Department of Health Services
and Information Management

Internship Manual
for the
Health Information Management
Program

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Revised 02-2019
Revised 09-2019
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The internship is one of the most crucial steps a student in the Health Information Management (HIM) Program takes in preparing for a professional career following graduation. The manner in which the student approaches this opportunity as well as the expertise of the faculty and site supervisors that work with the student are critical to the success of the internship.

Students should conduct themselves in a professional manner by displaying a positive attitude, being punctual and dependable, demonstrating initiative, critical thinking and leadership, adhering to professional standards and ethics, and contributing to the success of the agency by demonstrating creative and energetic talents.

East Carolina University (ECU) is fortunate to have numerous agencies that are willing to work with students and provide them with competent internship supervisors. These individuals have a thorough knowledge of management, health care and/or technology practices used in a health care setting, an interest in internship instruction, and are dedicated to high standards in their profession.

By working together, the student and site supervisors combine to make the internship a stepping-stone to the future. The faculty of the ECU Department of Health Services and Information Management (HSIM) deeply appreciates the opportunities given to students in completing their required internship.
SECTION I: INTERNSHIP ELIGIBILITY REQUIREMENTS

For students to be eligible to complete the HIMA Internships (HSMA 4905 and COHE 6803), the following criteria must be met:

A. Students must be registered for HSMA 4905 (200 hours) or COHE 6803 (120 hours) during the spring semester in which they will complete the internship. Additionally, payment of tuition and fees must be completed in accordance with the University Cashier’s Office.

B. The following academic requirements must be completed prior to beginning of the internship.
   1. Senior standing and within 15 semester hours of completing the degree program.
   2. Required major courses toward the HIM undergraduate degree must reflect a grade of C or better in the student’s ECU transcript. No incompletes.
   3. The student must have a minimum overall GPA of 2.5 and a 2.5 GPA in the HIM program.
   4. Students must have submitted their application for graduation and paid all required fees.

C. Current contract between ECU and Internship site
   1. Students should contact the internship faculty member to ensure ECU has a contract with the selected site.
   2. Students cannot begin the internship until an approved contact has been completed.

D. The internship site may require any of the following but not limited to:
   1. evidence of HIPAA training.
   2. criminal background check.
   3. physical exam within the last year.
   4. evidence of immunizations (can be obtained from ECU student health services).
   5. drug screening.

Some of these items may be purchased through CastleBranch, who will store results for you and forward them to internship sites at your request.

E. All ECU and site requirements must be completed prior to the first day of the internship.
SECTION II: INTERNSHIP GUIDELINES

The Allied Health Management Experience/Internship (HSMA 4905 or COHE 6803) is the capstone experience for Health Information Management students. The internship is carefully structured to assure a meaningful experience.

A. Successful completion of HSMA 4905 or COHE 6803 is required for graduation.

B. The student must complete a minimum of 200 hours at one site for HSMA 4905 and a minimum of 120 hours at one site for COHE 6803. Evening and weekend experiences may be included.

C. Number of students at a site in the same department is limited to two (2).

D. Direct supervision must be provided by a full-time, on-site staff member. Ideally, the direct supervisor has been an agency employee for at least two years (minimum of one year at site is acceptable). RHIA preferred.

E. Student meetings between the site supervisor and the student are encouraged so that the student's progress may be discussed on an on-going and consistent basis. The site supervisor also provides feedback by completing a final evaluation with the student. This should be used as a constructive learning tool for both the student and the site.

F. All projects for the site and assignments for the ECU instructor are to be completed in a timely manner. The students have specific academic assignments that are to be completed largely during "non-working" time. The student is responsible for coordinating between the university and site supervisors.

G. Students that work at a site either full-time or part-time can complete the internship where they work with the following stipulations:
   • internship experiences, assignments and projects must be different than the student's normal scope of employment (must be in a different department than employment)
   • the site preceptor for the internship may not be the student's supervisor but someone more senior in the chain of supervision, or another supervisor/manager in the organization

H. On rare occasions, students have been dismissed from an internship site. Consequences may include:
   ♦ repeat the course
   ♦ delay in graduation

I. Specific experiences will vary depending on the nature of the site. When selecting a site; students should consider the availability of experiences focusing on management, healthcare and/or technology. For example, exposure to:
   1. Coding/Classification Systems
   2. Clinical Documentation Improvement/Health Record Content and Documentation
   3. Data Governance/Accreditation Standards
   4. Data Management/Data Storage/Datastores/Indices/Registries
   6. Health Information Technologies/Health Information Exchange
   7. Quality Improvement/Compliance
   8. Revenue Management
   10. Human Resources Management/Training and Development
J. Students should contact their preceptor and ECU internship faculty coordinator in the event they feel that they are subject to discrimination and/or harassment. Refer to the ECU Policy on Sexual Harassment, Discrimination and Conflict of Interest Policy (APPENDIX A – page 35).
SECTION III – SELECTING AN INTERNSHIP SITE

A. Students are responsible for locating and selecting their internship site during the fall semester of the senior year. (A list of potential sites is available from the ECU internship faculty).

