SHORELINE COMMUNITY COLLEGE
Health Information Technology Program
Clinical Practice Supervisors Meeting, Room 2305
October 31, 2007, 12:30 – 3:30 p.m.

ATTENDEES: Heather Lingbloom (Stevens), Terry Grubaugh (Northwest Hospital), Kay Andersen (Northwest Hospital), Sheila Green-Shook (Evergreen), Carol Garsi (University), Joyce LaRose (Pac Med), Leslie Brown (Pac Med), Bev Hillinger (Code Correct), Nancy Gladish (Swedish), Sue Bottdorf (Whidbey), Jean I veryon (Corwin Center), Yooli Hardy (Childrens), Pat Velasquez (Harborview), Ellen Cadwell (Highline), Jim Mazurk (Valley General), Jeremy Doyle (Group Health), Lorraine Ang (Seattle Cancer Care Alliance), Jill Burrington-Brown (AHIMA), Donna Wilde (Shoreline).

WELCOME: Those present were welcomed by Gillian Lewis, Dean of Health Occupations and Physical Education at Shoreline Community College; Donna Wilde, Health Care Information Programs Director, and Sheila Green-Shook, the HCI Programs Advisory Committee Chair.

OVERVIEW: Donna presented the goals of clinical practice, which is now called Professional Practice Experience (PPE) by the American Health Information Management Association (AHIMA) and the Commission on Accreditation of Health Informatics and Information Management Education (CAHIIM). She reviewed the current curriculum and where the two current PPEs fit in. She then outlined the strengths/positives as well as the concerns or issues indicated by interviews she has had with students, clinical practice supervisors, and faculty. They are as follows:

Students: Strengths/positives
- They see the “real world” of HIM practice
- Can relate to what they learn in class
- Observe interactions among staff, view a professional office environment, attend meetings
- Appreciate a written schedule
- Find “handouts” useful
- Want hands-on practice
- Appreciate feedback from the supervisors, even if it isn’t all positive
- Include this experience on their resumes
- Love it if they got a job offer, even if they won’t be able to take it

Students: Issues or concerns
- “Long days” when most of their practicum is observing, or just filing
- If there is no schedule for them
- If department employees make negative comments in their hearing (either about the students, or about other employees or managers in the department).
- If employees appear worried that the student will take their jobs
- If a facility won’t let them “touch” the computer
- If employees do not know what copies of “handouts” they are authorized to give to the student
- If the facility will not allow any handouts to be given to them

Clinical Practice Supervisors: Strengths/positives
- Potential source of new employees
- Feel a part of the educational process
- Sometimes students may bring skills they didn’t have (e.g. Excel, etc.)
- Many employees enjoy the teaching role
- Fulfill the AHIMA Ethics guideline for education of future HIM professionals
- Each credentialed HIM employee receives CE credit
Clinical Practice Supervisors: Issues or concerns

- If there is not sufficient lead time for planning to have a student
- If students don’t contact the site supervisor early enough
- Students disrupt the regular work flow of the department
- It is difficult to teach students some activities that take a long time for the regular employee to learn
- It’s hard to know how to give hands-on practice in an EHR environment
- It is difficult to know what to do if the employee is ill and needs to reschedule – or if an employee is ill and the student was to work with that person.
- It is difficult to work with a “C” student, or student who has difficulty with the English language or one with personal problems.

Please note: this was brought up by the supervisors at this meeting and discussed extensively: If the student is not interested in what employees in the department are showing them – the student says all they want to do is code. Employees then lose any desire to assist the student.

  - Students need to understand that coding is not the only HIT role for them and they need to have exposure to the various current and newer roles that are emerging.
  - They need to understand that while some hands-on practice is available, they also need to meet with and/or observe individuals from other departments to learn the bigger picture.

Shoreline Faculty: Strengths/Positives

- Almost always sites will say “yes” we can take one or more students
- Students come back excited about their chosen career
- Students discuss their experiences at weekly seminars—making connections, comparing processes
- Faculty learn from their handouts and discussions
- Keeps faculty “grounded” – and not in an “ivory tower”
- Visits to supervisors help to keep us up to date and assist in program evaluation
- Builds friendships and networks within the HIM community

Shoreline Faculty: Issues

- When there are not enough sites for the number of students
- Scheduling students with sites (20 students, each having 2-4 sites in one quarter)
- Contract issues
- When a site only wants the “best of the best” students
- What to do if a student contacts us re a site problem or vice versa.

