Employees' Perceptions of HIM Students in Clinical Education

by Krista Grooms

Editor's note: This study is a follow up to one performed by Barbara Odom-Wesley, RRA, at Texas Woman's University. The study appeared in the April 1988 issue of the Journal of AMRA.

Designed to prepare students to perform HIM tasks and duties in the work environment, the purpose of clinical education is to provide students with the opportunity to achieve prespecified learning objectives before completing the educational program. These objectives, which shift the emphasis for students to practically apply their skills,[1] require appropriate clinical settings and adequate clinical staff to accomplish them. Monitoring and assessing the students' learning is another necessary component to clinical education.[2] In order for students to have opportunities to gain knowledge and to practice desired behaviors under qualified supervision, they must receive continuous feedback from clinical supervisors. This is necessary in guiding students toward learning objectives.

In the clinical education process, the HIM student is assigned to a health information department. The majority of the clinical experience consists of student observation and, eventually, performance of specific tasks. The student is then evaluated on his or her performance. This evaluation is based on two elements: their performance level and knowledge gained by the student. For each task, the student receives a performance grade from the clinical supervisor. In addition, the student's knowledge of the task is evaluated from the report he or she turns in to the supervisor. The opportunity to evaluate the knowledge they have gained in a practical environment is of great value to students.[3] Since the employees play a vital role in the learning and evaluation processes of HIM students, their perceptions of these students are an influencing factor in the students' clinical education.

Purpose of the Study

The purpose of this study was to determine health information department employees' perception or attitudes toward students in clinical education. The perceptions were expected to vary by age, job classification, length of experience working with students, bed size, level of education, earned credentials, and length of employment. The basis of the study was a questionnaire developed in a previous study of health information department employees' perceptions of students in clinical education. The study, performed by Barbara Odom-Wesley, RRA, HIM program, Texas Woman's University, defines perception as the attitudes, thoughts, and feelings of the employees about HIM students in clinical education.

Methodology and Limitations of the Study

The sample and setting of the study includes the employees of health information departments of healthcare facilities attended by junior clinical education students of the HIM program of East Central University, Ada, OK. The response rate was limited by the lack of student participation in distributing and collecting questionnaires, which contributed to a low response rate and therefore, a small sample size. In addition, employees' perceptions of the students in clinical education were strictly limited to the options presented in the questionnaire.

The sample size is based on the amount of employees in the 11 departments visited by junior clinical education students, which was determined to be 152 employees. The method of sampling was chosen for the ease and lower cost of distribution. This method was also chosen in hopes that a larger response rate would be obtained.

The instrument chosen to gather the data—or perceptions of the employees—was a questionnaire, based upon that used by Odom-Wesley in her study. The first section of the questionnaire gathers demographic information including age, job assignment, length of experience working with students, level of education, length of employment and earned credentials. The second section includes 20 statements designed to demonstrate the potential perceptions of health information department employees working with clinical education students.

Procedures

After obtaining permission from the clinical supervisor, the students personally distributed the questionnaires to each employee. Upon completion of the questionnaires, the employees were instructed to return them to the clinical supervisor. This was done to avoid biased responses and to protect the identity of the employees.

Analysis, which began upon return of all questionnaires, included calculating the response rate and the individual percentage of responses to each question. Section one of the questionnaire, which included demographic information, was analyzed by counting the number of responses to each possible answer per question. The percentages of responses were then calculated to find the demographic information of the sample. In section two, the 20 statements were analyzed by a method based on that used in the Odom-Wesley study. Half of the 20 statements were identified as positive and half as negative. Agreement with questions 1,4,7,8,10, 12,15,17,18, and 20 identified a positive attitude. Agreement with questions 2,3,5,6,9,11,13,14,16, and 19 indicated a negative attitude. Each questionnaire was graded by assigning a point value to each possible response (see Table 1).

table 1—Scoring Method

	Point Value				
Question type	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Positive	5	4	3	2	1
Negative	1	2	3	4	5

This method of grading the questionnaires assigned higher scores to more positive attitudes and lower scores to less positive attitudes. The highest possible score for a respondent was 100. A grade of 90-100 identified a very positive attitude, 80-89 a positive attitude, 70-79 a somewhat positive attitude, and 69 or below represented a negative attitude.