B. Important – Pursue sites with a focus on HIM. Clinical sites with little or no HIM focus will not be approved.

C. Consider your goals and objectives for completing HSMA 4905 and COHE 6803 outside of it being a required course.

D. Think about how the site will contribute to future objectives as an entry level HIM professional.

E. Select a site that is willing to accept, supervise and evaluate students.

F. Will the site provide a variety of experiences relevant to current practices in health care relating to management and/or information systems?

G. Prior to Internship – Goals to Accomplish.

September
- Attend any pre-internship information sessions
- Access and review the Internship Manual for HIM
- Contact your instructor with any questions versus waiting until November when your site selection must be finalized
- Begin pursuit of a site.

October
- Continue pursuit of a site
- Register for HSMA 4905 or COHE 6803 during early registration for spring semester.
- Narrow down potential sites for the internship.
- Determine if a contract between ECU and the Internship is needed. All sites must have a contract in place before a student can begin the experience. This will be reviewed once the Internship Experience has been requested in Handshake and sent to the Internship Coordinator. If no contract is in place, the request will be denied and the Coordinator will work with the student to get the necessary information to start the contract process.
- In concert with the site supervisor, complete and submit required documentation through Handshake.

November
- Finalize the internship arrangement no later than the second Friday in November. This includes completing all pre-internship requirements as described above.
SECTION IV – CRITERIA FOR SITE SUPERVISOR/PRECEPTOR

Allied Health Management Experience (HSMA 4905 and COHE 6803) Sites – Site Supervisor/Preceptor:

- Must be qualified and have demonstrated background and experience in supervision or management.
- Express willingness to accept a student and sign an agreement to accept a student when requested.
- Notify students and ECU instructors of any requirements a student must complete prior to the first day at the site. (Example – Site specific requirements for all interns)
- Prepare schedules for students, when possible, that expose them to a variety of functions of an HIM department.
- Provide occasion for the student to review budgets, personnel forms, policies and procedures, etc. as appropriate and available.
- Offer opportunities for the student to meet with departments of interest that contribute to the student’s educational objectives. Examples – admissions, outpatient registration, computer services, business office, finance, human resources, outpatient clinics, cancer registry, etc.
- Allow attendance at committee meetings when appropriate.
- Provide routine feedback to the student on performance, progress, etc.
- Review an electronic copy of the syllabus and the internship manual for HSMA 4905/COHE 6803 after the internship agreement form is received and approved by the ECU internship faculty coordinator.
- Review a listing of projects completed by past students during their course of study provided by the ECU internship faculty coordinators. This listing will assist preceptors in assigning projects that will be beneficial to the student’s learning and applicable to the needs of the site.
- Assign projects for the student to complete that are needed by management and will be beneficial to the site versus assigning routine employee tasks such as filing records, answering phones, etc.
- The type and number of projects assigned is left to the discretion of the site preceptor.
- Evaluate each project and provide the student a copy when possible.
- Complete a final evaluation and review with the student prior to departure from your site.
- Give the student a copy of the original evaluation to return to the ECU course instructor.

Additional Information for the Site Supervisor/Preceptor

- The internship experience is for the benefit of the intern and considered to be workplace training.
- The intern is not an employee and should not assume duties of an employee on a regular basis.
- Employee duties can be assigned periodically to the student to augment the learning process.
- The intern should be aware that an internship experience may or may not be an opportunity for future employment at the site.

Workplace Internships – Students who are working full-time or part-time may use their worksite as an internship site based upon the following criteria

- Internship experiences, assignments and projects must be different than the student’s normal scope of employment.
- The site preceptor for the internship may not be the student’s direct supervisor but can be someone more senior in the chain of supervision, or another supervisor/manager in the organization.
- Students should gain skills based upon the internship that allow them to become more marketable to their employer and/or a future employer.
SECTION V – ASSIGNMENTS and GRADING

1. **Self S.O.A.P. Note Reflections (not to be completed at the assigned site)**

**Background:** Research has shown various methods for students to use when assessing experiences and activities during the internship experience. The primary method used in the course will be the S.O.A.P. Note format. This has been shown to give students structure and a clear purpose for writing a reflection of their experiences in a clinical internship.

**Reflection:** The requirement this semester will be to complete a reflection in a S.O.A.P note format. Access and read the article at [http://ijahsp.nova.edu/articles/vol3num4/dye.htm](http://ijahsp.nova.edu/articles/vol3num4/dye.htm)

**Instructions:** This format will be for each student to evaluate their performance. Any submissions that do not follow this format will be returned.

