Exploring the Challenges and Barriers of Professional Practice Experience in Health Information Management Education

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This dissertation, directed and approved by the candidate’s committee, has been accepted by the College of Graduate and Professional Studies of Abilene Christian University in partial fulfillment of the requirements for the degree

**Doctor of Education in Organizational Leadership**

Nannette W. Glenn, Ph.D.

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Date: July 6, 2021

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Exploring the Challenges and Barriers of Professional Practice Experience
in Health Information Management Education

A dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Education in Organizational Leadership

by
Darla D. Branda
July 2021
Dedication

As I embarked on this journey, I knew that the support of friends and family would be paramount to completing my doctoral degree. I have many people to thank for walking alongside me the past few years. First, I dedicate this work to my dad, who lost his brief battle with pancreatic cancer about halfway through my studies. One of his last requests was to attend my graduation. I know he will be looking down on me with a huge smile the day I cross the stage and receive my doctoral degree. Mom, thank you for always supporting and encouraging me and believing I have what it takes to accomplish my dreams. Grandma Ethel, thank you for showing me the importance of daily prayer. To my children, Stephanie, Diego, and Mia: You are my greatest accomplishment. I am truly blessed to be entrusted with your lives and could not be prouder of you. To my grandson, Bennett, you fill my heart and make me one proud “Mimi.” To Dan, thank you for demonstrating how to live life less seriously.

I would also like to dedicate this work to the many students I have had over the years. Your stories and struggles inspire me to be a better teacher. To all of the preceptors I have worked with, thank you for volunteering your time and talent to ensure my students can graduate. To my newfound friends, Danielle Philipson and MJ Oommen, thank you for joining me on this journey. I will always remember our late-night texts of encouragement. To Elaine, thank you for helping me realize the importance of self-care during stressful times.

Finally, I dedicate this work to my soulmate and best friend, Gustavo. What a journey it has been! I am so thankful for all of your support, help around the house, and endless hugs.
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Abstract

Professional practice experience in health information management education provides students with the opportunity to apply theory to practice and prepare for the workforce. Yet, problems exist with placing and precepting students at healthcare organizations. The purpose of this study was to identify the challenges and barriers that preceptors have with placing and precepting students at their organizations. For this action research study, a qualitative multicase study was carried out. Data were collected from six participants using pre-interview surveys and interviews. The sample population included credentialed health information professionals currently working in acute care hospital settings with a recent history of precepting students. Data analysis was conducted using the inductive coding method to identify emerging themes. The study findings revealed that organizational leadership and structure were the number one hindrance to placing and precepting students. Preparing for the professional practice experience, particularly the difficulties with securing affiliation agreements between the university and healthcare organization was a noted barrier. Additionally, preceptors described concerns with student engagement during the professional practice experience. Lastly, preceptors offered solutions to the problems of placing and precepting students that focused on advanced notice of the student’s arrival and creative ways to deliver virtual experiences.

Keywords: allied health, experiential learning, health information management, preceptor, professional practice experience
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Chapter 1: Introduction

College students who participate in high-impact practices, such as experiential learning activities, are more likely to meet their intended academic and professionals goals (Zilvinskis, 2019). Experiential learning benefits students in a multitude of ways. Johnson and Stage (2018) observed that high-impact practices strengthen student engagement among college students. Fede et al. (2018) discovered that experiential learning improved students’ communication skills. In alignment with Fede et al., Gault et al. (2018) noted that organizations prefer to hire new graduates who have completed an external professional practice. Experiential learning impacts students in a positive light. Even so, many challenges and barriers exist for placing students in these high-impact experiences.

Experiential learning has steadily increased among higher education institutions for the past several decades (Austin & Rust, 2015). Grace et al. (2019) described the long-standing inclusion of experiential learning in curricula for nursing and allied health academic programs. High-quality allied health programs are externally accredited based upon their respective discipline. Students are required to complete internships to meet these programmatic accreditation standards (Gibson et al., 2017; Maher et al., 2015; Recker-Hughes et al., 2016). Health information management (HIM) is one of the allied health disciplines that require students to participate in experiential learning prior to graduation. Health information management academic programs prepare students for the HIM workforce through a rigorous curriculum and a required internship. Consequently, uncovering the underlying issues with placing students in high-impact experiences is vital for assuring compliance with these accreditation requirements.
The Commission on Accreditation Health Informatics and Information Management Education (CAHIIM) has oversight for programmatic accreditation for HIM programs in higher education (CAHIIM, 2020a). Accredited health information management programs must comply with the CAHIIM standards on curriculum requirements, which include a professional practice experience (PPE) and are considered an internship (CAHIIM, 2020a). Bates et al. (2014) proffered that students’ ability to demonstrate competency in commonly used skills is critical for HIM students to prevent harm and improve patient care and outcomes. By completing the PPE, HIM students may demonstrate mastery of the CAHIIM-required competencies (CAHIIM, 2020a).

College students gain valuable internship experience by working with a preceptor who will prepare them for working in real-life situations (Bomar & Mulvihill, 2016; Doyle et al., 2017; Goodman, 2015). The preceptor serves as the student’s supervisor during the experiential learning activity (AbuSabha et al., 2018; Bomar & Mulvihill, 2016; Christodoulou, 2016). Therefore, the preceptor role is a critical component of the experiential learning process that needs to be better understood. Although allied health programs prefer that preceptors have at least five years of field experience, this is not always possible due to an insufficient number of preceptor volunteers (Young et al., 2014). There is an assumption that credentialed practitioners are qualified to precept students; however, caution should be taken against this thinking. Even though healthcare professionals may have subject-matter expertise, they may not be skilled in training and assessing students' skills and competencies (Wetherbee et al., 2010).

Many studies have highlighted the positive aspects of experiential learning (Alghamdi et al., 2019; O’Brien et al., 2017; Recker-Hughes et al., 2016; Sosland & Lowenthal, 2017). Even so, academic programs continue to be challenged with finding a sufficient number of practice
sites and preceptors to oversee internships (AbuSabha et al., 2018; Guinane & Molloy, 2013; Moore et al., 2014; Taylor et al., 2017). The problem of placing students with PPE sites further exacerbates the preparedness level of new HIM professionals (Jackson et al., 2016). According to the United States Bureau of Labor Statistics (2020), more than 27,000 positions will be available in the HIM industry by 2026. Filling the gap in a skilled HIM workforce could worsen if the shortage of PPE sites continues to rise (Jackson et al., 2016). Given this anticipated growth, HIM educators are concerned about how this will impact the challenges of placing students with PPE sites and preceptors.

The problem of placing students at PPE sites impacts HIM academic programs and their students nationwide (Fabrizio et al., 2014; Manger & Kirk, 2013). Currently, there are 350 CAHIIM-accredited health information programs in the United States, of which 273 are online programs (Kennedy, 2020). Of special concern, online HIM programs, in particular, are challenged by placing students at PPE sites due to competing with local colleges and universities (Fabrizio et al., 2014). AbuSabha et al. (2018) suggested that if the motivations of preceptors to work with students were understood, then perhaps it would illuminate ways to improve the number of preceptor volunteers in the allied health profession. While the challenges and barriers have been studied in many of the allied health disciplines, little is known about the unique problems that HIM preceptors encounter when arranging the PPE and working with HIM students.

This chapter provides an overview of the issues with placing HIM students in PPE sites. The remainder of this chapter will highlight the problem, purpose of the study, and research questions. Also, a listing of the definition of terms for this study is included.
Statement of the Problem

Academic programs in allied health sciences are forecasted to experience significant growth during the next 10 years to meet healthcare workforce needs (Gibson et al., 2017; Jackson et al., 2016; O’Brien et al., 2017; Taylor et al., 2017). To comply with programmatic accreditation standards and assure students are prepared for the workforce, allied health programs must place students in an internship prior to graduation (Gibson et al., 2017; Hankemeier et al., 2017; Recker-Hughes et al., 2016; Taylor et al., 2017). Even so, allied health programs are challenged with finding enough internship sites and preceptors (Gibson et al., 2017;Jackson et al., 2016; Recker-Hughes et al., 2016; Taylor et al., 2017). The problem is we do not know what the challenges and barriers are with PPE placement for HIM students from the preceptor’s perspective.

Research in athletic training, dietetics, pharmacy, physical therapy, and occupational therapy education has revealed that time, workload, policies, procedures, and regulations are barriers to securing supervised internship sites (Gibson et al., 2017; O’Brien et al., 2017; O’Keefe et al., 2016; Recker-Hughes et al., 2016). Yet, there remains a lack of understanding about the perceived challenges and barriers of precepting HIM students that may impact site placement (Hankemeier et al., 2017; Hartzler et al., 2015; Nottingham, 2015; Recker-Hughes et al., 2016). Currently, there is minimal research on the challenges and barriers of precepting HIM students (Fabrizio et al., 2014). Jackson et al. (2016) emphasized the importance of collaboration among leaders in higher education and the HIM industry on ways to strengthen the internship process to ensure students are prepared for the workforce. Research on preceptors’ perceived challenges and barriers is warranted to better understand the problem of placing HIM students in supervised professional practice.
The challenges of placing HIM students in a supervised PPE are problematic for all stakeholders. Students cannot graduate without completing a PPE, which delays their ability to sit for the national AHIMA certification exams (AHIMA, 2020d). What is more troubling, research has shown that the longer it takes a student to complete the program, the less likely they are to pass the national credentialing exam (Jackson et al., 2016). Additionally, there are implications for HIM programs and the workforce. Accredited HIM academic programs have an ethical duty to ensure students are able to complete all course requirements and graduate within a specified amount of time (CAHIIM, 2020a). Also, HIM academic programs are required to track and report degree completion data to CAHIIM annually. If HIM academic programs cannot demonstrate that they are placing students with PPE sites and graduating students in a timely manner, they are at risk of receiving an accreditation violation (CAHIIM, 2020a). Lastly, the inability to place HIM students with PPE sites impacts the workforce because there is already a shortage of qualified, credentialed professionals serving in the HIM industry (Jackson et al., 2016).

