

Perceptions of Health Information Management Educational and Practice Experiences

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Abstract

Introduction: Undergraduate students' progress toward achievement of learning outcomes and entry-level competencies is an essential ingredient in efforts to meet the needs of the evolving national healthcare information infrastructure. Therefore, studies to evaluate variance in outcome assessment methods and perceived adequacy of educational curricula used by health information management (HIM) programs are vital. This study examined perceptions of HIM students, faculty, and individuals employed in healthcare regarding educational experiences and career preparation. **Methods:** A convenience sample of attendees from the American Health Information Management Association (AHIMA) national conference in Atlanta, Georgia, was obtained. A survey was developed on the basis of a review of current literature related to the assessment of HIM educational programming. The authors used a prepared script to describe the study purpose and survey when approaching potential respondents. Completion of the survey was voluntary. **Results:** Of the 100 surveys distributed, 58 were returned. Twenty-six respondents were employed in healthcare, 25 were students, and 7 were HIM faculty members; no respondents were HIM program directors. Ninety-six percent of the student respondents indicated that the programs' HIM curriculum prepared them for an entry-level position, while 86 percent of the faculty respondents and 70 percent of the respondents employed in healthcare agreed with this statement. More than half (56 percent) of the respondents who were employed in healthcare indicated that they needed additional training when they entered their first entry-level position. The majority of the respondents indicated that they were not matched with a mentor during their educational experience. **Conclusions:** This research supports the complementary roles that educational coursework and practical experiences provide individuals within the HIM field. However, additional research is needed to assess the potential impact of varied practical experiences and mentoring relationships on the students' successful transition into the workforce.

Key words: curricula, education, perceptions

Introduction

The health information management (HIM) professional must be armed with the skills and tools to serve as leaders within the healthcare environment, using quality information to achieve the triple aim of reduced costs, better care, and improved population health.¹ For more than 80 years, the HIM professional has been a key member of the healthcare team, combining knowledge of business, information management, and patient records with a professional and ethical commitment.² As the years have passed, the profession and traditional job roles have expanded alongside the continuing evolution of healthcare

technology.³ The American Health Information Management Association (AHIMA) workforce study indicates that the HIM field currently has 40 different work settings and includes additional specializations in critical work areas such as the following:

- Enterprise-wide data and information policy development;
- Clinical data quality oversight;
- Organizational privacy/security officer;
- Document specialist responsible for monitoring accuracy and completeness of electronic and personal health records and other clinical databases;
- Chief information officer;
- Organization-wide clinical coding and revenue cycle management;
- Data mining and analytics; and
- Information access and disclosure specialist, including release of information under HIPAA.⁴

As data from the AHIMA workforce study indicate, this continuing diversification and expansion of roles and responsibilities has led to a workforce shortage.⁵

According to Linda Kloss, former AHIMA CEO, “There is a national reported shortage of qualified people to fill HIM jobs and as a consequence these positions go unfilled or are filled by those who are unqualified.”⁶ Analyses of the US workforce by Hersh and Wright estimated that approximately 40,000 more professionals are needed for broad adoption of health information technology (HIT).^{7, 8} These authors estimated that 2,200 new graduates enter the HIM profession each year. However, these entering graduates may not be enough to fill the larger number of positions created through revisions to healthcare policies and procedures brought about by the American Recovery and Reinvestment Act of 2009 (ARRA) and the adoption of technology associated with the Health Information Technology for Economic and Clinical Health (HITECH) Act.^{9, 10} As legislative mandates influence the adoption of electronic health records (EHRs) and HIT, HIM curricular activities must evolve concurrently to stay aligned with standards of practice for accreditation and certification. Moreover, 2013 data from the US Bureau of Labor Statistics indicate 21 percent projected growth in the need for medical record professionals and health information technicians and coders by 2020 (increasing from an estimated 179,500 in 2010 to 217,200 in 2020).¹¹

Currently, 55 baccalaureate programs in the United States accredited by the Commission on Accreditation for Health Informatics and Information Management (CAHIIM), as well as other nonaccredited programs, are attempting to address this expanding workforce need.¹² Students participating in these CAHIIM-accredited educational programs are offered broad curricular experiences that include components such as didactic face-to-face classroom lectures and interaction, internships, and practical experiences geared toward successful completion of the registered health information administrator (RHIA) credential.¹³ The RHIA certification represents a high level of achievement and demonstrates proficiency and a broad base of knowledge within the HIM field.^{14, 15} Undergraduate students’ progress toward achievement of learning outcomes and entry-level competencies is an essential ingredient in efforts to meet the needs of the evolving national healthcare information infrastructure. Therefore, studies to evaluate variance in outcome assessment methods and perceived adequacy of educational curricula used by HIM programs are vital.