S – your subjective feelings for the week
O – a brief summary of your experiences/activities during the week
A – self-assessment of your performance
P – your plan for . . . (ex. Completing projects, attending meetings, etc.)

Begin each paragraph with the specified letter and follow with information for the category.

See Appendix 1 – p. 6 in the article for Self-S.O.A.P.sample


Special thanks go to Mary Teslow, MLIS, RHIA, at Western Carolina University in Cullowhee, NC for introducing this source.

B. **Documentation for the Allied Health Management Experience**

Final documentation requirements **should not** be completed at the assigned site.

1. **The following documentation is due upon completion of the internship experience:**

   a. List of projects completed at internship site (example included)
   b. Copies of projects completed (for your files)
   c. List of activities
   d. Evaluation of Student Performance (original)
   e. Preceptor Feedback to Course Instructor
   f. Student Evaluation of Internship Experience (form provided)
   g. “Other” material(s) obtained you feel may be useful in the future
   h. Submit a presentation about your internship site including the project(s) that you completed
      • PowerPoint with Voice Over
      • Use PowerPoint and record with Mediasite/Webcam
C. **Presentation Summarizing Experience**

1. Scheduled on two separate days – one of those days being Reading Day
   > Schedules will be provided for students to sign on specific dates
2. Students will be required to stay for all presentations for their course section
3. Include very brief site demographics
4. Provide a short overview of activities
5. Describe projects
6. Include reflection of your experience.
7. Develop a power point for presentation – no more than 10 slides
8. **DE students** need to include audio/voice over with the PP if distance prohibits attendance.
HSMA 4905 and COHE 6803 Activities vs. Projects

Activities – Something that somebody takes part in or does.

Projects – A task or planned program of work that requires a large amount of time, effort and planning to complete.

**Activities**

Coding a chart

Evaluating privacy and security policies

Observing/participating in a coding audit

Observing/participating in clinical documentation improvement

Pull paper records for auditing

Review compliance policies

Attend conference calls and meetings.

Work with manager and learn daily activities Prep/Scan medical documents

Data analysis and representation (Prepare histogram, scatter, run charts using excel)

Root cause analysis (use cause and effect diagrams and other tools to identify potential cause of sub-optimal performance or undesired outcome)

Literature searching and review (relevant literature through PubMed and interpret findings)

Statistical analysis (run Chi-square, t-tests, ANOVA and multiple regression using Excel and interpret findings).

**Projects**

Develop a policy and procedure

Coding audits

Coding education/training

RAC or MAC audits

Physician Workflow in the EHR

SWOT analysis

Develop a policy and procedure

Develop a chart review spreadsheet for deficiencies

Revise Advance Directive Files to meet TJC standards
SECTION VI – FORMS

Complete and submit the following forms no later than the third Friday in November during Fall Semester of the senior year. Always clearly print or type the information requested.

Internship Agreement
The Internship Agreement provides for an agreement between the site and student for completing the internship at the specified site.

Site Requirements for Students to Complete Prior to the First Day
Site requirements may include any items listed on this form and any additional completion of orientation, modules, etc. as identified by the site.

Code of Conduct
Read the Code of Conduct carefully. We do not anticipate any problems as you are adults now and should know how to present yourselves. Most importantly understand the implications for any form of misconduct.

Request for Site Contract
A contract between ECU and the Internship Site must be completed before a student is eligible to begin the internship. Even if your site has a contract with ECU we will need the information for our archives. Complete this form and submit with the Code of Conduct and Internship Agreement.

Acknowledgement Form
Read the HIM Internship Manual, sign and acknowledge that you have read the manual and understand the course requirements provided. Return to your HIM Instructor.

Verification of Hours
This form must include the specified hours spent each day you were in attendance at your site and signed by the preceptor(s) you met with. DO NOT wait until the final day to have the hours written in and have each initialed.

Student Permanent Contact Information
Complete and submit this form with the final documents. Insert this behind the notebook coversheet.

Evaluation of Student Performance
Each site must complete a final evaluation on the student’s performance during the internship and should discuss this with you no later than the last day of the experience. Submit this along with other required documents on the specified date at the end of HSMA 4905 and COHE 6803. This form along with other required documents will be e-mailed to your preceptor.

Preceptor Feedback to Course Instructor
Preceptors are requested to provide recommendations for improving the internship.

Student Evaluation of Internship Experience
Along with other requirements, students must complete and provide an evaluation of the internship site.
Department of Health Services and Information Management  
College of Allied Health Sciences  

INTERNERSHIP AGREEMENT  

The primary goal of the Student Internship is to assist the student intern to apply concepts and skills acquired in didactic courses to the work setting. Internship experiences provide student interns with opportunities to acquire job related competencies not readily available within the class room environment and to gain experience through the relationships and responsibilities encountered on-the-job.  