**Purpose of the Study**

The purpose of this qualitative multicase study was to explore ways to improve PPE site placement and supervision by discovering the challenges and barriers of preceptors to ensure that HIM students graduate, obtain credentials, and enter the HIM workforce. The study population was 20-30 professionals currently working in a healthcare-related field with recent experience serving as a preceptor for HIM students. Once eligible participants were identified for the study, data were collected using a pre-interview survey for gathering demographic data, such as the preceptors’ HIM credential level, years of experience, regional location, and type of healthcare setting in which they are employed. Interviews were conducted with study participants that
include questions aimed at uncovering the challenges and barriers of placing and precepting students. By studying the PPE site placement issues from the preceptor perspective, HIM academic program leaders may glean a better understanding of how to prepare and support HIM professionals serving in the preceptor role.

**Theoretical Framework Discussion**

Experiential learning theory (ELT) is based on the works of John Dewey (Kolb & Kolb, 2005). Even though the definition of experiential learning has evolved, most researchers agree that hands-on learning is at the core of this theory (Austin & Rust, 2015; Kolb & Kolb, 2005). Lee (2007) defined experiential learning as “a broad term referring to multiple programs and systems for providing students in educational institutions with work-based applied to learning opportunities” (p. 38). Currently, the Association for Experiential Education (2020) offered the following definition,

> Experiential education is a teaching philosophy that informs many methodologies, in which educators purposefully engage with learners in direct experience and focused reflection to increase knowledge, develop skills, clarify values, and develop people's capacity to contribute to their communities. (para. 1)

Austin and Rust (2015) asserted that experiential learning might encompass internships, service learning, applied learning, and an array of other activities. As such, ELT is an appropriate framework for this study.

**Research Questions**

The following research questions were designed to explore the challenges and barriers of precepting HIM students to shed light on the problem with PPE site placement:
**RQ1:** What are the preceptors’ viewpoints regarding the challenges and barriers of placing HIM students with a PPE site?

**RQ2:** What are the perceived challenges and barriers of precepting HIM students?

**Definition of Key Terms**

**Allied health.** Allied health may be defined as those healthcare professionals that work outside the realm of medicine and nursing (ASAHP, 2020, para. 1). ASAHP (2020) further described,

Allied health is a broad group of health professionals who use scientific principles and evidence-based practice for the diagnosis, evaluation and treatment of acute and chronic diseases; promote disease prevention and wellness for optimum health, and apply administration and management skills to support health care systems in a variety of settings. (para. 2)

**Experiential learning.** The process of learning where “formal experiential learning is connected to classrooms in schools and universities, occurring in classrooms or laboratories, using experiments, projects, and other hands-on activities” (Hedin, 2010, p. 108).

**Health information management (HIM).** Health Information Management is “the practice of acquiring, analyzing, and protecting digital and traditional medical information vital to providing quality patient care. It is a combination of business, science, and information technology” (AHIMA, 2020a).

**Preceptor.** A preceptor is an instructor or specialist who teaches, counsels, and serves as a role model, and supports the growth and development of an initiate in a particular discipline for a limited time, with the specific purpose of socializing the novice in a role. Preceptors fill the
same role as mentors but for a more limited time frame (The Free Dictionary, 2020, Definition 3).

**Professional practice experience (PPE).** The PPE “refers to the internship or affiliation or clinical practicum the student participates throughout their HIM educational program” (Brucker et al., 2011, p. 4).

**Summary**

In this study, I explored the challenges and barriers of site placement and supervision for HIM students in professional practice that focuses on the preceptors’ perspective. Students, academic programs, preceptors, and the HIM workforce will benefit from this study. If this study was not conducted, the problem of placing HIM students in a PPE site may continue to increase and negatively impact HIM programs’ accreditation status, students’ ability to graduate on time, and the HIM workforce.

For this study, Chapter 2 provides a review of the related literature. In this review, I summarized the theoretical framework that underpinned this study. I explored allied health with a specific focus on health information management education and profession. Further, I delved into the various roles, challenges and barriers, benefits and values, and training and support needs of experiential learning. From there, I identified the requirements for experiential learning from preparation to completion. Lastly, I looked at the future of health information education and the profession.
Chapter 2: Literature Review

The purpose of this qualitative study was to explore the challenges and barriers of professional practice experience (PPE) placement for health information management (HIM) students from the preceptors’ perspective. The problem of placing HIM students with PPE sites continues to increase as the healthcare landscape changes. The literature review focuses on preceptor challenges and barriers, benefits, and values, along with the preparation and support needed for a successful experience.

The literature search for this study was conducted at the online Margaret and Herman Brown Library at Abilene Christian University. Using the OneSearch database, I retrieved over 150 sources related to my study. The following keywords and phrases were used when conducting the search:

- Academic internships
- Allied health education
- Clinical practice
- Directed practice
- Experiential learning and education
- Health information management education
- Health information management profession
- Internships in higher education
- Preceptors in allied health sciences
- Preceptor training and development
- Professional practice experience
- Site placement for student interns
The search yielded many sources that led to additional credible references located in dissertations available in ProQuest Digital Dissertations and Theses Global, along with books published on experiential learning. As a result of this in-depth search, I established a solid foundation for building my study. The review of literature provides a detailed description of the theoretical framework that underpins this study. Then, a review of allied health and HIM is included to provide orientation to the context of this study. Further, the review addresses the roles and responsibilities, challenges, barriers, benefits, and values of experiential learning. Additionally, the literature explores how to prepare students and preceptors for experiential learning. Lastly, the literature explores HIM experiential learning, along with the future of HIM education and workforce.

**Theoretical Framework**

This study was based on a theoretical framework that provided a foundation for a more focused review of the problem. A theoretical framework guides the researcher through the entire research process (Merriam & Tisdell, 2015; Roberts, 2010). Merriam and Tisdell (2015) described the theoretical framework as the lens through which the researcher views the study. Additionally, Merriam and Tisdell (2015) explained that “a theoretical framework is the underlying structure, the scaffolding or frame of your study” (p. 85). Experiential learning theory (ELT) served as the theoretical framework for this study.

**Experiential Learning Theory**

The ELT was primarily developed by Kolb based on the theories of human learning and development from prominent theorists John Dewey, Kurt Lewin, and Jean Piaget (Kolb, 1984; Kolb & Kolb, 2005, 2017). Kolb (1984) described John Dewey as “the most influential education theorist of the twentieth century, that best articulates the guiding principles
for programs of experiential learning in higher education” (p. 5). Dewey (1938) posited a link between experience and education; however, some experiences are not necessarily educational. Further, Dewey proposed that experiential learning involves observing experiences and making judgments about them.

Kolb incorporated the works of Lewin, notably his research on group dynamics, into ELT (Hedin, 2010; Kolb, 1984; Kolb & Kolb, 2017). Lewin is credited as the founder of American social psychology and creator of action research (Kolb, 1984; Kolb & Kolb, 2017; Seaman et al., 2017). Further, Kolb (1984) described how Piaget, a noted theorist on cognitive development, discovered that intelligence is formed by experience. Piaget made a striking discovery that intelligence is developed through action. For this reason, Kolb (1984) wove in components from Piaget’s stages of cognitive development into ELT. As a result, the basis of the ELT framework centers on connections, experience, and group dynamics of those experiences.

Kolb (1984) defined ELT as “the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience” (p. 41). However, scholars have varying definitions for experiential learning (Austin & Rust, 2015; Hedin, 2010). McKeachie and Hofer (2002) noted, “Experiential learning refers to a broad spectrum of educational experiences, such as community service, fieldwork, sensitivity training groups, workshops, internships, cooperative education involving work in business and industry, and undergraduate participation in faculty research” (p. 246). To provide clarity, Hedin (2010) posited that “experiential learning refers to the process of learning, while experiential education refers to programs or contexts that make use of experiential learning” (p. 108). As such, using the terms in the appropriate context is recommended to avoid confusion.
Kolb (1984) developed ELT based on the overarching schemes agreed upon by early theorists in human learning and development. Hence, Kolb’s theory proposes,

1. Learning is best conceived as a process, not in terms of outcomes.
2. All learning is a continuous process grounded in experience.
3. Learning requires the resolution of conflicts between dialectically opposed modes of adaptation to the world.
4. Learning is a holistic process of adaptation to the world.
5. Learning involves transactions between the person and the environment.
6. Learning is the process of creating knowledge. (pp. 26-36)

In contemplating Kolb’s ELT, experiential learning is a process that largely depends on how students interact and make meaning with the learning environment. To that end, students will need to adapt to their surroundings for the experience to have an effective impact on them. When this occurs, experiential learning is transformed into knowledge.

**Experiential Learning Design.** Experiential learning may be designed as an internship, field or work-study, apprenticeships, study abroad, and the creative arts (Austin & Rust, 2015). Kuh (2008) described how these types of experiential learning activities are high-impact practices that yield positive student outcomes. Kuh found that high-impact practices strengthen student engagement and lead to a successful career postgraduation. Essentially, experiential learning is hands-on learning that may be customized to meet the learning needs. Furthermore, the National Society for Experiential Education (2013) provided guiding principles for high-quality experiential learning activities. The experience must be intentional and have clearly defined roles and goals that are prepared and planned. An authentic experience that is meaningful and relevant must occur. Participants must be trained, oriented, and reflect on the
experience to transfer the experience to knowledge. The experience should be monitored for improvement and include a formal assessment and evaluation process (Heinrich & Green, 2020). Lastly, the experience should be acknowledged through documentation and recognition.

Assuring students are placed with a high-quality internship site is a priority for academic programs in order to achieve experiential learning. In one study, Petrila et al. (2015) identified characteristics of a quality internship site. Sites must have the financial resources to support interns through adequate supervision, and staff must be available to oversee the intern’s learning activities. Providing a welcoming and supportive environment for interns is vital for ensuring a positive experience. One way to accomplish this is by conducting a thorough orientation to the organization. Another way to welcome and support students is by simply providing the workspace and resources for interns to complete their work. The experience is strengthened when the space is conducive to learning. Kolb and Kolb (2017) outlined key considerations for creating a learning space that ‘include physical, cultural, institutional, social and psychological aspects and they come together in the experience of the learner” (p. 31). As such, learners benefit from a welcoming environment that is safe and lends itself to authentic conversation. By fostering a positive learning space, learners can more readily transfer through the learning cycle.