Donna reviewed the information from Claire Dixon-Lee in an email June 20, 2007 re requirements by CAHIIM for PPEs. They need to have a minimum of one PPE of 4+ weeks or equivalent hours. There needs to be practice or visits at both acute and non-acute care sites. They prefer at least two PPEs. Some portions of PPEs can be simulated on campus. Some programs have a coding PPE as a third practicum, but not required (Shoreline has an on-campus Medical Coding Practicum instead). Some programs have short visits of 2-3 days and one long capstone PPE, based on what the student wants for a career direction (HIA especially). CAHIIM concerns: how and where do students build practice skills? Simulations and labs, if done right, are good because practice activities may not be consistent across PPE sites. But also need help from PPE sites in clinical practice.

**DISCUSSION BY SITE SUPERVISORS:** Sheila Green-Shook then facilitated the discussion by the site supervisors regarding what they currently have the students do, their concerns, etc. in order to provide others with ideas for clinical practice and to help put together sample templates or lists of activities for the students to do. These discussions are summarized here according to major topic/activity types.
**Paper records and forms:** If this is applicable to a site, some filing and chart pulling can be done by the student (but should be somewhat limited). For these facilities, the students should review processes for check out of paper records, how loose sheets are handled in the filing area. They should learn the forms design and approval process at the facility. Even with EHRs, there are many sites who still have forms approval processes at the facilities, so this is an area to review with them.

**Coding:** (also discussed in Finance section below). Students should not code during the first clinical practice since they have not completed their coding courses. They should be provided an opportunity to code during the second clinical practice. Some sites have more opportunity for this than other sites. Site supervisors emphasized that students need to understand that they are to learn many other activities related to HIT/HIM practice and not just coding. Some office staff quickly lose interest in working with the student if all they want to do is practice coding. During the course of the meeting, supervisors indicated that with Natural Language Processing, coding as we know it will change within the foreseeable future where the computer will do the coding, and coders will edit the work of the computer and work more with the revenue cycle manager/staff. They will still need to be able to read and analyze charts, but coding from “scratch” will disappear in time. Therefore students need to be exposed to these other areas now. Since Shoreline has the medical coding practicum on campus, this year many second year students appear to be less concerned about having a lot of coding practice in the field. The remaining students, who have a major passion for coding, should be given the opportunity at those facilities where coding practice is more available. Faculty should not send students for this type of intensive coding practice if they are not interested in coding as a career.

**Finance:** spend time in the Business Office, see how coding and billing relate. Meet with Revenue Cycle Managers to discuss the importance of coding and the role of coding in this area. Give them chargemaster exposure. Attend appropriate meetings, e.g. “Hot Accounts” – joint meetings with HIM and Business Office staff regarding high dollar/long stay cases. Work with APRDRG, MS DRG. Spend time, if possible, with Code Correct – the vendor of services related to revenue and coding issues. Compliance audits are important and this ties revenue with coding. Students should meet with the Compliance Auditor and practice some audits if possible. One hospital ties Utilization Management with Coding (check for medical necessity, etc.) and this would be good exposure for the student.

**Confidentiality/Release of Information:** Go through the HIPAA training modules required of regular staff. Spend time at the release of information/correspondence desk and give them the opportunity to answer some of the requests, under supervision. Meet with the Privacy Officer. If subpoenas or other equivalent requests arrive at the facility, have the student work closely with the employee on responding to these. The student should learn how release of information is performed, now that patient records are in electronic form. Students should learn what the facility releases, or counts as a legal health record, when subpoenas/court orders are issued. Tying in with the IT discussion below are the matrices facilities develop which outline the various databases/files where different parts of the record are located in an EHR or hybrid environment so that all are collected in answer to a legal request for release of information.