This form is an agreement between the parties involved, the student intern, the Department of Health Services and Information Management in the College of Allied Health Sciences and the supervisor/preceptor in whose organization the internship experience is conducted. Any party may terminate this agreement for just cause after discussing the difficulties which have arose.  

I agree to supervise (name of student):__________________________________________________________________, who is registered for HSMA 4905 (200 hours) or COHE 6803 (120 hours), Allied Health Management Experience from (dates) __________________________________________________________________________________ through ____________.  

Name of Organization: ______________________________________________________________________________  

Address: ________________________________________________________________________________________  

Supervisor/Preceptor: ____________________________________________________________________________  

Phone:______________ Fax:______________ E-mail: ________________  

SIGNATURES:  

Supervisor/Preceptor ___________ Date _______________  

Student _______________ Date _______________
The Site Supervisor/Preceptor agrees to do the following:

1. Supervise the student intern a minimum 120 hours (COHE 6803) or 200 hours (HSMA 4905) if performance proves satisfactory.

2. Provide training experiences for the student intern and assist him/her in completing designated goals.

3. Supervise, orient, and guide the development of the student intern’s work skills.

4. Consult with the internship instructor if the student intern fails to perform to a set standard.

The student intern agrees to do the following:

1. Complete a minimum of 40 hours a week for three weeks while at the site or the equivalent of 120 hours part time (COHE 6803) or 40 hours a week for five weeks while at the site or the equivalent of 200 hours part time (HSMA 4905) over the entire semester.

2. Remain with the original supervisor/preceptor until the end of the internship.

3. Fulfill all course requirements as set by the instructor.

4. Maintain an acceptable attendance record as set by the internship instructor.

5. Immediately inform the supervisor/preceptor and/or the internship instructor of any problems that may occur at the internship site.

We agree to comply with the conditions of this agreement, by signing below:

Student Intern Signature: ________________________________

Date: ______________

Site Supervisor/Preceptor Signature: ________________________________

Date: ______________

HSIM Instructor Signature: ________________________________ Date: ______________
HSMA 4905 and COHE 6803 – Site Requirements for Students to Complete Prior to the First Day

- Verify any requirements listed below that the student must complete prior to Day 1 at your site.
- Provide any additional requirements that the student must complete prior to Day 1 at your site.

<table>
<thead>
<tr>
<th>#</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Submit annual physical examination form completed in the last 8 months. Access the Student Health website for a form: <a href="http://www.ecu.edu/cs-studentlife/studenthealth/upload/Physical%20Form.pdf">http://www.ecu.edu/cs-studentlife/studenthealth/upload/Physical%20Form.pdf</a></td>
</tr>
<tr>
<td>2.</td>
<td>Submit documentation of up-to-date immunizations including two PPD tests within one to three weeks of each. (The second PPD test must be completed within three weeks of the first PPD test. Infection Control units in health care organizations are requiring this protocol because of the rising numbers of cases of drug-resistant tuberculosis).</td>
</tr>
<tr>
<td>3.</td>
<td>Submit documentation of Varicella Vaccine</td>
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<tr>
<td>4.</td>
<td>Submit documentation of Hepatitis 2 series of vaccines</td>
</tr>
<tr>
<td>5.</td>
<td>Submit documentation of a current flu vaccine</td>
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<tr>
<td>6.</td>
<td>Undergo criminal background check as required by site. Approximately $20 – $25 but may exceed $100 for persons who have lived in many states as an adult.</td>
</tr>
<tr>
<td>7.</td>
<td>Complete a drug screen as required by site.</td>
</tr>
</tbody>
</table>
| 8. | Liability Insurance – Required by CAHS  
> The College of Allied Health Sciences is responsible for paying the liability insurance for students completing an internship experience as part of the course requirement for HSMA 4905 and COHE 6803. |
| 9. | Complete HIPAA Privacy Training as required by site. |
| 10. | Participate at the site to which you are assigned for the allied health management experience. |

Site Supervisor: ___________________________ Date: ________________

Signature

Please provide any additional requirements with this document or include a web address for additional information.

Student ___________________________ Date: ________________

Signature

By signing this I understand all HSMA 4905 or COHE 6803 and site requirements must be completed before beginning this experience.

Submit this document and any other site requirements along with the Internship Agreement, Code of Conduct, and contract information.
Code of Conduct

HSMA 4905 and COHE 6803 will provide an initial opportunity to make a first impression in a professional setting and consequently you will want to present yourself as an entering professional in Health Information Management.

As a student in Health Information Management I understand that I am agreeing to serve as a representative of the Health Information Management program (HIM), the Health Services and Information Management (HSIM) Department, the College of Allied Health Sciences (CAHS), and East Carolina University (ECU) during my management affiliation. As such, my conduct throughout this Allied Health Management Experience is a reflection on not only me personally, but also on HIM, HSIM, CAHS and ECU.