Planning for experiential learning takes considerable time and thought. Austin and Rust (2015) described the importance of the initial planning process for ensuring program success. In their initial planning, Austin and Rust sought to define and develop the purpose of their experiential learning program. Next, they determined how the experiential learning program fits with the organization's mission and vision. Then, evaluating the strengths and weaknesses of the organization to tap into the human and financial resources necessary for developing the program (Austin & Rust, 2015; Pangelinan et al., 2018). Bringing in key stakeholders is yet another
important step. Austin and Rust (2015) recommended including the campus community, area businesses, and students. Additionally, Austin and Rust (2015) and Pangelinan et al. (2018) advocated for tapping into non-profit organizations for assistance with planning and implementing experiential learning programs.

Developing student learning outcomes for the experiential learning program is vital for assuring the program is meaningful and meeting goals. Austin and Rust (2015) recommended developing learning outcomes, and assessment methods should take place during the planning phase. However, they noted that challenges occurred during this phase of development. Deciding on the types of learning activities was challenging. Also, determining how to measure the outcomes and design of the rubrics was a struggle. Lastly, Austin and Rust (2015) explained how building student interest and knowledge was difficult.

Designing the curriculum for experiential learning is paramount for the success of the program. Austin and Rust (2015) designed the experience to include a course, at least one external activity, and one internal activity related to campus service. Also, learning experiences are an excellent opportunity for students to showcase their skills in an e-portfolio (Austin & Rust, 2015; Pangelinan et al., 2018). Experiential learning educators agree that closing the learning loop with an assessment adds value to the experience (Austin & Rust, 2015; Kuh et al., 2018; Pangelinan et al., 2018). By carefully designing curriculum, experiences, assessment, and evaluation, students will reap the benefits of experiential learning.

**The ELT Model**

Kolb (1984) explained that humans perceive and transform experiences differently and found two primary ways people perceive experiences. Kolb described these two perceptions of experience as concrete experience (CE) and abstract conceptualization (AC). Kolb further
expounded that experiences are then transformed through reflective observation (RO) and active experimentation (AE). Additionally, Kolb observed how these experiences are processed through an experiential learning cycle that consists of four phases: experiencing, reflecting, thinking, and acting (Kolb, 1984; Kolb & Kolb, 2005, 2017). Kolb and Kolb (2017) posited that learning is not linear but rather a continuous cycle of experiencing, reflecting, thinking, and acting. Each phase builds upon the other and then repeats for each unique experience.

As with many theories, Kolb and Kolb (2005) defined three distinct stages of ELT development:

1. acquisition, from birth to adolescence, where basic abilities and cognitive structures develop;
2. specialization, from formal schooling through the early work and personal experiences of adulthood, where social, educational, and organizational socialization forces shape the development of a particular, specialized learning style; and
3. integration in midcareer and later life, where nondominant modes of learning are expressed in work and personal life. (p. 195)

Learning style preferences have been a major focus of ELT. Learning style refers to ways in which people prefer to learn (Kolb, 1984). As such, Kolb described four learning style preferences: diverging, assimilating, converging, and accommodating. The diverging learning style is dominant in CE and RO. Divergent learners prefer working with people who need individualized feedback. This group of learners is highly creative and innovative and tends to have careers in the arts. The assimilating learning style is dominant in AC and RO. People with this learning style are abstract thinkers and need time to analyze a situation before making a decision. Assimilating learners are drawn to technology and science careers. Convergent learners
are AC and AE dominant and tend to be problem solvers using practical means. Convergent learners prefer solving technical versus human relation problems and thus are attracted to careers in the technical field. Accommodating learners are CE and AE dominant and prefer tactile experiences. This learning group thrives in challenging situations, and they tend to rely on instinct versus logic. Accommodating learners are drawn to careers in marketing and sales, where they can focus on team projects.

Understanding individual learning styles is important for developing meaningful experiential learning opportunities (Kolb & Kolb, 2005, 2017, 2018). As such, Kolb (1999) created the Learning Style Inventory to assess one’s learning style. In the inventory, the learning styles for experiential learning are defined in nine distinct categories (Kolb & Kolb, 2017). Learners with the initiating learning style operate in the AE and CE dimensions by taking action “in order to deal with experiences and situations” (Kolb & Kolb, 2017, p. 23). In the experiencing style, the learner’s function in CE and a mix of AE and RO and derive meaning from experience. In the imagining style, learners are adept at CE and RO and learn by the possibilities based on observation and reflection. The reflective learner uses RO and a balance of CE and AC to reflect deeply on experiences. Learners with the analyzing style are adept at integrating and systematizing ideas through RO and AC. Similarly, the thinking style learner can think abstractly and use logical reasoning by operating in AC, AE, and RO. The deciding learner solves problems using theories and models and falls in the AC and AE dimension. Conversely, the acting style learner combines people and tasks that are goal-focused and thus falls into the AE, CE, and AC aspects. Lastly, learners with the balancing style are highly adept at acting and experiencing, depending on the learning situation. Thus, balancing style learners operate in all four dimensions of CE, AC, AE, and RO (Kolb & Kolb, 2017).
The role of the educator in experiential learning must be understood by all stakeholders. To glean a better understanding of the role educators serve in experiential learning, Kolb and Kolb (2017) developed the Kolb Educator Role Profile. The profile includes four role-based categories for facilitator, expert, evaluator, and coach. In the facilitator role, educators can help learners contemplate experiences through deep reflection activities. Educators can tap into the expert role by helping learning by connecting previous knowledge to the current subject through readings and lectures. In the evaluator role, educators help learners develop mastery of learning objectives by using strategies to achieve goals. Educators can adapt the coaching role to help learners harness their knowledge to reach goals by employing motivating strategies. Reflecting further on educator roles, Peterson (2018) posited that educators must consider “personal beliefs, practices, styles, and goals to build flexibility in the four roles” to be effective (p. 37). To do so requires time and reflection and extends beyond merely matching students according to their learning style preferences.

**Allied Health**

The concepts of experiential learning are specifically relevant to the emphasis on internships in allied health. The allied health profession is a term that describes healthcare-related disciplines that work in concert with physicians and nurses to provide patient care or services (AMA, 2020). Allied health disciplines include athletic training, audiologists, clinical laboratory technology, counseling, dental hygiene, dietetics/nutrition, emergency medical technology, health information management/technology, medical assisting, occupational therapy, physical therapy, radiology, respiratory therapy, speech and language pathology, and surgical technology. Health information management (HIM) is uniquely situated at the center of these disciplines because it manages patient information that is used by all of the healthcare
stakeholders (McWay, 2013). HIM is responsible for assuring patient information is accurate and complete. By doing so, other healthcare disciplines can achieve optimal patient outcomes.

Allied health academic programs prepare students for the healthcare workforce (Bates et al., 2014; Fabrizio et al., 2014; Hernandez et al., 2014; Manger & Kirk, 2013). High-quality allied health academic programs are externally accredited based upon their respective discipline. The accreditation standards require allied health students to complete an experiential learning activity prior to graduating (CAHIIM, 2020a; Gibson et al., 2017; Maher et al., 2015; Recker-Hughes et al., 2016). In one study, Recker-Hughes et al. (2016) noted that the accreditation standards are the guiding force behind internship requirements and design. As such, Manger and Kirk (2013) and Mautino (2019) explained that academic programs are charged with assuring students complete an external learning experience that meets the rigorous accreditation guidelines.

In addition to meeting programmatic accreditation standards, experiential learning allows students to apply theory learned in class to professional practice (Bates et al., 2014; Hebert et al., 2017; Jackson et al., 2016; Maher et al., 2015). Being able to integrate the theory into practice strengthens the students’ confidence in their skills and abilities (Lei & Yin, 2019; Maher et al., 2015; Sosland & Lowenthal, 2017). As a result, students can be better prepared for the workforce upon graduation.

**Health Information Management Profession**

Health information management (HIM) is defined as “the practice of acquiring, analyzing, and protecting digital and traditional medical information vital to providing quality patient care. It is a combination of business, science, and information technology” (American Health Information Management Association [AHIMA], 2020a, para. 3). Further, AHIMA
stated, “HIM professionals care for patients by caring for their medical data and are responsible for the quality, integrity, security, and protection of patient’s health information.” Put differently, McWay (2013) explained that the HIM profession exists to support patient care by overseeing the management of the patient’s health data (McWay, 2013). McWay pointed out that HIM professionals support allied health professionals, nurses, and physicians with interpreting and complying with health record documentation regulatory guidelines. Lastly, HIM professionals are charged with the vital task of ensuring patient health data are accurate, complete, timely, accessible, and secure.

The AHIMA serves as the professional organization with oversight of HIM professionals and practices through providing an array of services and supports (AHIMA, 2020b; McWay, 2013). McWay (2013) noted that the profession began in 1928 as the Association of Record Librarians of North American response to the need for standardized clinical documentation. In 1938, the association was renamed the American Association for Medical Record Librarians, and then changed names again in 1970 to the American Medical Record Association. To ensure the association accurately represented the work performed by HIM professionals, the name was changed to AHIMA in 1991 to encompass all methods of managing health information (AHIMA, 2020b).

The mission of AHIMA is simple, “empowering people to impact health,” and their vision is “a world where trusted information transforms health and healthcare by connecting people, systems, and ideas” (AHIMA, 2020b, para. 4-5). One of the key tenets of AHIMA’s purpose is to strengthen the HIM workforce by overseeing professional credentials and providing continuing education opportunities to ensure the profession remains current and relevant. Providing ethical guidance for professional conduct is another vital role of AHIMA. As such,
AHIMA members must comply with the Code of Ethics (AHIMA, 2020c). Since HIM professionals manage sensitive patient information, AHIMA provides guidance on compliance with regulatory agencies. For instance, HIM professionals are responsible for assuring health records are protected in accordance with the Health Insurance Portability and Accountability Act (United States Department of Health and Human Services [HHS], 2020). Ultimately, AHIMA is charged with overseeing HIM professionals’ credentialing, training, continuing education, and ethical behavior (AHIMA, 2020d).

The four overarching career pathways in HIM include coding and revenue cycle management, informatics, data analytics, and information governance (AHIMA, 2020e). Within these career pathways, a multitude of job roles exist. As the AHIMA career map indicates, an opportunity for advancement is possible among many roles. For instance, working in the role of medical biller at the entry-level can lead to becoming a data analyst at the advanced level. As the profession continues to evolve due to advancements in technology, so do the job roles and responsibilities (Butler, 2016; Marc et al., 2017; Nelson, 2017; Sandefer et al., 2015). Because of these trends, HIM education must stay current with industry needs.

