSONNEL WHO ASSISTED YOU IN YOUR INTERNSHIP.
50	SC'S FINAL EVALUATION OF INTERN	SC WILL COMPLETE AND MAIL TO FSU FACULTY MEMBER.
CHOOSE 1 PROJECTS FOR 25 POINTS		
25	MEETING OBSERVATION	PROJECT <u>w/o</u> SC EVALUATION
25	PROFESSIONALISM	PROJECT <u>w/o</u> SC EVALUATION
915/1065	TOTAL POINTS	

MRIS 493 PROJECT REQUIREMENTS AND POINT ALLOCATION

POINTS	MRIS PROJECTS	
50	WEEKLY MEMO	E-MAIL AS AN <u>ATTACHMENT</u> TO FSU FACULTY MENTOR.
5	INTERNSHIP INFORMATION SHEET	COMPLETE AND SEND BY MONDAY OF WEEK 2.
	STATEMENT OF CONFIDENTIALITY	COMPLETE, SIGN, AND SEND BY MONDAY OF WEEK 2.
225	ADMINISTRATIVE PROJECT(S)	PROJECT W/ SC EVALUATION FORM
70	MANAGERIAL SKILLS	PROJECT <u>w/o</u> SC EVALUATION
75	DEPARTMENTAL FUNCTIONS	PROJECT W/ SC EVALUATION FORM
50	ALTERNATE SITE VISIT	PROJECT <u>w/o</u> SC EVALUATION
50	FINANCE #1	PROJECT W/ SC EVALUATION FORM
50	DATA SECURITY OF INFO SYSTEMS	PROJECT W/ SC EVALUATION FORM
50	REIMBURSEMENT METHODS	PROJECT W/ SC EVALUATION FORM
50	HUMAN RESOURCES	PROJECT W/ SC EVALUATION FORM
75	IP-CLINICAL DATA & REIMBURSEMENT MGT	PROJECT W/ SC EVALUATION FORM
75	OP-CLINICAL DATA & REIMBURSEMENT MGT	PROJECT W/ SC EVALUATION FORM
10	INTERN EVALUATION OF INTERNSHIP	<u>w/o</u> SC EVALUATION
5	THANK YOU (HAND WRITTEN)	A <u>COPY</u> OF AT LEAST ONE OF YOUR THANK YOU NOTES TO PERSONNEL WHO ASSISTED YOU IN YOUR INTERNSHIP.
50	SC'S FINAL EVALUATION OF INTERN	SC WILL COMPLETE AND MAIL TO FSU FACULTY MENTOR.
CHOOSE 1 FOR 25 POINTS		
25	MEETING OBSERVATION	PROJECT <u>w/o</u> SC EVALUATION
25	PROFESSIONALISM	PROJECT <u>w/o</u> SC EVALUATION
915	TOTAL POINTS	

Information Sheet
(Send 1st week of internship)

This form is to provide information to allow the FSU Faculty Mentor to contact the intern or site coordinator. **Write clearly.**

Intern Information

Name	
Semester and year of internship	HCSA 493 MRIS 493 circle one
Beginning date	
Ending date	
Student Number	
Phone number during internship (at site)	
Phone number, cell	
Mailing address during internship (home)	
E-mail	
Permanent mailing address (home)	

Site Coordinator Information (MAY ATTACH BUSINESS CARD)

Name	
Title	
Phone	
Fax (if known)	
E-mail	

Site Information

Name	
Department	
Address	

Phone	
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Intern Signature

Date

SEND ATTACHMENT C

INTERN STATEMENT OF CONFIDENTIALITY

Confidential Information includes, but is not limited to, patient information and health records, information pertinent to employees and their employee records, and the facility, business and financial information. Confidential information includes information heard and obtained from others.

I agree to use caution to avoid being overheard by others and will not discuss any Confidential Information in public areas, including hallways, elevators, and the cafeteria.

I understand that any violation of the Confidential Information policy may result in termination of my internship. The following actions are necessary should I breach this confidence.

1. My Site Coordinator will contact my FSU Faculty Mentor immediately.
2. My FSU Faculty Mentor, 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.

Intern Signature	Date	Site Coordinator Signature

SEND ATTACHMENT D

Weekly Memos

- This weekly memo **does not** have to be signed by the Site Coordinator.
- Complete the memo 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?"
- Submit weekly! Email as an **attachment**; email by the following Monday.

FORMAT:

TO: (name of FSU Faculty Mentor)
FROM: (your name)
SUBJ: Week #_____, January 14-18, 20__; (five days of the week Monday-Friday)
DATE: May 16, 20__

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Comments/Questions: i.e. How is it going?

Include:

- *At least 2-3 sentences, of each day (list each day separately); 1 - 2 pages in length.*
- *A daily record of your activities, events, and interactions with people, departments, and other situations. Comment on your reactions to these occurrences, and conclude with what you have learned.*
- *Note any problems you are having, or concerns you wish to share with the FSU Faculty Mentor.*
- *Always notify your FSU Faculty Mentor of any problem so that he or she can follow up with you promptly. **DO NOT WAIT UNTIL THE END OF THE INTERNSHIP TO MENTION PROBLEMS RELATED TO THE INTERNSHIP OR THE PROJECTS.***

This project is due two (2) weeks prior to the end of your internship. Must be postmarked by Friday.

You will be assigned one or more administrative projects by your Site Coordinator.

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

ACTION PLAN

With the Site Coordinator, draft an action plan; include the following in your plan:

1. project title
 2. why this project is needed, background information
 3. objective/purpose of the project
 4. deadline for completion,
 5. method of presentation (i.e., written report plus oral presentation).
- Site Coordinator must approve the action plan. **Submit this plan to the FSU Faculty Mentor for approval by Friday of week four (4) of the internship.**

FORMAT OF ADMINISTRATIVE PROJECT

- 1 Table of Contents
- 2 Objective/Purpose
- 3 Action plan, original or modified.
- 4 Analysis of data. What were the end results ?
- 5 Recommendation(s) based on objective/purpose.
- 6 Describe who or what department(s) will receive this recommendation and why.
- 7 Implementation or implemenation plan.
- 8 Describe what you learned from this project.

EVALUATION OF ADMINISTRATIVE PROJECT

- Site Coordinator (Evaluation of Administrative Project).
- **FSU Faculty Mentor will evaluate this project based on:**
1. Project format
 2. Depth and breadth of content. This may include attachments, flowcharts or appendices.
 3. Clarity of documentation.

4. Correct grammar and spelling
 5. Points (225) will be based on:
 - **50** -- action plan
 - **100** - documentation/analysis/findings
 - **75** - actual product
-

Examples of administrative projects completed by past interns include:

- Implementation of a needle-less system to administer medication
- Survey of employee compensation for market comparison
- Survey of data and review potential of an acute pediatric clinic
- Study of alternative emergency services
- Preparation necessary to 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

Purpose: To aid in your awareness and observations related to key management skills.

Preparation: As the internship progresses from week to week, you are asked to keep the following seven (7) objectives in mind. Each time you 'catch someone in the act' in an event, a project, an observation, or whatever occurs in and around you, and appears to relate to one of the objectives listed, be sure to document the circumstances that preceded the event, what occurred during the event, and how it was resolved by the person observed. You may observe anyone.

As you review your notes, match events or observations to a skill and describe.

Submit all skills at the same time.

Format:

- Objective: 'State the skill and the number.'
- Event: Note the specific date and briefly describe the issue that required management skills, then describe what occurred or what you observed
- Resolution: 'What was the solution?'
- Application to the skill: Describe how you feel this situation relates to the objective, and what it implies to you as an intern trying to understand management applications and operations.
- What you learned.

Required Skills:

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 his/her personnel can increase organizational efficiency.

4. **An effective manager must be a team member.**

Assumption:

The success of a team requires specific skills. Strong members are the real foundation of a strong team. People are committed to making the team a success. A team needs people who know how to get their ideas across; who can listen to others; and, who are open to new ideas. This requires members who are willing to expose and deal with problems rather than hide them under the rug.

5. **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 manager's effectiveness in the influencing function is extremely important to a positive effective implementation of this change.

6. **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.

Site a specific incident.

7. **An effective manager publically recognizes and acknowledges high performers.**

Assumption:

Positive reinforcement creates high morale. High morale magnifies everything positive that is happening for that individual or the team. High morale gives an individual energy and confidence to do his/her best. Effective managers will go out of their way to praise in public and criticize in private.

NOTE:

- **HCSA and MRIS INTERNS - ONE (1) ALTERNATE SITE VISIT**
- **12- WEEK HCSA INTERNS - TWO (2) ALTERNATE SITE VISITS**

Purpose: To experience and assess another health care facility, the services they provide, and an overall exposure to their customer service base. The intent of this experience is to add to the intern's understanding of health care delivery systems in the United States.

Preparation:

- Select a site outside of the current internship site's company related. However, it is acceptable for the intern to visit another setting of health care within the health care chain. This offers you an opportunity to experience new areas for your career path.
- Contact a representative of the selected site and arrange a one day visit.
- The alternate site day of internship does not have to be made up.
- Notify site coordinator of the date of the visit.

Suggested facilities/agencies:

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. Health care vendors—Cerner, EPIC, Dictaphone, Smart, Gordon Foods, etc.
12. Health care organizations--MHA, BCBS, etc.

FORMAT:

- NAME OF ORGANIZATION, ADDRESS, CITY, STATE
- TYPE OF ORGANIZATION
- DATE OF VISIT
- CONTACT PERSON

1. Operations:

- 1.1. What is the geographic service area?
- 1.2. What are the primary services provided by this organization?
- 1.3. What are the hours of operation?
- 1.4. What record keeping functions are being done?

2. What statistics are kept?

- 2.1. What methods are used?
- 2.2. Who uses this information?

3. What information systems are used?
 - 3.1. If not, are information systems being planned for the near future?
 - 3.2. Is an electronic medical record utilized? If not, is there a plan to implement one in the near future

4. How is quality monitored?
 - 4.1. How are the findings used?
 - 4.2. What is the impact of this monitoring on the organization?

5. What changes has this organization made to comply with HIPAA?

6. What are the major legal issues of concern at this site?

7. How does this organization market its services?

8. Who is responsible for human resources services?

9. What challenges does this organization face?

10. Describe the future plans of the organization.

11. Discuss any outstanding features of the organization you visited.

12. What was the most interesting thing you took away from this experience?

13. Would you recommend this site for future students--why?

14. Is there any additional information you would like to share?

Purpose: 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. Their personnel secure capital, oversee the "best" allocation of financial resources, interface with third party payers and, in general, provide the "grease" that enables the HCO to achieve its mission.

Assignment: Select **one** of these financial areas pertinent to your internship site. Identify the area in project title.

- General Accounting/ management and financial reporting
- Patient Accounting
- Health Information (Medical Records)
- Budgeting, operating and/or capital

Prepare a comprehensive report (attach documents as examples to assist in your explanation; as appendices or as partial displays). This report should minimally address the questions below.

LIST EACH QUESTION BY NUMBER AND THEN GIVE YOUR RESPONSE

1. How does this area impact financial information and decisions in the organization? How is the organizational structure effective for this function? Describe.
2. Who are the primary customers (internal and external) of financial information for this area?
3. 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?
4. Who oversees the reporting? What levels of reporting and monitoring exist?
5. What types of information systems are involved? Is any aspect out-sourced?
6. What types of reports are created and used in this area? Who uses the reports? How are the reports used? **Include attachments; refer to attachments as you explain.**
7. What are the key statistics in this area? Why are these key statistics?
8. Are current changes desired or in progress? Why?
9. What quality, legal, or confidentiality issues exist?
10. 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?
11. What would help this area be more effective?
12. Briefly note the mission statement and describe how it impacts finance.

ONLY 12-WEEK INTERNS COMPLETE FINANCE 2

Purpose: 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. Their personnel secure capital, oversee the "best" allocation of financial resources, interface with third party payers and, in general, provide the "grease" that enables the HCO to achieve its mission.

Assignment: Select **one** of these financial areas pertinent to your internship site. Identify the area in project title.

- General Accounting/ management and financial reporting
- Patient Accounting
- Health Information (Medical Records)
- Budgeting, operating and/or capital

Prepare a comprehensive report (attach documents as examples to assist in your explanation; as appendices or as partial displays). This report should minimally address the questions below.

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2. Who are the primary customers of financial information for this area?
3. 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?
4. Who oversees the reporting? What levels of reporting and monitoring exist?
5. What types of information systems are involved? Is any aspect out-sourced?
6. What types of reports are created and used in this area? Who uses the reports? How are the reports used? **Include attachments; refer to attachments as you explain.**
7. What are the key statistics in this area? Why are these key statistics?
8. Are current changes desired or in progress? Why?
9. What quality, legal, or confidentiality issues exist?
10. 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?
11. What would help this area be more effective?
12. Briefly note the mission statement and describe how it impacts finance.

Purpose: The Department of Human Resources (or the individual responsible for this function) has the primary responsibility of screening, coordinating the selection and processing of candidates for employment, and compiling and maintaining all necessary documents of the employees' records of employment.

Preparation:

- 1 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 or electronic documentation of badge swiping, absentee and sick leave record forms
 - 1.7 HR policies and procedures
- 2 Incorporate charts, graphs, or sample forms as a portion of your project's explanation of these human resource functions. Do not use visual aids of graphs, charts, and sample forms as just insertions; they must be important and necessary to the explanation and properly referenced. You may use them as appendices at the end of the narrative (with proper notation of reference in the text), or as visual examples within the text of your document.

LIST EACH QUESTION BY NUMBER AND THEN GIVE YOUR RESPONSE

1. What sources are utilized to recruit employees to the HCO?
2. What department/s are responsible for new employee orientation?
3. How often do employees have their performance appraised?
4. What is the employee performance appraisal based upon? What criteria are used (attach a form)?
5. Does this appraisal impact salary/wages?
6. What criteria are used to promote and reward employees?
7. How are wage scales determined?
8. In addition to hourly wage or salary, what 'fringe' benefits are available to employees?
9. What staffing patterns are used to accommodate employee needs/desires, such as job sharing, flextime, etc.?
10. What types of employee assistance programs are available?
11. What is the process for employee discipline?
12. Describe the grievance/fair treatment process?
13. Is the facility unionized? If yes:
 - 13.1. What is the impact on the facility?
 - 13.2. How many bargaining units are there?
 - What general job classifications are included in each bargaining unit?

14. Describe how the roles of the HR manager and your department head fit together. If you are in HR, describe this utilizing another department.
15. How does the HR Department assist your department and other departments?
16. The Site Coordinator will provide a scenario (current or prior) 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 Mentor.

PROJECT6	QUALITY IMPROVEMENT	50 Points
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Purpose: Quality Improvement is the formal and systematic process of identifying clinical or nonclinical problems and designing activities to overcome these problems with thorough follow-up steps, being careful to not create new problems.

Quality Improvement is a managerial philosophy designed to improve the level of performance of key organizational areas with specific outcomes that address identified problems – real or potential!

Preparation: Arrange an interview with the HCO's primary staff member responsible for overseeing the facility's QI and/or risk management programs.

If your facility does not have a Quality Improvement Department, you must visit a facility that does.

LIST EACH QUESTION BY NUMBER AND THEN GIVE YOUR RESPONSE

1. **Describe the educational and professional preparation for this position as it relates to the person you interviewed.**
2. What is the structural/organizational pattern being used to analyze, evaluate, and establish benchmarks; i.e. PDCA, 10 Steps, Six Sigma, LEAN, ISO.? (Design a graphic illustrating this process **and attach**.)
3. What method(s) are being used for compiling and reporting data? **Attach a sample reporting form.** Describe key features of the form.
4. How are the results, from data collected and analyzed, communicated to the units that need to resolve the problem or institute the quality improvement/risk management initiatives? To what extent does a representative of this office (interviewee) become involved in this process?
5. List an example of a problem identified and answer the following questions

- 5.1 What performance levels - dashboards, benchmarks, scorecards, etc. were established (numbers are expected)?
- 5.2 How were they measured/tracked/trended?
- 5.3 What are the expected outcomes?
- 5.4 What plan of action was taken?
6. Repeat #5 for a different example of an identified problem.
7. Identify at the end of your report 'My Reaction;' explain your opinion as to whether QI is effective in this HCO. Support your statement!.

If your facility does not have a compliance office; you must visit a site where this is available.

Preparation: Interview the Compliance Officer (or the individual responsible for this function).

1. Describe the organization of the Compliance Department.
 - Is this a fulltime position?
 - Does this office have other job responsibilities?
2. Describe the department resources:
 - budget
 - personnel
 - space
 - equipment
3. Describe the Compliance Committee. List titles of members that serve on this committee.
4. Describe reporting mechanisms for employees to report concerns.
5. Review the compliance plan.
 - Identify the department components.
 - Explain how components are met.
 - Attach plan, if applicable.
6. Discuss the Compliance Officer's direct access to the governing body, the President or CEO, senior management, and legal counsel.
7. Describe how the Compliance Officer makes regular reports to the Board of Directors and other hospital management concerning different aspects of the hospital's compliance program.
8. Discuss all ad hoc groups or task forces that are assigned to carry out any special missions, such as conducting an investigation or evaluating a proposed enhancement to the compliance program.
9. Describe the Compliance Officer's working relationship with other key operational areas, such as internal audit, coding, billing, and clinical department.
10. Describe the frequency and methods used to educate or inform others in the HCO of compliance initiatives. i.e. updates, orientation, etc.
11. Describe a compliance issue and how it was addressed.

Purpose: To develop an awareness of the HCO's policies and procedures established and used to maintain the standards of privacy. The objective of this project is to aid the student in understanding the importance to the HCO and its consumers of a well-implemented program to protect patient privacy.

Preparation: Interview the Chief Privacy Officer (CPO or the individual responsible for this function)), who is responsible for monitoring and assuring the facility's compliance with the regulations pertaining to the privacy of protected health information.

- 9 The name of the CPO or designee. Briefly describe the individual's background and formal training.
- 10 What if any, are other position(s) the CPO holds?
- 11 Briefly explain how the CPO developed and implemented the privacy policies.
 - 11.1 Were committees organized?
 - 11.2 Was the approach used to create the policy at the department level and accepted upward, or was it instituted at the executive level and handed down?
- 12 Discuss the methods and procedures used for monitoring the institution's privacy program. Create and attach a flow chart showing this process.
- 13 Discuss the staff-training program process used to assure current and new staff personnel have received the mandatory training. Attach an outline or agenda of the training program used.
- 14 Discuss the following processes:
 - 14.1 When a complaint is received regarding the possibility of a breach in confidentiality.
 - 14.2 What procedures are in place for the resolution of the complaint?
 - 14.3 What basic documentation is completed (format), reported, and maintained?
 - 14.4 How long are the records kept?
 - 14.5 What sanctions are available to implement for breaches of confidentiality?
- 15 What process is in place to maintain and monitor patient confidentiality?
- 16 List any additional comments by the CPO as to concerns or recommendations to be made in the future.

Purpose: Quality care and administrative decisions require quality information. Quality information includes these characteristics: timely, current, precise, accurate, easily available, clear, comprehensive, reliable and pertinent to the user. Questions of security, protection and confidentiality arise since all information flows through some type of system. Data travels a long way before it becomes information. This project is designed to enhance your learning of system flow and security measures as they relate to the production of quality information.

Preparation: Review policies and procedures for data security. Observe how these policies are incorporated into day-to-day activities.

Assignment: Spend a minimum of 1 day with the Security Officer (or the individual responsible for this function). Interview a knowledgeable person in the area responsible for information systems in your area as well as at the organizational level. Prepare a comprehensive report. This report should minimally address the questions below and incorporate appropriate attachments. This is generally two (2) interviews.

LIST EACH QUESTION BY NUMBER AND THEN GIVE YOUR RESPONSE

Organization Level

- 1 What are the primary information systems in this HCO? Explain the progression of systems as they became automated, i.e., what was the first system that was automated, the second, the third etc. Why was that order chosen?
- 2 Describe how the above systems 'talk to each other', i.e., which systems are integrated.
- 3 Describe a recent implementation of a clinical or administrative system. What were the challenges? Who were members, by title, of the team responsible for the implementation? What was the timeline; was it met?
- 4 Choose two of the following data security protection methods and describe how they are incorporated for this HCO:
 - 4.1 Physical, e.g., locked doors, UPS power, monitor security, temperature control
 - 4.2 Technical, e.g., standardized software, hardware, platforms, back up systems
 - 4.3 Access to systems for read only, as well as read and write
- 5 How do information systems contribute to the overall mission of the HCO?

Departmental Level

- 6 What is the primary information system in this area? How is it effective in performing its role? With what systems does it interrelate in receiving data or sending data?
- 7 What is the information flow through this area, i.e., sources, systems and output? How and in what ways is the data protected?
- 8 What types of reports are created and used from this information system? How do these reports match the criteria of quality information (above)? Discuss at least **two** reports.
- 9 What type of data security are desired or in progress? Why?

10 How does this area recognize when the information system needs improvement?

Purpose: An essential component of quality care and quality support is ensuring that the right item is available at the right time in right place for the right cost for every customer. Material management is the means for one of the highest spending levels in any HCO, second only to payroll. In addition to its impact on quality, effective materials management directly impacts the 'bottom line' of any organization. While this function exists in every business, materials management has unique challenges in health care organizations. These personnel purchase, oversee storage, transport, stock day-to-day as well as periodic items and more.

Preparation:

1. Arrange an interview with the Manager of Materials Management (or the individual responsible for this function).
2. Secure blank copies of the primary forms used in the material management process, e.g., RFBs, RFQs, requisitions, standing orders, blanket orders, purchase orders, contracted services and capital request forms (for various levels of spending).
3. Obtain a copy of policy & procedures related to material acquisitions.
4. Obtain a copy of the organization chart for this area/function.

Assignment: Prepare a comprehensive report that addresses the questions below. Include attachments of key documents that exemplify your discussions. Note and label these as 'Attachment A', 'Attachment B' etc.