Bennett (2010) used a web-based survey to determine the perceived usefulness of outcome assessment methods in CAHIIM-accredited HIM programs.¹⁶ The author used a series of questions to gather data: (1) What assessment methods are being used in undergraduate HIM programs to assess student learning? (2) How do program directors perceive the usefulness of these assessment methods? (3) What characteristics are reflected in outcome assessments for undergraduate HIM programs? (4) What differences exist in assessment methods used by programs based on the following characteristics: age of the program, type of institution, regional location of the institution, and degree awarded? Results showed that programs used a number of methods to assess student learning. The majority of respondents “used alumni surveys, employer surveys, placement data, and results of credentialing exams, which are required

in current CAHIIM accreditation standards.” The study showed that “program directors believe that outcomes assessment is effective in determining the strengths, weaknesses and areas that need improvement.” However, few significant variations in outcomes assessment were found “between programs based on age of the program, regional location of the institution, academic degree awarded or whether the institution is private or public.”¹⁷

Houser, Tesch, Hester, and Lee’s (2008) study offered critical insights into HIM educator characteristics and opinions regarding workforce development, student characteristics, and program supports that are part of the current educational environment.¹⁸ Nearly half of the 402 survey respondents indicated concerns over the lack of preparation of students entering the HIM profession, in addition to the increase of diversity in the student population. More than 75 percent of the respondents indicated an interest in professional development activities related to teaching and evaluating student learning. Respondents’ self-reported data also indicated that part-time faculty and heavy teaching loads affected their perceptions of effectiveness.

Davidian’s (2010) research further explores the effectiveness of educational programming as reflected in perceptions of faculty mentoring experiences among baccalaureate and master’s degree graduates of traditional and distance education programs in HIM professional education.¹⁹ Survey “results showed that sixty percent of [the respondents] had at least one faculty mentor.” Moreover, data showed “that the proportion of respondents having a faculty mentor (61%) was considerably higher in traditional programs when compared to distance education programs (34%).” Results also indicated that “having a faculty mentor is significant in terms of academic and professional development.”²⁰

As the healthcare environment continues to evolve in response to federal and state mandates, the HIM profession must adapt and, as appropriate, educational programs and training must be revised. Ongoing assessment of the perceptions of HIM students and professionals is an important ingredient to enable a successful transition from the learning environment to the healthcare workforce. This study examines perceptions of HIM students, faculty, and individuals employed in healthcare regarding educational experiences and career preparation.

Methods

Target Population

The target population was based on a convenience sampling, which is a nonprobability sampling technique used to select participants because of their convenience, accessibility, and proximity to the researcher.²¹ Students, faculty members, program directors, and individuals employed in healthcare were targeted during the 2013 AHIMA Convention and Exhibit in Atlanta, Georgia.

Survey Development

A survey was developed on the basis of a review of current literature related to assessment of educational programming, specifically HIM educational programming, as well as discussions with HIM faculty. Demographic information was obtained through the survey: respondents were asked to mark whether they were a student, faculty member, or program director or employed in healthcare; identify the year they completed their bachelor’s degree; and indicate the educational region associated with the HIM program (see Table 1).

Using a five-point Likert scale (1 = strongly disagree, 5 = strongly agree), respondents were asked to rate perceptions of their educational and practical experiences during their tenure as students in the HIM program. Two questions were developed for graduate students and/or graduates of HIM programs and pertained to certification (RHIA) and whether respondents believed they needed additional training in their first entry-level position (see Table 2). A brief introduction to the survey, location of the research, and timeline was developed. A comment section was provided for four of the questions to gather additional information from respondents (see Appendix). The survey was vetted through faculty at the sponsoring university HIM program, who reviewed item content and the students’ scripted study introduction and purpose. Feedback was obtained from these faculty members resulting in a change to one

question, which was reworded to address sensitivity about respondents' ages. Another question was reworded to change the tense to an active format.

