

In Search of New Experiences: Student Professional Practice Experiences in Changing Times

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by Gina Rollins

PPEs expose students to real-world healthcare settings. Today's internships are changing to stay in step with the widening horizon of the HIM profession.

Professional practice experience (PPE) has been a foundation of HIM education from the earliest days of the profession, and it remains a key requirement of accreditation for health information technology (HIT) and health information administration (HIA) programs. But students today are pursuing practice experience in an increasing variety of new healthcare settings. PPE is evolving in step with the changing HIM profession, a shift that poses unique challenges and opportunities for both programs and students.

Only 53 percent of HIM professionals now work in traditional inpatient acute care hospital settings.¹ Nearly 40 percent currently work in approximately 40 different venues, ranging from veterinary practices and consulting firms to software vendors and skilled nursing facilities. With each successive crop of students facing such a variety of career choices, HIM program directors have been reshaping PPEs to broaden exposure and open doors for their graduates.

Expanding Exposure

“We changed our programs because of our placement figures, which showed students getting jobs in nontraditional settings,” explains Vicki Zeman, MA, RHIA, coordinator of academic professional practice experience at the College of St. Scholastica in Duluth, MN. “When I first started, 80 percent of them went to HIM departments in hospitals; now barely more than half do.” About five years ago, St. Scholastica added an exploration component to the six-week PPE for on-campus HIA students. During the week-long experience, students visit alternate career settings such as long-term care, home care, legal firms, public health departments, and Federal Bureau of Prison sites. Two long-standing PPE components are still in place: a three-week directed practice experience and a two-week management affiliation, both of which take place in traditional settings.

Other programs are making similar changes. This year the University of Louisiana at Lafayette is devoting one week of its four-week, senior-year HIA management internship to nontraditional settings. “I’m anxious to see how it will work. I expect that our students will learn about an area they think they’re interested in and find out early on whether it’s something they’re not actually interested in or that the experience will spark more interest,” says Toni Cade, MBA, RHIA, CCS, assistant professor and management internship coordinator.

The increase in nontraditional PPE settings is occurring in HIA distance-learning programs, also, and in both on-campus and distance HIT programs. On-campus HIT students at Henry Ford Community College in Dearborn, MI, can complete their PPEs at acute care hospitals or alternate sites, depending on student interest and need. Students also have leeway in how they complete the four-credit experience. “Some block off four days per week; others do two full days and one afternoon. We had to build in that kind of flexibility to meet their schedules and make it as easy as possible to get the job done,” explains the school’s HIT program director, Marsha Steele, RHIA.

The need to accommodate students reflects who they are and the experiences they bring to the program. Most are in their mid-thirties, have families, and may have been working in HIM for some time. “I was afraid to let go in the beginning, but now I thoroughly enjoy the flow of the PPEs and the excitement of our students. They’re such high-energy ambassadors for the profession,” says Steele.

Henry Ford students get experience with basic functions such as release of information and record assembly in group settings. Exposure to the broader picture comes in sessions with professionals working at alternate sites who visit campus to discuss their responsibilities and the skills needed to be successful in their realm of HIM.

Distance-learning HIT students at Weber State University in Ogden, UT, establish a mentoring contract with a credentialed RHIA or RHIT in an acute care HIM setting. That contract serves as the foundation of their practical experience. However, students also complete a second internship in a nursing home or home health agency, says Patricia Shaw, MEd, RHIA, HIM program director and associate professor.

Where to Go? What to Do?

Whether students are working toward HIA or HIT degrees, one of the challenges in arranging their internships is uncertainty about their ultimate career plans. One school of thought considers it best to place students in a traditional acute care setting, where they will be exposed to the broadest range of practice. “We place students in three different internships, including the acute care setting and specialty [nonacute, nontraditional] sites. The management internship is primarily at the acute care setting so that we can optimize their ability to make employment choices during those first few years after graduation,” says Laurinda B. Harman, PhD, RHIA, associate professor and chair of the HIM department at Temple University in Philadelphia. “However, if the student has definite interests, the management internship can be in nontraditional settings.”

Short-term career goals also lead students into acute care internships by default, but they may be selling themselves short, according to Julie Wolter, MA, RHIA, assistant professor of HIM at Saint Louis University. “Lately, a lot of students want to go back to graduate school and they want to get a job that will enable them to pay for graduate school, so they go into coding,” she explains. “But when they stretch themselves a little further, that’s what jazzes them.”

Many students find that the combination of acute care and alternate-site internships helps clarify what they’d like to do after graduation. Danika Ganoe, RHIA, is an example. A May 2003 graduate of St. Scholastica, Ganoe is now director of HIM at Jones-Harrison Residence, a long-term care and assisted living center in Minneapolis. Ganoe completed a three-part PPE that included three weeks at a 100-bed hospital, one week at a home health agency, and two weeks at a four-hospital health system. In addition, during her senior year, Ganoe spent half a day at Jones-Harrison as part of a St. Scholastica initiative to expose students to a variety of professional experiences. “[Before the internships] I was iffy about whether I wanted to go to an acute care hospital,” she says. “Afterward, I decided I’m young and I can explore. The hospitals will always be there.”