LIST EACH QUESTION BY NUMBER AND THEN GIVE YOUR RESPONSE. IF A QUESTION IS NOT APPLICABLE TO YOUR HCO, EXPLAIN WHY IT IS NOT APPLICABLE.

1. What is the primary function of this area? Describe.
2. How does this area recognize that it's doing well or needs improvement? What tools and reports support your conclusion?
3. What types of information systems are involved (bar coding, inventory control, Lawson, purchasing software)? Explain how these are used. Is any aspect out-sourced?
4. Describe the background and skills of key personnel in this area.
5. How does the type of item relate to the types of forms that are utilized to request items? Provide examples and refer to attachments as you explain.
6. Describe **two** (2) different procedures for securing and delivering items, e.g., food, office supplies, medical supplies, linens, equipment, pharmaceuticals etc. Include purchasing, receiving, storing, delivering/transport and concluding with usage or leaving the facility.
7. How are inventory levels (just in time) of medical supplies managed? Who is responsible for this?
8. Discuss desired standardization of surgical supplies such as sutures and medical devices. Is a GPO (Group Purchasing Organization) used or under consideration? Discuss.
9. How are pharmaceuticals controlled and distributed?
10. What is the authorized spending level for managers? Provide authority matrix of HCO is available.
11. What types of reports are created and used in this area? Describe how they are used. Include attachments to support your explanation.
12. Are current changes desired or in progress? Why?

13. What would help this area be more effective?
14. How does this area's function contribute to the overall mission of the organization?

PROJECT 11**REIMBURSEMENT METHODS****50 POINTS**

Preparation: Arrange an interview with the Accounts Receivable/Revenue Cycle Manager (or appropriate department).

1. Revenue Cycle
 - 1.1. Who is responsible for revenue cycle functions? Describe each function by title.
 - 1.2. Create and attach a flow chart of the revenue cycle.
2. Chargemaster/Claims Management
 - 2.1. What is a Chargemaster?
 - 2.1.1. List the components.
 - 2.1.2. Who performs maintenance? When?
 - 2.2. Explain the Claims Management Approval process.
3. Accounts Receivable
 - 3.1. Describe the role of the manager in the AR (account receivable) process.
 - 3.2. What methods are used to decrease AR days?
 - 3.3. What benchmarks are available to assure it does not exceed national norms?
 - 3.4. What are the current days in AR?
4. Describe a payment system that includes contractual adjustments.
 - 4.1. What is the system? How does it work? Provide an example.
 - 4.2. Who is responsible for monitoring receivables. What is the educational background required?
 - 4.3. How are contractual adjustments made? How are these verified? What records/numbers are used?

Purpose: Gain an overall perception and appreciation of the functions within the department.

- 1 Analyze the following items as they relate to your departmental functions.
 - 1.1 Performance Standards - Select one function.
 - 1.1.1 Current functions – what is done?
 - 1.1.2 Benchmarks used - how do you know that you are doing well?
 - 1.1.3 Analyze findings for each function – compare actual to the benchmark
 - 1.1.4 What did you learn?
 - 1.1.5 What changes would you recommend?
 - 1.2 Performance Standards Select another function.
 - 1.2.1 Current functions – what is done?
 - 1.2.2 Benchmarks used - how do you know that you are doing well?
 - 1.2.3 Analyze findings for each function – compare actual to the benchmark
 - 1.2.4 What did you learn?
 - 1.2.5 What changes would you recommend?
 - 1.3 Job Descriptions
 - 1.3.1 **List** the primary components. Provide attachments.
 - 1.3.2 What input does the manager of your department have in preparation of job descriptions?
 - 1.4 Forms/Screens/Report Design & Control
 - 1.4.1 Who or what committee may change, create or approve forms, reports, etc.?
 - 1.4.2 Describe a recent form that was created or revised in your department.
 - 1.5 Policies and Procedures
 - 1.5.1 Describe the approval process, publication and education process.
 - 1.5.2 By whom are they used
 - 1.6 Organizational Charts (Facility and Department)
 - 1.6.1 Provide an organization chart for the HCO and the department.
 - 1.6.2 Describe span of authority for the department.

- 2 Choose a function in the department and develop a work simplification plan. Develop a flow chart of the current and simplified plan. Describe the function as well as the current and the simplified plan.

PREPARATION

1. Review 10 completed inpatient medical records (3 of the records must be denied claims) with matching claims.
2. Prior to reviewing these records review related coding conventions and guidelines.
3. Identify possible coding and DRG problems that can occur.
4. Develop a worksheet (examples included)

Compile a Summary Report:

1. Titled 'Clinical Data and Reimbursement Management.' Include facility name, date prepared, and time frame for patient information collected.
2. Analyze findings with identification of problems, concerns or issues.
3. Create a variance analysis of overall findings with numerical data; e.g. an appropriate graph.
4. Include worksheets used.
5. Describe impact of this study on case mix management.
6. Recommendations for corrective action specific to the problem; e.g. physician review of problem areas, physician documentation training, coding education, improved coding resources, enhanced utilization management or discharge planning, preadmission review.
7. Present and discuss this report with your site coordinator or others as necessary.

RECORD and CLAIM REVIEW	YES	NO
1. Does the medical record:		
1.1. match the claim being reviewed (patient name, admission date)		
1.2. contain an inpatient admission order for the date of admission and the level of care billed		
1.3. match the provider number billed, e.g. PPS versus non-PPS		
2. Is medical record documentation present to substantiate the principal diagnosis:		
2.1. present on admission		
2.2. a principal reason for admission		
2.3. treated or evaluated during the stay		

3. Is medical record documentation present to support secondary diagnoses and complications or comorbidities billed?		
4. Are there any secondary diagnoses or complications or comorbidities that are supported by medical record documentation and affect the DRG but were not billed.		
5. Is medical record documentation present to support procedures billed?		
6. Are there any procedures that are supported by medical record documentation and affect the DRG but were not billed?		
7. Is medical record documentation present to support the patient's age and discharge status?		
8. Are there any other coding errors? Note below:		
8.1. Code does not match diagnosis/procedure		
8.2. Code lacks specificity		
8.3. Sequencing does not follow ICD-9-CM coding conventions		
8.4. Coding does not follow Coding Clinic Guidelines.		

WORKSHEET EXAMPLES

FINDINGS:					
BILLED DIAGNOSTIC CODES	SUPPORTED BY MEDICAL RECORD (X IF YES)	NOT SUPPORTED BY MEDICAL RECORD (X IF NOT)	CODED CORRECTLY		IF NOT SUPPORTED NOTE PROBLEM
			YES	NO	
PRINCIPAL					
SECONDARY					
BILLED PROCEDURE CODES					
BILLED DISCHARGE STATUS					
DRG					
CODE AND REGROUP TO DETERMINE IF CHANGES AFFECT THE DRG. NOTE DISCHARGE DATE, AGE, AND GENDER.					

REVISED DIAGNOSES CODES	NARRATIVE
PRINCIPAL	
SECONDARY	
REVISED PROCEDURE CODES	
DISCHARGE STATUS	
DRG	
DOES CODING AFFECT THE DRG?	
<u>IDENTIFY THE CAUSE OF ANY DRG CHANGE</u>	
1	PRINCIPAL DIAGNOSIS NOT PRESENT AT ADMISSION.
2	PRINCIPAL DIAGNOSIS NOT TREATED/EVALUATED DURING STAY.
3	PRINCIPAL DIAGNOSIS NOT PRINCIPAL REASON FOR HOSPITALIZATION.
4	SECONDARY DIAGNOSIS OR COMPLICATION/COMORBIDITY BILLED BUT NOT SUBSTANTIATED.
5	SECONDARY DIAGNOSIS OR COMPLICATION/COMORBIDITY SUBSTANTIATED IN THE RECORD BUT NOT BILLED AND IT CHANGES THE DRG.

6 PROCEDURE OMITTED FROM CLAIM.	
7 PROCEDURE BILLED BUT NOT SUBSTANTIATED IN THE RECORD.	
8 PROCEDURE DETERMINED TO BE MEDICALLY UNNECESSARY AND MUST BE REMOVED FROM THE DRG.	
9 DISPOSITION STATUS IS INCORRECT AND IT CHANGES THE DRG.	
10 PATIENT'S AGE IS INCORRECT AND IT CHANGES THE DRG.	
11 CORRECT DIAGNOSIS OR PROCEDURE IS INCORRECTLY CODED.	
12 OTHER	
13 IF A DRG CHANGE OCCURRED, NOTE THE FOLLOWING:	
<input type="radio"/> ORIGINAL DRG	<input type="radio"/> REVISED DRG
<input type="radio"/> REIMBURSEMENT	<input type="radio"/> REIMBURSEMENT
14 PROBLEMS IDENTIFIED	
15 RECOMMENDATIONS	

PREPARATION

1. Review 10 completed outpatient medical records (3 of the records must be denied claims) with matching claims.
2. Prior to reviewing these records review related coding conventions and guidelines.
3. Identify possible coding and APC problems that can occur.
4. Develop a worksheet (examples included)

Compile a Summary Report:

1. Titled 'Clinical Data and Reimbursement Management.' Include facility name, date prepared, and time frame for patient information collected.
2. Analyze findings with identification of problems, concerns or issues.
3. Create a variance analysis of overall findings with numerical data; e.g. an appropriate graph.
4. Include worksheets used.
5. Describe impact of this study on case mix management.
6. Recommendations for corrective action specific to the problem; e.g. physician review of problem areas, physician documentation training, coding education, improved coding resources, enhanced utilization management or discharge planning, preadmission review.
7. Present and discuss this report with your site coordinator or others as necessary.

RECORD and CLAIM REVIEW	YES	NO
1. Does the medical record:		
1.1. match the claim being reviewed (patient name, admission date)		
1.2. contain an outpatient treatment order for the date of treatment and the level of care billed		
1.3. match the provider number billed, e.g. PPS versus non-PPS		
2. Is medical record documentation present to substantiate the principal diagnosis:		
2.1. present at time of treatment		
2.2. a principal reason for treatment		
2.3. treated or evaluated during the ambulatory stay		

3. Is medical record documentation present to support secondary diagnoses and complications or comorbidities billed?		
4. Are there any secondary diagnoses or complications or comorbidities that are supported by medical record documentation and affect the APC but were not billed.		
5. Is medical record documentation present to support procedures billed?		
6. Are there any procedures that are supported by medical record documentation and affect the APC but were not billed?		
7. Is medical record documentation present to support the patient's age and discharge status?		
8. Are there any other coding errors? Note below:		
8.1. Code does not match diagnosis/procedure.		
8.2. Code lacks specificity.		
8.3. Sequencing does not follow ICD-9-CM/CPT coding conventions.		
8.4. Coding does not follow Coding Clinic Guidelines and CPT Assistant.		

WORKSHEET EXAMPLES

FINDINGS:					
BILLED DIAGNOSTIC CODES	SUPPORTED BY MEDICAL RECORD (X IF YES)	NOT SUPPORTED BY MEDICAL RECORD (X IF NOT)	CODED CORRECTLY		IF NOT SUPPORTED NOTE PROBLEM
			YES	NO	
PRINCIPAL					
SECONDARY					
BILLED PROCEDURE CODES					
BILLED DISCHARGE STATUS					
APC					
CODE AND REGROUP TO DETERMINE IF CHANGES AFFECT THE APC. NOTE DISCHARGE DATE, AGE, AND GENDER.					

REVISED DIAGNOSES CODES	NARRATIVE
PRINCIPAL	
SECONDARY	
REVISED PROCEDURE CODES	
DISCHARGE STATUS	
APC	
DOES CODING AFFECT THE APC?	
<u>IDENTIFY THE CAUSE OF ANY APC CHANGE</u>	
1. PRINCIPAL DIAGNOSIS NOT PRESENT AT TIME OF TREATMENT.	
2. PRINCIPAL DIAGNOSIS NOT TREATED/EVALUATED DURING STAY.	
3. PRINCIPAL DIAGNOSIS NOT PRINCIPAL REASON FOR HOSPITALIZATION.	
4. SECONDARY DIAGNOSIS OR COMPLICATION/COMORBIDITY BILLED BUT NOT SUBSTANTIATED.	
5. SECONDARY DIAGNOSIS OR COMPLICATION/COMORBIDITY SUBSTANTIATED IN THE RECORD BUT NOT BILLED AND IT CHANGES THE APC.	

6. PROCEDURE OMITTED FROM CLAIM.	
7. PROCEDURE BILLED BUT NOT SUBSTANTIATED IN THE RECORD.	
8. PROCEDURE DETERMINED TO BE MEDICALLY UNNECESSARY AND MUST BE REMOVED FROM THE APC.	
9. DISPOSITION STATUS IS INCORRECT AND IT CHANGES THE APC.	
10. PATIENT'S AGE IS INCORRECT AND IT CHANGES THE APC.	
11. CORRECT DIAGNOSIS OR PROCEDURE IS INCORRECTLY CODED.	
12. OTHER	
13. IF A DRG CHANGE OCCURRED, NOTE THE FOLLOWING	
14. ORIGINAL APC	15. REVISED APC
16. REIMBURSEMENT	17. REIMBURSEMENT
18. PROBLEMS IDENTIFIED	
19. RECOMMENDATIONS	

Optional Project – Choose ‘1’

PROJECT 15	MEETING OBSERVATIONS (Choice)	25 Points
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Purpose: To analyze the organizational structure and purpose of meetings held by management.

Preparation: There will be several opportunities for you to attend various meetings between management and employees. Some of these meetings are structured for as few as two people (employer/employee), to as large as all HCO employees.

Select a meeting that consists of a full shift, a full department, or an interdepartmental session. The FSU Faculty Mentor must be able to understand your report.

LIST EACH QUESTION BY NUMBER AND THEN GIVE YOUR RESPONSE

1. Location and time of the meeting.
2. Purpose of the meeting.
3. Was an agenda provided? Was it provided prior to the meeting? (Attach if available)
4. Who attended? Identify by position title (not name), e.g., department heads, supervisors, employees, etc.
5. How did the chair/co-chair encourage participation?
6. How was the meeting productive?
7. How were the objectives met? What are the group's expectations for the next meeting?
8. What did you learn by attending this meeting?
9. Were minutes taken of the meeting, if so when were they approved and where are they kept for future reference?

PROJECT 15	PROFESSIONALISM (Choice)	25 POINTS
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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 #5 and #6.

1. Discuss your reactions to the professional attire (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 understanding to the unwritten 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 supervise a department of this size? What skills do you need to strengthen?

7. Discuss an experience which you feel contributed to your professional/personal growth.
8. What professional characteristics seem to be rewarded or appreciated in this organization. Describe a scenario to support your point of view.

PROJECT 16

THANK YOU

5 Points

Prepare and mail a **'thank-you'** note to your Site Coordinator and the Department where you spent your internship. These notes should be hand written.

Forward a copy to your FSU Faculty Mentor.

PROOFREAD carefully before mailing to the Site Coordinator and department.

- 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; document any comments in the space between questions.

CIRCLE

1. Did you receive a tour and general orientation to the department? YES NO

2. Did you receive a general orientation to the facility? 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? YES NO

If so, what were they?

9. Did you ask to spend time in any areas other than the ones your Site Coordinator had scheduled for you? YES NO

10. If so, was your request granted? YES NO

11. Did your classroom instruction adequately prepare you for internship? YES NO

If not, in what areas did you feel unprepared?

12. Did the internship manual provide you with sufficient information for internship preparation? YES NO

If not, what additional information would have been useful?

13. What were the strongest aspects of the internship experience?

14. What were its weakest points?

15. What recommendations would you make for the next intern?

--	--

Intern Signature

Date

Send: ATTACHMENT B

ATTACHMENTS INCLUDED

FERRIS STATE UNIVERSITY

SITE COORDINATOR PROJECT EVALUATION

Intern Name

Facility

PROJECTS: (CHECK ONE)

<u>H C S A</u>	<u>M R I S</u>
FINANCE 1	DEPARTMENTAL FUNCTIONS
FINANCE 2	COMPLIANCE OFFICER INTERVIEW
QUALITY IMPROVEMENT	DATA SECURITY OF INFORMATION SYSTEMS
COMPLIANCE OFFICER INTERVIEW	REIMBURSEMENT METHODS
PRIVACY PROTECTION PROGRAM	HUMAN RESOURCES
DATA SECURITY OF INFORMATION SYSTEMS	CLINICAL DATA & REIMBURSEMENT - IP
REIMBURSEMENT METHODS	CLINICAL DATA & REIMBURSEMENT - OP
DEPARTMENTAL FUNCTIONS	** H C S A / M R I S – CHOICE PROJECTS
HUMAN RESOURCES	MEETING OBSERVATION
MATERIALS MANAGEMENT	PROFESSIONALISM

INSTRUCTIONS FOR COMPLETION:

- A Site Coordinator Project Evaluation must be completed for each project above.
- The Site Coordinator **MUST** sign the evaluation before the intern submits the project report.
- The Site Coordinator will evaluate the intern's work for format, content, grammar and punctuation.
- **FSU Faculty Mentor determines the project grade.**

Key:	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.

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

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

My opinion: The attached project *DOES DOES NOT* meet acceptable standards in this organization. (CIRCLE)

COMMENTS :

Site Coordinator's Signature	Date

FERRIS STATE UNIVERSITY

INTERNSHIP EVALUATION - 3RD WEEK

INTERN	FACILITY	DATE

Check each statement in the appropriate column as it describes your evaluation of the intern to date. Please comment on any areas.

ALWAYS	USUALLY	RARELY	NEVER
4	3	2	1

1.	ATTITUDE - Intern is cooperative in accepting assignments and demonstrates interest by asking pertinent questions. Intern demonstrates enthusiasm in learning a task.	4	3	2	1
2.	INITIATIVE - Intern completes assignments promptly and asks or looks for additional work if time permits.	4	3	2	1
3.	COMPREHENSION - Intern understands and applies basic concepts in performing required procedures and assignments. The intern follows and understands instructions. The intern is "pulling it all together" in understanding how operations make up the complete health information system.	4	3	2	1
4.	PERFORMANCE - Completed projects are error free and have a professional appearance.	4	3	2	1
5.	PERSONAL APPEARANCE - Intern's appearance is neat and dress is appropriate.	4	3	2	1
6.	INTERPERSONAL SKILLS - Intern is accepted by employees and is cooperative in working with others. The intern is respectful and tactful in dealing with supervisors, department heads, and medical staff, etc.	4	3	2	1
7.	ATTENDANCE - Intern is present on scheduled days and arrives on time. If the intern has missed a scheduled day this has been addressed.	4	3	2	1
8.	OVERALL PROGRESS TO DATE	Excellent	V Good	Good	Poor

COMMENTS [Site Coordinator or Intern] Use the back of this evaluation for additional comments.

Intern Signature _____ Date _____ Site Coordinator Signature _____ Date _____
Intern signature indicates that this evaluation has been reviewed does not indicate agreement.

Send – ATTACHMENT A

**EVALUATION ADMINISTRATIVE PROJECT
HCSA/MRIS 493**

INTERN	FACILITY	DATE

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.

4	3	2	1
ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR

WRITTEN REPORT

1. Project objective[s] met.	4	3	2	1
2. Appropriate facts and principles applied to the project.	4	3	2	1
3. Recommendations and alternative supported by data.	4	3	2	1
4. Thorough analysis.	4	3	2	1
5. Clear and concise documentation.	4	3	2	1
6. Logical flow of information.	4	3	2	1
7. Acceptable grammar and punctuation.	4	3	2	1

Comments:

ORGANIZATIONAL ABILITY

8.	Established an action plan for the project.	4	3	2	1
9.	Followed through and revised the plan as appropriate.	4	3	2	1
10.	Met established deadline[s].	4	3	2	1

Comments:

VERBAL PRESENTATIONS (Formal or Informal) Please complete, even if the project was only presented to you.

11.	Purpose of communication stated.	4	3	2	1
12.	Material presented clearly contributed to purpose.	4	3	2	1
13.	Included visual aids when appropriate.	4	3	2	1
14.	Held audience's interest.	4	3	2	1
15.	Arranged discussion points in logical order.	4	3	2	1
16.	Moved from point to point with smooth transitions.	4	3	2	1
17.	Summarized subject, viewpoint or discussion points.	4	3	2	1
18.	Spoke with confidence and enthusiasm.	4	3	2	1
19.	Established and maintained eye contact with audience.	4	3	2	1
20.	Maintained appropriate eye contact.	4	3	2	1
21.	Avoided irritating behavior – playing with pencil, notes, clothes, hair, etc.	4	3	2	1
22.	Avoided use of ah, so, ya know, well, stuff, you guys, like, etc.	4	3	2	1
23.	Spoke clearly and loud enough to be heard and enunciated appropriately.	4	3	2	1

24.	Varied speaking rate and voice pitch and volume.	4	3	2	1
25.	Gestured effectively.	4	3	2	1
26.	Maintained appropriate facial expressions.	4	3	2	1
27.	OVERALL PERFORMANCE	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR

Comments:

--	--

Site Coordinator Signature

Date

FSU Faculty Mentor Notes:

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

**HCSA/MRIS 493
SITE COORDINATOR'S FINAL ASSESSMENT
OF INTERN'S PERFORMANCE**

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 your 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.