**Health Information Management Education**

HIM academic programs prepare students for the health information management and technology profession (AMA, 2020; Commission on Accreditation for Health Informatics and Information Management Education [CAHIIM], 2020a). Academic programs in HIM may become externally accredited by the CAHIIM after undergoing a rigorous process that includes a self-study and site visit (CAHIIM, 2020a). CAHIIM accreditation is defined as,

Accreditation by CAHIIM is a voluntary and systematic evaluation process, a degree program undergoes. The process is based on self-evaluation and peer review assessment
to achieve continuous improvement in academic and CAHIIM standards of quality. The accreditation process provides public accountability and the status of program educational quality. (CAHIIM, 2020b, para. 3)

Thus, HIM programs must comply with accreditation and curriculum standards (CAHIIM, 2020a). The curriculum standards are developed by HIM educators and professionals through a collaborative effort. AHIMA’s Council for Excellence in Education (CEE) serves in an advisory role with AHIMA to inform leadership on HIM education and workforce needs (AHIMA, 2020f). The CEE contributes to the development of curriculum standards and the competency levels for each.

CAHIIM accredits HIM programs at the associate’s, bachelor’s, and master’s degree levels for face-to-face, hybrid, and online delivery (CAHIIM, 2020a; Kennedy, 2020). Currently, CAHHIM-accredited programs include 253 associate, 72 baccalaureate, and seven master programs. Interestingly, the number of online programs has increased by 50% during the past 10 years. To maintain CAHIIM accreditation status, HIM programs must comply with the accreditation and curriculum standards (CAHIIM, 2020a). The curriculum standards are developed by HIM educators and professionals through a collaborative effort. AHIMA’s Council for Excellence in Education (CEE) serves in an advisory role with AHIMA to inform leadership on HIM education and workforce needs (AHIMA, 2020f, para. 3). The CEE contributes to the development of curriculum standards and the competency levels for each.

The HIM curriculum standards include a PPE, or more commonly known as an internship. The CAHIIM guidelines on PPEs state that HIM students must complete, at minimum, a 40-hour externally supervised experience (CAHIIM, 2020a). The PPE may be completed face-to-face or virtually, providing that the experience is externally supervised by a
professional in the workforce. Even so, HIM programs continue to have difficulty finding enough PPE sites for their students (Jackson et al., 2016; Manger & Kirk, 2013; Mautino, 2019). For this reason, HIM programs must identify the challenges and barriers that exist with the PPE. Additionally, gleaning and understanding of the training and support preceptors need may improve the issues surrounding site placement. By doing so, stakeholders can develop viable solutions to this problem of practice.

Because of the problem with placing students, AHIMA developed an incentive program to entice credentialed HIM professionals to serve as preceptors. The policy states that preceptors may earn up to five continuing education credits per year, for a maximum total of 10 per reporting bi-annual cycle (AHIMA, 2020g). Further, the policy recommends that preceptors retain a copy of the student timesheet log as verification of their preceptor duties in case of an audit of their credentials.

The PPE may be customized to meeting the needs of the sponsoring site and student. As such, students may complete the PPE on-site, virtually, or in a hybrid format (CAHIIM, 2020a). Students may attend the PPE site individually or in groups, depending on the preceptor’s preference. To provide a rich experience, students may be placed in a variety of healthcare settings. Lastly, CAHIIM allows HIM students to customize their PPE as a paid internship as this in compliance with federal regulations (United States Department of Labor, 2018).

Internship opportunities may be paid or unpaid. Fede et al. (2018) and Miller et al. (2018) described how unpaid internships are not possible for many students who must work. The law addresses this concern by allowing students who are employees of the sponsoring site to earn payment while interning (United States Department of Labor, 2018). Fede et al. (2018) studied the impact of incorporating experiential learning activities into paid university positions. Their
study found that students significantly improve soft skills, engagement with others, and ethical practices. Miller et al. (2018) suggested that policymakers could develop creative ways to offset the costs for students completing an unpaid internship.

Further, Miller proffered that developing publicly funded programs to assist students with the college to career transition might assist with the income lost during an unpaid internship. Allowing students to earn income during the PPE can lessen the financial burden for students. Fede et al. (2018) explained some students might be prohibited from completing an unpaid internship due to financial hardship. Therefore, CAHIIM allows students to participate in paid PPEs under the provisions of the U.S. Department of Labor guidelines (United States Department of Labor, 2018).

HIM program directors and preceptors should develop a mutually agreeable plan that fosters a valuable learning experience and meets CAHIIM-accreditation guidelines (Brucker et al., 2011). The CAHIIM guidelines stipulate that students must complete a minimum of 40 hours during the PPE and must be externally supervised by someone outside of the academic programs (CAHIIM, 2020a). Because the purpose of the PPE is for students to apply theory to practice, sites are encouraged to allow students to perform realistic hands-on activities. Academic programs are encouraged to create a handbook that outlines the policies, procedures, and processes for the PPE (A. Stefan, personal communication, September 15, 2020). The PPE handbook may provide examples of tasks and projects to complete; however, flexibility exists to allow for collaboration among the preceptor, student, and academic program (Brucker et al., 2011). By doing so, a comprehensive learning experience customized to meet the student’s needs can be achieved.
AHIMA Credentials

Professionals in HIM are eligible to become credentialed by AHIMA (AHIMA, 2020d). The AHIMA Commission on Certification for Health Informatics and Information Management (CCHIM) has oversight of the certification and credentialing process (AHIMA, 2020f). The CCHIM is responsible for establishing the guidelines for certification and recertification for HIM professionals. The commission is comprised of HIM educators and leaders who must be AHIMA-credentialed. Having an AHIMA credential signifies that a professional possesses the knowledge and ability to effectively manage patient health information. One highly coveted credential is the Registered Health Information Administrator (RHIA). Eligibility for the RHIA credential requires one of the following:

- Successfully complete the baccalaureate-level academic requirements of a Health Information Management (HIM) program accredited by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM),
- or successfully complete the Master’s-level academic requirements of an HIM program accredited by the CAHIIM, or successfully complete the academic requirements of an HIM Certificate of the Degree (Post-Baccalaureate) program approved by the CAHIIM;
- or graduate from an HIM program approved by a foreign association with which AHIMA has a reciprocity agreement, or hold the RHIT certification and meet the proviso conditions approved by the 2017 Commission on Certification for Health Informatics and Information Management. (AHIMA, 2020d)

Obtaining the RHIA signifies that the HIM professional has demonstrated mastery of the CAHIIM curricular standards and competencies (AHIMA, 2020d). Additional credentials in a variety of HIM roles may be earned by demonstrating competency on a certification exam along
with evidence of formal academic preparation. Lastly, coding credentials may also be earned and do not require college credit hours.

**Experiential Learning Roles and Responsibilities**

Before an experiential learning experience can take place, the roles of learner and preceptor must be clearly defined (Hedin, 2010; Manger & Kirk, 2013; Mautino, 2019). The learner is responsible for acknowledging and completing the requirements of the learning experience. The preceptor is the professional in the discipline that serves as the experiential educator. In this role, the preceptor is responsible for the students’ learning and action while on-site. Since this role carries a high level of responsibility, preceptors should receive proper training and support. Preceptors struggle, at times, with supervising students due to a lack of understanding of the students’ expectations (Christodoulou, 2016; Dodge & Mazerolle, 2015; Sauder et al., 2019). To combat these struggles, Christodoulou (2016) suggested that preceptors create a positive learning environment where students feel safe and secure enough to share their expectations. Additionally, Young et al. (2014) found that preceptors should not only have the time to serve in this role but should also have an interest in teaching others.

Establishing the roles of the university and sponsoring site is vital and may lead to problems if not well-defined. Sauder et al. (2019) found significant discrepancies regarding duties and expectations between universities and sponsoring sites. Coming to an agreement on one another’s roles and expectations is imperative for a successful student learning experience. For instance, universities have a duty to care for students from an ethical standpoint (Grace et al., 2019). Grace addressed ethical considerations in a study centered on developing national guidelines for ethical practice in allied health. Thus, universities must have policies in place to prevent the unethical treatment of student interns.
The university has the ultimate responsibility for ensuring the student is placed with a preceptor and sponsoring site. However, the sponsoring site is responsible for providing a quality experience in a safe learning environment. To ensure each role is clearly outlined, a legal agreement must be signed by the university and sponsoring site (AbuSabha et al., 2018; O’Brien et al., 2017; Sosland & Lowenthal, 2017; Taylor et al., 2017). Having this agreement in place provides protection for all of the stakeholders participating in the learning experience. Further, Sauder et al. (2019) highlighted the importance of requiring students to complete an orientation prior to working at the internship site. By doing so, students can be better prepared for the experience by understanding the expectations.

**Challenges and Barriers**

Placing student interns in healthcare organizations has been a long-standing problem due to a variety of challenges and barriers (AbuSabha et al., 2018; Jackson et al., 2016; O’Brien et al., 2017; Taylor et al., 2017). Significant challenges to site placement include obtaining appropriate legal documentation between universities and healthcare organizations (O’Brien et al., 2017; Taylor et al., 2017). The lack of student and preceptor training and preparation is yet another challenge. Preceptors within healthcare organizations reported that lack of time is a significant barrier to hosting a student intern (AbuSabha et al., 2018; Gibson et al., 2017; Hartzler et al., 2015; O’Brien et al., 2017; Taylor et al., 2017). Further, Taylor et al. (2017) noted that the shortage of healthcare workers impacts the ability to precept allied health students.

Learners may face the cost of opportunity challenges when participating in experiential learning activities. While paid internships may be available, the temporary nature of the work may be a barrier (Lei & Yin, 2019). In two separate studies, Davenport et al. (2018) and Lei and Yin (2019) noted that the financial cost of the experiential learning opportunity might be a
significant barrier since students may not receive payment for the internship and may have to take unpaid time off from work. In a similar vein, students may be challenged by available time in their schedule to attend the learning experience (Manger & Kirk, 2013). Student geographic location can be a barrier to finding a PPE site. For example, Davenport et al. (2018) and Gibson et al. (2017) noted that students living in rural areas might have difficulty finding a site within a reasonable driving distance. In other studies, lack of student preparation to work in a professional environment was a noted challenge (AbuSabha et al., 2018; Manger & Kirk, 2013; O’Brien et al., 2017; Sosland & Lowenthal, 2017).