**Information Technology/Information Services Department/Exposure:** Many health care facilities are moving to the electronic health record (EHR) and are either totally computerized (or will be within less than a year), hybrid (part paper and part computer), or paper (with the hope of computerizing within a few years or less). This brings up the question regarding student access to the EHR at the facilities. AHIMA has been working on a Virtual HIM Lab which will allow more exposure to sample EHRs, master patient index activities, etc. during their course work. The question then occurs, how do students get access to the computers at facility sites? Supervisors discussed the first problem regarding passwords. In some facilities, obtaining a password for the students and then discontinuing the passwords once their practicum is complete is a very intricate process, where other facilities indicated it wasn’t too difficult. But once a password is available, if it is possible to obtain, what can the students do on the computer? Some facilities allow hands-on practice with supervision, others do not. Suggestions included the following: have students work with the IT Department’s test/fake patient cases that they use for new
employees to learn the EHR. Others copy electronic charts onto CDs for the students to use for coding practice, etc. One hospital has each of their coders take one or two charts, scan them onto CDs, and then have the various students code those charts. If each employee has only one or two charts, he/she can learn that chart very well and help the students on those few records. This way, not too much time is taken from their work. This idea could possibly work for other activities as well. One can have students meet with the IT Applications Support person for the HIM Department. Tying in with the legal section above, it would be good for the students to view/see the facility’s matrix showing all the various types of databases/locations where different parts of the patients’ records are located.

**Disaster Recovery:** This ties in with the IT discussion above. Have students hear about or observe the facility’s processes for disaster recovery. For example, with last year’s terrible wind storm, what happened when facilities lost their power? In the advent of Katrina, what are the facilities doing to prepare for protection and recovery of clinical data.

**Data Analysis, abstracting, registries, etc.:** Students can have exposure to the facility’s cancer registry or other registries such as trauma, myocardial infarction, transplants, PET Scans, stents, etc. If possible, give them several charts to abstract. They can be exposed to the traditional chart analysis for documentation deficiencies for both paper as well as electronic records and learn the physician incomplete record system. They can do chart documentation audits to look at things other than missing reports and signatures, such as ER chart documentation audits, audits to compare quality of paper vs electronic records and present to the facility’s medical informatics committee, audits to check for dangerous abbreviations and other documentation difficulties, audits in long term care facilities, etc. One LTC consultant has students do clinical audits and present them to the clinical staff, which fulfills some of the auditing they are required to do. If possible they can spend time in the research and development departments of a facility to see a possible role for HIT data analysts. Another major area is to review the data integrity of the electronic Master Patient Indexes (eMPI).

**Quality Improvement, Medical Staff, Patient Safety and equivalent activities:** (this ties in with the data analysis section above). Any practice with QI or similar studies would be very helpful. Students should spend some time with QI personnel, Patient Safety staff, Medical Staff Coordinators, Case Managers on nursing units, Risk Managers, Utilization Managers and equivalent areas related to quality care.

**Other Departments and Facility Meetings:** 1 or 2 hours at other departments or attendance at facility meetings would be very beneficial. This includes time in the Admissions Office, attendance at staff meetings, patient planning meetings for long term care facilities, webinars (Webex) continuing education meetings for staff (such as those related to coding, revenue cycle, etc.)

**CLINICAL PRACTICE PROCESS:** Those present at the meeting made the following recommendations:

- Donna should prepare a draft of the results/notes of this meeting to send (via email) to those present to see if all ideas were captured. Those present will send any changes/additions to her via email and a final draft will then be sent to everyone.
- Donna should prepare a draft of a listing of suggested activities/templates that can be given to all clinical practice supervisors to assist in preparation of schedules that are appropriate to their facilities. This will also be emailed to those present for their review and comments.
- Suggested new student evaluation forms will be prepared in draft form for the group to review which can then be used by site supervisors in the future. Again, changes/additions can be emailed back to Donna.
- Faculty, students and site supervisors should use email as the primary communications tool, rather than telephone. After the site and student are matched, the site should send the student a schedule ahead of time and ask if there is anything else they would like to see or practice.
• Some facilities indicated that they would be willing to take students who have had misdemeanors (one site also said possibly a felony), depending on the case. They said that students should be honest in letting the site supervisor and Human Resources know about their past. They should be following the terms of probation, if there are any. Donna will let these site supervisors know ahead of time if a particular student has this type of background and, if the supervisor is willing to consider the student, the student will communicate with the site supervisor directly regarding his or her background, with the supervisor making the decision prior to the final scheduling of the student.