New Settings, New Challenges

Arranging PPEs at nontraditional sites may involve adapting to special circumstances. For instance, clinical instructors at alternate sites may be less likely than those in acute care settings to hold HIM credentials, so they may not have a full appreciation of the mentoring aspects of the internship. At a minimum, the internship coordinator may need to be more involved with a noncredentialed clinical instructor to ensure the student has a well-rounded experience. In some situations, lack of a credentialed HIM professional at the sponsoring site may disqualify a potential PPE.

Some alternate sites may not be structured to accommodate a student. Zeman relates that a student at St. Scholastica was interested in a PPE at a consulting firm, but the internship couldn’t be worked out. The organization apparently was concerned that the student would be exposed to confidential client information while accompanying the clinical instructor at client meetings. Similar difficulties have arisen with pharmaceutical companies and software vendors, although students have completed internships with both those types of organizations.

Even if such logistics were not an issue, any one class of students couldn’t visit all possible practice venues because the HIM field is now so broad. To bridge the gap, many programs invite HIM professionals in to discuss their work. The HIM department at University of Mississippi Medical Center, for example, holds a one-day clinical instructor workshop in January of each year. “Each person presents what they’re doing at their sites, and we invite students and other people to hear the presentations. It’s a wonderful opportunity for networking and education,” explains Becky Yates, MEd, RHIA, associate professor and chair.

In addition, Jessica Bailey, PhD, RHIA, CCS, an associate professor in the program, invites outside speakers to address particular aspects of the curriculum. For instance, an HIM professional working in a law firm might discuss legal aspects of the

health record. "A lot of the speakers provide handouts and give students their contact information so they can ask follow-up questions about the field and what that person does," Bailey explains.

Students also learn about alternate settings from other students. Many programs require them to make presentations about their PPEs to peers. These sessions provide valuable insight about the wealth of HIM opportunities. "They learn vicariously from each other and plant the seeds for continuing lifelong learning," says St. Scholastica's Zeman. "And students are good about sharing with each other. One may say, 'This would be perfect for you, but it's not for me.'"

Creating the Best Internship

The growing array of potential PPE sites, including those with first-time sponsors, requires close communication between the program, clinical instructors, and students. Aside from written materials that spell out requirements and give examples, HIM programs ensure optimal experiences in additional ways.

Weber State's Shaw arranges either three-way, face-to-face meetings or conference calls to work out PPE goals and objectives, forming the basis of a contractual agreement between Weber State, the clinical site, and the student. She also has students submit interim reports after completing each 50-hour block of experience. "I'll call the clinical instructor if it doesn't seem like [the students are] doing all they should be doing," she says. Most programs use student journals, Web chats, or other interactive approaches to gauge the progress and completeness of the PPE.

Wolter at Saint Louis University gives each site information about the student it will host so that it can tailor the experience to meet the student's special professional interests. Students also have a hand in their own destiny. "If it's not going as planned, they need to be assertive and say, 'Can I see more coding' or whatever it is they feel they're missing," says Ganoe. It might also pay for students to interview a site before committing to go there. "A student would have a better idea of what the site could offer and explore what they'd be expected to do so they could decide whether they wanted to go there," explains Saint Louis University graduate Jennifer Brock, RHIA, manager of the document imaging center at St. Luke's Hospital in Chesterfield, MO.

In the end, the mix of traditional and alternate PPE sites, presentations from outside professionals and fellow students, and the student's own work experience will guide each individual to his or her starting place in HIM. Still, the growing complexity of HIM and the increasing array of practice venues may ultimately lead to lengthier or additional PPEs, a position Brock supports. "I almost wish I'd had more than one internship at another alternate site, because you don't know what it's like until you go there. Maybe not as many hours as the other experiences, but as a way to get exposure."

Indeed, the industry may be headed that way. "Given the need to have trained, experienced people hit the ground running, we may see paid postgraduate internships in the future, similar to health administration residencies," predicts Claire Dixon-Lee, PhD, RHIA, FAHIMA, vice president for education and accreditation at AHIMA.

No matter how PPEs evolve, one thing is certain, according to Shaw. "We educators have to step out of the paradigm of what we think an internship should be and meet the needs of students. We will need to be much more open to variation."

Note

1. Wing, Paul, Margaret Langelier, Tracy Continelli, and David Armstrong. "Who We Are: Findings from the 2002 Member Survey." *Journal of AHIMA* 74, no. 5 (2003): 22–30.

Gina Rollins (rollinswrites@worldnet.att.net) is a freelance writer specializing in healthcare.

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