Once on-site, students may continue to experience challenges. First, if the site is not prepared for the student’s arrival, this could convey an unintended message that the student is not welcome (Manger & Kirk, 2013). For example, the site may not have a schedule of activities prepared, leaving the student feeling at a loss. Also, if students are not provided with meaningful tasks or projects, they may not value the experience. As such, establishing the expectations for the student is vital for providing a meaningful learning experience (Hoyle & Deschaine, 2016; Petrila et al., 2015; Sauder et al., 2019). Further, Manger and Kirk (2013) explained that students might be challenged by the lack of time spent with the preceptor. Students need to have access to the preceptor for questions and clarification. Petrila et al. (2015) noted how setting clear expectations between the learner and preceptor is a crucial step for providing feedback. If expectations are not clear, the feedback may not be reasonable or meaningful. Hartzler et al. (2015) described how learners were challenged by inadequate verbal and written feedback from preceptors. By being available and invested in learners, preceptors demonstrate the value of the experience. Lastly, Manger and Kirk (2013) noted that learners could be particularly challenged when they are not matched well with the site or preceptor.
Preceptors experience a variety of challenges and barriers with experiential learning activities. Preceptors reported that lack of time was the number one barrier to hosting student interns (AbuSabha et al., 2018; Gibson et al., 2017; O’Brien et al., 2017; Taylor et al., 2017). Similarly, preceptors proffered that workload and productivity expectations could be a significant barrier (Davenport et al., 2018; O’Brien et al., 2017; Webb et al., 2015; Winham et al., 2014). Although O’Brien et al. (2017) found that supervising student interns could increase productivity, secondary to having extra help when working with patients, some preceptors noted that role strain is a challenge (Dodge & Mazerolle, 2015). Role strain occurs as preceptors struggle to balance their workload between clinical provider and educator (Dodge et al., 2014; O’Keefe et al., 2016).

While preceptors value preceptor training, they find it difficult to fit into their schedules (Bomar & Mulvihill, 2016; Gibson et al., 2017). Thus, preceptors identified incentives, such as earning continuing education credit, that could be a strategy for encouraging participation in training (Hartzler et al., 2015). As such, some studies advocate for allowing preceptors to earn continuing education credit for attending preceptor training (Roofe & Landry, 2018; Volberding & Richardson, 2015). Further, Roofe and Landry (2018) expressed the value of recognizing preceptors through a national preceptor month and annual preceptor award.

Understanding the generation gaps in the workforce is critical for successful experiential learning. Volberding and Richardson (2015) made an interesting observation about how challenging working with varied generations may be for preceptors. For instance, some preceptors reported that millennial students tend to lack self-motivation and thus require more time and attention.
Preceptors may experience challenges and barriers within their organization. Policies and procedures for overseeing student interns can be particularly challenging (AbuSabha et al., 2018; Gibson et al., 2017; Taylor et al., 2017). Also, some institutions are not supportive of hosting students and therefore may not provide preceptors with the support needed to effectively oversee students (Winham et al., 2014). Lastly, AbuSabha et al. (2018) observed that limitations of physical space at the internship site were challenging.

Preceptors have expressed similar challenges and barriers noted by students. Sosland and Lowenthal (2017) explained that preceptors might not feel prepared for hosting students for a variety of reasons, including workload and lack of institutional support. Differing expectations may exist among the learner, preceptor, and academic program (Hoyle & Deschaine, 2016; Sauder et al., 2019; Sosland & Lowenthal, 2017). As such, Sosland and Lowenthal (2017) stressed the importance of delineating responsibilities in a contract between organizations. Hartzler et al. (2015) noted that preceptors need guidance on effective teaching strategies. Also, Hartzler et al. reported that preceptors struggle with providing meaningful feedback to students. More worrisome is that preceptors may have worked with difficult learners in the past, which lessens their inclination for hosting future students (Winham et al., 2014). Finally, Manger and Kirk (2013) proffered that some professionals do not want to precept students because they do not see any benefit to their own professional or personal growth.

Academic programs at colleges and universities encounter challenges with placing students in experiential learning sites. Competition for a limited number of sites is a significant challenge (Fabrizio et al., 2014; Gibson et al., 2017; Manger & Kirk, 2013; Moore et al., 2014; Taylor et al., 2017). Finding sites for students enrolled in online programs is particularly difficult because they are competing with local students for a limited number of spots (Fabrizio et al.,
Once programs find a willing site, they must go through the difficult process of obtaining an affiliation agreement from the sponsoring site (AbuSabha et al., 2018; O’Brien et al., 2017; Stutz-Tanenbaum et al., 2015; Taylor et al., 2017). An affiliation agreement is a legal contract between the academic and sponsoring healthcare organization that describes the responsibilities of all parties involved in the experiential learning activity (see Appendix C).

As with other stakeholders, academic programs have time constraints when managing experiential learning activities (Taylor et al., 2017). Winham et al. (2014) found that program directors spend significant time recruiting and training preceptors. Additionally, Stutz-Tanenbaum et al. (2015) explained that it takes a considerable amount of time to advise and prepare students for the learning experience. Likewise, O’Brien et al. (2017) and Sosland and Lowenthal (2017) discovered that students might not be prepared consistently among academic programs. They may not have the skills needed to succeed at the sponsoring site.

When it comes to hosting student interns, sponsoring sites have considerable challenges and barriers. The two most significant barriers center on cost and legal implications (Gibson et al., 2017; O’Brien et al., 2017; Roofe & Landry, 2018; Taylor et al., 2017). To protect themselves against potential harm to patients and litigation, sponsoring sites must obtain an extensive amount of paperwork from student interns (Gibson et al., 2017; O’Brien et al., 2017; Taylor et al., 2017). In addition, sponsoring sites have concerns about the anticipated decrease in staff productivity due to working with student interns. Similarly, other studies claimed that workload inefficiencies might result when working with student interns that negatively impact productivity (Davenport et al., 2018; Recker-Hughes et al., 2016). Adding to this problem is the shortage in the healthcare workforce (United States Bureau of Labor Statistics, 2020). Gibson et
al. (2017) and Recker-Hughes et al. (2016) validated this in their studies by identifying the limited number of qualified staff available to precept student interns.

Sponsoring sites may have divergent expectations of the learning experience (Sauder et al., 2019; Sosland & Lowenthal, 2017). For instance, sites might expect students to perform staff tasks with little supervision, not to mention some sites have lofty expectations for hosting only high-caliber students (Manger & Kirk, 2013; O’Brien et al., 2017). The nature of the changing landscape of student demographics may also pose a barrier for sponsoring sites. As the demographics continue to change, more and more students are holding down full-time jobs and raising families (Manger & Kirk, 2013), and because of this, sponsoring sites may not be able to accommodate an after-hours schedule that meets the needs of today’s student population.

Sponsoring sites may be challenged based on their geographic location. Students may have difficulty traveling to the location, particularly for rural students (Gibson et al., 2017). In keeping with other stakeholders, sponsoring sites, time, schedules, and workspace barriers may exist (Gibson et al., 2017; O’Brien et al., 2017; Taylor et al., 2017; Webb et al., 2015). Along these same lines, sponsoring sites may have a largely remote workforce, making it difficult to precept students (Fabrizio et al., 2014; Manger & Kirk, 2013). Lastly, Gibson et al. (2017) noted that some sites are simply never asked to host a student.

Healthcare organizations and universities face challenges and barriers associated with experiential learning. The most significant barrier for both entities centers on the legal implications of working with student interns (AbuSabha et al., 2018; Gibson et al., 2017; Taylor et al., 2017). Healthcare organizations must protect patients and their health information; thus, they must have proper affiliation agreements in place prior to beginning the learning experience.
(AHIMA, 2020c; Brucker et al., 2011; HHS, 2020). As the shortage in the healthcare workforce continues to grow, so may the ability to place students with a healthcare organization.

Currently, the coronavirus pandemic is one of the most significant barriers to placing HIM students in a PPE on-site (J. Bryan, personal communication, March 16, 2020; W. Limp, personal communication, March 18, 2020). The pandemic lockdown began about the same time that a large percentage of graduating seniors were about to begin their PPE on site. Since the majority of students attend a PPE at a healthcare organization, this created a new set of problems for academic programs, students, and preceptors. As programs scrambled to develop alternative plans for students, CAHIIM (2020c) provided guidance on navigating the PPE requirements during the pandemic. The most significant accommodation centers on the ability of academic programs to create virtual projects for students, providing they are supervised by an external professional, such as an instructor at another program or advisory board member. While the minimum PPE time requirements remain at 40 externally supervised hours, this may be met by incorporating some simulation labs. Having this flexibility has allowed HIM academic programs to share ideas and best practices for assuring that students complete the PPE and graduate on time.

**Benefits and Values**

While challenges and barriers exist, researchers noted a multitude of benefits and values associated with experiential learning (AbuSabha et al., 2018; Bates et al., 2014; Lei & Yin, 2019; Silva et al., 2016). Shapley and Hamuka (2019) reported that learners, preceptors, and faculty appreciate the collaborative nature of experiential learning. Learners benefit by applying the theories learned in the classroom to real-world situations; in turn, they may feel better prepared for the workforce (Bates et al., 2014; Fabrizio et al., 2014; Lei & Yin, 2019; Petrila et al., 2015).
Also, learners can build their soft skills while working with professionals in the field (Fede et al., 2018; Hernandez et al., 2014; Lei & Yin, 2019; Silva et al., 2016). Because of this, Lei and Yin (2019) explained that skill-building could strengthen the student’s confidence. Additionally, researchers found that internships help learners build their professional network and provide a competitive edge over students who have not completed an external learning experience, such as an internship (Hernandez et al., 2014; Lei & Yin, 2019; Miller et al., 2018; Shapley & Hamuka, 2019). As such, the learning experience has the potential to lead to a job offer from the sponsoring organization (Gault et al., 2018; Lei & Yin, 2019; Miller et al., 2018; Silva et al., 2016). In one study, Miller et al. (2018) discovered that students with internship experience were 25% more likely to find gainful employment upon graduating. Even more promising, Gault et al. (2018) found that students who have interned externally from the university increase their earning potential by as much as 15% postgraduation. As such, higher education leaders can use these numbers to encourage students to complete high-impact practices such as internships.