4
ABOVE AVERAGE
3
AVERAGE
2
BELOW AVERAGE
1
POOR

INTERPERSONAL SKILLS: The intern:

1.	demonstrated appropriate interpersonal skills when working with others.	4	3	2	1
2.	asked questions to gain information necessary to perform assigned tasks.	4	3	2	1
3.	dealt appropriately with conflict.	4	3	2	1
4.	showed respect for diverse opinions and ideas.	4	3	2	1
5.	showed respect for site coordinator and allowed appropriate time when submitting projects for review.	4	3	2	1

Comments:

ORAL COMMUNICATION SKILLS: The intern:

6.	was able to present material professionally	4	3	2	1
7.	could explain his or her point of view.	4	3	2	1

Comments:

COMPUTER SKILLS: The intern demonstrated the ability to:

8.	construct a basic spread sheet	4	3	2	1
9.	manipulate data	4	3	2	1
10.	access information within the facility's system	4	3	2	1
11.	use word processing skills to complete assigned projects	4	3	2	1

Comments:

QUALITY OF WORK: The intern:

12.	was able to apply knowledge learned on-campus to the healthcare setting	4	3	2	1
13.	was able to accurately interpret information	4	3	2	1
14.	used acceptable grammar and punctuation when completing tasks	4	3	2	1
15.	completed all work assigned	4	3	2	1
16.	presented work that was neatly done and had a professional appearance	4	3	2	1

Comments:**PROFESSIONAL CONDUCT: The intern:**

17.	arrived on time for scheduled days	4	3	2	1
18.	arrived on time for scheduled meetings and appointments	4	3	2	1
19.	was in attendance for the number of hours scheduled each day	4	3	2	1
20.	was neat and clean	4	3	2	1
21.	was appropriately attired for the work situation (followed the facility's dress code)	4	3	2	1

Comments:**DEMONSTRATION OF KNOWLEDGE: The intern:**

22.	could speak the language of healthcare	4	3	2	1
23.	demonstrated understanding of the laws that pertain to healthcare	4	3	2	1
24.	demonstrated understanding of the structure of healthcare in the U.S	4	3	2	1
25.	demonstrated an understanding of the pervasive nature of quality improvement throughout healthcare	4	3	2	1

Comments:

26. **OVERALL PERFORMANCE** ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

COMMENTS BY THE SITE COORDINATOR: If none, write NONE.

Strong Attributes –

Areas for Improvement –

Potential for employment in health care –

COMMENTS BY THE INTERN: If none, write NONE.

Intern Signature	Date	Site Coordinator Signature	Date
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Intern signature indicates that this evaluation has been reviewed. It does not indicate agreement.

HCSA EVALUATION CHECKLIST AND POINT ALLOCATION

HCSA 493		INTERN			
SEMESTER		SITE			
		DATES		TO	
PROJECTS					
PROJECTS		POINTS		COMMENTS	
	WEEKLY MEMOS	50		1 2 3 4 5 6 7 8 9 10	
	INFORMATION SHEET	5			
	STATEMENT OF CONFIDENTIALITY				
	ADMINISTRATIVE PROJECT	225			
	MANAGERIAL SKILLS	70			
	DEPARTMENTAL FUNCTIONS	75			
	ALTERNATE SITE VISIT #1	50			
	ALTERNATE SITE VISIT #2 - 12-WEEK INTERN	50			
	FINANCE #1	50			
	FINANCE #2 – 12-WEEK INTERN	50			
	QUALITY IMPROVEMENT	50			
	PRIVACY PROTECTION PROGRAM	50			
	COMPLIANCE OFFICER INTERVIEW 12-WEEK INTERN -	50			
	DATA SECURITY OF INFORMATION SYSTEMS	50			
	REIMBURSEMENT METHODS	50			
	HUMAN RESOURCES	50			
	MATERIALS MANAGEMENT	50			
	INTERN EVAL OF INTERNSHIP	10			
	THANK YOU – HAND WRITTEN	5			
OPTIONAL PROJECTS, CHOOSE 1 FOR 25 PONTS					
	MEETING OBSERVATION	25			
	PROFESSIONALISM	25			
	FINAL ASSESSMENT BY SC	50			
TOTAL PTS		915/1065			
INTERNSHIP GRADE					

MRIS EVALUATION CHECKLIST AND POINT ALLOCATION

MRIS 493		INTERN			
SEMESTER		SITE			
		DATES		TO	
PROJECTS		POINTS	COMMENTS		
	WEEKLY MEMOS	50	1 2 3 4 5 6 7 8 9 10		
	INFORMATION SHEET	5			
	STATEMENT OF CONFIDENTIALITY				
	ADMINISTRATIVE PROJECT	225			
	MANAGERIAL SKILLS	70			
	DEPARTMENTAL FUNCTIONS	75			
	ALTERNATE SITE VISIT	50			
	FINANCE #1	50			
	DATA SECURITY OF INFORMATION SYSTEMS	50			
	REIMBURSEMENT METHODS	50			
	HUMAN RESOURCES	50			
	CLINICAL DATA AND REIMBURSEMENT	75			
	CLINICAL DATA AND REIMBURSEMENT	75			
	INTERN EVAL OF INTERNSHIP	10			
	THANK YOU – HAND WRITTEN	5			
CHOOSE 1 FOR 25 POINTS					
	MEETING OBSERVATION	25			
	PROFESSIONALISM	25			
	FINAL ASSESSMENT BY SC	50			
TOTAL PTS		915			
INTERNSHIP GRADE					

INTERNSHIP EVALUATION - 3RD WEEK

INTERN	FACILITY	DATE

Check each statement in the appropriate column as it describes your evaluation of the intern to date. Please comment on any areas.

ALWAYS	USUALLY	RARELY	NEVER
4	3	2	1

1.	ATTITUDE - Intern is cooperative in accepting assignments and demonstrates interest by asking pertinent questions. Intern demonstrates enthusiasm in learning a task.	4	3	2	1
2.	INITIATIVE - Intern completes assignments promptly and asks or looks for additional work if time permits.	4	3	2	1
3.	COMPREHENSION - Intern understands and applies basic concepts in performing required procedures and assignments. The intern follows and understands instructions. The intern is "pulling it all together" in understanding how operations make up the complete health information system.	4	3	2	1
4.	PERFORMANCE - Completed projects are error free and have a professional appearance.	4	3	2	1
5.	PERSONAL APPEARANCE - Intern's appearance is neat and dress is appropriate.	4	3	2	1
6.	INTERPERSONAL SKILLS - Intern is accepted by employees and is cooperative in working with others. The intern is respectful and tactful in dealing with supervisors, department heads, and medical staff, etc.	4	3	2	1
7.	ATTENDANCE - Intern is present on scheduled days and arrives on time. If the intern has missed a scheduled day this has been addressed.	4	3	2	1
8.	OVERALL PROGRESS TO DATE	Excellent	V Good	Good	Poor

COMMENTS [Site Coordinator or Intern] Use the back of this evaluation for additional comments.

- | | | | |
|-----|--|-----|----|
| 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 <u>not</u> receive exposure to?

What were they? | YES | NO |
| 9. | Did you ask to spend time in any areas other than the ones your Site Coordinator had scheduled for you? | YES | NO |
| 10. | If so, was your request granted? | YES | NO |
| 11. | Did your classroom instruction adequately prepare you for internship?

If not, in what areas did you feel unprepared? | YES | NO |
| 12. | Did the internship manual provide you with sufficient information for internship preparation?

If not, what additional information would have been useful? | YES | NO |
| 13. | What were the strongest aspects of the internship experience? | | |
| 14. | What were its weakest points? | | |

15. What recommendations would you make for the next intern?

Intern Signature

Date

ATTACHMENT C

**Information Sheet
(Send 1st week of internship)**

This form is to provide information to allow the FSU Faculty Mentor to contact the intern or site coordinator. **Write clearly.**

Intern Information

Name	
Semester and year of internship	HCSA 493 MRIS 493 circle one
Beginning date	
Ending date	
Student Number	
Phone number during internship (at site)	
Phone number, cell or permanent	
Mailing address during internship (home)	
E-mail	

Permanent mailing address (home)	
----------------------------------	--

Site Coordinator Information (MAY ATTACH BUSINESS CARD)

Name	
Title	
Phone	
Fax (if known)	
E-mail	

Site Information

Name	
Department	
Address	
Phone	

INTERN STATEMENT OF CONFIDENTIALITY

Confidential Information includes, but is not limited to, patient information and health records, information pertinent to employees and their employee records, and the facility, business and financial information. Confidential information includes information heard and obtained from others.

I agree to use caution to avoid being overheard by others and will not discuss any Confidential Information in public areas, including hallways, elevators, and the cafeteria.

I understand that any violation of the Confidential Information policy may result in termination of my internship. The following actions are necessary should I breach this confidence.

1. My Site Coordinator will contact my FSU Faculty Mentor immediately.
2. My FSU Faculty Mentor, 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.

Intern Signature	Date	Site Coordinator Signature

SITE COORDINATOR PROJECT EVALUATION

Intern Name _____

Facility _____

PROJECTS: (CHECK ONE)

H C S A

<input type="checkbox"/>	FINANCE 1
<input type="checkbox"/>	FINANCE 2
<input type="checkbox"/>	QUALITY IMPROVEMENT
<input type="checkbox"/>	COMPLIANCE OFFICER INTERVIEW
<input type="checkbox"/>	PRIVACY PROTECTION PROGRAM
<input type="checkbox"/>	DATA SECURITY OF INFORMATION SYSTEMS
<input type="checkbox"/>	INFORMATION SYSTEMS
<input type="checkbox"/>	REIMBURSEMENT METHODS
<input type="checkbox"/>	DEPARTMENTAL FUNCTIONS
<input type="checkbox"/>	HUMAN RESOURCES
<input type="checkbox"/>	MATERIALS MANAGEMENT

M R I S

<input type="checkbox"/>	DEPARTMENTAL FUNCTIONS
<input type="checkbox"/>	FINANCE #1
<input type="checkbox"/>	DATA SECURITY OF INFORMATION SYSTEMS
<input type="checkbox"/>	REIMBURSEMENT METHODS
<input type="checkbox"/>	HUMAN RESOURCES
<input type="checkbox"/>	CLINICAL DATA & REIMBURSEMENT - IP
<input type="checkbox"/>	CLINICAL DATA & REIMBURSEMENT - OP
** H C S A / M R I S - CHOICE PROJECTS	
<input type="checkbox"/>	MEETING OBSERVATION
<input type="checkbox"/>	PROFESSIONALISM

INSTRUCTIONS FOR COMPLETION:

- A Site Coordinator Project Evaluation must be completed for each project above.
- The Site Coordinator **MUST** sign the evaluation before the intern submits the project report.
- The Site Coordinator will evaluate the intern's work for format, content, grammar and punctuation.
- **FSU Faculty Mentor determines the project grade.**

Key:	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.

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

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

My opinion: The attached project *DOES* *DOES NOT* meet acceptable standards in this organization. (CIRCLE)

COMMENTS :

Site Coordinator's Signature	Date

APPENDIX D

Survey Instruments

Ferris State University
College of Allied Health Sciences
Health Information Technology/Management (Medical Records)
GRADUATE SURVEY
2007 – 4 surveys returned

Academic Program: Medical Record Administration
HIT
HIM

City/State: GrandRapids, MI;Big Rapids, MI and Detroit, MI

This survey is designed to help the HIM program faculty determine the strengths and areas for improvement for our program. All data will be kept confidential and will be used for program evaluation purposes only.

Please check (✓) the category or categories that reflect(s) your status at the time of this survey:

- Employed (Circle either) **Full-time** OR **Part-time** **3 employed full time**
- Attending College toward another degree (Circle either) **Full-time** OR **Part-time** **1 attending school**
- Other (please explain): _____

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

A. KNOWLEDGE BASE (Cognitive Domain)

THE PROGRAM:

1. Helped me acquire the knowledge necessary to function in my current job.
2. Prepared me to use sound judgment while

functioning in my current job. **4.3** 5 4 3
 2 1 N/A

3. Prepared me to be able to recommend appropriate procedures relevant to my job. **4.7** 5 4 3 2 1 N/A
4. Enabled me to think critically, solve problems, and develop appropriate action steps. **4.0** 5 4 3 2 1

Comments:

- Only Completed Internship, Not employed
 - *Although there is no way I could perform my job without my education, I strongly believe that most of what we know in this profession will come from on the job training.*
-

B. PROFESSIONAL PRACTICE (CLINICAL) PROFICIENCY (Psychomotor Domain)

THE PROGRAM:

1. Prepared me with the skills to perform as an HIM professional. **4.0** 5 4 3 2
 1 N/A
2. My professional practice experiences were valuable in reinforcing my HIM skills. **4.3** 5 4 3 2 1

Comments: *My technical internship was a good learning experience. The administrative internship was not as beneficial due to the location I chose. If I were to do it over, I would have done it in a hospital.*

C. BEHAVIORAL SKILLS (Affective Domain)

THE PROGRAM:

1. Prepared me to communicate effectively within my work setting.	4.3	5	4	3	2	1	N/A
2. Prepared me to conduct myself in an ethical and professional manner.	4.5	5	4	3	2	1	N/A
3. Taught me to manage my time efficiently while functioning in my current job.	4.7	5	4	3	2	1	N/A
4. Prepared me to work effectively as a team member.	4.5	5	4	3	2	1	2

Comments: Only used skills in class and internship

D. OVERALL RATING:

1. Please rate and comment on the OVERALL quality of your preparation as an HIM professional.	4.3	5	4	3	2	1
---	------------	---	---	---	---	---

Comments:

- I would have liked more mgmt classes and more clinical/ anatomy/ physiology courses.
 - *I feel very confident in my skills as a coder. Other areas such as law, billing, data collection, etc. I'm not so confident.*
-

E. GENERAL INFORMATION (Check yes or no, or respond to the question in the space provided)

- | | | | | |
|--|----------|------------------------------|----------|-----------------------------|
| 1. I have actively pursued attaining my RHIT or RHIA credential. | 3 | <input type="checkbox"/> YES | 1 | <input type="checkbox"/> NO |
| 2. I am a member of AHIMA. | 4 | <input type="checkbox"/> YES | | <input type="checkbox"/> NO |

Comments:

- Preparing to take RHIT 2nd time.
 - *Will pursue credentials when it is financially possible.*
-

3. Based on your work experience, please identify two or three strengths of the HIM program?

- I think the coding and stats courses are taught well and I feel competent in them. I also think the internship requirement is good.
 - *Good communication, basic knowledge of coding systems*
 - CODING KNOWLEDGE , PROFESSIONALISM, AND CRITICAL THINKING
 - *ICD-9- CM Coding & CPT coding*
-

4. Based on your work experience, please make two or three suggestions to further strengthen the HIM program?

- Having classes about computer/emerging technologies would be good. I would have also liked to learn more about transcription and what some of the trends are regarding pay, etc.
 - *Better knowledge based on regulatory agencies and related regulations, policies, and procedures*
 - N/A
 - *The MRIS 499 course could have been a more beneficial class if it was not on Saturdays. I thought the class was a review program, but focused more on new material.*
-

5. What qualities/skills were expected of you upon employment that was not included in the program?

- I feel weak when it comes to laws regarding release of information
- (Internship) Demonstrate knowledge of basic HIT concepts. More practice with grammar and effective writing.
- NONE
- *None*

6. Please provide comments and suggestions that would help to better prepare future graduates.

- Take the internship seriously, ask questions when you don't understand, always be curious to learn more.
 - More experience with coding systems on the computer. More practice with electronic health record manipulation.
 - THE COURSES THAT WERE PROVIDED PREPARED ME WELL FOR THE JOB INDUSTRY. NETWORKING WOULD DEFINITELY HELP TO BETTER PREPARE FUTURE GRADUATES.
 - *I think that requiring more coding in the administrative internship would be beneficial. It had been almost two years since I took a coding class when I started my job & I was a bit timid for the first few days. Also I found there are many opportunities in transcription available & I had no experience. I would recommend some training in this area.*
-

BACKGROUND INFORMATION:

Job Title: Facility Coder

CODING DATA
SPECIALISTS

Coder Abstractor

Employer: Pine Rest Christian Mental Health Services

BEAUMONT HOSPITAL- ROYAL OAK, MI

West Shore Medical Center

Name of Graduate:

Faith Collier

Jennifer Mankowski

YOUA HANG
Acacia Norman

Today's Date:

11/05/07

12/16/07

12/13/07

10/29/07

Ferris State University
College of Allied Health Sciences
GRADUATE SURVEY
**Coding and Billing Certificate/Health Information Technology/
 Health Information Management Programs**
2008

59 SURVEYS SENT, 18 SURVEYS RETURNED, 17 SURVEYS RETURNED (undeliverable)

Academic Program: ~~HIM, HIT~~
City/State: **Big Rapids, Grand Rapids**

This survey is designed to help the HIM program faculty determine the strengths and areas for improvement for our program. All data will be kept confidential and will be used for program evaluation purposes only.

Please check (√) the category or categories that reflect(s) your status at the time of this survey:

- 14 Employed (Circle either) **Full-time** OR **Part-time**
 2 Attending College toward another degree (Circle either) **Full-time** OR **Part-time**
 2 Other (please explain): Relief position, pool

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.
 5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

A. KNOWLEDGE BASE (Cognitive Domain)

THE PROGRAM:

- | | | | | | | | |
|--|---|------------|---|---|---|-----|-----|
| 1. Helped me acquire the knowledge necessary to function in my current job. | 5 | 4.5 | 4 | 3 | 2 | 1 | N/A |
| 4. Prepared me to use sound judgment while functioning in my current job. | 5 | 4.5 | 4 | 3 | 2 | 1 | N/A |
| 5. Prepared me to be able to recommend appropriate procedures relevant to my job. | 5 | 4 | 3 | 2 | 1 | N/A | |
| 4. Enabled me to think critically, solve problems, and develop appropriate action steps. | 5 | 4 | 3 | 2 | 1 | N/A | |

Comments: _____

B. PROFESSIONAL PRACTICE (CLINICAL) PROFICIENCY (Psychomotor Domain)

THE PROGRAM:

3. Prepared me with the skills to perform as an HIM professional.	5	4.5	4	3	2	1	N/A
4. My professional practice experiences were valuable in reinforcing my HIM skills.	5	4.5	4	3	2	1	N/A

Comments:

C. BEHAVIORAL SKILLS (Affective Domain)

THE PROGRAM:

1. Prepared me to communicate effectively within my work setting.	5	4	3	2	1	N/A
2. Prepared me to conduct myself in an ethical and professional manner.	5	4	3	2	1	N/A
3. Taught me to manage my time efficiently while functioning in my current job.	5	4	3	2	1	N/A
4. Prepared me to work effectively as a team member.	5	4	3	2	1	N/A

Comments:

D. OVERALL RATING:

2. Please rate and comment on the OVERALL quality of your preparation as an HIM professional.	5	4	3	2	1	N/A
---	---	----------	---	---	---	-----

Comments:

E. GENERAL INFORMATION (Check yes or no, or respond to the question in the space provided)

- | | | | |
|--|--|-----------------------------|--|
| 1. I have actively pursued attaining my RHIT or RHIA credential. | 10 <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 2. I am a member of AHIMA. | 10 <input type="checkbox"/> YES | <input type="checkbox"/> NO | |

Comments: _____

3. Based on your work experience, please identify two or three strengths of the HIM program?

Coding and Health Care Law; Coding classes were very thorough; Coding!

4. Based on your work experience, please make two or three suggestions to further strengthen the HIM program?

More focus on management; Complete a 2 week internship after completing some classes or part of the program rather than at the end;

5. What qualities/skills were expected of you upon employment that was not included in the program?

6. Please provide comments and suggestions that would help to better prepare future graduates.

Encourage students to complete coding section, then 2-4 week coding internship; complete basic HIM classes and do 2-4 week internship; complete management program and do internship

BACKGROUND INFORMATION:

Job Title: _____

Employer: _____

Name of Graduate: _____ **Today's Date:** _____

Ferris State University
College of Allied Health Sciences
GRADUATE SURVEY
**Coding and Billing Certificate/Health Information Technology/
 Health Information Management Programs**
2009
36 sent, 11 completed, 8 returned undeliverable

Academic Program: Health Information
City/State: Big Rapids/Grand Rapids

This survey is designed to help the HIM program faculty determine the strengths and areas for improvement for our program. All data will be kept confidential and will be used for program evaluation purposes only.

Please check (√) the category or categories that reflect(s) your status at the time of this survey:

- Employed (Circle either) **Full-time OR Part-time 8 Full time 2 Part time 1 not working**
- Attending College toward another degree (Circle either) **Full-time OR Part-time 1 FT**
- Other (please explain): _____

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.
 5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

A. KNOWLEDGE BASE (Cognitive Domain)

THE PROGRAM:

- | | | | | | | | |
|--|------------|---|---|---|---|---|-----|
| 1. Helped me acquire the knowledge necessary to function in my current job. | 4.7 | | | | | | |
| | | 5 | 4 | 3 | 2 | 1 | N/A |
| 6. Prepared me to use sound judgment while functioning in my current job. | 4.8 | 5 | 4 | 3 | 2 | 1 | N/A |
| 7. Prepared me to be able to recommend appropriate procedures relevant to my job. | 4.5 | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. Enabled me to think critically, solve problems, and develop appropriate action steps. | 4.2 | 5 | 4 | 3 | 2 | 1 | N/A |

Comments: _____

B. PROFESSIONAL PRACTICE (CLINICAL) PROFICIENCY (Psychomotor Domain)

THE PROGRAM:

5.	Prepared me with the skills to perform as an HIM professional.	4.5	5	4	3	2	1	N/A
6.	My professional practice experiences were valuable in reinforcing my HIM skills.	4.5	5	4	3	2	1	N/A

Comments:

C. BEHAVIORAL SKILLS (Affective Domain)

THE PROGRAM:

1.	Prepared me to communicate effectively within my work setting.	4.5	5	4	3	2	1	N/A
2.	Prepared me to conduct myself in an ethical and professional manner.	4.5	5	4	3	2	1	N/A
3.	Taught me to manage my time efficiently while functioning in my current job.	4.3	5	4	3	2	1	N/A
4.	Prepared me to work effectively as a team member.	4.5	5	4	3	2	1	N/A

Comments: **Need more proposal writing; Didn't realize the number of team projects I would have to do**

D. OVERALL RATING:

3.	Please rate and comment on the OVERALL quality of your preparation as an HIM professional.	4.5	5	4	3	2	1	N/A
----	--	-----	---	---	---	---	---	-----

Comments: **Prepared me for the working world; Obtained job from internship site; Good program**

E. GENERAL INFORMATION (Check yes or no, or respond to the question in the space provided)

- 1. I have actively pursued attaining my RHIT or RHIA credential. **5** YES **2** NO
- 2. I am a member of AHIMA. **5** YES **2** NO

Comments: I will join AHIMA when I am done with RHIA program; RHIT required for my job

3. Based on your work experience, please identify two or three strengths of the HIM program?

Coding, Finance, Legal Issues

4. Based on your work experience, please make two or three suggestions to further strengthen the HIM program?

ICD and CPT coding exercises – code both diagnoses and procedures;

5. What qualities/skills were expected of you upon employment that was not included in the program?

Negotiating

6. Please provide comments and suggestions that would help to better prepare future graduates.

Satisfied with the program; stress importance of attending class and doing homework

BACKGROUND INFORMATION:

Job Title: 1 Outpatient coder; 2 Coders; Compliance; Documentation

Employer: _____

Name of Graduate: _____ Today's Date: _____

**Ferris State University
College of Allied Health Sciences
GRADUATE SURVEY
Coding and Billing Certificate/Health Information Technology/
Health Information Management Programs
2010**

35 surveys sent, 12 returned, 5 undeliverable

Academic Program: RHIA BR, HIM BR (4),
 (HIT, HIM, Coding)
City (BR, GR, Midland) _____

This survey is designed to help the HIM program faculty determine the strengths and areas for improvement for our program. All data will be kept confidential and will be used for program evaluation purposes only.