To obtain a sense of respondents' location without specifically identifying their school, a map of different regions was attached to the back of the survey. The map was created by one of the student researchers using AHIMA's website to identify academic programs by state location and a map of the United States by regions (Northeast: Middle Atlantic and New England; Midwest: East and West North Central; South: South Atlantic, East and West South Central; West: Pacific and Mountain).

Survey Dissemination

A convenience sample of attendees from the AHIMA national conference was surveyed. Over the course of four days in October 2013, students selected individuals who were attending the AHIMA conference in Atlanta, Georgia. Students used a prepared script to describe the study purpose and survey when approaching potential respondents. Completion of the survey was voluntary, and respondents were instructed that survey results would be aggregated with no identifying information shared.

Students worked in pairs to approach respondents. In general, participants were approached during "student academy" and during breaks from general sessions. Student researchers distributed 100 surveys during these periods. A limited number of surveys were left with the participants to return to the university's booth for collection. When surveys were left with respondents, students gave the number of the university's booth and location, indicating that the survey process would close on October 30 at 12:30 p.m. In addition, several completed surveys were returned directly to students as they walked through the convention exhibit hall and/or general session hallways.

Results

Data were compiled using descriptive statistics based on grouping by category (student, faculty member, and/or employed in healthcare). Data were placed into an Excel spreadsheet by the student researchers. Of the 100 surveys distributed, 58 surveys were returned for a response rate of 58 percent. Twenty-six respondents marked that they were employed in healthcare, 25 respondents were students, and 7 respondents were HIM faculty members; no respondents marked that they were HIM program directors. Table 1 provides summary demographic data by group (students, faculty, employed in healthcare). The majority of the students were undergraduates, with four indicating that they were graduate level. No further differentiation was obtained from students regarding the length of their programs (two-year versus four-year programs). The majority of the respondents were from the southern region, which included 14 states from the east and west south central region and the south Atlantic. Both the faculty group and the group employed in healthcare had respondents who had graduated more than 25 years ago (three and eight, respectively). Four faculty members and ten of the respondents employed in healthcare had graduated within the past 13 years (2000–2013).

Table 2 shows responses by group for survey items related to educational programming, that is, curriculum and practical experiences. The majority of respondents in all groups agreed or strongly agreed that both the curriculum and practical experiences prepared them for an entry-level position; however, the group employed in healthcare showed a limited number of responses in other categories (strongly disagree, disagree, and neutral).

All groups gave mixed responses when asked whether the coursework better prepared them for an entry-level position than the practical experiences did. Six of the seven faculty respondents (86 percent) agreed ($n = 4$) or strongly agreed ($n = 2$) that the coursework better prepared them for an entry-level position. Eleven of the 21 students who responded to the question either disagreed ($n = 4$) with the statement or were neutral ($n = 7$). Six of the 25 respondents (24 percent) from the group employed in healthcare strongly disagreed, disagreed, or were neutral, while the majority agreed ($n = 7$) or strongly agreed ($n = 12$) that the coursework better prepared them for an entry-level position than the practical experiences did.

When asked whether their HIM program matched them with a mentor, 84 percent of the students ($n = 21$) indicated that they were not matched with a mentor during their HIM program. Of the 16 percent ($n = 4$) who said they were matched with a mentor, two students said that the experience enhanced their HIM education. Six of the seven faculty respondents (86 percent) indicated that they were not matched with a mentor during their educational program. Twelve of the 25 respondents employed in healthcare indicated that they were matched with a mentor, and 10 of those 12 respondents (83 percent) felt that the mentor enhanced their HIM educational experience.

One of the four graduate-level student respondents indicated having received the RHIA credential. Five faculty respondents received the RHIA credential, while 16 respondents employed in healthcare had the RHIA credential.

Item 8 on the survey asked whether respondents felt that they needed additional training for their first entry-level healthcare position. Three of the four graduate students indicated that they needed additional training for their first entry-level position, while all five of the faculty respondents (100 percent) and 9 of the 15 people (60 percent) who responded to the item from the group employed in healthcare also indicated an additional need for training.