Preceptors reported a wide range of benefits to overseeing student interns (AbuSabha et al., 2018; O’Brien et al., 2017; Recker-Hughes et al., 2016; Winham et al., 2014). AbuSabha et al. (2018) explained that preceptors gain knowledge since they must prepare for student interns. This preparation places them in a space where they seek current and relevant knowledge specific to their discipline. Further, preceptors appreciate the help from student interns on tasks and projects that they may not have time to complete (AbuSabha et al., 2018; Recker-Hughes et al., 2016). Also, several studies found that preceptors enjoyed sharing their knowledge and giving back to their profession (AbuSabha et al., 2018; O’Brien et al., 2017; Recker-Hughes et al., 2016; Winham et al., 2014). Preceptors have also described how earning continuing education credits for re-credentialing is an incentive for hosting students (O’Brien et al., 2017; Recker-
Hughes et al., 2016; Webb et al., 2015). Similarly, preceptors reported that reciprocal learning opportunities from the higher education organizations enticed them to oversee student interns (Dodge et al., 2014; Dodge & Mazerolle, 2015; O’Brien et al., 2017; Webb et al., 2015). Lastly, O’Brien et al. (2017) discovered that preceptors were drawn to supervising student interns because of the opportunity to develop their leadership skills.

The sponsoring organizations that host student interns benefit from this type of experiential learning (Fabrizio et al., 2014; Manger & Kirk, 2013; Silva et al., 2016). Sponsoring organizations have the advantage of viewing the student’s capabilities and work ethic during the process, which could lead to offering the student a position within the organization (Fabrizio et al., 2014; O’Brien et al., 2017; Sosland & Lowenthal, 2017). By doing so, sponsoring organizations can reduce recruitment costs and streamline the onboarding process (Lei & Yin, 2019; O’Brien et al., 2017; Silva et al., 2016; Sosland & Lowenthal, 2017).

Sponsoring organizations benefit from the additional help with the workload that students can provide (Manger & Kirk, 2013; Moore et al., 2014; Sosland & Lowenthal, 2017). Manger and Kirk (2013) provided insights on how student interns can take on projects put on hold due to time constraints. In pharmacy education, Gibson et al. (2017) found experiential learning can lead to an increase in patient services that may result in positive patient outcomes. Additionally, O’Brien et al. (2017) and Sosland and Lowenthal (2017) posited that the students’ fresh perspective adds value to problem-solving tasks. In a similar vein, the enthusiasm of student interns can ignite renewed staff interest in tasks/projects (Gibson et al., 2017; Recker-Hughes et al., 2016). In another study, Recker-Hughes et al. (2016) explained that hosting students is one way to fulfill the organization’s mission.
Higher education organizations benefit from incorporating experiential learning activities into curricular requirements. Meeting external programmatic accreditation requirements is a significant benefit (CAHIIM, 2020a; CAAHEP, 2020). Another compelling benefit is that graduate job placement may increase for learners who have participated in experiential learning (Gault et al., 2018; Lei & Yin, 2019; Miller et al., 2018). For instance, in Lei and Yin's (2019) study, they concluded that experiential learning could enhance learners’ global perspective that organizations are seeking in prospective job candidates. Interestingly, Miller et al. (2018) found that high-impact participation, such as an internship experience, inspires learners to seek additional degrees. As such, experiential learning could improve recruitment.

The healthcare profession could benefit from students participating in experiential learning. Dodge and Mazerolle (2015) discovered experiential learning improves retention and dedication to the profession in the athletic training discipline. Even more critical, Gibson et al. (2017) concluded that hosting student interns may allow for improved patient care and increased services. Gibson et al. also posited that these benefits could lead to changes in federal guidelines for allowing student pharmacists to assist with services at hospital-based pharmacies that may suffer a shortage of staff. In a similar vein, the HIM profession benefits by having new professionals entering the workforce with some hands-on training that can lead to better health record documentation and increased favorable outcomes (Bates et al., 2014; Fabrizio et al., 2014; Jackson et al., 2016). Providing this practical application of theory to practice in the PPE setting will strengthen new graduates’ ability to meet the demands of a rapidly changing HIM landscape.
Preparing for the Experience

Preparing Students for Experiential Learning

Preparing students for experiential learning is essential for assuring a positive outcome. Petrila et al. (2015) described how the orientation sets the tone for the learning experience by preparing students for what to expect and fostering relationships between students and preceptors. Petrila et al. advocated for preparing learners for the experience through a formal orientation program using a variety of didactic methods. Orientation topics may vary among experiential learning activities but may include the sponsoring site’s policies and procedures, learning outcomes, professional conduct, and what to expect while on-site.

Preceptor Recruitment

Recruiting qualified preceptors is crucial for ensuring a successful learning experience. In order to manage the recruitment process more effectively, Pangelinan et al. (2018) recommended using recruitment technology, such as “Handshake,” to aid with the internship setup process. Handshake is a platform used for recruiting employees and interns widely used in higher education (Handshake, 2020). Creating a preceptor database is yet another effective recruitment strategy. Roofe and Landry (2018) described how the Commission on Dietetic Registration developed a Find-A-Preceptor database that provides continuing education credit for completing online training modules.

Preceptor Training and Development

Preceptors should be prepared to oversee students before the learning experience begins. Training and development of preceptors is a critical step for assuring they are prepared for students’ arrival on-site. Pharmacy education programs have identified a variety of preceptor needs for training and development (Hankemeier et al., 2017; Phillips et al., 2017). Since
pharmacy education programs must adhere to programmatic accreditation standards regarding preceptors, academic leaders have a vested interest in preceptor development (Hartzler et al., 2015; Phillips et al., 2017). These guidelines include preceptor’s responsibilities for overseeing and assessing students, have content expertise and current experience in the content area, and demonstrate professionalism to the pharmacy discipline. However, Hartzler et al. (2015) observed that a high number of pharmacy education programs were cited during accreditation for non-compliance with preceptor development standards. In the Phillips et al. (2017) study, researchers evaluated how pharmacy preceptors in training should be trained and developed for their precepting role. Preceptors in training are those pharmacists that are new to precepting, therefore, require professional development in this role. Initially, a preceptor in training is mentored by a qualified preceptor as outlined in the pharmacy education accreditation standards. Phillips et al. observed that high-quality preceptor development programs included orientation and continued development through workshop offerings. Additionally, pharmacy preceptors have access to discussion forums where they can share knowledge and practice tips. Both studies revealed the importance of crafting policies and procedures that reinforce preceptor development (Hartzler et al., 2015; Phillips et al., 2017). These two studies concluded that pharmacists who create a preceptor development plan could strengthen their precepting abilities. In another study, Larson et al. (2019) proffered that using rubrics to assess preceptor development can aid with identifying skills and habits of effective pharmacy preceptors. Further, the Larson et al. study proposed that using the rubric can assist preceptors with creating self-development plans and be used as a tool for orienting new pharmacy preceptors.

Practical strategies for developing preceptors to reach their potential exist in pharmacy education (Phillips et al., 2017). Pharmacy education programs should consider developing
criteria for preceptor selection that could include an application to serve in this role. Pharmacy preceptors should participate in an orientation that covers the core responsibilities. Also, Phillips et al. advocated for continuous professional development opportunities, such as periodic meetings and training. In the Young et al. (2014) study, the researchers discovered that student evaluation results could inform leadership on content for preceptor training and development. Using these various strategies may help preceptors develop to their full potential.

While preceptor development programs are valuable, Hartzler et al. (2015) identified challenges with the process. In this study, researchers found that pharmacists had time and financial constraints that impeded their ability to participate in preceptor development opportunities; however, preceptors preferred face-to-face training. As such, Hartzler et al. (2015) suggested that local professional associations could provide preceptor development opportunities so that pharmacists would not incur exorbitant travel expenses. Also, pharmacists reported struggles with providing feedback to students, which is yet another preceptor challenge that could be resolved by continuous professional development.

Volberding and Richardson (2015) found providing varied experiences for preceptors was challenging, which shed light on the importance of meeting each preceptor’s training needs. In their study, they discovered that annual face-to-face training could be supplemented with periodic updates through an online learning management system. Doing so would allow academic programs to provide real-time updates and targeted content based on preceptor needs. In addition to pharmacy education, studies on preceptor’s needs have been conducted in athletic training and dietetic education (Hankemeier et al., 2017; Nottingham, 2015; Sarcona et al., 2015; Volberding & Richardson, 2015). Similar to pharmacy education, athletic training programs must abide by the programmatic accreditation standards established for preceptors (Hankemeier
et al., 2017; Nottingham, 2015; Volberding & Richardson, 2015). While these standards were revised in 2015 to provide athletic training programs more latitude with preceptor training, programs still face challenges. Volberding and Richardson (2015) showed that programs struggle with how to deliver the training. Budget constraints were yet another challenge for academic programs to provide preceptor training. Not surprisingly, preceptors noted that finding time to participate in the training was a hurdle to overcome (Hankemeier et al., 2017; Volberding & Richardson, 2015). Further, Sarcona et al. (2015) suggested that online training could increase participation for preceptors with time constraints. In the Sarcona et al. study, researchers concluded that preceptors in dietetic education should receive training in interpersonal relationships and teaching to be effective. Similarly, Nottingham (2015) observed a lack of clear communication between academic programs and preceptors regarding expectations of the learning experience. In this study, preceptors reported they were not certain of the expectations for precepting students.

Preceptor training and development could be strengthened by continued support from academic programs (Hankemeier et al., 2017; Hartzler et al., 2015; Phillips et al., 2017; Recker-Hughes et al., 2016). Hankemeier et al. (2017) observed that preceptors could be better supported when programs communicate clearly and frequently. Additionally, preceptors can be supported with guidance on teaching methods (Hankemeier et al., 2017; Recker-Hughes et al., 2016) and supplied with written resources (Phillips et al., 2017; Taylor et al., 2017). Mentoring preceptors during the learning experience is yet another way for academic programs to provide support (Hankemeier et al., 2017; Recker-Hughes et al., 2016). Since evaluating students and providing feedback is challenging for many preceptors, offering support in this area can build their confidence (Hankemeier et al., 2017; Hartzler et al., 2015; Phillips et al., 2017). Lastly, Phillips
et al. (2017) advocated for developing customized training to meet the needs of individual preceptors.