I agree to act in a professional manner and have a positive attitude.
I agree to be respectful of others.
I agree to thank people for their time and opportunity, both before and after meetings.
I agree to dress appropriately and as expected by the site.
I agree to be on time to the site and appointments.
I agree to assert myself and my ideas in an appropriate and tactful manner.
I agree to follow the facility’s rules and procedures.
I agree to protect the privacy and security of all patient information to which I have access.
I agree to protect the privacy and security of all organizational information to which I have access.
I agree to complete assignments/projects when due, follow directions for both the site preceptor and clinical instructor, and give the assignments/projects my best efforts.
I agree to maximize my time during my internship, ask questions and learn as much as I can, and give the internship my best effort.
I agree to remain drug and alcohol free and will not use controlled substances.
Link to ECU policy [http://www.ecu.edu/cs-acad/ugcat/policies.cfm](http://www.ecu.edu/cs-acad/ugcat/policies.cfm)
I agree that I will NOT conduct personal business during my time at my assigned site (e-mails, cell phones, internet, etc.) except during breaks or lunch.

I recognize that the potential repercussions for misconduct may include the following: a reduction in final grade; a revoked internship; probation; or academic suspension. The particular form of disciplinary action taken will be determined by the severity of the infraction as well as by the facility site preceptor’s evaluation.

Name - Student ____________________________  Date ______________

Name – ECU Instructor _________________________  Date ______________
Clinical Coordinator
Request for Clinical Contract

Please provide as much of the following information as possible when requesting contracts. Contact person’s email address is very helpful!

Date: ______________________________________

Faculty/Dept. Requesting Contract: ______________________________________

Name of Agency: ______________________________________

Address: ______________________________________

Telephone Number: ______________________________________

Fax Number: ______________________________________

Attention***: ______________________________________

E-Mail Address***: ______________________________________

Name and Title of Person Responsible for Signing Contract: ______________________________________

Date Contract Needs to be in Place: ______________________________________

Return to Contracts Clerk: ______________________________________

Name of Student: ______________________________________

Date of Internship: ______________________________________

Contracts – College of Allied Health Sciences

Debbie Pettaway, Student Services Specialist
252-744-6067
pettawayd15@ecu.edu
Health Information Management – Internship Manual for HSMA 4905 and COHE 6803 Acknowledgement Form

I, ________________________________ (print your name), have read and understand the requirements for HSMA 4905 and/or COHE 6803 included in the HIM Internship Manual.

I also understand I will need to contact my instructor with any questions.

________________________________________________________________________________________

Student's Signature

Date ________________________________

Sign and return to your HIM instructor for HSMA 4905 and COHE 6803 no later than the third Friday in November along with the other required documents.
Internship Signature Form Verifying Hours at Internship Site

Instructions for the HIM Intern and Site Supervisor/Preceptor

Interns are required to complete 200 hours for HSMA 4905 or 120 hours for COHE 6803 at your agency. To assist the intern, the agency and ECU track the total hours at the site please complete the following. The intern can provide the dates and time frame (hours) for each day at the site and the agency supervisor will need to sign in the designated column for verification.

Intern’s Name: ____________________________________________________________

Agency Supervisor(s) Name: ______________________________________________

Agency Supervisor(s) Phone Number and e-mail address _______________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours (ex. 9:00 –12:00)</th>
<th>Total Hours</th>
<th>Supervisor’s Signature</th>
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Make additional copies of this form if needed.
EAST CAROLINA UNIVERSITY
Department of Health Services and Information Management

Student Permanent Contact Information Form

Name: _____________________________ Banner ID __________ 
Student’s Last, First, Middle

Permanent Contact Information (Someone who will know your whereabouts in the next year.

Name of Person: _______________________ Relationship (parent, etc.) __________ 
Mailing Address: ________________________________________________________________
City: ___________________________ State: ______ Zip Code ______________

Home Phone # (____) ________________ Cell Phone # ________________
e-mail address: ________________________________

Current Contact Information (Where you currently reside)

Mailing Address: ________________________________________________________________
City: ___________________________ State: ______ Zip Code ______________

Home Phone # (____) ________________ Cell Phone # ________________
e-mail address (other than ECU): ________________________________________________

Upload this completed form in the appropriate link on Blackboard.
Evaluation of Student Performance

For each performance area, check the box that most closely reflects the student’s performance.