Please check (√) the category or categories that reflect(s) your status at the time of this survey:

- 8 Employed (Circle either) **Full-time** OR **Part-time**
 1 Attending College toward another degree (Circle either) **Full-time** OR **Part-time**
 3 Other (please explain): Pool, prn _____

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.
 5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

A. KNOWLEDGE BASE (Cognitive Domain)

THE PROGRAM:

1. Helped me acquire the knowledge necessary to function in my current job.

	5	4	3	2	1	N/A			
	6	1					1		1

8. Prepared me to use sound judgment while functioning in my current job.

	5	4	3	2	1	N/A	
	6	1		1			1

9. Prepared me to be able to recommend appropriate procedures relevant to my job.

	5	4	3	2	1	N/A	
	7	1	1	1			1

4. Enabled me to think critically, solve problems, and develop appropriate action steps.

	5	4	3	2	1	N/A	
	7	1	2				1

Comments: Continuing education-don't have a job in my degree;

B. PROFESSIONAL PRACTICE (CLINICAL) PROFICIENCY (Psychomotor Domain)

THE PROGRAM:

7. Prepared me with the skills to perform as an HIM professional.

	5	4	3	2	1	N/A	
	7	3					2

8. My professional practice experiences were valuable in reinforcing my HIM skills.	5	4	3	2	1	N/A
	8	2	1			1

Comments: _____

C. BEHAVIORAL SKILLS (Affective Domain)

THE PROGRAM:

1. Prepared me to communicate effectively within my work setting.	5	4	3	2	1	N/A
	7	4	1			
2. Prepared me to conduct myself in an ethical and professional manner.	5	4	3	2	1	N/A
	7	5				
3. Taught me to manage my time efficiently while functioning in my current job.	5	4	3	2	1	N/A
	8	3				1
4. Prepared me to work effectively as a team member.	5	4	3	2	1	N/A
	11	1				

Comments: At my current job _____

D. OVERALL RATING:

4. Please rate and comment on the OVERALL quality of your preparation as an HIM professional.	5	4	3	2	1	N/A
	10	2				

Comments: **Outstanding, I love FSU;** _____

E. GENERAL INFORMATION (Check yes or no, or respond to the question in the space provided)

- | | | |
|--|---------------------------------------|--------------------------------------|
| 1. I have actively pursued attaining my RHIT or RHIA credential. | <input type="checkbox"/> YES 9 | <input type="checkbox"/> NO 3 |
| 2. I am a member of AHIMA. | <input type="checkbox"/> YES 9 | <input type="checkbox"/> NO 3 |

Comments: _____

3. Based on your work experience, please identify two or three strengths of the HIM program?

Well organized-very relevant to the work; Largest strength is requiring internships and the application of management skills and computer skills; Legal, quality, coding; ability to receive help from

advisors in a prompt matter, great internship opportunities, professors with real passion about HIM profession;

4. Based on your work experience, please make two or three suggestions to further strengthen the HIM program?

Concentrate more on billing and reimbursement and the connection between that and coding also emphasize auditing and the huge impact it is having within the healthcare industry; electronic records, management, regulatory; make sure more HIM centered people come to job fairs and advocate more education options such as graduate programs;

5. What qualities/skills were expected of you upon employment that was not included in the program?

Expected to have a larger knowledge of HCPCS codes, which something we only briefly mentioned in class; need more billing

6. Please provide comments and suggestions that would help to better prepare future graduates.

Helpful for students to understand how clinical departments are involved in billing and reimbursement and help them become familiar with different types of software used in HIM and billing and reimbursement departments; work harder in your internships, they are incredibly valuable;

BACKGROUND INFORMATION:

Job Title: **HIS Director; Compliance Audit Coordinator; Quality assurance, medical records;**

Employer: **ZCH; Central Michigan Community Hospital; Lifecircles PACE;**

Name of Graduate: _____ Today's Date: _____

**Ferris State University
College of Allied Health Sciences
GRADUATE SURVEY
Coding and Billing Certificate/Health Information Technology/
Health Information Management Programs
2011
60 Surveys Sent, 25 returned, 7 undeliverable**

Academic Program: HIT 20 HIM 4 6 didn't specify program
(HIT, HIM, Coding)

This survey is designed to help the HIM program faculty determine the strengths and areas for improvement for our program. All data will be kept confidential and will be used for program evaluation purposes only.

Please check (√) the category or categories that reflect(s) your status at the time of this survey:

- Employed (Circle either) **Full-time OR Part-time 19 FT 1 moving so isn't working, 1 not working,**
- Attending College toward another degree (Circle either) **Full-time OR Part-time 5 FT 4 PT (2 working not in HI, 2 working in HI)**
- Other (please explain): _____

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.
 4 = Strongly Agree 3 = Generally Agree 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

A. KNOWLEDGE BASE (Cognitive Domain)

THE PROGRAM:

1. Helped me acquire the knowledge necessary to function in my current job. 3.7	2						1
							N/A
10. Prepared me to use sound judgment while functioning in my current job. 3.8	4	3	2	1		N/A	
11. Prepared me to be able to recommend appropriate procedures relevant to my job. 3.7	4	3	2	1		N/A	
4. Enabled me to think critically, solve problems, and develop appropriate action steps. 3.5	4	3	2	1		N/A	

Comments: _____

B. PROFESSIONAL PRACTICE (CLINICAL) PROFICIENCY (Psychomotor Domain)

THE PROGRAM:

- 9. Prepared me with the skills to perform as

an HIM professional. **3.8** 4 3 2 1 N/A

10. My professional practice experiences were valuable in reinforcing my HIM skills. **4.0** 4 3 2 1 N/A

Comments:

C. BEHAVIORAL SKILLS (Affective Domain)

THE PROGRAM:

1. Prepared me to communicate effectively within my work setting. **3.7** 4 3 2 1 N/A

2. Prepared me to conduct myself in an ethical and professional manner. **3.7** 4 3 2 1 N/A

3. Taught me to manage my time efficiently while functioning in my current job. **3.8** 4 3 2 1 N/A

4. Prepared me to work effectively as a team member. **3.5** 4 3 2 1 N/A

Comments: A lot of group activities that were helpful; several presentations required

D. OVERALL RATING:

5. Please rate and comment on the OVERALL quality of your preparation as an HIM professional. **3.7** 4 3 2 1 N/A

Comments: **my employer said they like Ferris grads the best because they are most prepared**

E. GENERAL INFORMATION *(Check yes or no, or respond to the question in the space provided)*

1. I have actively pursued attaining my RHIT or RHIA credential. **14** YES **9** NO
- **not all respondents answered this question**

2. I am a member of AHIMA. **14** YES **9** NO
(2 didn't answer)

Comments: **I wish I would have taken exam in my last semester; haven't had time to study; can't afford it**

3. Based on your work experience, please identify two or three strengths of the HIM program?

Faculty teach classes; SLA classes; class size; computer lab; internship

4. Based on your work experience, please make two or three suggestions to further strengthen the HIM program?

More info on EMR; more computer terminology; more ICD coding

5. What qualities/skills were expected of you upon employment that was not included in the program?

I felt prepared when I started working; need more education on LEAN

6. Please provide comments and suggestions that would help to better prepare future graduates.

More work with the EMR; more computer courses

BACKGROUND INFORMATION:

Job Title: **Coder; Medical Record Clerk; Receptionist at physician office; Billing**

Employer: **Spectrum; Mid Michigan; St. Mary's; Central Michigan**

Name of Graduate: _____ **Today's Date:** _____

Ferris State University

College of Allied Health Sciences

Health Information Technology/Management Programs (Medical Records)

Employer Survey

2007

42 surveys sent, 7 surveys returned, 12 (undeliverable)

This survey tool is designed to help the Medical Record program faculty determine the strengths and areas for improvement for our program. All data will be kept confidential and will be used for program evaluation purposes only.

SECTION I.

1. Have you hired a graduate from our HIM program in the last two (2) years? **7** **YES** **NO**
2. If **YES**, please continue to **Section II**. If **NO**, please continue to **Section III**.

SECTION II.

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A =

A. KNOWLEDGE BASE (Cognitive Domain)

GRADUATE(S):

- | | | | | | | | |
|--|----------|---|---|---|---|---|-----|
| 1. Has(Have) the knowledge necessary to function in this job. | 5 | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. Use(s) sound judgment while functioning in this job. | 5 | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Is(Are) able to recommend appropriate HIM procedures relevant to this job. | 5 | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. Demonstrate(s) ability to think critically, solve problems, and develop appropriate action steps. | 5 | 5 | 4 | 3 | 2 | 1 | N/A |

Comments:

Computer literate, Good basic coding skills, Accepts reality vs. theory

B. PRACTICE PROFICIENCY (Psychomotor Domain)

GRADUATE(S):

- | | | | | | | | |
|--|----------|---|---|---|---|---|-----|
| 1. Possess the technical skills to perform in his/her job. | 5 | 5 | 4 | 3 | 2 | 1 | N/A |
|--|----------|---|---|---|---|---|-----|

Comments: As an entry level coder, she shows exceptional knowledge of CPT and ICD- 9 coding

C. BEHAVIORAL SKILLS (Affective Domain)

GRADUATE(S):

- | | | | | | | | |
|--|----------|---|---|---|---|---|-----|
| 1. Communicate(s) effectively. | 5 | 5 | 4 | 3 | 2 | 1 | N/A |
| 2. Conduct(s) himself/herself in an ethical and professional manner. | 5 | 5 | 4 | 3 | 2 | 1 | N/A |
| 3. Manage(s) time efficiently while functioning in their job. | 5 | 5 | 4 | 3 | 2 | 1 | N/A |
| 4. Function(s) effectively as a member of the work team. | 5 | 5 | 4 | 3 | 2 | 1 | N/A |

Comments: Wonderful to have around

D. OVERALL RATING:

- | | | | | | | | |
|---|----------|---|---|---|---|---|-----|
| 1. Please rate and comment on the OVERALL quality of graduates of this program. | 5 | 5 | 4 | 3 | 2 | 1 | N/A |
|---|----------|---|---|---|---|---|-----|

E. ADDITIONAL COMMENTS

1. What are the strengths of the graduate(s) of this program?

Professional, Good knowledge base

Good Communication

3 M encoder experience, interviewing skills, solid knowledge of CPT and ICD-9

coding

2. What qualities or skills did you expect of the graduate(s) upon employment that he/she did not possess?

CPT coder has some punctuation difficulties

SECTION III.

Please provide comments and suggestions that would help this program to better prepare future graduates, to meet the needs this employer. If you have NOT recently hired a graduate from this program, please indicate why:

One thing I've noticed (and is not true of the Facility Coder that I hired) is those who enter a program due to loss of employment do not have good grammar and spelling skills.

Job Title(s) of Graduate(s) you have hired from this Program:

Coder/Analyst

Facility Coder and also a CPT Coder

Coding Data Specialist I

Employer: West Shore Medical Center
Pine Rest Christian Mental Health Services
Beaumont Hospital, Royal Oak, Spectrum, Trinity

Today's Date: _____

Please return this questionnaire to Ferris using the enclosed envelope. Thank you for your respon

B. PRACTICE PROFICIENCY (Psychomotor Domain)

GRADUATE(S):

1. Possess the technical skills to perform in his/her job.	5	4	3	2	1	N/A
--	---	---	---	---	---	-----

Comments:

C. BEHAVIORAL SKILLS (Affective Domain)

GRADUATE(S):

1. Communicate(s) effectively.	5	4	3	2	1	N/A
2. Conduct(s) himself/herself in an ethical and professional manner.	5	4	3	2	1	N/A
3. Manage(s) time efficiently while functioning in their job.	5	4	3	2	1	N/A
4. Function(s) effectively as a member of the work team.	5	4	3	2	1	N/A

Comments:

D. OVERALL RATING:

1. Please rate and comment on the OVERALL quality of graduates of this program.	5	4	3	2	1	N/A
---	---	---	---	---	---	-----

E. ADDITIONAL COMMENTS

1. What are the strengths of the graduate(s) of this program?

Coding, HIPAA understanding

2. What qualities or skills did you expect of the graduate(s) upon employment that

he/she did not possess?

More critical thinking skills, confidence, better speaking skills

SECTION III.

Please provide comments and suggestions that would help this program to better prepare future graduates, to meet the needs this employer. If you have NOT recently hired a graduate from this program, please indicate why:

Course in professionalism, discussions could include dress code, speaking in a business environment

Job Title(s) of Graduate(s) you have hired from this Program:

Flex Coder; Coder; Ancillary Coder; Release of Information

Employer: Spectrum, Mercy, Munson, Henry Ford, Metro

Today's Date: _____

FERRIS STATE UNIVERSITY EMPLOYER SURVEY

Health Information Management

2009

36 sent, 4 returned 11% return rate

Academic Program: Health Information
City/State: Big Rapids/Grand Rapids

This survey tool is designed to help the HIM program faculty determine the strengths and areas for improvement for our program. All data will be kept confidential and will be used for program evaluation purposes only.

SECTION I.

1. Have you hired a graduate from our HIM program in the last two (2) years? **4** **YES** **NO**

3. If **YES**, please continue to **Section II**. If **NO**, please continue to **Section III**.

SECTION II.

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

**A. KNOWLEDGE BASE (Cognitive Domain)
GRADUATE(S):**

1. Has(Have) the knowledge necessary to function in this job.	5	5	4	3	2	1	N/A
2. Use(s) sound judgment while functioning in this job.	5	5	4	3	2	1	N/A
3. Is(Are) able to recommend appropriate HIM procedures relevant to this job.	4.5	5	4	3	2	1	N/A
4. Demonstrate(s) ability to think critically, solve problems, and develop appropriate action steps.	4.5	5	4	3	2	1	N/A

Comments: Well prepared; Top notch coder; Good fit in department

B. PRACTICE PROFICIENCY (Psychomotor Domain)

GRADUATE(S):

1. Possess the technical skills to perform in his/her job.	5	5	4	3	2	1	N/A
--	----------	---	---	---	---	---	-----

Comments: **Very competent on computer**

C. BEHAVIORAL SKILLS (Affective Domain)

GRADUATE(S):

1. Communicate(s) effectively.	4.5	5	4	3	2	1	N/A
--------------------------------	------------	---	---	---	---	---	-----

2. Conduct(s) himself/herself in an ethical and professional manner.	5	5	4	3	2	1	N/A
--	----------	---	---	---	---	---	-----

3. Manage(s) time efficiently while functioning in their job.	4.0	5	4	3	2	1	N/A
---	------------	---	---	---	---	---	-----

4. Function(s) effectively as a member of the work team.	5.0	5	4	3	2	1	
--	------------	---	---	---	---	---	--

Comments: **Team player; Needs work on written communication skills**

D. OVERALL RATING:

2. Please rate and comment on the OVERALL quality of graduates of this program.	4.5	5	4	3	2	1	N/A
---	------------	---	---	---	---	---	-----

E. ADDITIONAL COMMENTS

3. What are the strengths of the graduate(s) of this program?

Very satisfied with this employee, this is fifth Ferris grad I've hired; People person

4. What qualities or skills did you expect of the graduate(s) upon employment that he/she did not possess?

Needed help with memo writing

SECTION III.

Please provide comments and suggestions that would help this program to better prepare future graduates, to meet the needs this employer. If you have NOT recently hired a graduate from this program, please indicate why:

Job Title(s) of Graduate(s) you have hired from this Program:

Coder; Biller (past grad); ROI

Employer: _____

Today's Date: _____

**FERRIS STATE UNIVERSITY
EMPLOYER SURVEY
Health Information Management
2010**

35 surveys sent, 11 returned, 5 undeliverable

Academic Program: RHIT or **RHIA**, (Two were returned, wasn't sure if they had hired RHIT or RHIA, included with RHIT)

City/State:

This survey tool is designed to help the HIM program faculty determine the strengths and areas for improvement for our program. All data will be kept confidential and will be used for program evaluation purposes only.

SECTION I.

1. Have you hired a graduate from our HIM program in the last two (2) years? **YES 9 NO 2**

4. If **YES**, please continue to **Section II**. If **NO**, please continue to **Section III**.

SECTION II.

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.

5 = Strongly Agree 4 = Generally Agree 3 = Neutral (acceptable) 2 = Generally Disagree 1 = Strongly Disagree N/A =

**A. KNOWLEDGE BASE (Cognitive Domain)
GRADUATE(S):**

1. Has(Have) the knowledge necessary to function in this job.	4.8	5	4	3	2	1	N/A
2. Use(s) sound judgment while functioning in this job.	4.8	5	4	3	2	1	N/A
3. Is(Are) able to recommend appropriate HIM procedures relevant to this job.	4.8	5	4	3	2	1	N/A
4. Demonstrate(s) ability to think critically, solve problems, and develop appropriate action steps.	4.6	5	4	3	2	1	N/A

Comments: There is no one better at this; this individual was in the HIM program, I don't know if it comes under this department;

B. PRACTICE PROFICIENCY (Psychomotor Domain)

GRADUATE(S):

1. Possess the technical skills to perform in his/her job. **4.7** 5 4 3 2 1 N/A
Comments: stays current,

C. BEHAVIORAL SKILLS (Affective Domain)

GRADUATE(S):

- 1. Communicate(s) effectively. **4.7** 5 4 3 2 1 N/A
- 2. Conduct(s) himself/herself in an ethical and professional manner. **4.9** 5 4 3 2 1 N/A
- 3. Manage(s) time efficiently while functioning in their job. **4.8** 5 4 3 2 1 N/A
- 4. Function(s) effectively as a member of the work team. **4.8** 5 4 3 2 1 N/A

Comments: behaviors r/t students are exemplary,

D. OVERALL RATING:

3. Please rate and comment on the OVERALL quality of graduates of this program. **4.8** 5 4 3 2 1 N/A

E. ADDITIONAL COMMENTS

5. What are the strengths of the graduate(s) of this program?

Very well organized-great students, they are well prepared, Individual mentoring allows the grad to improve strengths and minimize weaknesses,

6. What qualities or skills did you expect of the graduate(s) upon employment that he/she did not possess? **Met expectations, thorough**
-
-

SECTION III.

Please provide comments and suggestions that would help this program to better prepare future graduates, to meet the needs this employer. If you have NOT recently hired a graduate from this program, please indicate why:

Great program; I hired a different FSU Student; Ferris does a good job preparing students for meeting challenges successfully;

Job Title(s) of Graduate(s) you have hired from this Program:

Coder specialist, HIS; QA Manager, Medical Records Technician; Temporary Office Coordinator; Coder's; Billing Coordinator;

Employer: Central Michigan, Trinity, Spectrum, Pace Life Circle

Today's Date: _____

FERRIS STATE UNIVERSITY EMPLOYER SURVEY

Health Information Management 2011

Academic Program: ~~HIT 14~~ ~~HIM 2~~ ~~Didn't identify program 7~~
City/State: _____

This survey tool is designed to help the HIM program faculty determine the strengths and areas for improvement for our program. All data will be kept confidential and will be used for program evaluation purposes only.

SECTION I.

1. Have you hired a graduate from our HIM program in the last two (2) years? **Yes YES NO**

5. If **YES**, please continue to **Section II**. If **NO**, please continue to **Section III**.

SECTION II.

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Circle the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please circle N/A.

4 = Strongly Agree 3 = Generally Agree 2 = Generally Disagree 1 = Strongly Disagree N/A = Not Applicable

A. KNOWLEDGE BASE (Cognitive Domain) GRADUATE(S):

1. Has(Have) the knowledge necessary to function in this job.	3.7	4	3	2	1	N/A
2. Use(s) sound judgment while functioning in this job.	3.8	4	3	2	1	N/A
3. Is(Are) able to recommend appropriate HIM procedures relevant to this job.	3.6	4	3	2	1	N/A
4. Demonstrate(s) ability to think critically, solve problems, and develop appropriate action steps.	3.8	4	3	2	1	N/A

Comments:

B. PRACTICE PROFICIENCY (Psychomotor Domain)

GRADUATE(S):

- | | | | | | | |
|--|------------|---|---|---|---|-----|
| 1. Possess the technical skills to perform in his/her job. | 3.8 | 4 | 3 | 2 | 1 | N/A |
|--|------------|---|---|---|---|-----|

Comments: _____

C. BEHAVIORAL SKILLS (Affective Domain)

GRADUATE(S):

- | | | | | | | |
|--|------------|---|---|---|---|-----|
| 1. Communicate(s) effectively. | 3.2 | 4 | 3 | 2 | 1 | N/A |
| 2. Conduct(s) himself/herself in an ethical and professional manner. | 3.8 | 4 | 3 | 2 | 1 | N/A |
| 3. Manage(s) time efficiently while functioning in their job. | 3.7 | 4 | 3 | 2 | 1 | N/A |
| 4. Function(s) effectively as a member of the work team. | 3.6 | 4 | 3 | 2 | 1 | 1 |

Comments: **works better by herself; meets productivity and asks for more to do; needs some work on written communication skills**

D. OVERALL RATING:

- | | | | | | | |
|---|------------|---|---|---|---|-----|
| 4. Please rate and comment on the OVERALL quality of graduates of this program. | 3.7 | 4 | 3 | 2 | 1 | N/A |
|---|------------|---|---|---|---|-----|

E. ADDITIONAL COMMENTS

7. What are the strengths of the graduate(s) of this program?

Computer skills (Excel); coding skills; team player

8. What qualities or skills did you expect of the graduate(s) upon employment that

he/she did not possess? **Better written and oral communication skills**

SECTION III.