The central tendency of the opinion scores was calculated. This was performed by counting the total number of respondents per opinion statement. Next, the individual responses were counted according to the prespecified response categories (e.g. 25 respondents circled "strongly agree," 20 responded "agree"). After these numbers were counted, a percentage was calculated by dividing the number of individual responses by the total number of responses for the opinion statement. Finally, the responses to the opinion statements were compared to the demographic information. This comparison reveals the demographic groups with positive attitudes and those with negative attitudes.

Pilot Study Results

Section One: Demographic Information

Of the 152 questionnaires distributed to the HIM clinical students, 56 were returned to the researcher. Ten of the 11 clinical students distributed the questionnaires to the employees, resulting in a distribution of 126 questionnaires. The return of 56 questionnaires indicates a response rate of 44.44 percent—lower than the expected return.

Size of facilities: Employees working in facilities with fewer than 100 beds constituted 50 percent (28/56). No questionnaires were received from employees in facilities with 100-199 beds. Employees working in facilities with 200-299 beds totaled 33.93 percent (19/56). Employees working in facilities with 300-399 beds comprised 16.07 percent (9/56).

Age of employees responding: A total of 56 responses to the question "What is your age group?" were received. There were no respondents under the age of 18. Respondents in the 18-25 year-old range totaled 10.71 percent (6/56). Respondents 26-33

years of age constituted 26.78 percent (15/56), and those 34-41 years of age accounted for 23.21 percent (13/56). Respondents 42-49 years of age totaled 14.29 percent (8/56), as did respondents 50-57 years of age. Respondents 58 years or older constituted 3.57 percent (2/56).

Job classification of respondents: Fifty-five responses to the question "What is your job classification?" were received. Directors of HIM departments constituted 9.09 percent (5/55). Assistant directors totaled 3.63 percent (2/55). Supervisor response equaled 1.82 percent (1/55). The category of technical specialist, which included employees in quality assurance, utilization review, and DRG implementation, accounted for 16.36 percent (9/55). Respondents classifying themselves as clerks constituted 36.36 percent (20/55). Respondents classifying themselves as "other" accounted 32.72 percent (18/55).

Primary area of responsibility: Classification of the 55 respondents to this question into primary area of responsibility yielded the results shown in Table 2.

table 2—Primary Area of Responsibility

WORK AREA	EMPLOYEES
Release of information correspondence	6 (10.71%)
Vital statistics/statistics	1 (1.82%)
Transcription	10 (10.91%)
Storage/retrieval	0 (0.00%)
Admission/discharge procedures	1 (1.82%)
Incomplete records	8 (14.55%)
Coding/abstracting	15 (27.27%)
Record assembly	2 (3.63%)
Deficiency analysis	1 (1.82%)
Tumor registry	2 (3.63%)
Receptionist	1 (1.82%)
Management	6 (10.91%)
Other	2 (3.63%)
Total	55 (98.21%)

Previous experience with students: Fifty-four employees responded to the question "How many HIM students have you worked with in the last two years?" Classification of the respondents yielded the results shown in Table 3.

table 3—Employee's Experience with Students within the Last Two Years

Number of employees who have worked with:	
One student	17 (31.48%)
Two students	5 (9.26%)
Three students	8 (14.81%)
Four students	12 (22.22%)
Five students	5 (9.26%)
Six students	3 (5.56%)
Seven or more students	4 (7.41%)

Level of education: All 56 respondents answered the question "What is the highest level of education you have completed?" Employees who completed high school constituted 23.21 percent (13/56). Employees who completed some college totaled 26.79 percent (15/56). Those who received an associate's degree totaled 14.29 percent (8/56). The largest percentage of employees, 32.14 percent (18/56), had earned a bachelor's degree. Employees who obtained "other" education (business school, vo-tech) comprised 3.57 percent (2/56).

Employment history: The question "How long have you been employed in this health information department?" was answered by all 56 respondents. Employees working in the same facility for less than six months comprised 12.5 percent (7/56). Employees working in the same facility six months to one year totaled 21.43 percent (12/56). Those employed by the same

facility between one and five years constituted 26.79 percent (15/56). Those employed by the same facility for more than five years accounted for 39.29 percent (22/56).

Gender: Of the 56 respondents, 3.57 percent (2/56) were male and 96.43 percent (54/56) were female.