Anecdotal Survey Comments

Several respondents provided comments on the surveys, for example, that educational coursework and practical experience are both vital to prepare for an entry-level position. Respondents also voiced that they felt that practical experience was very helpful because it shows what type of work is completed in HIM departments. Faculty respondents stated that looking back, they felt that having a mentor as an undergraduate HIM student would have been a valuable resource. They also stated that deductive knowledge is important, but practical experience cannot be replaced. Individuals employed in the healthcare field commented that additional training is always needed throughout one's career and that mentor programs are vital and should be implemented in HIM programs. In addition, these respondents stated that practical experiences are the best example or teaching tools for students to be well versed in the workforce requirements because they receive hands-on experience and excellent exposure to the different aspects of the HIM field.

Discussion

The findings indicate that the student respondents agreed or strongly agreed that the HIM curriculum and practical experiences prepared them for their first entry-level position. While 10 students felt that the coursework prepared them better than practical experiences, 11 other students either felt neutral or disagreed with the statement. Of the faculty respondents, the majority either agreed or strongly agreed that the HIM curriculum and practical experiences prepared them for their first entry-level position. As with the student responses, the majority of faculty respondents agreed or strongly agreed that the coursework better prepared them for their first entry-level position than the practical experiences did. Of the respondents employed in healthcare, the majority either agreed or strongly agreed that the HIM curriculum and practical experiences prepared them for their first entry-level position, with the majority agreeing or strongly agreeing that the coursework prepared them better than the practical experiences did. These data indicate the complementary roles of both coursework and practical experiences in HIM education. However, additional research may be needed to assess the varied experiences that students are exposed to during the practical experiences. These opportunities may vary by placement and affiliation site.²²

Data suggest a need to further clarify job characteristics and skill sets needed for entry-level positions. Three of the four graduate student respondents indicated a need for additional training related to their first entry-level position. Although five faculty respondents possessed the RHIA credential, they indicated a need for additional training for their first entry-level position. Nine of the 16 respondents employed in healthcare who had the RHIA credential indicated a need for additional training for their first entry-level position. The survey did not collect data on the type of job experience or placement for respondents' entry-level position; therefore, further research is needed to discern what type of educational

background and/or training was required for these positions. Pairing this identified need for additional training with the respondents' perception that the practical experiences did not prepare them as well as the educational components did further supports the need to define the desired characteristics of student practical experiences. While accredited HIM programs follow specified curricula to instill knowledge and expertise in domain areas, further delineation of the criteria that characterize successful practical experiences is needed.

Recognition of the mentor's role in a successful educational experience is needed. There is a lack of research addressing mentoring in the HIM profession.²³ Alarmingly, 21 of the 25 student respondents indicated that they were not matched with a mentor in their HIM program. This statistic is disconcerting because AHIMA offers a matching service to pair members with mentors. Furthermore, item 6 of the AHIMA Code of Ethics, principles and guidelines that focus on the core values of AHIMA as applied to its members, states that HIM professionals should "recruit and mentor students, staff, peers, and colleagues to develop and strengthen professional workforce."²⁴ Perhaps students are not being made aware of this opportunity within the field. Data showed that half of those who were matched with a mentor felt that the placement enhanced their experience. These results support Davidian's²⁵ research indicating respondents' positive perceptions of the mentoring experience.

Study Limitations

The study was limited in that respondents were solicited from a convenience sample at the AHIMA national conference in Atlanta, Georgia, and therefore may not be representative of individuals from across the United States, particularly those in regions farther away from the conference location. Many of the respondents completed the surveys while the student researchers stood nearby or while the respondents interacted with the student researchers. This proximity or interaction may have influenced respondents' decisions.

Conclusions

This research supports the corresponding roles that educational coursework and practical experiences provide for students as they enter the HIM workforce. However, results showed that respondents' felt their HIM educational programs prepared them better for entry-level positions than the practical experiences did, and a number of respondents in all categories indicated the need for additional training for entry-level positions. As the AHIMA workforce study suggests, "HIM professionals often specialize in a particular area of expertise, in addition to being trained in a core set of HIM skills";²⁶ therefore, the impact of varied educational programming and practical experiences needs to be assessed. CAHIIM requires that accredited HIM programs annually report effectiveness in reaching stated goals and outcomes examined via graduate performance measures, employer and graduate satisfaction, job placement, yearly attrition, national certification scores, and program completion rates. This requirement for continuous monitoring further enables the assessment of student, faculty, and healthcare workers' perceptions regarding the field and educational competencies required for success in the workforce.