Please provide comments and suggestions that would help this program to better prepare future graduates, to meet the needs this employer. If you have NOT recently hired a graduate from this program, please indicate why:

Job Title(s) of Graduate(s) you have hired from this Program:

Coder, Biller, QI staff, Auditing

Employer: **St. Marys, Mercy,**

Spectrum Professional, Munson

Today's Date: _____

**FERRIS STATE UNIVERSITY
HEALTH INFORMATION TECHNOLOGY/MANAGEMENT PROGRAMS
GRADUATING STUDENT SURVEY**

Fall 2011

**12 HIT surveys sent via email, 12 returned
1 HIM survey sent, 0 returned**

Every 6-7 years, the program is required to undergo a review by a college-wide committee. The purpose of this review is to make sure that the programs are meeting the needs of its customers. As a student who will soon be graduating you are a very important part of the program. We are asking that you complete the following survey by

1. Are you a student member of AHIMA?
 - a. Yes **6**
 - b. No **6**

2. I will be graduating from the _____.
 - a. HIT program **12**
 - b. HIM program **0**

3. Overall, do you feel that the HIT/HIM curriculum at Ferris State University adequately prepared you for an entry level position in the health information profession?
 - a. Yes **10**
 - b. No **1**
 - 1 don't know**

4. Would you recommend the HIT/HIM program at Ferris State University for other potential students who are interested in the profession?
 - a. Yes **11**
 - b. No **1**

Please rate each of the following statements (based on curriculum components) using this scale:

- A Excellent (top 5-10%)**
- B Good (top 1/3)**
- C Acceptable (middle third)**
- D Below Expectations (bottom 1/3)**
- E Poor (seriously inadequate)**

If you are unable to answer the statement using the scale, please just skip that statement.

The program helped me to:

5. Develop, motivate, contribute and support groups/work teams. **8 A 4 B**

6. Respect diverse opinions/ideas/cultures/religion. **8 A 3 B 1 NA**

7. Conduct professional presentations including new employee orientation/education/training programs. **8 A 4 A**

A Excellent (top 5-10%)

B Good (top 1/3)

C Acceptable (middle third)

D Below Expectations (bottom 1/3)

E Poor (seriously inadequate)

If you are unable to answer the statement using the scale, please just skip that statement.

The program helped me to:

8. Use common software programs including spreadsheets, word processing, databases, PowerPoint, etc. **7 A 5 B**

9. Apply and promote professional/ethical conduct. **11 A 1 B**

10. Abstract, analyze, and report data for quality improvement activities. **9 A 3 B**

11. Understand clinical vocabulary and medical terminology. **10 A 2 B**

12. Understand the healthcare delivery systems in the United States. **10 A 2 B**

13. Apply quality management and performance improvement methods. **9 A 3 B**

14. Feel confident that I am able to conduct Analysis/Documentation Deficiency Review of records for completeness. **12 A**

15. Demonstrate ability to retrieve/track/locate and file health records (paper & electronic).

8 A 3 B

16. Abstract and maintain data for clinical indices/databases/disease registries. **6 A 3 B 3 C**

17. Manage health data including healthcare data sets, i.e. UHDDS. **6 A 3 B 3 C**

18. Understand documentation requirements for the health record. **10 A 2 B**

19. Use technology to design paper/electronic forms for documentation. **6 A 4 B 2 C**

20. Understand the impact of licensure, accreditation and regulatory agencies to the health record practice. **8 A 4 B**

21. Apply policies and procedures for the use of clinical data required for reimbursement and prospective payment systems. **6 A 6 B**

22. Understand basic management and supervision principles. **4 A 6 B**

23. Develop job descriptions. **6 A 6 B**

24. Develop policies and procedures relevant to health information. **9 A 3 B**

25. Monitor staff productivity and evaluate staff performance. **9 A 3 B**

26. Prepare and conduct meetings. **9 A 3 B**

27. Understand the fundamentals of budgeting. **7 A 5 B**

28. Use quality improvement tools and techniques to collect, monitor, report and improve processes. **9 A 3 B**

29. Calculate healthcare statistics (i.e. length of stay, occupancy rate, etc.) **9 A 3 B**

- 30. Evaluate the reliability and validity of data. **9 A 3 B**
- 31. Use, summarize and display data. **10 A 2 B**
- 32. Understand utilization management functions. **9 A 3 B**
- 33. Develop strategic and operational plans, goals and objectives. **7 A 5 B**
- 34. Apply diagnosis/procedure codes using ICD-9-CM. **10 A 2 B**
- 35. Apply procedure codes using CPT. **10 A 2 B**
- 36. Understand case mix analysis. **10 A 2 B**

- A Excellent (top 5-10%)**
- B Good (top 1/3)**
- C Acceptable (middle third)**
- D Below Expectations (bottom 1/3)**
- E Poor (seriously inadequate)**

If you are unable to answer the statement using the scale, please just skip that statement.

The program helped me to:

- 37. Adhere to current regulations and established guidelines in code assignments. **10 A 2 B**
- 38. Understand and apply established guidelines to comply with reimbursement and reporting requirements. **10 A 2 B**
- 39. Understand the role of peer review organizations. **7 A 5 B**
- 40. Understand chargemaster, claims management and bill reconciliation processes. **9 A 3 B**
- 41. Understand managed care and capitation. **6 A 6 B**
- 42. Apply policies and procedures for access and disclosure of patient health information. **10 A 2 B**
- 43. Release patient-specific data to authorized users. **12 A**
- 44. Understand health information/record laws and regulations, i.e. retention, patient rights/advocacy, privacy and advanced directives. **10 A 2 B**

Please complete the sentence by using the rating scale.

- 45. The knowledge that I gained about Health Information Systems was _____. **B**
- 46. The knowledge that I gained about voice/speech recognition technology was _____. **B**
- 47. The knowledge that I gained about document imaging was _____. **A**
- 48. The knowledge that I gained about data integrity/security/validity was _____. **A**
- 49. The knowledge that I gained about how to query/generate reports from various databases was _____. **B**
- 50. Medical terminology (MRIS 103) provided me with a good foundation for Fundamental of Disease Processes (MRIS 210); ICD Coding (MRIS 204) and CPT Coding (MRIS 211). **B**
- 51. Fundamental of Disease Processes (MRIS 210) provided me with a good foundation for ICD Coding (MRIS 204) and CPT Coding (MRIS 211). **A**

52. Please make any comments that you believe would help us improve the HIT/HIM program.

I feel I was prepared for 90% of my assignments. Instructors were willing to help me when I didn't feel prepared. Advanced coding classes needed.

I can't believe everything I have learned. I am nervous for internship, but feel prepared.

I would have been better prepared if I didn't take medical terminology online. I don't think I studied as much as I would have with regular class.

**FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
HEALTH INFORMATION PROGRAMS
STUDENT PERCEPTIONS OF PROGRAM
2011**

Every 6-7 years, the program is required to undergo a review by a college-wide committee. The purpose of this review is to make sure that the programs are meeting the needs of its customers. As a student enrolled in the program, you are our most important customer. We are asking that you complete the following survey by marking the bubble on the scantron that corresponds with your experiences or belief about the program. Please be very candid and honest in your answers.

1. I am enrolled in the :

- A. Health Information Management Program **-35-**
- B. Health Information Technology Program **-50-**

2. I am a:

- A. on-campus Health Information Management student **-13-**
- B. on-campus Health Information Technology student **-16-**
- C. off-campus Health Information Management student **-22-**
- D. off-campus Health Information Technology student **-33-**
- NO ANSWER: **-1-**

Please rate each of the following statements using the following scale. If you are unable to answer the statement, please just skip it rather than answering:

- A Excellent (top 5-10%)**
- B Good (top 1/3)**
- C Acceptable (middle 1/3)**
- D Below Expectations (bottom 1/3)**
- E Poor (seriously inadequate)**

- 3. Courses are available at times that are convenient for me
A- 21 B-34 C-22 D-6 E-2
- 4. Prerequisites for courses are realistic
A-36 B-33 C-14 D-2 E-0
- 5. I am provided with a syllabus describing what I will learn in the course
A-68 B-11 C-3 D-2 E-1
- 6. I know how my assignments will be graded (rubrics)

- A-44 B-30 C-8 D-2 E-1**
7. There are enough supplies and/or equipment for me to use during the classroom/lab sessions
A-51 B-23 C-5 D-1 E-3 NO ANSWER-2
8. The classroom/lab is adequately lit, ventilated, and heated
A-43 B-28 C-10 D-2 E-2
9. The required General Education courses for the degree are current and meaningful to me
A-20 B-42 C-19 D-2 E-1 NO ANSWER-1
10. When I use the library, it has the information that I need
A-27 B-33 C-14 D-2 E-3 NO ANSWER-8
11. When I need to see my advisor, he/she is available
A-36 B-24 C-15 D-5 E-2 NO ANSWER-2
12. When I see my advisor, I am provided with useful information
A-41 B-27 C-12 D-2 E-1
13. The instruction in my program courses is _____
A-33 B-41 C-6 D-3 E-1
14. On line courses are designed to meet my needs
A-33 B-34 C-12 D-1 E-2 NO ANSWER-3

Thank you for your participation.

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
HEALTH INFORMATION PROGRAMS
FACULTY PERCEPTIONS OF PROGRAM
Fall 2011

(Survey was given to three full-time MRIS tenure track faculty in Big Rapids and two full-time MRIS faculty in Grand Rapids)

Every 6-7 years, the program is required to undergo a review by a college-wide committee. The purpose of this review is to make sure that the programs are meeting the needs of its customers. As an advisory committee member for the program, you are a very important part of the program. We are asking that you complete the following survey by marking the bubble on the scantron that corresponds with your experiences or belief about the program. Please be very candid and honest in your answers.

Please rate each of the following statements using the following scale. If you are unable to answer the statement, please just skip it rather than answering.

A Excellent (top 5-10%)

B Good (top 1/3)

C Acceptable (middle 1/3)

D Below Expectations (bottom 1/3)

E Poor (seriously inadequate)

1. Administrators involved in developing and revising the plan for this program seek and respond to faculty input.

A	B	C	D	E
5	0	0	0	0

2. Written goals for this program state realistic outcomes

A	B	C	D	E
5	0	0	0	0

3. The curriculum is designed to meet the needs of graduates

A	B	C	D	E
4	1	0	0	0

4. The curriculum is designed to meet the needs of employers

A	B	C	D	E
4	1	0	0	0

5. The curriculum is designed to meet the requirements of the accrediting body

A	B	C	D	E
4	1	0	0	0

6. I am involved in program evaluation

A	B	C	D	E
5	0	0	0	0

7. Administrative support for the program is:

A	B	C	D	E
4	1	0	0	0

8. Laboratory space for the program is:

A	B	C	D	E
2	3	0	0	0

9. Laboratory equipment for the program is:

A	B	C	D	E
0	5	0	0	0

10. Library support for the program is:

A	B	C	D	E
3	2	0	0	

11. I receive adequate support for professional development

A	B	C	D	E
0	0	5	0	0

12. The advisory committee for the program is:

A	B	C	D	E
4	1	0	0	0

13. Provision for students with disabilities is:

A	B	C	D	E
2	3	0	0	0

14. Secretarial support for the program is

A	B	C	D	E
3	1	1	0	0

15. Instructional support staff is:

A	B	C	D	E
1	3	1	0	0

16. The number of faculty assigned to the program is:

A	B	C	D	E
0	2	3	0	0

17. The quality of the faculty assigned to the program is:

A	B	C	D	E
5	0	0	0	0

FERRIS STATE UNIVERSITY
COLLEGE OF ALLIED HEALTH SCIENCES
HEALTH INFORMATION PROGRAMS
ADVISORY COMMITTEE
2011

Every 6 years, the program is required to undergo a review by a college-wide committee. The purpose of this review is to make sure that the programs are meeting the needs of its customers. As an advisory committee member for the program, you are a very important part of the program. We are asking that you complete the following survey by marking the bubble on the scantron that corresponds with your experiences or belief about the program. Please be very candid and honest in your answers.

Please rate each of the following statements using the following scale. If you are unable to answer the statement, please just skip it rather than answering.

A Excellent (top 5-10%)

B Good (top 1/3)

C Acceptable (middle 1/3)

D Below Expectations (bottom 1/3)

E Poor (seriously inadequate)

PERCEPTIONS OF PROGRAM

1. Courses are available at times that are convenient for students

A	B	C	D	E
4	4	1	0	0

2. The program meets the needs of the health information community

A	B	C	D	E
4	3	2	0	0

3. Faculty in the program are qualified

A	B	C	D	E
7	2	0	0	0

4. Laboratory facilities for the program are adequate

A	B	C	D	E
6	1	1	0	0

5. The graduates are in high demand

A	B	C	D	E
6	2	1	0	0

6. The curriculum is reflective of current health information practice

A	B	C	D	E
6	2	1	0	0

PROJECT 17 INTERN EVALUATION OF INTERNSHIP

**10
Points**

- 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 MRIS 293 287 intern evaluations Fa 06 – Su 11

SITE COORDINATOR _____

DATES OF INTERNSHIP _____ to _____
Beginning Date Final Date

Answer each question; document any comments in the space between questions.

CIRCLE

1. Did you receive a tour and general orientation to the department? YES NO
280 7

2. Did you receive a general orientation to the hospital? YES NO
280 7

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
282 5

4. Was your performance in each function monitored? YES NO

How? I was checked on regularly and asked if I had any questions or problems. Some tasks were double checked once completed. Given instructions, tried myself, then discussed the outcome. Someone watched over mane and/or checked over the work. There was always a supervisor around to check on me once in awhile. Checking in at least twice to monitor my progress and monitored daily. Usually told me what to do and how to use stuff and let me complete the project. Most days I was assigned to a particular **279 8**

employee, they monitored what I did. Would show the person I was doing the job for before doing the final steps.

5.	Did you feel comfortable asking for assistance from your supervisor and other employees?	YES 279	NO 8
6.	When you asked questions or requested assistance, did you receive the help you needed?	YES 285	NO 2
7.	Did you feel accepted by HCO and departmental personnel?	YES 285	NO 2
8.	Are there any areas of the HCO you did <u>not</u> receive exposure to?	YES 270	NO 17
	What were they? Billing, Registration & ER, Financial counseling, Meeting privacy officer		
9.	Did you ask to spend time in any areas other than the ones your Site Coordinator had scheduled for you?	YES 270	NO 17
10.	If so, was your request granted?	YES 270	NO
11.	Did your classroom instruction adequately prepare you for internship?	YES 278	NO 9
	If not, in what areas did you feel unprepared. UR was totally foreign to me. We discussed in class, but did not prepare for entire process. Difficult to code from the patient record. Doing both ICD and CPT coding on same patient chart.		
12.	Did the internship manual provide you with sufficient information for internship preparation?	YES 278	NO 9

If not, what additional information would have been useful?

Facilities should have some knowledge as to how university wants these reports to look like. Better explanation of how to do projects. Revise manual to be more geared to the EMR as opposed to paper record. I would like to see a manual that is geared to nonacute care setting. Manual gave me plenty of info but it may be beneficial to edit because some of the projects weren't worded quite right. Not only did this confuse me, but it confused those who were monitoring me.

13. What were the strongest aspects of the internship experience? **Being allowed to handle actual records and work with patient information. Being trusted and treated as an actual employee to do tasks. Great cooperation from the staff. Working with the outpatient coders, Going to meetings. Helping on HIPAA project. Just being in the hospital. Experience and knowledge gained. Being able to do things with minimal supervision. Opportunity to network. Exposed to many different functions in the department. Learning how to apply the coding skills I have learned at Ferris to an actual coding dept within hospital. Building confidence in what I spent two years learning in school. Meeting new people. Became more familiar with patient record**

14. What were its weakest points? **Completing tasks irrelevant to my internship. Billing process. Putting together reports. Spending time in transcription. The days were long. Not staying busy. Felt it should be required to spend time with a department with more patient contact. Too short. Set back when site coordinator was absent. Project deadlines. Site coordinator didn't provide a lot of guidance. When meetings were rescheduled. Wish I had more time with coding. Felt like I was bothering people and was in the way. Would have liked hands on experience in billing. Difficult to schedule getting projects done because**

everyone's agenda was crazy. Witnessing poor employee morale.

15. What recommendations would you make for the next student? **Ask a lot of questions. Set up with separate place for UR project if you are going to nonacute setting. Sit down right away with site coordinator and sketch out a schedule of what you will be doing. Make yourself known to each person in the department. Be prepared to work independently and be self starter. Be flexible because there are always unexpected events. Have back up plan so you are not wasting time if something doesn't go the way you expected it to. Stay on target. Research ahead of time JC, CMS and other regs. Be available odd hours to get exposure to different areas. Don't be afraid to jump in and help because you learn from that. Go to as many meetings as possible and listen intently and don't think of yourself as a student. Work on reports continuously. Be enthusiastic. Be ready to learn. PDCA is important. Be involved, offer to help. Tab manual for projects. Stay organized. Get business cards from everyone.**

Intern Signature

Date

MRIS 493

- 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 MRIS 493 Fall, Spring, Summer 2007 -2011

SITE COORDINATOR _____

DATES OF INTERNSHIP _____ to _____
Beginning Date Final Date

Answer each question; document any comments in the space between questions.

- | | | CIRCLE | |
|----|--|-----------|----------|
| 1. | Did you receive a tour and general orientation to the department? | YES | NO |
| | | 27 | |
| 2. | Did you receive a general orientation to the facility? | YES | NO |
| | I am already employed here | 26 | 1 |
| 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 |
| | - most projects were just given to me | 25 | 2 |
| 4. | Was your performance in each function monitored? | YES | NO |
| | How? | 24 | 3 |
| | - my site coordinator gave me instructions and let me go and some times she would check it over | | |
| | - I was able to verify if it was correct | | |

	- meeting, check ins, ect...		
5.	Did you feel comfortable asking for assistance from your supervisor and other employees?	YES	NO
		27	
	- At first no because I didn't know them well and felt like a bother		
	- Most of the time...		
6.	When you asked questions or requested assistance, did you receive the help you needed?	YES	NO
		27	
7.	Did you feel accepted by HCO and departmental personnel?	YES	NO
		27	
8.	Are there any areas of the HCO you did <u>not</u> receive exposure to?	YES	NO
		1	26
	What were they?		
	- Some of the clinical areas		
9.	Did you ask to spend time in any areas other than the ones your Site Coordinator had scheduled for you?	YES	NO
		25	2
	- Cancer Registry		
	- I schedule all my visits		
10.	If so, was your request granted? N/A=2	YES	NO
		25	
11.	Did your classroom instruction adequately prepare you for internship?	YES	NO
		27	

If not, in what areas did you feel unprepared?

12.	Did the internship manual provide you with sufficient information for internship preparation?	YES	NO
		25	2

If not, what additional information would have been useful?

-Needs a few clarifications

- no problem, interns from other schools didn't have manual, I felt lucky

-Even site coordinator had questions

13. What were the strongest aspects of the internship experience?

- Networking with other Professionals in the field and attending

meetings with managers

- **Exposure to so many departments with helpful people who answered questions**

- **Different learning opportunities**

- **learning about what a manager does first hand**

- **ever being on my own I got to experience a large amount of different aspects with in the Him department**

- **Able to pull classroom learning together with real world and real data**

14. What were its weakest points?

- **Having to reschedule appointments for projects**

- **not always having a person to answer my questions; site person didn't always have time for me**

- **Trying to get to know everyone; Supervisor was gone a lot**

- **Didn't have my own desk**

- **Everyone is so busy**

15. What recommendations would you make for the next intern?

- **Ask Questions, no question is stupid; ask for stuff to do and start early on projects**

- **Sit with site coordinator and create a schedule**

- **Be Very Flexible and ready for when they may pull you into meetings without prior notice**

- **plan on being on your own a lot, not always get instructions, ask tons of questions, start project early, do not plan on having time to complete your projects at the facility**

- **Keep organized, appreciate the experience and visit as many departments as you can**

--	--

Intern Signature

Date

**MRIS 293
SITE COORDINATOR'S FINAL ASSESSMENT
OF INTERN'S PERFORMANCE**

INTERN:	215 MRIS 293 Students
FACILITY :	
DATE:	Spring 2007 - Summer 2011

4. Please complete this evaluation of the intern's internship performance.
5. You may request that the intern do a self assessment on these behaviors to compare with your evaluation.
6. 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.

4	3	2	1
ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR

INTERPERSONAL SKILLS: The intern:

1.	demonstrated appropriate interpersonal skills when working with others.	4 203	3 11	2 1	1
2.	asked questions to gain information necessary to perform assigned tasks.	4 203	3 12	2	1
3.	dealt appropriately with conflict.	4 200	3 10	2 5	1
4.	showed respect for diverse opinions and ideas.	4 202	3 10	2 3	1
5.	showed respect for site coordinator and allowed appropriate time when submitting projects for review.	4 200	3 12	2 3	1

- **Comments:** Interacted well with the spectrum staff at all times
- Strong interpersonal skills and worked well with staff on all fronts
- Very professional, very good comments & questions.
- Quiet, Respectful, asked very good questions
- Very Pleasant
- Wonderful comments from staff regarding Amanda's friendliness and subject knowledge
- fit in very well with all the staff
- Got along well with all employees and willing to help wherever she could. –
- Not easily distracted from a task which she was performing which showed great focus on completing the task at hand.
- Leadership comments on lack of respect for their positions and time.
- Inappropriate comments to associates heard by many
- General lack of a “grateful” attitude for allowing student learning in the department

- Friendly and outgoing and demonstrated appropriate interpersonal skills
- Respective of time when submitting projects for review; Respected by department
- Got along well with others; Professional; Asked good questions.