Credentials: Fifty-five respondents answered the question "What credentials do you hold?" Registered record administrators (RRAs) constituted 21.82 percent (12/55). Accredited record technicians (ARTs) made up 3.64 percent (2/55) of respondents. No registered nurses (RNs) responded, and employees who held no credentials comprised 63.64 percent (35/56). Those reporting "other" accounted for 10.91 percent (6/56).

Section Two: Opinions

table 4—Frequency Distribution

QUESTION	RESPONSES (PERCENTAGE)				
	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1. HIM students present a good example for the HIM profession.	34.6	58.2	7.3	0	0
2. It bothers me when HIM students ask questions.	1.8	0	0	33.9	64.3
3. I feel uncomfortable because the HIM student may graduate and become my manager.	1.8	0	1.8	32.1	64.3
4. HIM students offer new ideas for the health information department.	28.6	50.0	16.1	3.6	1.8
5. Students take up too much of my work time.	0	1.8	10.7	51.8	35.7
6. I feel there is too much information to be taught to an HIM student.	1.8	7.3	14.6	41.1	33.9
7. It helps me learn when the HIM student asks me questions.	21.4	51.8	14.3	10.7	1.8
8. I like having HIM students observe my work.	14.6	54.6	27.3	3.6	0
9. I think HIM students have a "know-it-all" attitude.	0	5.4	14.3	32.1	48.2
10. I enjoy teaching HIM students about my job.	27.2	57.1	10.7	3.6	1.8
11. Students are here to report on my performance to my supervisor.	0	0	5.5	38.2	56.4
12. I think HIM students are friendly toward the health information department employees.	47.3	49.1	3.6	0	0

table 4—Frequency Distribution cont.

QUESTION	RESPONSES (PERCENTAGE)				
	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
13. HIM students make too many errors.	0	3.6	1.8	58.2	36.4
14. Students are here to criticize the way we do things.	0	1.8	3.6	41.1	53.6
15. Students spend enough time in the clinical site.	8.9	21.4	33.9	12.5	23.2
16. Students are here for job-hunting purposes.	1.8	8.9	12.5	46.4	30.4
17. Having students observe my work adds variety to my work day.	12.5	51.8	23.2	8.9	3.6
18. I received information explaining why HIM students are here.	14.6	43.6	16.4	10.9	14.6
19. Students are here to help with my work load.	1.8	7.1	3.6	35.7	44.6
20. Students are here to practice what they've studied in classes.	34.6	58.2	7.3	0	0

The 20 opinion statements were assessed following the procedure discussed in the methodology and procedures. Thus, 20 opinion statements were ranked with a maximum of five points per question—resulting in a possible high score of 100. The higher the total score, the more positive the attitude. Lower scores indicated more negative attitudes. The opinion scores were classified as "very positive," "positive," "somewhat positive," and "negative." These classifications were based on the classifications used in Odom-Wesley's study. Respondents scoring 90-100 were classified as "very positive." Those scoring 80-90 indicated a "positive" attitude. "Somewhat positive" earned scores of 70-79, and scores of 69 or less indicated a "negative" opinion.

Central tendency: Opinion scores for all 56 respondents were totaled. Respondents scoring in the "very positive" range constituted 8.93 percent (5/56). Respondents scoring in the "positive" range equaled 50 percent (28/56), while 35.71 percent (20/56) scored in the "somewhat positive" range and 5.36 percent (3/56) scored in the "negative" range. The mean opinion score, 80.73, is classified as positive. The median score, which was 81, also was considered a positive response. The mode was 81, with seven respondents receiving this score.

Bed capacity: The most positive attitude (mean score 81.11) was from employees in facilities with 300-399 beds. Employees at facilities of 200-299 beds had the second most positive attitude (mean score 81.05). Employees in facilities with 99 or fewer beds had the least positive attitude with a mean score of 80.39. In general, employees in larger facilities had a more positive attitude.

Age: The most positive attitude (mean score 82.73) was from the age group 26-35. The scores generally revealed that the older the employee, the more negative the attitude. The lowest score was presented by the age group 58 and older (mean score 73.00).

Job classification: The most positive attitude (mean score 85.40) was presented by the directors, followed by technical specialists (mean score 83.78). The average score of clerks was 79.90, the "other" category ranked an average of 79.61, and assistant directors received scores averaging 79.50. The supervisor received the lowest score at 73.00.