1 = exceeded expectations = 3 points
2 = met expectations = 2 points
3 = needed improvement = 1 point
Total Possible Points = 50 points

Student’s Name:

<table>
<thead>
<tr>
<th>Performance Area</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>Reports to site and appointments as scheduled.</td>
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<td>Presents an overall appearance appropriate for a professional setting.</td>
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<td>Attitude - is enthusiastic and exhibits desire to learn.</td>
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<td>Relates appropriately with all levels of facility personnel.</td>
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<td>Adheres to facility and departmental policies and procedures.</td>
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<td>Displays self-confidence and self-worth.</td>
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<td>Flexibility - deals effectively with unanticipated events.</td>
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<td>Cooperation.</td>
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<tr>
<td>Oral communication.</td>
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<td>Written communication.</td>
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<td>Ability to work independently.</td>
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<td>Dependable and acts with initiative.</td>
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<td>Problem solving skills.</td>
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<td>Listening skills.</td>
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<td>Follows professional ethics.</td>
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<tr>
<td>Responsive to constructive criticism.</td>
<td></td>
<td></td>
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<tr>
<td>Ability to be a team player</td>
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</tbody>
</table>

Please comment on any performance area(s) marked two (2) or three (3)
Comments on Student Performance: Please provide comments and a numerical evaluation.

1= exceeded expectations
2= met expectations
3 = needed improvement

<table>
<thead>
<tr>
<th>Rate and describe this student’s readiness for a professional career as a health information manager. Consider the student's level of interest, maturity, and attitude.</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate and describe the quality and quantity of work performed by the student.</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Rate and describe the management skills the student demonstrated. Comment on areas of least and most proficiency.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>--------------------------------------------------</td>
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</tr>
<tr>
<td>Comments:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate and describe the student’s level of academic preparation.</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Rate and describe the student’s level of proficiency necessary to perform as an entry-level health information manager.</th>
<th>1</th>
<th>2</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
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<tr>
<td>Rate and describe how well the student was able to make decisions in different situations (For example, your impression(s) of the student's dependability under stress).</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>Comments:</td>
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</tbody>
</table>

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<tr>
<th>Rate and describe the student’s level of leadership potential as it relates to a future position in management.</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments:</td>
<td></td>
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</tr>
<tr>
<td>Rate and describe the student’s critical thinking skills.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>---------------------------------------------------------</td>
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<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
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</tbody>
</table>
Evaluation of Projects

For each performance area, mark the box that most closely reflects your rating of the student’s project(s).

Projects = 50 points
1 = exceeded expectations = 50 points
2 = met expectations = 42.5 points
3 = needed improvement = 35 points
4 = did not meet expectations = 30 points

<table>
<thead>
<tr>
<th>List of Projects Completed</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td></td>
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</table>

Projects will be weighted based upon the # of projects and the grade category for each project.

Comments:
Overall Performance

How do you rate this student’s overall performance? Please indicate by checking the appropriate rating. (This rating will be considered when final grade assignment is made.)

- exceeded expectations = 100 points
- met expectations = 85 points
- needed improvement = 70 points
- did not meet expectations = 60 points

I have read this evaluation and reviewed it with my site supervisor.

Student’s Signature_________________________________________ Date __________

The above named student completed his/her Internship Experience. This is an accurate evaluation of the student’s performance.

Site Supervisor’s Signature_________________________________________ Date __________

Title__________________________________________________________

The student should return the original copy of the evaluation to the ECU Instructor for HSMA 4905 and COHE 6803.

NOTE: The course instructor for HSMA 4905 and COHE 6803 will make the final grade assignment.
Preceptor Feedback to Course Instructor

What suggestions do you have for better preparing students for the Allied Health Management Experience/Internship?

A. Recommended changes in academic preparation:

B. Recommendations for the site experience:

C. Recommendations for the interaction between course instructor and preceptor.
Student Evaluation of Internship

Please respond to the following questions regarding your internship experience. The purpose of this questionnaire is to provide an in-depth reflection of your experiences and assess the suitability of internship site. This survey will assess the site and preceptor potential to accept future students for internship.

Internship Site: ________________________________  Year: __________
Location: ________________________________  Preceptor: __________

Rate the following aspects of your internship according to knowledge learned, skills acquired, character traits, faculty coordination and quality of the internship. Answer the questions truthfully and thoughtfully. Rate the statements using the following scale.

1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree, N/A=not applicable

Internship Objectives:

I was provided with opportunities to apply concepts learned in my courses 1  2  3  4  5  N/A
I felt my learning objectives for the internship were met 1  2  3  4  5  N/A
I participated in projects that built upon my academic learning 1  2  3  4  5  N/A
I expressed a willingness to learn new concepts and skills 1  2  3  4  5  N/A
I was provided opportunities to observe interactions between professionals 1  2  3  4  5  N/A
I was provided opportunities to become sensitive to interpersonal issues that arise at the work setting 1  2  3  4  5  N/A
I was able to exhibit skills of professionalism as a result of my internship experience. 1  2  3  4  5  N/A
I was responsible and dependable while at my internship site 1  2  3  4  5  N/A
**Skills:**

Based on your internship, did you feel adequately prepared in the following area? Rate the statements based upon the scale.