ORAL COMMUNICATION SKILLS: The intern:

6.	was able to present material professionally	4 198	3 12	2 4	1 1
7.	could explain his or her point of view.	4 201	3 12	2 2	1

- **Comments:**
- Very good communication skills(5)
- Very Professional
- Wasn't afraid to talk to people
- Very articulate
- Did good job in presenting her projects and demonstrated good oral communication skills
- Very clear and concise and made many valid and quality suggestions
- Always thinking
- Not afraid to give her suggestions and ultimately showed an eagerness to learn
- Sometimes "too blunt" or "abrasive"
- Openly accepted some new challenges; Good attitude to try new things.

COMPUTER SKILLS: The intern demonstrated the ability to:

8.	construct a basic spread sheet	4 200	3 12	2 3	1
9.	manipulate data	4	3	2	1

		191	20	4	
10.	access information within the facility's system	4	3	2	1
		200	13	2	
11.	use word processing skills to complete assigned projects	4	3	2	1
		214	1		

- **Comments:**
- Good computer skills and demonstrated an understanding of how best to present her projects and related findings in an easy-to-understand manner
- Good computer skills and solid ability to represent collected data in an objective manner
- Professional; thorough
- Excellent (2)
- Organized Charts & flow sheets were great
- Worked well with computers on daily tasks and projects
- Learned our EMR system quickly
- High quality projects; Strong computer and IT skills demonstrated throughout internship
- Picked up facility's computer systems quickly
- Competent; Huge help to analysts
- Ability to take data from projects and place into user-friendly and understandable format.

QUALITY OF WORK: The intern:

12.	was able to apply knowledge learned on-campus to the healthcare setting	4	3	2	1
		212	3		
13.	was able to accurately interpret information	4	3	2	1
		210	5		
14.	used acceptable grammar and punctuation when completing tasks	4	3	2	1
		208	5	2	
15.	completed all work assigned	4	3	2	1
		210	5		
16.	presented work that was neatly done and had a professional appearance	4	7	2	1
		208	7		

- **Comments:**

- Consistently produced high quality work.(2)
- Knowledgeable, reached material, good questions, presented self well
- Researched projects, Thorough, detailed work, neat
- Edits were rarely needed on Maries assignments
- work presented in a nice format(easy to read)
- Did great job on projects, made sure she made deadlines (2)
- Did not need much direction in completing tasks
- Always prepared, organized and professional
- I think student would benefit with a little more education in medical terminology, but overall able to apply knowledge gained on campus
- Powerpoint done for orientation was neat and professional, sometimes grammar was little blunt
- Projects accurate and well put together
- Needs to improve written communication skills
- Applied learned knowledge and interpreted information in manner commensurate with her experience.

PROFESSIONAL CONDUCT: The intern:

17.	arrived on time for scheduled days	4 209	3 3	2 2	1 1
18.	arrived on time for scheduled meetings and appointments	4 209	3 6	2	1
19.	was in attendance for the number of hours scheduled each day	4 212	3 3	2	1
20.	was neat and clean	4 213	3 2	2	1
21.	was appropriately attired for the work situation (followed the facility's dress code)	4 213	3 2	2	1

- **Comments:**
- Presented herself in a professional manner at all times.
- Prompt, counteous and consistently presented herself in a professional manner
- Always early. very professionally Attired(2)

- Very Professional and worked a flex schedule to accommodate employers schedule
- Very Punctual and Professional (2)
- An area student struggled, late many days but was willing to work over
- Always dressed appropriately; clean appearance; Here early most days
- Always prompt and present as scheduled
- Carries herself in professional manner at all times
- Always on time and ready to take notes
- Very professional
- Wonderful representation of the department

DEMONSTRATION OF KNOWLEDGE: The intern:

22.	could speak the language of healthcare	4 189	3 26	2	1
23.	demonstrated understanding of the laws that pertain to healthcare	4 177	3 38	2	1
24.	demonstrated understanding of the structure of healthcare in the U.S	4 194	3 21	2	1
25.	demonstrated an understanding of the pervasive nature of quality improvement throughout healthcare	4 187	3 28	2	1

Comments:

Understanding of the healthcare profession was commensurate with her level of experience and exposure(2)

- Utilized knowledge gained at FSU
- Very Knowledgeable. Applied skills, and Knowledge to all situations.
- The healthcare system in US is very complicated
- understands concepts, good focus on quality
- Basic understanding
- Has positive outlook on healthcare
- Will do whatever it takes to excel and will gain more knowledge by doing this
- Demonstrated her understanding of laws not only by what she learned but first hand here at our clinic
- Understands impact and relationships of concepts and processes to overall job functions
- Demonstrated good understanding of US healthcare

26. **OVERALL
PERFORMANCE**

ABOVE AVERAGE
198

AVERAGE
17

BELOW AVERAGE

POOR

COMMENTS BY THE SITE COORDINATOR: If none, write NONE.

Strong Attributes –

- She was professional and well spoken, she liked to stay busy and ask appropriate questions
- Very detailed and conscientious about the quality for her work. This is the type of ethic we like to see in health information. Always presented professional and pleasant personality.
- She is An Exemplary employee, who is very knowledgeable in her profession
- Self-stunting, Attention to detail, and good professional demeanor
- Self- motivated and professional demeanor
- Professional , knowledgeable, and confident
- Thorough, professional, Eager to learn, helpful
- Professional in appearance and had great computer skills
- No afraid to ask questions, she sees the "big picture" and is able to work well in a strucated environment,
- Punctual, Plans ahead, friendly & cooperative, Knowledgeable
- Very eager to learn and flexible with change
- Positive, professional, quality focused, eager to learn, quick learner
- Outgoing. professional, completes tasks as assigned
- Works well with others, excellent computer skills, comprehends scope of projects on HIM processors
- Very willing to learn new things, help out and was a team player
- Self Motirated, Strong attention to detail, works well as part of a team
- Strong computer skills, very self motivated, takes instructions well, good interpersonal skills
- Computer skills-
- Friendly and outgoing
- Good basic knowledge in most areas of healthcare
- Gets along well with everyone, willing to expand education by attending meetings and learning about potential changes within facility.
- Detail-oriented, professional and possess strong work ethic
- Self-motivated
- Needed little supervision
- Asked appropriate questions and could apply knowledge to situations
- Uses AHIMA resources
- Neat
- Organized;
- Works well with diverse staff

- Good communicator
- Willing to help wherever needed
- Learns systems quickly

Areas for Improvement –

N/A(62)

- Passionate about wanting a quality, complete record that I think it frustrates her to deal with a record from imperfect providers and staff
- Continued exposure to HIM profession(3)
- become more confident-this will come with time
- Learning tasks and expectations
- Should feel free to ask questions
- Continue exposure to HIM
- Trust self
- More experience in coding
- Keep up with lifelong learning
- Collating thoughts and expressing what is learned in written format
- Validate assumptions

Potential for employment in healthcare –

Absolutely!!! She did a terrific job!!!

- Very good! I think her detailed, analytical mind is a good fit with health information.
- Karyn has excellent potential in the healthcare field and we would truly miss her at KCMHSAS if she decided to leave the organization
- High Potential (3)
- Excellent - Employers would be very lucky to have her (2)
- Coders Stated Janessa had great potential
- “Skys” the limit for her future employment
- Wonderful addition to any HIM department (3)
- very competent and ready to begin a career in healthcare
- Excellent, she already works here
- Would do well as a coder
- great addition to any Medical Record Department

- Good
- Very high
- Excellent, will pursue to work as relief at facility
- Department has embraced her as quality co-worker
- Team player
- Able to work in many areas of HIM
- Great potential; With her compassion and dedications to helping others, she will be asset to employer

COMMENTS BY THE INTERN: If none, write NONE.

- none(86)
- I love the work I do on a daily basis
- Wonderful opportunity to utilize the skills and knowledge(2)
- I feel like I have gotten a great end to my HIT education here
- Thank you for the nice comments
- Great experience. It was so organized and very positive
- Some of the comments surprised me
- Finding time with site coordinator
- Appreciate things said about me
- Enjoyed my experience
- Had a great time
- Great experience with great people

Intern Signature	Date	Site Coordinator Signature	Date
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Intern signature indicates that this evaluation has been reviewed. It does not indicate agreement.

FSU Faculty Member Notes

MRIS 493
SITE COORDINATOR'S FINAL ASSESSMENT
OF INTERN'S PERFORMANCE

INTERN:	
FACILITY :	
DATE:	2007 - 2011

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 your 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.

4	3	2	1
ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR

INTERPERSONAL SKILLS: The intern:

1.	demonstrated appropriate interpersonal skills when working with others.	4 26	3 1	2 1	1 1
2.	asked questions to gain information necessary to perform assigned tasks.	4 25	3 2	2 1	1 1
3.	dealt appropriately with conflict. 1 NA	4 22	3 3	2 1	1 1
4.	showed respect for diverse opinions and ideas.	4 25	3 1	2 1	1 1
5.	showed respect for site coordinator and allowed appropriate time when submitting projects for review.	4 25	3 1	2 1	1 1

Comments: Got along well with all employees and willing to help wherever she could. Not easily distracted from a task which she was performing which showed great focus on completing the task at hand. Leadership comments on lack of respect for their positions and time. Inappropriate comments to associates heard by many; General lack of a "grateful" attitude for allowing student learning in the department; Friendly and outgoing and demonstrated appropriate interpersonal skills; Respective of time when submitting projects for review; Respected by department; Got along well with others; Professional; Asked good questions.

ORAL COMMUNICATION SKILLS: The intern:

6.	was able to present material professionally	4 25	3 2	2 1	1 1
	could explain his or her point of view.	4	3	2	1

7.		24	3		
----	--	----	---	--	--

Comments: Did good job in presenting her projects and demonstrated good oral communication skills; very clear and concise and made many valid and quality suggestions; Always thinking; Not afraid to give her suggestions and ultimately showed an eagerness to learn; Sometimes “too blunt” or “abrasive”; Openly accepted some new challenges; Good attitude to try new things.

COMPUTER SKILLS: The intern demonstrated the ability to:

8.	construct a basic spread sheet	4 26	3 1	2	1
9.	manipulate data	4 25	3 2	2	1
10.	access information within the facility's system	4 26	3 1	2	1
11.	use word processing skills to complete assigned projects	4 27	3	2	1

Comments: High quality projects; Strong computer and IT skills demonstrated throughout internship; Picked up facility's computer systems quickly; Competent; Huge help to analysts; Ability to take data from projects and place into user-friendly and understandable format.

QUALITY OF WORK: The intern:

12.	was able to apply knowledge learned on-campus to the healthcare setting	4 26	3 1	2	1
13.	was able to accurately interpret information	4 26	3 1	2	1
14.	used acceptable grammar and punctuation when completing tasks	4	3	2	1

		24	2	1	
15.	completed all work assigned	4	3	2	1
		26	1		
16.	presented work that was neatly done and had a professional appearance	4	3	2	1
		26	1		

Comments: Did not need much direction in completing tasks. Always prepared, organized and professional. I think student would benefit with a little more education in medical terminology, but overall able to apply knowledge gained on campus; Powerpoint done for orientation was neat and professional, sometimes grammar was little blunt; projects accurate and well put together; needs to improve written communication skills; Applied learned knowledge and interpreted information in manner commensurate with her experience.

PROFESSIONAL CONDUCT: The intern:

17.	arrived on time for scheduled days	4	3	2	1
		26			1
18.	arrived on time for scheduled meetings and appointments	4	3	2	1
		26		1	
19.	was in attendance for the number of hours scheduled each day	4	3	2	1
		26	1		
20.	was neat and clean	4	3	2	1
		27			
21.	was appropriately attired for the work situation (followed the facility's dress code)	4	3	2	1
		27			

Comments: An area student struggled, late many days but was willing to work over. Always dressed appropriately; clean appearance; Here early most days; Always prompt and present as scheduled; Carries herself in professional manner at all times; Always on time and ready to take notes; Very professional; Wonderful representation of the department

DEMONSTRATION OF KNOWLEDGE: The intern:

22.	could speak the language of healthcare	4	3	2	1
-----	--	---	---	---	---

		23	4		
23.	demonstrated understanding of the laws that pertain to healthcare	4	3	2	1
		24	3		
24.	demonstrated understanding of the structure of healthcare in the U.S	4	3	2	1
		24	3		
25.	demonstrated an understanding of the pervasive nature of quality improvement throughout healthcare	4	3	2	1
		24	3		

Comments: Basic understanding; Has positive outlook on healthcare; Will do whatever it takes to excel and will gain more knowledge by doing this; Demonstrated her understanding of laws not only by what she learned but first hand here at our clinic; Understands impact and relationships of concepts and processes to overall job functions; Demonstrated good understanding of US healthcare

26. OVERALL PERFORMANCE

ABOVE AVERAGE

AVERAGE

BELOW AVERAGE

POOR

COMMENTS BY THE SITE COORDINATOR: If none, write NONE.

Strong Attributes – Computer skills; Friendly and outgoing; Good basic knowledge in most areas of healthcare; Gets along well with everyone, willing to expand education by attending meetings and learning about potential changes within facility; Detail-oriented, professional and possess strong work ethic; Self-motivated; needed little supervision; Asked appropriate questions and could apply knowledge to situations; Uses AHIMA resources; Neat; Organized; Works well with diverse staff; Good communicator; Willing to help wherever needed; Learns systems quickly

Areas for Improvement – Should feel free to ask questions; Continue exposure to HIM; Trust self; More experience in coding; Keep up with lifelong learning; Collating thoughts and expressing what is learned in written format; Validate assumptions

Potential for employment in healthcare – **Good; Very high; Excellent, will pursue to work as relief at facility; Department has embraced her as quality co-worker; Team player; Able to work in many areas of HIM; Great potential; With her compassion and dedications to helping others, she will be asset to employer**

COMMENTS BY THE INTERN: If none, write NONE.

Some of the comments surprised me; Finding time with site coordinator; Appreciate things said about me; Enjoyed my experience; None; Had a great time; Great experience with great people

Intern Signature	Date	Site Coordinator Signature	Date
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Intern signature indicates that this evaluation has been reviewed. It does not indicate agreement.

FSU Faculty Member Notes

APPENDIX E

Standards for Health Information Programs

The following links are for the HIT and HIM standards as mandated by CAHIIM. The standards are .pdf files.

http://www.cahiim.org/Files-Standards/2012_HIM_Assoc_Stndrds_elec.pdf

http://www.cahiim.org/Files-Standards/2012_HIM_Bacc_Stndrds_elec.pdf

APPENDIX F

HIT/HIM Curricula Course Outcomes,
Curricula Mapping (sent as .pdf attachments)

Health Information (Medical Record) Program Course Assessment Form

<p>Course: MRIS 101 Intro to Health Info Systems</p>			
<p>Course Learning Outcome</p>	<p>Assessment Method</p>	<p>Criterion for Success</p>	<p>Results</p>
<p><u>Critical Thinking and Problem Solving:</u> Compare and contrast the differences between the regulations and standards for the Conditions of Participation Joint Commission and the American Osteopathic Association as they pertain to health information professionals.</p>	<p><u>Written Product:</u> Assignment that requires the students to compare and contrast the different standards for the listed external agencies</p>	<p>90% of students will receive at least 80% on grading rubric.</p>	<p>.</p>
<p><u>Professional Knowledge and Competence:</u> Identify the various different functions performed by the Health Information Management Department.</p>	<p><u>Test – Internal - Post:</u> Final exam score</p>	<p>90% of students will receive at least 80% on grading rubric.</p>	
<p><u>Professional Knowledge and Competence:</u> Perform data retrieval from electronic health records.</p>	<p><u>Written Product:</u> Scavenger Hunt utilizing an electronic health record</p>	<p>90% of students will receive at least 80% on grading rubric.</p>	
<p>Background Checks</p>			

Course: MRIS 103 Medical Terminology			
Course Learning Outcome	Assessment Method	Criterion for Success	Results
<u>Professional Knowledge/Competency:</u> Define and spell terms: anatomic, symptomatic, diagnostic, procedural and abbreviations	<u>Test – Internal Post:</u> Correctly spell and define dictated medical terms	90% of students will receive at least 80% on grading rubric.	
<u>Professional Knowledge/Competency:</u> Use dictionaries, formularies, and other medical references.	<u>Case study:</u> gastrointestinal system	90% of students will receive at least 80% on grading rubric.	
<u>Professional Knowledge/and Competency:</u> Comprehend medical terminology	<u>Case study:</u> respiratory system	90% of students will receive at least 80% on grading rubric.	

Course: MRIS 204 ICD Coding			
Course Learning Outcome	Assessment Method	Criterion for Success	Results
<u>Knowledge/Professional Competency:</u> Select and sequence diagnoses and procedures.	<u>Case Study:</u> – Julie Davis	90% of students will receive at least 80% on grading rubric.	
<u>Critical Thinking:</u> Identify POAs (Present on Admission) conditions.	<u>Problem-Based Assignments:</u> POA Exercise	90% of students will receive at least 80% on grading rubric.	
<u>Critical Thinking:</u> Demonstrate quality monitoring for compliance.	<u>Case Study:</u> Audit two case studies with DRG assignment.	90% of students will receive at least 80% on grading rubric.	

Course: MRIS 209 Quality Management in Health Care			
Course Learning Outcome	Assessment Method	Criterion for Success	Results
<u>Knowledge /Professional Competency:</u>	<u>Written Product:</u> Journal review covering different QI	90% of students will receive at least	

Describe various quality improvement philosophies	methods.	80% on grading rubric.	
<u>Knowledge/Professional Competency:</u> Complete the procedures for utilization review	<u>Case Studies:</u> Complete UR forms using a patient record and the pertinent criteria.	90% of students will receive at least 80% on grading rubric.	
<u>Critical Thinking:</u> Apply quality improvement tools and techniques	<u>Project:</u> Quality Improvement Project	90% of students will receive at least 80% on grading rubric.	
<u>Critical Thinking:</u> Apply team skills	<u>Project:</u> Active team member during quality improvement project	90% of students will receive at least 80% on grading rubric	

Course: MRIS 210 Fundamentals of Disease Processes			
Course Learning Outcome	Assessment Method	Criterion for Success	Results
<u>Knowledge/Professional Competency</u> Demonstrate use of the diagnostic test and drug reference books.	<u>Case study:</u> Cardiovascular system	90% of students will receive at least 80% on grading rubric.	
<u>Knowledge/Professional Competency</u> Identify the difference between signs and symptoms	<u>Case study:</u> Body system	90% of students will receive at least 80% on grading rubric.	
<u>Knowledge/Professional Competency</u> Research current literature on a disease	<u>Written Product:</u> Current journal review on disease/disorder	90% of students will receive at least 80% on grading rubric.	

Course: MRIS 211 CPT Coding				
Course Learning Outcome	Assessment Method	Criterion for Success	Results	Action
<u>Professional Competence:</u> Select and sequence medical/surgical procedures using CPT codes	<u>Case Study:</u> Correct assignment of HCPCS codes	90% of students will receive at least 80% on grading rubric		
<u>Professional Knowledge:</u> Demonstrates knowledge of coding compliance	<u>Data Analysis:</u> Audit completed of evaluation and Management encounters using AMA worksheet to validate accuracy	90% of students will receive at least 80% on grading rubric		
<u>Professional Competence:</u> Demonstrates proficiency using 3M encoder	<u>Written Product:</u> Coding activity requiring student to use encoder	90% of students will receive at least 80% on grading rubric		

Course: MRIS 228 Introduction to Medical Billing and Reimbursement			
Course Learning Outcome	Assessment Method	Criterion for Success	Results
<u>Professional Knowledge/Competence:</u> Complete paper and electronic CMS 1500 claims using specific payor guidelines	<u>Case studies</u> - requiring students to accurately prepare CMS 1500 claims	90% of students will receive at least 80% on grading rubric	
<u>Professional Knowledge/Competence:</u> Complete a UB 04 claim using specific payor guidelines	<u>Case studies</u> - requiring students to accurately prepare UB 04 claims	90% of students will receive at least 80% on grading rubric	
<u>Professional Knowledge/Competence:</u> Understand major insurance program benefits and requirements	Final Exam	90% of students will receive at least 80% on grading rubric	

Course Assessment Plan (Faculty Report Form)			
Course Name & #:	MRIS 261	Health Info Technology Review	
Course Learning Outcome	Assessment Method (*select from TracDat categories)	Criterion for Success	Results
Knowledge of HIM concepts: complete pre-mock RHIT examination	Students are required to complete a pre-mock exam prior to unit reviews.	75% of students will pass.	
Critical thinking: Problem solving: regarding HIM concepts	Students are required to complete a post-mock exam after unit reviews.	75% of students will pass.	