Primary area of responsibility: Opinions varied regarding area of responsibility (See Table 5 for more detail). The most positive work area came from management, with a mean score of 85.60. The least positive work area was from vital

statistics/statistics, with a mean score of 73.

table 5—Average Scores by Demographics

Level of Education		**Number of HIM Students within Last Two Years**	
High School (13)	81	One (17)	80
Some College (15)	76	Two (5)	79
Associate Degree (8)	80	Three (8)	83
Bachelor's Degree (18)	85	Four (12)	79
Other (2)	79	Five (5)	79
		Six (3)	88
Age		Seven or more (4)	86
18-25 (6)	81	No Response (4)	80
26-33 (15)	83		
33-41(13)	81		
42-49 (8)	80	**Employment History**	
50-57 (8)	79	<6 months (7)	79
58 or older (2)	73	6 months - 1 year (12)	81
		1 - 5 years (15)	78
		More than 5 years (22)	80
Job Classification			
Director (5)	85		
Assistant Director (2)	80	**Gender**	
Supervisor (1)	73	Male (2)	79
Technical Specialist (9)	80	Female (54)	81
Clerk (20)	84		
Other (18)	80		
No Response (1)	77	**Credentials**	
		RRA (12)	85
		Transcription (10)	79
		ART (2)	81
Primary Area of Responsibility		RN (0)	0
Release of Information (6)	84	None (35)	80
Vital Statistics/Statistics (1)	73	Other (6)	78
Transcription (10)	79	No Response (1)	70
Storage/Retrieval (0)	0		
Record Assembly (2)	82		
Admission/Discharge (1)	83		
Incomplete Records (8)	80		
Coding/Abstracting (15)	82		
No Response (1)	70		
Deficiency Analysis (1)	81		
Tumor Registry (2)	76		
Receptionist (1)	81		
Management (6)	86		
Other (2)	81		
No Response (1)	65		

Level of education: Employees who had earned a bachelor's degree indicated the most positive attitude (84.27) followed by those whose highest completed education was high school (81.80). Those having completed some college presented the least positive attitude with the mean score of 76.00.

Number of HIM students in last two years: No strong correlation existed between positive attitude and number of students worked with in the past. The employees who have worked with six students presented the most positive attitude. The least positive attitude was found in employees who have worked with two students.

Employment history: Employees working in their current health information department from one to five years had the most positive attitude (mean score 82.47). Those working in the same department six months to one year indicated the next most positive attitude (mean score 80.75), followed by those who were employed more than five years (mean score 80.14). Those employed six months or less in their current department (mean score 78.86) had the least positive attitude.

Gender: The ratio of males to females was 2:54. Males indicated the less positive attitude with the mean score of 78.50. Women had a mean score of 80.81.

Credentials: The employees holding the RRA credential presented the most positive attitude (84.83), followed by ARTs, who had a mean score of 81.00. Those holding other or no credentials presented the least positive attitudes.

Conclusions

Health information department employees in the 10 clinical sites surveyed were perceived as having overall positive attitudes toward HIM students in clinical education. Employees in larger facilities were more positive than those in smaller facilities. Contributing factors could be that the larger facilities have more employees per function, decreasing the workload and allowing for more interaction with students. In general, younger employees had a more positive attitude toward the clinical education students than did older employees. Employees in departmental management and technical positions were more positive than clerks. There was no real correlation between the number of students an employee had worked with and the attitude of the employee. The longer the employee's employment at a given facility, the more positive the attitude, an exception being those employed more than five years. Overall, credentialed employees had a more positive attitude than did those with no credentials.

The study results show that HIM professionals see students in a positive light and as a source of new ideas. Employees within the clinical sites surveyed did not feel threatened by students. Nor did they feel that students were there to criticize or report employees' performance to the supervisors.Overall, these employees enjoyed having students observe their work and enjoyed teaching them.

The employees were undecided about the amount of time a student spends in clinical experience, but did not think there was too much information to be taught. They also did not think that the students made too many errors. Employees at many of the sites surveyed did not receive information explaining the presence of clinical students from the director at their respective sites.

Overall, the health information department employees' perception of HIM students in clinical education is a positive one—throughout all aspects of this study. Despite these findings, there exists a group with a less positive perception. This implies that improvements could be made to foster more positive clinical education experiences. With the collective efforts of all involved, clinical education for HIM students could be enhanced to provide the most enriched learning environment for the professional development of the student and the profession

Notes

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*In May 1998, **Krista Grooms** graduated from East Central University's HIM program in Ada, OK.*

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