1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree, N/A=not applicable

Also, answer the question – Did the internship provide me an opportunity to build skills in the following areas? Yes or No response

<table>
<thead>
<tr>
<th>Skill</th>
<th>Rating</th>
<th>Prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral communication</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Written Communication</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Problem solving</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Critical Thinking</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Time management</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Data analysis</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Data Management</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Organizational Culture</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Professionalism</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Leadership</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Teamwork</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Interpersonal Relationships</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Healthcare Environment</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Financial Management</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Human Resources Management</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Organizational Understanding</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Strategic Planning and Marketing</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Information Management</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>1 2 3 4 5</td>
<td>N/A Yes No</td>
</tr>
</tbody>
</table>
**Preceptor Responsibilities:**

1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree, N/A=not applicable

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>My preceptor provided an adequate orientation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>My preceptor provided specific and clear instructions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>NA</td>
</tr>
<tr>
<td>My preceptor gave suggestions for improvement</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>My preceptor included me in administrative meetings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>My preceptor provided me with appropriate feedback</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>The culture of the internship was warm and willing to accept students</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>I was provided opportunities to meet with my preceptor</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Faculty Coordination**

1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree, N/A=not applicable

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>My faculty coordinator was available to assist me in identifying a site</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>My faculty coordinator was available and provided answers to my questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
<tr>
<td>My faculty coordinator was accessible and provided appropriate feedback</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Quality of Internship

1=strongly disagree, 2=disagree, 3=neutral, 4=agree, 5=strongly agree, N/A=not applicable

Did the internship promote career awareness? 1 2 3 4 5 N/A
Did the internship enhance marketable skills for you? 1 2 3 4 5 N/A
Did the internship allow you to job network? 1 2 3 4 5 N/A
Do you feel that you grew personally from your internship experience? 1 2 3 4 5 N/A
Do you feel that you grew professionally from your internship experience? 1 2 3 4 5 N/A
Do you feel that the internship experience makes you a better job candidate? 1 2 3 4 5 N/A
Rank your experience in this internship? (1= lowest rank- 5 highest rank) 1 2 3 4 5 N/A
Rate your chances of being offered a job at your internship site 1 2 3 4 5 N/A

Open ended questions:

What were two significant things that you learned from this internship?

How might the internship experience be improved?

What advice do you have for future students to help them succeed in their internship?
Appendix A

ECU Policy on Sexual Harassment, Discrimination, and Conflicts of Interest

Section I. Rationale

Well-publicized policies and procedures such as these will help to create an atmosphere in which individuals who believe that they are the victims of sexual harassment or discrimination are assured that their grievances will be dealt with fairly and effectively. It is more important still to create an atmosphere in which instances of sexual harassment or discrimination are discouraged. Toward this end, all members of the university community should understand that sexual harassment, sexual discrimination, and sexual exploitation of professional relationships violates the university’s policy and will not be tolerated. Members of the university community are encouraged to express freely, responsibly, and in an orderly way their opinions and feelings about any problem or complaint of harassment or discrimination prohibited under these policies. East Carolina University will take every step to resolve grievances promptly and confidentially. Any act by the university’s employees or students of reprisal, interference, restraint, penalty, discrimination, coercion, or harassment against a student or an employee for using these policies responsibly interferes with free expression and openness and violates this policy. Accordingly, members of the university community are prohibited from acts of reprisal against individuals who bring charges or are involved as witnesses or otherwise try to use these policies responsibly.

Section II. Policy on Sexual Harassment, Discrimination, and Conflicts of Interest

A Introduction. In accordance with the University’s Notice of Nondiscrimination and Affirmative Action Policy (http://www.ecu.edu/prr/05/25/02), the University is committed to equality of opportunity and prohibits unlawful discrimination based race/ethnicity, color, genetic information, national origin, religion, sex (including pregnancy and pregnancy related conditions), sexual orientation, gender identity, age, disability, political affiliation, or veteran status. Harassment is a form of discrimination and is unwelcome conduct based on a protected class, which creates either quid pro quo harassment or a hostile environment. It also includes sexual harassment and gender-based harassment as those terms are defined in the University’s Regulation on Sexual and Gender-Based Harassment and Other Forms of Interpersonal Violence (http://www.ecu.edu/prr/06/40/03). Additionally, the Notice of Nondiscrimination and Affirmative Action Policy prohibits retaliation against an individual for using the applicable policies responsibly.

Members of the University community who have questions, concerns, or wish to file a complaint of discrimination harassment and/or related retaliation, may contact the Office for Equity and Diversity.

Definitions

• B-1. Sexual harassment. The following constitute sexual harassment:

  a. Making verbal remarks or committing physical actions that propose to people of either sex that they engage in or tolerate activities of a sexual nature in order to avoid some punishment or to receive some reward:

  b. Singling out people of either sex and creating or attempting to create a hostile university or working environment or otherwise attempting to harm or harming people because of their sex:

Continuing verbal or physical conduct of a sexual nature when the person or persons the conduct is directed toward has indicated clearly, by word or action, that this conduct is unwanted:
• B-2. Sexual Discrimination. Sexual discrimination consists of actions that subject employees or students to unequal treatment on the basis of their sex.