Course: MRIS 402 Health Information Management Principles			
Course Learning Outcome	Assessment Method	Criterion for Success	Results
<u>Performance Knowledge/Competency:</u> Calculate quantitative productivity standards using data obtained by various methodologies	<u>Case Studies:</u> various functions in HIM department where productivity standards must be determined	90% of students will receive at least 80% on grading rubric	
<u>Professional Knowledge/Competency:</u> Forecast staffing requirements for HIM department functions	<u>Case studies:</u> staffing must be determined for HIM departments	90% of students will receive at least 80% on grading rubric	
<u>Critical Thinking Skills:</u> Exhibit an understanding of the appropriate steps in process improvement	<u>Written Project:</u> requiring student to show present methodology for function and use process improvement tools to portray improved methods	90% of students will receive at least 80% on grading rubric	

Course: MRIS 404 Research in Health Information Management			
Course Learning Outcome	Assessment Method	Criterion for Success	Results
Research and Evidence-Based Practice Demonstrates the ability to critique healthcare research	Research study rubric	90% of students will receive at least 75% on grading rubric	
Advancement of the Profession Disseminates research findings related to an evidence-based project	Evidence Based Health Information Presentation: Instructor and class evaluation of PowerPoint Presentation (rubric)	90% of students will receive at least 75% on grading rubric	
Context for Health Information Examines current health information research findings in collaboration with a health care team for applicability to the health-related profession	Evidence Based Health Information Group Project Paper (Rubric) Peer Evaluation (Rubric)	90% of students will receive at least 75% on grading rubric	

Course: MRIS 461				
Program Outcome	Course Learning Outcome	Assessment Method	Criterion for Success	Results
Knowledge of HIM concepts.	Complete premock RHIT examination	Students are required to complete a premock exam prior to unit reviews.	75% of students will pass.	
Critical thinking and problem solving regarding HIM concepts..	Complete postmock RHIT examination.	Students are required to complete a postmock exam after unit reviews.	75% of students will pass.	

Course Name & #:

MRIS 493

Course Learning Outcome	Assessment Method (*select from TracDat categories)	Criterion for Success
Knowledge and professional competencies: department management techniques observed during internship.	Complete a management skills project assigned by program	90% of students will receive at least 80%.
Critical thinking and problem solving: apply principles of project management in a health care setting.	Complete an administrative project assigned by site coordinator.	90% of students will receive at least 80%.

Professional behavior and ethics:
demonstrate ethical and professional
behaviors.

Site coordinator evaluation.

90% of students will receive at least 80%.

TRAC DAT: Comparison of HIT Courses in Spring and Summer 2011

Course assessments of the HIT and HIM courses have shown that students consistently meet the criteria for success in most classes. When problems are identified, an action plan is developed to resolve the problems.

The following Spring and Summer 2011 course assessment findings include:

MRIS 211 CPT Coding

Course Learning Outcome: Demonstrating knowledge of coding compliance

Criterion for success: 90% of students will receive 80% or higher.

Results: 78% met criterion (spring and summer totals)

Action: Provide more instruction on using 3M. Walk the students through a few more specific coding scenarios using the encoder. Stress importance of verifying answers with the code book. This project has only seven scenarios so if student misses more than one answer, they fall out of the accepted range. Project will be reviewed and additional scenarios added.

MRIS 103 Medical Terminology

Course Learning Outcome: Comprehend medical terminology

Criterion for Success: 90% will score 80% or higher on cardiovascular case study

Results: 72% met criterion (spring and summer totals)

Action: Assess what questions were missed and verify that the information is being presented .

On-line student scores are lower than in-seat sections

MRIS 210 Fundamentals of Medical Science

Course Learning Outcome: Identify the difference between signs and symptoms.

Criterion for Success: 90% will score 80% or higher on gastrointestinal system assignment.

Results: 75% met criterion (spring and summer totals)

Action: Recommend revision of case study as information is not included in current drug book and additional information was needed to adequately complete case study.

In academic year 2012-2013, the learning outcomes of all professional courses will again be reviewed. A dashboard will be developed to evaluate outcomes and results to determine where changes need to be made.

APPENDIX G

APR Plan (Includes Timeline and Budget)

PROGRAM EVALUATION PLAN HEALTH INFORMATION PROGRAMS

**Degrees Awarded: A.A.S. in Health Information Technology
B.S. in Health Information Management**

Program Review Panel:

Chair and Program Coordinator: Paula Hagstrom
Program faculty: Marie Sickelsteel, Cynthia Konrad, Janna Pacey, Paula Koning, Steve Karnes, Marcy Parry, Julie Ward
College of Allied Health faculty: Terry Harper
Individual with special interest in the Program: Julie Alles
Faculty member outside the College of Allied Health: Clyde Hardman
Health Management Department Head: Gregory Zimmerman

Purpose: To conduct a study of the Health Information programs to evaluate its needs and effectiveness so the University can make informed decisions about resource allocations.

Data Collection Techniques

1. Graduate surveys completed in 2007-2011.
2. Employer surveys from 2007-2011.
3. Student evaluation of program and courses from 2011.
4. Faculty perception of program from surveys to Health Information faculty.
5. Advisory Committee perceptions of the program from questionnaire to advisory board members.
6. Labor Market analysis information from current market indicators.
7. Evaluation of facilities and equipment by doing a review of the health information collection in the library, the adequacy of classrooms and computer facilities.
8. Curriculum evaluation information will be taken from the Committee on the Accreditation of Health Information and Informatics Management (CAHIIM) self-study and assessment which was completed in 2010.

Schedule of Events

<u>Activity</u>	<u>Leader</u>	<u>Target Date</u>
Graduate Survey	Paula Hagstrom	Dec. 9, 2011
Employer Survey	Paula Hagstrom	Dec. 9, 2011
Student Evaluation	Julie Alles	Dec. 9, 2011
Faculty Perceptions of Program	Marie Sickelsteel	Dec. 9, 2011
Advisory Committee Perceptions	Janna Pacey	Dec. 9, 2011
Labor Market Analysis	Paula Koning	Dec. 9, 2011
Evaluation of Facilities	Cindy Konrad (BR) Janna Pacey (GR)	Dec. 9, 2011
Curriculum Evaluation	Paula Hagstrom, Greg Zimmerman	Dec. 9, 2011

1. Budget

To: Dr. Wagenheim, Chair Academic Program Review

From: Paula Hagstrom, Program Coordinator, Health Information Programs

Subject: Proposed budget for Health Information Programs Review

Date: November 15, 2011

The proposed budget for the Health Information Programs (Health Information Technology, Health Information Management, Certificate in Coding and Reimbursement Specialist) is listed below. Please contact me if you have any questions.

Surveys (graduate follow-up, employer follow-up, advisory committee)

Copying Costs: \$ 65.00

Mailing Costs: \$ 110.00

Clerical Costs: \$ 400.00

Final Report Copying Costs for Department: \$ 75.00

TOTAL: \$ 650.00

APPENDIX H:
Department Head Response for HIT HIM Academic
Program Review 2012

TO: Academic Program Review Council
FROM: Dr. Gregory R. Zimmerman, Department Head – Clinical
Laboratory/Respiratory Care/Health Administration programs, College of
Health Professions
DATE: July 18, 2012
RE: Department Head's Response: Health Information
Technology/Management Programs APR Report

The Medical Records (HIT/HIM) programs are quite unique in the Clinical Laboratory/Respiratory Care/Health Administration (CRHA) department if not the College of Health Professions (CHP). The program strengths as outlined in the APR report are impressive and I believe are the result of very devoted and passionate faculty. We have enjoyed fully equipped computer laboratory facilities, classrooms and long-standing national accreditation. Success can also be attributed to our strong and long-standing relationships with institutional partners, many of whom are represented on our program Advisory Committee.

The challenges for the HIT/HIM programs as cited in the APR report include some specific areas that I would like to further highlight:

- Lack of internship slots: This is a concern that is shared among many of the CHP clinical programs as well and has become one of the primary issues facing all allied health colleges across the state. Next to accreditation constraints, the availability of clinical and internship sites is the most significant barrier to increasing enrollment in HIT/HIM and other health science programs. Increased competition from similar college-based programs and a shifting strategy by health care organizations has reduced the available slots for students to gain experience through their internship. Perhaps a more concerted effort to forge better relationships with institutional affiliates and expanding the reach beyond Michigan will remedy this constraint. In addition, it may be time to institute a cap (quota) on admissions to ensure adequate placement for internships and jobs.
- Additional faculty member: While the APR report suggests the need for an additional faculty member, this need has been present for quite some time. There has been a constraint in identifying locally available, qualified supplemental faculty to teach courses. As a result, we currently have an adjunct faculty member on maximum overload each semester. It would be beneficial to secure a full-time tenure track slot to cover the majority of this load. This need will be magnified soon with the recent retirement announcement by one of three current tenured faculty. Remaining tenured faculty have over 64 years time in service at FSU.
- Student retention/attrition: This is a real concern for the HIT/HIM programs and CHP as a whole. Program admittance or prequalification criteria that ensures to some degree, students' success and reduced attrition is not a feature of the HIT/HIM programs. Rather, there is open admission and start for interested students. As a result, HIT/HIM programs overall experience some attrition once students enter the mid-level series of courses. I do believe however, that HIT/HIM should examine more closely, those factors that are impacting attrition and make adjustments accordingly including possible changes (i.e., competitive admissions, qualification GPA, level/grades of prerequisite course work, etc.). I would also support continued use of non-traditional means to positively influence retention (e.g., SLA, etc.).

- *Faculty development support:* The APR report did not specifically note this, but there is a general feeling that in recent years support for faculty to attend disciplinary conferences had been discontinued. One point of clarification, faculty are always supported to attend and actively participate in professional development. The important distinction is that CHP funds have not been approved for this on a wide scale basis. Rather, faculty have been encouraged to pursue Faculty Center for Teaching Learning (FCTL) offerings and also to apply PDI funds [gained from FCTL] to cover off-campus opportunities for development. However, the CHP has reinstated a faculty professional development grant initiative commencing with the 2011-12 academic year which should continue to expand opportunities for faculty to stay current.

In conclusion, I would again like to commend our devoted Medical Records faculty, especially Program Coordinator Paula Hagstrom and Clinical Coordinator, Marie Sickelsteel, who are experienced and very active in their professional organizations. Additional areas of strength continue to be our state of the art computer laboratories equipped with ideal simulation software; state-wide internship opportunities; and, strong support from institutional preceptors and advisory committee members. Our curriculum is highly regarded and respected for its blend of integrated theory and practice. Thank you for this opportunity to provide my administrative perspective.



HIM 2012

Baccalaureate Degree

Standards and Interpretations for Accreditation of
Baccalaureate Degree Programs in Health Information Management

CAHOM

Who We Are

The Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM) is an accrediting organization which has independent authority in all actions pertaining to accreditation of educational programs in health informatics and health information management.

CAHIIM is located at 233 N. Michigan Avenue, 21st Floor, Chicago, Illinois, 60601, and on the web at www.cahiim.org

Public Interest

CAHIIM serves the public interest by operating in a consistent manner with all applicable ethical, business and accreditation best practices. Accreditation is a voluntary, self-regulatory process by which nongovernmental associations recognize educational programs found to meet or exceed standards for educational quality. Accreditation also assists in the further improvement of these educational programs as related to resources invested, processes followed, and outcomes achieved.

CAHIIM and its sponsoring organization(s) cooperate to establish, maintain, and promote appropriate standards of quality for postsecondary educational programs in health informatics and information management to provide competent, skilled professionals for the healthcare industry.

Mission

The Commission serves the public interest in advancing the value of health informatics and health information management through quality education by:

- Establishing and enforcing accreditation Standards for health informatics, and health information management higher education programs;
- recognizing programs that meet the Standards;
- assessing student achievement;
- respecting educational innovation and diversity;
- recognizing academic institutions' autonomy;
- emphasizing the principle of volunteerism and peer review, and
- embracing a culture of continuous quality improvement.

CAHIIM strives to carry out its mission by promoting, evaluating, and improving the quality of undergraduate and graduate health informatics and information management education in the United States.

Through our partnership with academe and the practice fields, CAHIIM serves colleges and universities in a voluntary peer review process as a means to continuously improve quality education to meet healthcare workforce needs. As a result, CAHIIM accreditation becomes the benchmark by which students and employers determine the integrity of health informatics and health information management education.

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I Sponsorship

1 Sponsoring Educational Institution

The sponsoring educational institution must be a postsecondary academic institution accredited by an institutional or national accrediting organization that is recognized by the U.S. Department of Education (USDE), and to award a degree. Institutional accreditation must enable the sponsoring institution of the program to establish eligibility to participate in the federal student financial assistance program administered under Title IV of the Higher Education Act.

The sponsoring institution's Grant for Accreditation must provide provisions for establishing eligibility to participate in Title IV programs. Upon request, the applying campus program must provide the Office of Postsecondary Education Identifier (OPE ID) number assigned by the U.S. Department of Education as proof of participation for financial aid. State Board of Education approvals must also be completed.

II Program Mission, Goals, Assessment and Outcomes

2 Program Mission

The program's mission and goals must form the basis for program planning, implementation and be compatible with the mission of the sponsoring educational institution.

The health information management (HIM) baccalaureate degree program is designed in concert with the institutional mission and the goals of the college/university division or department in which it is located. Each program will define its own mission and goals which derive from the purposes of its sponsoring educational institution, its communities of interest, faculty expertise and program initiatives. The program's mission and goals must be outcomes-focused.

3 Program Evaluation

The program must have an assessment plan for systematic evaluation of mission, goals and objectives.

The program must be involved in an ongoing effort to determine its effectiveness, which constitutes a quality improvement cycle.

4 Program Goals

Goals must be stated in terms of educational outcomes to be achieved, must be established annually, must be measurable, must reflect the principles and ethics of the health information management field, and fit within the mission of the sponsoring educational institution.

At a minimum, the program goals and measurable outcomes must incorporate goals related to curriculum, faculty development, students and graduates, communities of interest and advisory board.

5 Curriculum Goal

The program must assess the appropriateness and effectiveness of the curriculum, with the results of the program assessment used as the basis for ongoing planning and program improvement.

An annual assessment of the curriculum is required to determine where and when improvements are needed. Assessment is conducted using feedback from students, faculty, graduates, advisory committee, employers, and other relevant sources. At least one target outcome must be related to curriculum content, knowledge clusters, improvements and/or effectiveness in approach to curriculum content.

6 Faculty Development Goal

The program must provide a plan for faculty that establishes or assesses the knowledge, skills, qualifications, and experience pertinent to the professional curriculum content that they are assigned to teach.

The program must assure through annual goals, that faculty development planning is targeted to improve faculty knowledge and expertise in the areas in which they teach. This includes efforts to keep current in health information management and/or other relevant professional content and practice, as well as other components of advanced formal education.

7 Students and Graduates Goal

The program must provide assurance that the educational needs of students are met and that graduates demonstrate at least the AHIMA entry-level curriculum competencies.

The program must assess through goals and target outcomes that student learning outcomes are examined and demonstrate progress toward achievement of entry-level competencies. These assessments must demonstrate that graduates meet entry-level competencies.

8 Communities of Interest Goal

The program must indicate how it assesses the needs of its communities of interest and how it interprets these needs into educating a competent workforce.

Interpret, monitor and/or otherwise demonstrate responsiveness to the needs of the various communities including how the program serves as a source of continued education for its communities of interest.

9 Advisory Committee Requirement Goal

The program must have an advisory committee representative of its communities of interest that meets at least annually. The committee responsibilities include assisting program faculty and sponsoring educational institution personnel with the development and revision of program goals and curriculum, monitoring program needs and expectations, and ensuring program responsiveness to change.

The advisory committee must meet at a minimum, annually. It is anticipated that the advisory committee will meet at more frequent intervals when warranted to review program goals, curricula, etc. CAHIIM emphasizes the importance of a strong advisory committee comprised of individuals external to the academic institution- such as employers, graduates, healthcare executives and others representative of the communities of interest. Input from individuals in practice is very valuable in terms of curriculum assessment and keeping the program aligned with current practices.

10 Annual Assessment

The program must annually assess its program goals and outcomes as required by the designated CAHIIM reporting system.

The program must at least annually assess and document its effectiveness in achieving its stated goals and outcomes. At a minimum, this assessment must include performance metrics such as graduate placement rates, graduate and, employer satisfaction rates, yearly attrition, national certification scores, and program completion rates.

11 Monitor Assessment Results

Results of the program annual assessment must be monitored and reflected in an action plan and reviewed by the program's advisory board.

Programs must conduct a qualitative and quantitative assessment of how the program achieves its mission, goals and target objectives for continual improvement, including a candid assessment of strengths and weaknesses in terms of the program's performance against the accreditation established thresholds.

12 Action Plan Implementation

Implementation of the action plan must be documented and results measured by ongoing assessment.

The program uses the results of assessment and documents and implements program improvements. CAHIIM will seek evidence that there is documentation of changes made in the program. Program officials and faculty are required to compare program performance with the goals, and identify ways in which the program can improve. These may include curriculum revisions, improvements in student services and faculty development activities. An institutional effectiveness survey or other institutional level evaluation data is not sufficient to replace the program's own evaluation plan.

III Program Director, Faculty and Staff

13 The Program Director

The program director must be a full time position of the sponsoring institution, have full employee status, rights, responsibilities and privileges as defined by institutional policy and be consistent with other similar positions at the institution.

14 Program Director Qualifications

The Health Information Management program director must be certified as a Registered Health Information Administrator (RHIA), and must have at minimum, a master's degree.

It is expected that only HIM professionals with an RHIA credential and a minimum of a master's degree would possess the necessary knowledge and background to effectively manage the HIM program. There is no exception to the required credential.

15 Program Director Responsibilities

The program director of the educational program must be responsible for the organization, administration, continuous program review, planning, development, and general effectiveness of the program. The director must have a role in the budget development process of the program. The program director must be given adequate release time to devote to curriculum development and evaluation, counseling of students, program management and administrative duties within the institution.

16 Faculty

A minimum of two full time individuals must be dedicated to the program: a program director and a full time faculty member. There must be faculty and instructional staff to advise and mentor students, and provide instruction and supervision on a regular planned basis.

The required faculty must provide students with adequate attention, instruction and supervised practice to acquire the knowledge and competence needed for entry-level practice. Consideration for additional faculty beyond this requirement must include the number and variety of courses taught, the employment status of faculty, the number of students enrolled, and the method of course delivery.

17 Faculty Qualifications

The program faculty must be qualified through professional preparation and experience, scholarship and/or teaching competencies and practice experience. Faculty must have status, rights, responsibilities, and be consistent with other similar positions at the institution.

The program must have faculty with clearly defined responsibilities, educational preparation, research and/or teaching competence, practice experience, and are able to completely support the program's teaching, scholarship and service goals. Faculty must be sufficient in number to provide students with adequate attention, instruction and supervised practice to acquire the knowledge and competence needed for entry-level practice.

18 Professional Development

The program director and all faculty must demonstrate continuing professional development related to the curriculum content to which they are assigned.

Professional development may be considered continuing education in program management (if applicable), curriculum content areas, teaching techniques, or other areas related to the faculty's responsibilities and/or teaching assignments.

19 Staff

The program must have clerical, technical and administrative staff to adequately support achievement of the program's goals and outcomes.

IV Resources

20 Program Governance

The sponsoring educational institution must assure that governance and lines of authority are clearly defined.

The sponsoring educational institution must clarify the lines of authority and administrative governance of the health information management program within the framework of the sponsoring institution.

21 Learning Resources

The sponsoring educational institution must provide appropriate resources to support the learning experiences and achieve the program's goals and outcomes.

The methods of demonstrating adequate resources must reflect the types of resources available to support the learning experiences of students and be sufficient enough to accommodate all students enrolled in the program. These include but are not limited to student access to current technology, computers and relevant software, practice resources and other materials.

22 Financial Support

Resources to support the program's goals and outcomes must include evidence of financial support for the program.

The sponsoring educational institution must provide financial support to the program to achieve its goals and outcomes, and provide resources and support for faculty development.

23 Student Access to Resources

Students must have adequate access to program resources.

The program must demonstrate how it facilitates students' access to the resources and experiences necessary to support the learning process. If the program is offered online, student access to resources must be clearly defined.

V Curriculum

24 The Curriculum

The program must demonstrate that the curriculum meets or exceeds the professional course content as published in the AHIMA HIM entry-level curriculum competencies and knowledge clusters for baccalaureate degree programs.

The curriculum syllabi and course content must ensure concise and adequate coverage of the AHIMA HIM entry-level curriculum competencies and knowledge clusters for baccalaureate degree programs. Each course syllabus must be evaluated against the required knowledge clusters, and demonstrate learning progression to achieve the stated entry-level curriculum competencies.

25 Curriculum – Sequence

Instruction must be delivered in an appropriate sequence of didactic, laboratory, and professional practice activities.

Course content must be logical and coherent with didactic instruction and related activities organized in each course. Courses must be sequenced appropriately, which means that knowledge and experience must be carefully analyzed and prerequisites appropriately identified and placed. (For example, medical science, computer literacy and health record content courses must be placed early in the curriculum sequence, as they contain skills and knowledge that the student will apply to later courses.) Institutions must have policies regarding the allocation of credit to courses, particularly with respect to the credit value of laboratory and professional practice experience courses.

26 Curriculum – Syllabi and Competencies

Instruction must be based on clearly written course syllabi describing entry-level competencies, course objectives, and evaluation methods.

Students must know at the outset of each course, what is required for successful completion, what they are expected to learn, what activities they will experience, and how and when they will be evaluated. The AHIMA HIM entry-level curriculum competencies must be made known to students at program admission, and related competencies included in each HIM professional course syllabus.

27 Curriculum – Evaluation

Evaluation of students must be conducted frequently enough to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies stated in the curriculum.

Student evaluation methodologies (tests, exams, projects, assignments, etc.) may vary in type and construction, must be conducted frequently, and must be able to test the different cognitive levels. Programs must show that students are being taught and tested at a variety

of taxonomic levels, with emphasis being placed on the use of application and problem-solving techniques. The analysis of situations in professional contexts and problem-based assessment must be emphasized.

28 Professional Practice Experiences

Professional practice experiences (PPE) must be designed and supervised to reinforce didactic instruction and must include program coordinated experience at professional practice site(s).

The program must describe how PPE (clinical practicum, directed practice experience) are designed, supervised and evaluated, and the objectives to be achieved in each PPE course. Simulation activities designed to replicate PPE are permitted but cannot totally replace all on-site PPE. The program must describe how simulation activities are designed, supervised and evaluated and the objectives to be achieved by using simulation activities. PPE, whether on-site or through simulations must relate to higher level competencies and result in a learning experience for the student and/or a deliverable to a practice site. The PPE must provide the student with the opportunity to reinforce competencies and skill sets. It is expected that HIM students will not be substituted for paid staff. The PPE does not prohibit a paid internship.