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Table 1Demographic Data by Respondent Category^a

	Student (n = 25)	Faculty (n = 7)	Employed in Healthcare (n = 26)
Educational region of HIM program			
Northeast: Middle Atlantic and New England	2	2	4
Midwest: East and West North Central	8	0	5
South: South Atlantic, East and West South Central	13	5	15
West: Pacific and Mountain	2	0	2
Year graduated from HIM program			
Not provided	25	0	1
1970–1979	0	0	2
1980–1989	0	3	6
1990–1999	0	0	6
2000–2009	0	4	9
2010 or later	0	0	2

^aThe numbers of responses for some items do not equal the total number of respondents because some respondents marked “No response.”

Table 2

Summary Survey Data by Group

Question	Number of Respondents	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Do you feel your program’s HIM curriculum prepares you for an entry level healthcare position?	Students (25) Faculty (7) Employed in healthcare (26)	0% 0% 4% (1)	0% 0% 7% (2)	4% (1) 0% 0%	40% (16) 14% (1) 15% (4)	56% (14) 86% (6) 70% (19)
Do you feel that the practical experiences, i.e. the internships, clinical, work study, in your HIM program prepare you for an entry level position?	Students (22) Faculty (7) Employed in healthcare (26)	0% 0% 7% (2)	0% 0% 4% (1)	0% 0% 4% (1)	24% (6) 71% (5) 26% (7)	64% (16) 29% (2) 56% (15)
Did educational course work prepare you for your first entry level position better than the practical experiences?	Students (21) Faculty (7) Employed in healthcare (25)	0% 0% 7% (2)	16% (4) 0% 4% (1)	28% (7) 14% (1) 11% (3)	12% (3) 57% (4) 26% (7)	28% (7) 29% (2) 44% (12)
A. Did your program match you with a mentor? B. If yes, did it enhance HIM education?	Students (25) Faculty (7) Employed in healthcare (25)		A. yes 16% (4) 14% (1) 48% (12)	A. no 84% (21) 86% (6) 52% (13)	B. yes 50% (2/4) 100% (1/1) 83% (10/12)	B. no
After you entered your first entry level health care position, did you need additional training?	Students (4 graduates) Faculty (5) Employed in healthcare (17)		yes 75% (3) 100% (5) 59% (10)	no 25% (1) 41% (7)		
Did you receive your RHIA?	Students (4 graduates) Faculty (7) Employed in healthcare (21) ^a		yes 25% (1) 71% (5) 59% (16)	no 75% (3) 29% (2) 14% (4)		

^a One respondent indicated having received the RHIT credential.

Appendix

Survey of HIM Graduates' and Program Directors' Perceptions of Educational and Practice Experiences

This survey is being conducted as part of a senior research project at Alabama State University's HIM Program. The survey should take five minutes or less.

1. Please indicate if you are a: (check the one that applies to you)

Student _____ Faculty member _____ Program director _____ Employed in healthcare _____

2. What year did you complete (or will you complete) your HIM/BA degree? _____

3. What region did you receive your HIM degree from? (Please **indicate** the correct region from the map on the back of this survey) _____

Please use the Likert Scale below to represent your perceptions related to the following questions:

4. Do you feel your programs' HIM curriculum prepares (ed) you for an entry level healthcare position?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Not Applicable
1	2	3	4	5	NA

Comment:

5. Do you feel that the practical experiences (i.e., internship, clinicals, work study) offered in your HIM program prepare you for an entry level healthcare position?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Not Applicable
1	2	3	4	5	NA

Comment:

6. Did educational coursework prepare you for your first entry level position better than the practical experiences?

Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Not Applicable
1	2	3	4	5	NA

Comment:

7. Did (does) your program match (matched) you with a mentor? ___Yes ___No

If yes, did that mentoring experience enhance your HIM education? ___Yes ___No

Comment:

8. This question is for program **GRADUATES only**:

After you entered your first entry level healthcare position, did you need additional training?

___ Yes ___No

9. Did you receive your RHIA? ___Yes ___No