• B-3. Conflicts of Interests. Consensual amorous relationships in which one person is responsible for supervising or evaluating the other create conflicts of interest because they impair or reasonably can be expected to impair the professional judgment of the supervisor.

C Policy. It is the responsibility of members of the university community to strive to create an environment free of sexual harassment and discrimination and free of unprofessional bias in the supervision and evaluation of students and employees.

• C-1. It is against the policies of East Carolina University for its employees or students to propose to other employees or students that they engage in or tolerate activities of a sexual nature in order to avoid some punishment or to receive some reward.

• C-2. It is against the policies of East Carolina University for its employees or students to create a hostile university or workplace environment for an individual or group because of the individual's or the group's sex.

• C-3. It is against the policies of East Carolina University for its employees or students to subject other employees or students to unequal treatment on the basis of their sex.

• C-4. It is against the policies of East Carolina University for its employees or students to continue verbal or physical conduct of a sexual nature when the employees or students of the university toward whom such conduct is directed indicate clearly, by word or action, that such conduct is unwanted.

• C-5. It is against the policies of East Carolina University for any employee of the university to engage in consensual amorous relationships with students or other university employees whom the employee is or will be supervising or evaluating. (This policy does not apply in cases where both the amorous relationship and the supervising or evaluating relationship were initiated before the policy's adoption date)

Section IV. Grievances Against East Carolina University Staff

Complaints brought against East Carolina University Staff by East Carolina University students, faculty, staff, administrators, or visitors are governed by the grievance procedures stated in Policy Statement 7: Employee Relations of the Human Resources section of the ECU Business Manual, see http://www.ecu.edu/business_manual/Human_Resources_Policy7B.htm

Section V. Grievances Against East Carolina University Faculty Members or Administrators Holding Faculty Status

Complaints brought against East Carolina University faculty members or administrators holding faculty status by East Carolina University students, faculty, staff, administrators or visitors ordinarily are governed by the grievance procedures stated in Grievance Procedures for Complaints of Unlawful or Prohibited Harassment, Discrimination or Improper Relationships Brought Against East Carolina University Faculty Members or Administrators Holding Faculty Status in the ECU Faculty Manual.
Section VI. Education of Students, Staff, and Faculty

The Committee on the Status of Women or its successor will develop educational materials to be distributed to students, faculty, and staff. These materials will publicize the policies and procedures and help create a proper academic atmosphere that is free of sexual discrimination and harassment. Each year the Committee on the Status of Women will review the effectiveness of the educational materials and procedures and make any necessary revisions. All materials will be reviewed by the campus attorney before they are distributed.

Unlawful Workplace Harassment Prevention Plan of East Carolina University

For detailed information concerning the Unlawful Workplace Harassment Prevention Plan, contact the EEO officer at 328-6804.

North Carolina Sex Offenders Database:

The North Carolina Department of Crime Control and Public Safety maintains a database of sex offenders registered in North Carolina. This database is available for public viewing through the following web address: https://www.ncsbi.gov/Services/Sex-Offender-Registry
Appendix B

Vidant Health Screening Process & Vidant Health Forms

This appendix describes the process and paperwork requirements for students to complete an internship at Vidant Medical Center and its affiliated hospitals.

Screening Process

Ms. Tywanna Purkett, MA, CHES is the Coordinator of Student Experiences at Vidant Medical Center. To initiate the screening process for student experiences:

- Submit all documentation and communication for criminal background check clearance to the NEW email address: ah.cbc@vidanthealth.com
- Submit all Student Experiences Verification Documents to the following email address: ah.students@vidanthealth.com
- You may contact Tywanna Purkett via the ah.students@vidanthealth.com email address or phone extension 252-847-4917

Accessing the Vidant Medical Center Student Website

Please use the website link below to access our student requirements.

http://vidanthealth.learn.com/students

Login is: clinical
Password is: education

Select the hospital for your internship experience

Click on Student web-based training modules. Complete all modules and print the certification page that you have completed the modules. Students must complete the educational modules prior to beginning their internship at Vidant. Paperwork should be completed by the third week in November to begin the internship in January.

The following forms should be completed and submitted in the following manner.

- Background check submitted directly to Vidant by student
- Confidentiality Agreement submitted directly to Vidant IT department by student
- Student Certification Form submitted directly to Vidant Health

Paper copies of the following forms need to be provided to the faculty.

- Vidant Medical Center Verification of Influenza Immunization
- Vidant Health Occupational Health Clinic
- Non-Employee Immunization Record
- Certification completion sheet for each individual module