• Once the Shoreline HIT program goes totally online, the facility supervisors indicated that they would like Shoreline faculty to arrange all practicums for the local students. Those students outside the Puget Sound area will need to find their own facility and let Shoreline faculty know the site and name of the supervisor. Shoreline faculty will then discuss the practicum with the site supervisor to determine if it meets the expected outcomes of the clinical practice.

OTHER COMMENTS AT THIS MEETING: A suggestion was made that a “buddy” be set up at a clinical practice site for the student to go to for help, etc. if the supervisor is not available.

A new evaluation format was discussed. Suggested modifications were made at the meeting. A copy will be sent to those present at this meeting for their review and feedback. Several indicated that it might be a good idea for the site supervisor to give a 1-5 grade, equivalent to what would be expected of a new employee after they worked for 30 days. Some felt it was a good idea, and others present felt it would be too difficult. On the revised form it will be listed there as an optional item for the site supervisor to complete. As another idea, a section could be added “What would prevent the student from being hired” or “What should the student continue to work on to be hired.” It was suggested that students make a one-page executive summary of their notebooks to be sent to the clinical practice supervisor.

Those present indicated that it is critical that students think of HIT positions beyond just coding. Coding jobs as we know them may disappear, so students will need to learn how to edit codes, for example, and work with the revenue cycle manager/department much more closely. The practice of students reading records and coding them provides them with skills relating to abstracting, research and related activities – learning to read charts is an important skill.

Students need to have good communication skills – including listening, speaking, and writing. Faculty should make sure to grade for grammar errors in assignments and projects. Students with very strong accents need to work on becoming more understandable because oral communication skills are critical on the job – to talk on the phone, or to discuss items face-to-face with physicians or other health care providers, visitors, staff, etc. We need to work with our ESL faculty and students on these issues. More and more client services positions may open in the HIT area in the future, so communication is critical.

Students should consider volunteering in an HIM department for experience in addition to their practicums. If a student is having difficulty finding a job after graduation, he or she should consider working for a temporary agency that fills HIM department jobs.

Several of those present at the meeting indicate their willingness to volunteer their time to provide the opportunity for students to mock interviews for future HIM positions. Faculty will follow up on this great idea during spring.

SHARE THIS WITH OTHERS: Everyone present wanted to share the notes, templates, etc. with others. Jill suggested that we utilize the Washington State section of the AHIMA Communities of Practice for this purpose. Donna will contact Joyce Duffy of the WSHIMA office to determine how best to accomplish this.
Community Representatives

Heather Lingbloom (Stevens Medical Center, Edmonds)
Terry Grubaugh (Northwest Hospital, Seattle)
Kay Andersen (Northwest Hospital, Seattle)
Sheila Green-Shook (Evergreen Medical Center, Kirkland)
Carol Garsi (University Medical Center, Seattle)
Joyce LaRose (Pac Med Clinics, King and Snohomish Counties)
Leslie Brown (Pac Med Clinics, King and Snohomish Counties)
Bev Hillinger (Code Correct – now Accuro, Bellevue)
Nancy Gladish (Swedish Medical Center, Seattle)
Sue Bottodorf (Whidbey General Hospital, Coupefille)
Jean Iverson (Corwin Center, Kirkland)
Yooli Hardy (Childrens Medical Center, Seattle)
Pat Velasquez (Harborview Medical Center, Seattle)
Ellen Cadwell (Highline Medical Center, Burien)
Jim Mazurk (Valley General Hospital, Monroe)
Jeremy Doyle (Group Health Cooperative, Seattle)
Lorraine Ang (Seattle Cancer Care Alliance)
Jill Burrington-Brown (AHIMA, Snohomish)

Shoreline Representatives

Donna Wilde
Gillian Lewis