**Student Preparation and Site Placement**

Preparing the preceptor and students for experiential learning is vital for a successful experience (Fabrizio et al., 2014; Mautino, 2019; Sosland & Lowenthal, 2017; Taylor et al., 2017). Academic programs should prepare students for the experience in advance by providing an orientation reviewing the expectations for attendance, professional conduct, learning objectives, and ethical behavior (Sauder et al., 2019; Sosland & Lowenthal, 2017). Also, preceptors should be oriented to expectations of overseeing students, particularly how to prepare for students’ arrival, provide feedback, and assess students’ performance. Additionally, Petrila et al. (2015) suggested using a variety of interactive teaching methods to deliver orientation content. Providing internship handbooks to students is another strategy for preparing them for the learning experience (Sosland & Lowenthal, 2017). In keeping with this best practice, CAHIIM advocates for programs to create a PPE handbook for students and preceptors unique to their academic program (A. Stefan, personal communication, September 15, 2020). The handbook should outline the expectations for the students’ responsibilities when on-site, including attendance and professionalism (Brucker et al., 2011). More importantly, the handbook should explain the importance of students adhering to ethical standards of practice, including AHIMA’s Code of Ethics and the Standards for Ethical Coding (AHIMA, 2020c; AHIMA Standards of Ethical Coding, 2016). Further, the handbook should discuss the importance of students complying with university Codes of Conduct and any of the sponsoring sites’ policies and procedures (Brucker et al., 2011). Also, the handbook must emphasize the paramount importance of following federal regulations, in particular, the Health Insurance Portability and
Accountability Act legislation regarding the handling of protected health information (HHS, 2020).

Before students begin the PPE, several documents must be collected and approved. For legal purposes, an affiliation agreement between the academic institution and sponsoring site must be secured (Brucker et al., 2011). The affiliation agreement is a binding legal document that outlines the responsibilities of each party involved along with a hold-harmless clause (Brucker et al., 2011). In addition to the affiliation agreement, some sponsoring sites may require proof of professional liability coverage from the student. Sites may also require documentation on the student’s health status, a tetanus vaccine, and a drug screening. Requirements vary among sites. Academic programs should be aware of these guidelines before placing students with a site.

Selecting an appropriate site for students to attend the PPE is paramount for their success. Since CAHIIM does not prescribe criteria for site selection, academic programs are responsible for choosing sites for students (Brucker et al., 2011). However, some programs, particularly online programs, may require students to find their PPE site. Even so, academic program directors or career service team members can assist students with finding appropriate sites. Sosland and Lowenthal (2017) advocated that faculty advisors, or others responsible for site placement, endeavor to place students in sites that match their skills and goals. For example, if an HIM student desires to code complex cases, placing a student with a level one trauma facility would be more appropriate than at a community hospital. To guide this process, AHIMA and CAHIIM developed a list of the appropriate healthcare settings for selecting PPE sites (see Appendix A). A successful PPE will be achievable by preparing students and preceptors prior to the first day of the experience.
Professional Practice Experience in Health Information Management

Academic programs are responsible for assuring students have a meaningful learning experience. To do so, HIM programs must ensure that the PPE is designed to meet the requirements outlined in standard 23 of the CAHIIMs accreditation standards (CAHIIM, 2020a). The CAHIIM standard 23 stated,

Each student must complete a minimum of 40 hours of externally supervised activity prior to graduation. The externally supervised activity PPE must relate to higher-level competencies and result in a learning experience for the student and/or a deliverable to a practice site. (CAHIIM, 2020a, p. 9)

Providing students are externally supervised by someone outside of the university; they may complete the internship virtually.

Students and preceptors should complete a PPE orientation prior to the beginning of the learning experience to ensure a successful experience. Mautino (2019) recommended including expectations in the handbook, including required grade point average, immunizations, and other legal documents such as criminal background checks and professional liability insurance. Further, Mautino suggested including expectations on professional appearance and behavior during the PPE. More importantly, clearly stating the behaviors that could lead to disciplinary action, such as a HIPAA violation, should be well documented in the handbook. Providing a PPE handbook that addresses key elements and considerations is highly suggested (Brucker et al., 2011). While CAHIIM does not require a handbook, this resource can be invaluable to students and preceptors. A handbook was published in 2011 and serves as a guide for academic programs to create a unique document tailored to their needs. Providing a thorough orientation can strengthen students’ and preceptors’ confidence and set the stage for a successful experience.
As student demographics continue to change, so must the PPE design. Manger and Kirk (2013) described how the student population is vastly different than in years past. Today, students have competing demands on their time; thus, offering flexibility in the PPE is crucial for assuring students can complete this curriculum requirement. Many students do not have the luxury of taking weeks off to complete their PPE hours. As such, creative solutions in regard to scheduling and projects must be considered. To add to this problem, the coronavirus pandemic brought about even more challenges with placing students on-site at healthcare organizations. To aid with this dilemma, CAHIIM has recently provided new guidance on PPE requirements (CAHIIM, 2020c). The new guidelines allowed students to do PPEs virtually, providing they are supervised externally by someone not on faculty in the HIM program. Also, HIM programs may develop new projects for students to complete that do not require prior approval from CAHIIM. HIM programs are still responsible for assuring students receive a relevant PPE and are urged to maintain records of all communications and changes.

Guidelines should be established for students to demonstrate evidence of a meaningful PPE (CAHIIM, 2020a). Students can provide evidence by keeping a weekly timesheet of their hours and activities. Further, students should create a portfolio of the work they completed during the PPE as evidence. Academic programs are encouraged to store these documents for accreditation purposes.

Communication among all PPE stakeholders is vital for a successful experience (Brucker et al., 2011). Academic programs are responsible for checking in with preceptors and students during the PPE. The communication method will depend on the type of PPE. If students attend the PPE on-site, academic program leaders may opt to visit the student and preceptor at the site. However, if this is not possible due to distance, then the communication may take place via
phone, email, or online through technology such as Zoom or Microsoft Teams. Preceptors and students should be encouraged to reach out to the academic programs immediately if concerns arise. By working together through collaborative communication, all stakeholders can have a positive experience.

Integrating relevant and practical activities into the PPE adds value to the student learning experience (Fabrizio et al., 2014; Mautino, 2019). Students have received rigorous training in HIM tasks and can provide assistance with a variety of projects. Academic programs can collaborate with preceptors and students to determine the most appropriate projects to complete. To assist with this process, AHIMA provides a list of potential PPE projects that may be completed on-site or virtually (Brucker et al., 2011; see Appendix B). Working together, all stakeholders could ensure the learning experience is meaningful.

Providing meaningful feedback to students begins with setting clear and reasonable expectations (Petrila et al., 2015). Several strategies may be employed for providing feedback and are most effective when students spend time in self-reflection. Regular feedback is equally important for identifying areas of improvement. Hebert et al. (2017) described how kinesiology programs provide feedback to students during on-site visits. By doing so, observation findings can be shared with students and preceptors. While these researchers agree on the importance of providing feedback to interns, Sosland and Lowenthal (2017) found that many universities do not take the time to provide feedback.

Evaluations of students and preceptors are essential for identifying the components of the internship that work well and those that need improvement (Sosland & Lowenthal, 2017). Academic programs are responsible for assuring preceptors receive an evaluation to complete for each student (Hebert et al., 2017). Preceptors should complete an honest evaluation of students
by the end of the PPE. Hebert et al. (2017) described how students were evaluated based on soft skills such as reliability, dependability, and mastery of curriculum competencies. The evaluation should be reviewed with the student prior to sending to the academic program. Likewise, students should evaluate preceptors and the sponsoring site to assure that a meaningful experience has been provided. Lastly, academic programs should thoughtfully review and reflect on the preceptor and student evaluations and make any adjustments necessary for improvement.

The Future of the Health Information Management Profession

Employment Outlook for the HIM Profession

The future of HIM employment is forecasted to grow by eight percent during the next 10 years (United States Bureau of Labor Statistics, 2020). As such, an additional 29,000 professionals will be needed to fill vacancies in the HIM workforce. In addition to growth, HIM professionals have received news that job codes have been revised to align better with the current work performed in the industry (AHIMA, 2020h). In the spring of 2020, the Bureau of Labor Statistics announced that the standard occupational codes would be reclassified to health information technologists and medical registrars (United States Bureau of Labor Statistics, 2020). Having this classification will positively impact HIM professionals who hold the RHIT credential. In addition, the standard occupational code for medical and health services managers has been reclassified as a science, technology, engineering, and mathematics (STEM) profession and will have a favorable effect on HIM professionals with the RHIA credential. Leaders in the HIM profession have been advocating for these changes during the past decade. These reclassifications provide HIM professionals with the recognition of having technical expertise in the healthcare industry (AHIMA, 2020h). As such, the HIM profession hopes to garner respect from peers in the allied health sciences and increase earning potential.
**Health Information Management Reimagined**

In response to the changing healthcare landscape, AHIMA expounded on the Vision 2006 and Reality 2016 to create a health information reimagined (HIM-R) initiative (Butler, 2016; Lower, 2019; Sandefer, 2018; Sandefer et al., 2017). The purpose of HIM-R is to assure the HIM education and profession remains current and relevant with the rapidly changing healthcare industry. As technology continues to advance, so must HIM professionals’ skills and abilities (Abrams et al., 2017; Sandefer, 2018; Sandefer et al., 2017). As such, Abrams et al. (2017) described a three-pronged approach to achieve HIM-R by focusing on “advance education, specialized education, and evidence-based practice” (p. 22). To assure HIM-R was initiated, a new curriculum was developed for academic programs. Current HIM professionals were strongly encouraged to update their skill set, as roles may change, particularly in medical coding, since this job role will evolve to focus on data analysis and mining with the implementation of computer-assisted coding (Butler, 2016; Sandefer, 2018; Vault Consulting, LLC, 2018). In the Vault study (2018), market research was conducted with clinical and non-clinical organizations to determine the future workforce needs for HIM professionals. A significant finding in this study centered on concerns with HIM workforce skill sets. More than 60% of participants surveyed expressed concern about current soft skills. Even more concerning, 75% of the study participants were very concerned about HIM professionals’ hard skills, such as science and technology. The study concluded that nonclinical organizations would seek to hire candidates that held, at minimum, a baccalaureate, but preferably a master’s degree. However, clinical organizations would seek job candidates that were academically prepared at the masters and doctoral levels. As such, Sandefer (2018) noted that HIM professionals would need to further develop their hard skills to remain competitive within their organizations.
Health Information Management Workforce Education

The evolving changes in the healthcare industry will significantly impact HIM workforce and their education needs. In a study carried out by AHIMA, researchers found that HIM job roles and required skills will change soon (Sandefer et al., 2015). While there will be a steady decline in the more traditional HIM roles (e.g., coding), emerging areas of practice will appreciate growth. For example, data analytics and mining, along with informatics and information governance, would experience growth as technology continues to become more robust. Further, the study revealed that there would be increased demand for HIM leadership, teaching, and informatics.