29 Health and Safety

The health and safety of patients, students and faculty associated with educational activities must be adequately safeguarded according to the health and safety practices of both the sponsoring educational institution and the professional practice site.

The responsibilities of the college, PPE site and student(s) must be documented for externships or professional practice experiences. Either a formal contract or a simple memorandum of understanding (MOU) will suffice, if in accordance with institutional practice. Health, safety or security policies and requirements must be outlined in the agreement or MOU, and students must be informed of these in advance of the PPE.

VI Fair Practices

The Commission on Accreditation for Health Informatics and Information Management Education expects the program and the sponsoring institution to comply with the following Fair Practice Standards.

30 Publications and Disclosures

All published program information must accurately reflect the program offered and must be known to all applicants and students.

- The sponsoring educational institution, programmatic accreditation status and curriculum
- Admissions policies and procedures
- Policies on advanced placement, transfer of credits, and credits for experiential learning
- Number of credits required for completion of the program
- Tuition/fees and other costs required to complete the program
- Policies and procedures for withdrawal and for refunds of tuition/fees

- Academic calendar
- Student grievance procedure
- Criteria for successful completion of each segment of the curriculum and graduation
- Information about student/graduate achievement that includes the results of one or more of the outcomes assessments as reported in the Annual Program Assessment Report (APAR)

31 Lawful and Non-Discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accordance with federal and state statutes, rules, and regulations.

32 Student Records

Documentation must be maintained for student admission, advisement, counseling, and evaluation. Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsoring educational institution in a safe and accessible location.

Program officials must maintain student records that reflect evidence of student evaluation on all levels, and progression toward achievement of program requirements.

33 Substantive Change

The program must report substantive change(s) as described in the *CAHIIM Accreditation Manual* in a timely manner or as specified.

VII Administrative Requirements for Maintaining Accreditation

- 34 Submit the CAHIIM Annual Program Assessment Report (APAR) and other required reports by the determined CAHIIM date.
- 35 Each program must participate in a designated periodic site visit of the accredited program.
- 36 Inform CAHIIM of any adverse changes in the institution affecting the program's accreditation.
Include changes in program officials (Chief Executive Officer, Dean and Program Director) within 30 days of the effective date.
- 37 Payment of all CAHIIM administrative fees.



HIM 2012

Associate Degree

Standards and Interpretations for Accreditation of
Associate Degree Programs in Health Information Management



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- embracing a culture of continuous quality improvement.

CAHIIM strives to carry out its mission by promoting, evaluating, and improving the quality of undergraduate and graduate health informatics and information management education in the United States.

Through our partnership with academe and the practice fields, CAHIIM serves colleges and universities in a voluntary peer review process as a means to continuously improve quality education to meet healthcare workforce needs. As a result, CAHIIM accreditation becomes the benchmark by which students and employers determine the integrity of health informatics and health information management education.

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I Sponsorship

1 Sponsoring Educational Institution

The sponsoring educational institution must be a postsecondary academic institution accredited by an institutional or national accrediting organization that is recognized by the U.S. Department of Education (USDE), and to award a degree. Institutional accreditation must enable the sponsoring institution of the program to establish eligibility to participate in the federal student financial assistance program administered under Title IV of the Higher Education Act.

The sponsoring institution's Grant for Accreditation must provide provisions for establishing eligibility to participate in Title IV programs. Upon request, the applying campus program must provide the Office of Postsecondary Education Identifier (OPE ID) number assigned by the U.S. Department of Education as proof of participation for financial aid. State Board of Education approvals must also be completed.

II Program Mission, Goals, Assessment and Outcomes

2 Program Mission

The program's mission and goals must form the basis for program planning, implementation and be compatible with the mission of the sponsoring educational institution.

The health information management (HIM) associate degree program is designed in concert with the institutional mission and the goals of the college/university division or department in which it is located. Each program will define its own mission and goals which derive from the purposes of its sponsoring educational institution, its communities of interest, faculty expertise and program initiatives. The program's mission and goals must be outcomes-focused.

3 Program Evaluation

The program must have an assessment plan for systematic evaluation of mission, goals and objectives.

The program must be involved in an ongoing effort to determine its effectiveness, which constitutes a quality improvement cycle.

4 Program Goals

Goals must be stated in terms of educational outcomes to be achieved, must be established annually, must be measurable, must reflect the principles and ethics of the health information management field, and fit within the mission of the sponsoring educational institution.

At a minimum, the program goals and measurable outcomes must incorporate goals related to curriculum, faculty development, students and graduates, communities of interest and advisory board.

5 Curriculum Goal

The program must assess the appropriateness and effectiveness of the curriculum, with the results of the program assessment used as the basis for ongoing planning and program improvement.

An annual assessment of the curriculum is required to determine where and when improvements are needed. Assessment is conducted using feedback from students, faculty, graduates, advisory committee, employers, and other relevant sources. At least one target outcome must be related to curriculum content, knowledge clusters, improvements and/or effectiveness in approach to curriculum content.

6 Faculty Development Goal

The program must provide a plan for faculty that establishes or assesses the knowledge, skills, qualifications, and experience pertinent to the professional curriculum content that they are assigned to teach.

The program must assure through annual goals, that faculty development planning is targeted to improve faculty knowledge and expertise in the areas in which they teach. This includes efforts to keep current in health information management and/or other relevant professional content and practice, as well as other components of advanced formal education.

7 Students and Graduates Goal

The program must provide assurance that the educational needs of students are met and that graduates demonstrate at least the AHIMA entry-level curriculum competencies.

The program must assess through goals and target outcomes that student learning outcomes are examined and demonstrate progress toward achievement of entry-level competencies. These assessments must demonstrate that graduates meet entry-level competencies.

8 Communities of Interest Goal

The program must indicate how it assesses the needs of its communities of interest and how it interprets these needs into educating a competent workforce.

Interpret, monitor and/or otherwise demonstrate responsiveness to the needs of the various communities including how program serves as a source of continued education for its communities of interest.

9 Advisory Committee Requirement Goal

The program must have an advisory committee representative of its communities of interest that meets at least annually. The committee responsibilities include assisting program faculty and sponsoring educational institution personnel with the development and revision of program goals and curriculum, monitoring program needs and expectations, and ensuring program responsiveness to change.

The advisory committee must meet at a minimum, annually. It is anticipated that the advisory committee will meet at more frequent intervals when warranted to review program goals, curricula, etc. CAHIIM emphasizes the importance of a strong advisory committee comprised of individuals external to the academic institution- such as employers, graduates, healthcare executives and others representative of the communities of interest. Input from individuals in practice is very valuable in terms of curriculum assessment and keeping the program aligned with current practices.

10 Annual Assessment

The program must annually assess its program goals and outcomes as required by the designated CAHIIM reporting system.

The program must at least annually assess and document its effectiveness in achieving its stated goals and outcomes. At a minimum, this assessment must include performance metrics such as graduate placement rates, graduate and, employer satisfaction rates, yearly attrition, national certification scores, and program completion rates.

11 Monitor Assessment Results

Results of the program annual assessment must be monitored and reflected in an action plan and reviewed by the program's advisory board.

Programs must conduct a qualitative and quantitative assessment of how the program achieves its mission, goals and target objectives for continual improvement, including a candid assessment of strengths and weaknesses in terms of the program's performance against the accreditation established thresholds.

12 Action Plan Implementation

Implementation of the action plan must be documented and results measured by ongoing assessment.

The program uses the results of assessment and documents and implements program improvements. CAHIIM will seek evidence that there is documentation of changes made in the program. Program officials and faculty are required to compare program performance with the goals, and identify ways in which the program can improve. These may include curriculum revisions, improvements in student services and faculty development activities. An institutional effectiveness survey or other institutional level evaluation data is not sufficient to replace the program's own evaluation plan.

III Program Director, Faculty and Staff

13 The Program Director

The program director must be a full time position of the sponsoring institution, have full employee status, rights, responsibilities and privileges as defined by institutional policy and be consistent with other similar positions at the institution.

14 Program Director Qualifications

The Health Information Management program director must be certified as a Registered Health Information Technician (RHIT) or Registered Health Information Administrator (RHIA), and must have at minimum, a baccalaureate degree.

It is expected that only HIM professionals with an RHIT or RHIA credential and a minimum of a baccalaureate degree would possess the necessary knowledge and background to effectively manage the HIM program. There is no exception to the required credential.

15 Program Director Responsibilities

The program director of the educational program must be responsible for the organization, administration, continuous program review, planning, development, and general effectiveness of the program. The director must have a role in the budget development process of the program. The program director must be given adequate release time to devote to curriculum development and evaluation, counseling of students, program management and administrative duties within the institution.

16 Faculty

A minimum of two full time individuals must be dedicated to the program: a program director and a full time faculty member. There must be faculty and instructional staff to advise and mentor students, and provide instruction and supervision on a regular planned basis.

The required faculty must provide students with adequate attention, instruction and supervised practice to acquire the knowledge and competence needed for entry-level practice. Consideration for additional faculty beyond this requirement must include the number and variety of courses taught, the employment status of faculty, the number of students enrolled, and the method of course delivery.

17 Faculty Qualifications

The program faculty must be qualified through professional preparation and experience, scholarship and/or teaching competencies and practice experience. Faculty must have status, rights, responsibilities, and be consistent with other similar positions at the institution.

The program must have faculty with clearly defined responsibilities, educational preparation, research and/or teaching competence, practice experience, and are able to completely support the program's teaching, scholarship and service goals. Faculty must be sufficient in number to provide students with adequate attention, instruction and supervised practice to acquire the knowledge and competence needed for entry-level practice.

18 Professional Development

The program director and all faculty must demonstrate continuing professional development related to the curriculum content to which they are assigned.

Professional development may be considered continuing education in program management (if applicable), curriculum content areas, teaching techniques, or other areas related to the faculty's responsibilities and/or teaching assignments.

19 Staff

The program must have clerical, technical and administrative staff to adequately support achievement of the program's goals and outcomes.

IV Resources

20 Program Governance

The sponsoring educational institution must assure that governance and lines of authority are clearly defined.

The sponsoring educational institution must clarify the lines of authority and administrative governance of the health information management program within the framework of the sponsoring institution.

21 Learning Resources

The sponsoring educational institution must provide appropriate resources to support the learning experiences and achieve the program's goals and outcomes.

The methods of demonstrating adequate resources must reflect the types of resources available to support the learning experiences of students and be sufficient enough to accommodate all students enrolled in the program. These include but are not limited to student access to current technology, computers and relevant software, practice resources and other materials.

22 Financial Support

Resources to support the program's goals and outcomes must include evidence of financial support for the program.

The sponsoring educational institution must provide financial support to the program to achieve its goals and outcomes, and provide resources and support for faculty development.

23 Student Access to Resources

Students must have adequate access to program resources.

The program must demonstrate how it facilitates students' access to the resources and experiences necessary to support the learning process. If the program is offered online, student access to resources must be clearly defined.

V Curriculum

24 The Curriculum

The program must demonstrate that the curriculum meets or exceeds the professional course content as published in the AHIMA HIM entry-level curriculum competencies and knowledge clusters for associate degree programs.

The curriculum syllabi and course content must ensure concise and adequate coverage of the AHIMA HIM entry-level curriculum competencies and knowledge clusters for associate degree programs. Each course syllabus must be evaluated against the required knowledge clusters, and demonstrate learning progression to achieve the stated entry-level curriculum competencies.

25 Curriculum – Sequence

Instruction must be delivered in an appropriate sequence of didactic, laboratory, and professional practice activities.

Course content must be logical and coherent with didactic instruction and related activities organized in each course. Courses must be sequenced appropriately, which means that knowledge and experience must be carefully analyzed and prerequisites appropriately identified and placed. (For example, medical science, computer literacy and health record content courses must be placed early in the curriculum sequence, as they contain skills and knowledge that the student will apply to later courses.) Institutions must have policies regarding the allocation of credit to courses, particularly with respect to the credit value of laboratory and professional practice experience courses.

26 Curriculum – Syllabi and Competencies

Instruction must be based on clearly written course syllabi describing entry-level competencies, course objectives, and evaluation methods.

Students must know at the outset of each course, what is required for successful completion, what they are expected to learn, what activities they will experience, and how and when they will be evaluated. The AHIMA HIM entry-level curriculum competencies must be made known to students at program admission, and related competencies included in each HIM professional course syllabus..

27 Curriculum – Evaluation

Evaluation of students must be conducted frequently enough to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies stated in the curriculum.

Student evaluation methodologies (tests, exams, projects, assignments, etc.) may vary in type and construction, must be conducted frequently, and must be able to test the different cognitive levels. Programs must show that students are being taught and tested at a variety of taxonomic levels, with emphasis being placed on the use of application and problem-

solving techniques. The analysis of situations in professional contexts and problem-based assessment must be emphasized.

28 Professional Practice Experiences

Professional practice experiences (PPE) must be designed and supervised to reinforce didactic instruction and must include program coordinated experience at professional practice site(s).

The program must describe how PPE (clinical practicum, directed practice experience) are designed, supervised and evaluated, and the objectives to be achieved in each PPE course. Simulation activities designed to replicate PPE are permitted but cannot totally replace all on-site PPE. The program must describe how simulation activities are designed, supervised and evaluated and the objectives to be achieved by using simulation activities. PPE, whether on-site or through simulations must relate to higher level competencies and result in a learning experience for the student and/or a deliverable to a practice site. The PPE must provide the student with the opportunity to reinforce competencies and skill sets. It is expected that HIM students will not be substituted for paid staff. The PPE does not prohibit a paid internship.

29 Health and Safety

The health and safety of patients, students and faculty associated with educational activities must be adequately safeguarded according to the health and safety practices of both the sponsoring educational institution and the professional practice site.

The responsibilities of the college, PPE site and student(s) must be documented for externships or professional practice experiences. Either a formal contract or a simple memorandum of understanding (MOU) will suffice, if in accordance with institutional practice. Health, safety or security policies and requirements must be outlined in the agreement or MOU, and students must be informed of these in advance of the PPE.

VI Fair Practices

The Commission on Accreditation for Health Informatics and Information Management Education expects the program and the sponsoring institution to comply with the following Fair Practice Standards.

30 Publications and Disclosures

All published program information must accurately reflect the program offered and must be known to all applicants and students.

- The sponsoring educational institution, programmatic accreditation status and curriculum
- Admissions policies and procedures
- Policies on advanced placement, transfer of credits, and credits for experiential learning
- Number of credits required for completion of the program
- Tuition/fees and other costs required to complete the program
- Policies and procedures for withdrawal and for refunds of tuition/fees
- Academic calendar

- Student grievance procedure
- Criteria for successful completion of each segment of the curriculum and graduation
- Information about student/graduate achievement that includes the results of one or more of the outcomes assessments as reported in the Annual Program Assessment Report (APAR)

31 Lawful and Non-Discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accordance with federal and state statutes, rules, and regulations.

32 Student Records

Documentation must be maintained for student admission, advisement, counseling, and evaluation. Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsoring educational institution in a safe and accessible location.

Program officials must maintain student records that reflect evidence of student evaluation on all levels, and progression toward achievement of program requirements.

33 Substantive Change

The program must report substantive change(s) as described in the *CAHIIM Accreditation Manual* in a timely manner or as specified.

VII Administrative Requirements for Maintaining Accreditation

34 Submit the CAHIIM Annual Program Assessment Report (APAR) and other required reports by the determined CAHIIM date.

35 Each program must participate in a designated periodic site visit of the accredited program.

36 Inform CAHIIM of any adverse changes in the institution affecting the program's accreditation.

Include changes in program officials (Chief Executive Officer, Dean and Program Director) within 30 days of the effective date.

37 Payment of all CAHIIM administrative fees.

Program - Health Information Technology (A.A.S.) - Curriculum Map

Legend: (A) - Program Assessment, (I) - Introduced, (M) - Mastery, (R) - Reinforced

Outcomes	CCHS 101	CCHS 102	HCSA 202	HCSA 345	MRIS 100	MRIS 103	MRIS 122	MRIS 123	MRIS 204	MRIS 209	MRIS 210	MRIS 211	MRIS 228	MRIS 261	MRIS 293
Graduates will apply previously learned knowledge to the solution of new problems	I	I	I	R		A, I	A, R	A, R	I, M, R	A, R	R	A, I, R	A, R	R	M, R
Graduates will apply knowledge/professional competencies required to practice as an entry-level HIM Tech	I	I	I	R		A, I	A, I	A, I, R		A, I, R	A, R	A, I, R	A, I, R	R	M, R
Graduates will communicate to acquire/develop/convey ideas and information to diverse populations	I	I	I	R		A, I	A, R	A, R	I, M	A, I, R	A, R	A, I, R	A, R	R	M, R
Graduates will demonstrate professional and ethical behaviors	I	I	I, R	R		A, I	A, R	A, R	I, M	A, R	A, R	A, R	A, R	R	M, R
The Program will continue to meet the standards established by the CAHIIM.	I	I	I, R	R		A, I	A, I, R	A, I, R	I, M	A, R	A, R	A, I, R	A, I, R	R	M, R

Program - Health Information Management (B.S.) - Curriculum Map

Legend: (A) - Program Assessment, (I) - Introduced, (M) - Mastery, (R) - Reinforced

Outcome s	CA HS 300	CC HS 101	CC HS 102	CC HS 315	HC SA 202	HC SA 335	HC SA 345	HC SA 474	ISY S 200	MRI S 101	MRI S 103	MRI S 122	MRI S 123	MRI S 204	MRI S 209	MRI S 210	MRI S 211	MRI S 228	MRI S 261	MRI S 293	MRI S 402	MRI S 461	MRI S 493
Graduate s will apply the knowledg e/professi onal competen cies to practice as entry-level health informatio n admin.		I	I		I	I	R	M, R		A, I	A, I	A, I, R	A, I, R	I, M, R	A, R	A, R	A, I, R	A, I	R	M, R	I	R	M, R
Graduate s will communi cate effectivel y to acquire/d evelop/co nvey ideas and informatio n to diverse populatio ns		I	I		I	I	R	R		A, I, R	A, I	A, R	A, R	I, M, R	A, R	A, R	A, I, R	A, R	R	M, R	I, R	R	M, R
Graduate s will apply previousl y learned knowledg e to new problems		I	I		I	R	R			A, I, R	A, I		A, R	I, M	A, R	A, R	A, I, R	A, R	R	M, R	I, R	R	M, R
Graduate s will demonstr ate professio nal and ethica l behaviors		I	I, R		I, R	R	R	R		A, I, R	A, I	A, R	A, R	I, M	A, R	A, R	A, R	A, R	R	M, R	R	R	M, R
The Program will meet the standards establish ed by the CAHIIM		I	I		I, R	I, R	R	R		A, I	A, I	A, I, R	A, I, R	I, M	A, R	A, R	A, I, R	A, I, R	R	M, R	I, R	R	M, R

TO: Members of the Academic Program Review Committee
FROM: Matthew Adeyanju, Dean, College of Health Professions
RE: Health Information Technology/Health Information Management
DATE: August 24, 2012

Health Information Technology (HIT) program is an associate degree program at FSU. After graduation, graduates can register to practice after passing the required national competency credentialing exam. Registered Health Information technicians ensure the quality of medical records by verifying their completeness, accuracy, and proper entry into the computer systems. They may also use computer applications to assemble and analyze patient data for the purpose of improving patient care and hence contain cost of care. They further consult classification manuals and computer software to assign the diagnoses and procedure codes needed to submit insurance claims for reimbursement purposes. They are needed to enter patient information into the computer databases to comply with federal legislation mandating the use of electronic health records (EHR).

The future is bright for HIT registered graduates. Their employment is expected to increase by 20% through 2018, in part, due to the electronic medical record implementation mandated by the federal government.

HIT registered graduates can work in various health care settings such as hospitals, clinics, physician offices, long term care facilities, home health agencies, health departments, insurance companies, etc.

The program is offered at Big Rapids and Grand Rapids campuses. Big Rapids campus classes are offered during the day while Grand Rapids classes are offered during the day and in the evening.

Both the HIT and HIM programs are fully accredited by the Commission on Accreditation of Health Informatics and Information Management Education (CAHIIM). Graduates of HIT are eligible to sit for the Registered Health Information Technology (RHIT) certification exam which is offered by the American Health Information Management Association.

Health Information Management (HIM) program on the other hand is a bachelor's degree program. Upon graduation, graduates are eligible to sit for the Registered Health Information Administrators (RHIA) certification exam which is offered by the American Health Information Management Association.

HIM registered graduates can function in health care settings (hospital, clinics, physician's offices, long term care facilities, home health agencies, health departments, insurance companies, etc). Their job involves establishing and implementing health care policies, objectives and procedures for their agencies; evaluate personnel and work quality; develop reports and budgets; and coordinate activities with other health care administrator/managers. They are also responsible for the maintenance and security of all patient records.

There will be high demand of HIM registered graduates since their employment is expected to increase by about 16% through 2018 due to the implementation of electronic health records mandate by the Federal government.

Both the HIT and HIM programs are very unique at Ferris in that they programs are flexible for students. They can complete the HIT associate degree and move on to the bachelor's degree program without loss of credit. Also, for a graduate of an accredited HIT program. All of the professional HIM courses are offered online.

Ferris' HIT program is one of seven accredited programs in Michigan while the HIM program is only one of two accredited programs in Michigan.

Challenges facing the HIT/HIM programs.

The Academic Program Review report documented four major challenges confronting the HIT/HIM programs. Of course, being a new dean does not make my position report easier. Therefore, I would rely on the review report to support these four major challenges: 1) Lack of internship slots for the students, 2) Additional faculty positions needed, 3) student retention/attrition due to open admission system and 4) faculty development support. The College will address these major challenges in the coming years to reduce the burdens on the programs. It is my hope that we will garner our resources together to resolve the challenges.