Given the anticipated growth for HIM roles in healthcare informatics and information governance, educational leaders were contemplating how to address HIM education and workforce needs (Grzybowski & Orlova, 2017; Orlova & Lehmann, 2015). The HIM profession would be called upon to assist with functionality and interoperability, and thus would need to have a high degree of technical skills and the ability to work across disciplines in healthcare administration, information technology, and healthcare law. Grzybowski and Orlova (2017) emphasized the importance of ensuring HIM academic programs address these trends in the workforce through updating curriculum to meet the changing needs of the profession. Additionally, current HIM professionals will need to update their skills by participating in continuing education opportunities.

Concern about students’ preparation for the HIM workforce was mounting among HIM leaders. These concerns prompted the Ohio State University Wexner Medical Center to create a management position to facilitate the training and precepting of the university’s HIM students (Nelson, 2017). The medical center now employs a program manager that works closely with the
university’s HIM program director to assist students with training and PPE activities. This innovative program has had a positive impact on students’ ability to obtain hands-on training relevant to the current workforce needs. In one study, Jackson et al. (2016) explored the perceptions of HIM leaders and educators about how well-prepared new graduates are for the workforce. The study uncovered divergent viewpoints between the HIM leaders and educators. Educators perceived that students had developed strong abilities in leadership and professional and technical skills. However, HIM leaders disagreed that students were not as well prepared for the changing workforce. Interestingly, Jackson et al. observed that both groups agreed that new graduates need to build upon their soft skills, such as professional communication and etiquette. The most reassuring result was that over 95% of HIM leaders and educators agreed that experiential learning, such as the required PPE, was essential for preparing students for the workforce. Further, over 40% of participants expressed the importance of strengthening relationships and communication between HIM programs and the industry. Lastly, all study participants agreed that the federal government could provide financial aid and other assistance, such as apprenticeships, for preparing students for the workforce.

In response to the need for preparing graduates and current professionals for the changing roles in HIM, the AHIMA Foundation developed an apprentice program (AHIMA, 2020i; Eramo, 2019). In this program, grant funds were provided to cover curriculum development, training, and certification fees. The AHIMA Foundation served as a liaison between healthcare organizations and apprentices. Eramo described how the apprentice program benefitted new graduates, current HIM professionals, and healthcare employers. New graduates are able to gain more hands-on experience, whereas current HIM professionals could build upon their skills that can lead to obtaining credentials in a specified content area. Additionally, employers benefit
from the ability to recruit and retain staff through the apprenticeship program. The apprenticeship program answered one of the many needs in preparing the next generation of the HIM workforce.

**Future Trends**

A bright future is on the horizon for the HIM professional. In one study, Marc et al. (2017) concluded that trend analysis research showed that the profession would continue to grow. Additionally, researchers found that the majority of job roles were available in HIM operations and administration. However, positions in privacy and security, data analytics, and information technology are steadily increasing. Sandefehr and Marc (2019) advocated for HIM professionals to glean a better understanding of what data analytics was and how this related to their work since HIM and data were closely intertwined. Also, of importance, the job roles were at a higher career level and thus required a more advanced skill set. As roles in data analytics became more prevalent in HIM, research opportunities were anticipated to increase (Nunn, 2018). To meet these trends, HIM education would need to adopt the new curriculum to assure new graduates were prepared for the workforce (Marc et al., 2017).

Shifting to a primarily remote workforce is another trend that the HIM profession is experiencing (Fabrizio et al., 2014; Manger & Kirk, 2013). As such, the problem of placing students with PPE sites could increase due to the limited number of HIM departments that will be located “in house.” With these changes on the horizon, HIM academic programs could need to develop pathways for students to complete the PPE virtually.

Interprofessional education is becoming prominent among academia in the health science disciplines. Lalani and Gibbs (2018) explained that interprofessional education was a way for professionals from varied disciplines to collaborate and learn from one another with the end goal
of improving patient outcomes. While HIM professionals were not considered clinicians, they had the skills and abilities to assist clinicians with documentation, exchange of health information, and much more. Many clinicians may not be aware of how HIM intersects with their work, so the collaborative nature of interprofessional education could highlight how the two could come together to make an impact on improving patient care. As this movement continued to grow, Lalani and Gibbs recommended that HIM academic programs incorporate interprofessional education into their curriculum.

**Future of HIM Education**

As the HIM profession continues to evolve, updating curriculum content in academic programs is crucial. New curricula were developed by AHIMAs Council for Excellence in Education in 2018 and implemented in 2019. Accredited programs must be compliant with this new curriculum by September 1, 2021 (CAHIIM, 2020a; Sandefer, 2018). While the content domains have remained the same, the specific competencies are less prescriptive to provide latitude for HIM programs.

Keeping up with the industry is one of the significant challenges for HIM academic programs. As such, HIM professionals are concerned about the noted skills gap among new graduates (Butler, 2015; Thompson-Stacy et al., 2016). While students receive instruction on theory, they may not be garnering the experiential learning acquired through hands-on activities (Thompson-Stacy et al., 2016). Additionally, Butler (2016) described how rapid the advancement of health information technology is impacting HIM programs’ ability to prepare students for the workforce, particularly with data analytics and project management skills. To that end, Nunn (2018) is optimistic that the STEM classification for the HIM profession may lead to additional financial resources for HIM education.
In response to the noted skills gap, competency-based education (CBE) became the foundation for HIM curriculum. In CBE, the focus is on building students’ skills that match the HIM market needs. For example, providing students with opportunities to master their data analysis skills on project-based assignments will prepare them better for the ever-changing HIM workforce. Another key component of CBE is securing up-to-date learning materials. As such, Thompson-Stacy et al. (2016) noted that CBE relies on digital open educational resources that are more current and less expensive than traditional learning resources, such as textbooks.

Keeping up with the continuously changing healthcare landscape has been a longstanding concern in HIM education (Butler, 2016, 2017). Embracing change and cultivating ways to adapt will take the HIM profession to the next level. By using an innovative curriculum and teaching strategies in HIM academic programs and workforce education, the profession will be prepared to take on tomorrow’s challenges.

**Rationale for Further Research**

Gaining an understanding of the preparation, training, and support needed by preceptors and students could also shed light on the problem of securing sites for PPE student placement (O’Brien et al., 2017; Recker-Hughes et al., 2016; Sosland & Lowenthal, 2017). In a comprehensive review of the literature on precepting students, Ward and McComb (2017) observed the importance of preceptor orientation programs to equip practitioners for working with students in the clinical setting. In their review, Ward and McComb identified emerging themes that resulted from preceptor training. As a result of the training, preceptors felt more confident and prepared for their role and gleaned a better understanding of how sharing the workload with students could lighten their load. In addition, Jackson et al. (2016) and O’Brien et al. (2017) detected notable gaps between students’ academic preparation and skill proficiency
during the internship. From the student perspective, there is limited research data on the characteristics of a quality PPE site and preceptor. While the Bates et al. (2014) study indicated what students perceive as a quality PPE, additional studies could strengthen this knowledge and inform leaders of healthcare organizations and universities on how to develop rich learning experiences.

Even though related literature exists among allied health academic programs about internship issues, there is scant research available for HIM programs. HIM educators and university administrators are aware of the increasing difficulty with placing students in a high-quality PPE site (Jackson et al., 2016; Manger & Kirk, 2013; Mautino, 2019); however, they do not have enough scholarly research available about the specific challenges and barriers, or the training and support that preceptors need.

Understanding what motivates healthcare professionals to serve as preceptors would be invaluable for addressing the site placement issues (AbuSabha et al., 2018; O’Brien et al., 2017; Recker-Hughes et al., 2016; Ward & McComb, 2017). Probing into the experiences of preceptors who are reluctant to host more students could add to the lack of understanding of site placement among HIM educators. Lastly, delving into the healthcare organization’s barriers for accepting student interns could strengthen the understanding of why it is so difficult to place student interns.

**Summary**

The purpose of this qualitative multicase study was to explore the challenges and barriers of placing and precepting HIM students from the preceptors’ viewpoints. The literature review began by describing the theoretical framework used for this study. Kolb's (1984) ELT served as
the theoretical framework for this study since the heart of the HIM PPE centers on experiential learning.

The literature was culled from a variety of disciplines within the allied health sciences. The review included articles on the roles and responsibilities of stakeholders in experiential learning since this understanding is critical for an effective learning experience (Hedin, 2010; Manger & Kirk, 2013; Mautino, 2019). A variety of challenges and barriers for placing allied health students with experiential learning sites were identified (AbuSabha et al., 2018; Taylor et al., 2017). Additionally, numerous benefits and values of experiential learning were noted in the literature (Bates et al., 2014; Gault et al., 2018; Miller et al., 2018). The preparation and support needs of students and preceptors were also highlighted in the literature (Hankemeier et al., 2017; Hartzler et al., 2015; Phillips et al., 2017). The literature review concluded with a forecast of the future of HIM education and workforce needs (Marc et al., 2017; Sandefer et al., 2015; Thompson-Stacy et al., 2016). The literature indicated there were known challenges and barriers in placing allied health students with experiential learning sites. Additionally, some allied health disciplines identified plausible solutions for placing students. However, there remains a lack of understanding of the HIM preceptors’ challenges. By understanding these issues more clearly, this study aimed to identify potential solutions to placing and precepting HIM students.

Chapter 3 describes the methods and procedures that were used to explore the challenges and potential solutions of placing HIM students with PPE sites from the preceptors’ perspective. Chapter 3 includes study participant demographics, research questions, along with data collection and analysis methods.
Chapter 3: Research Method

In the previous chapter, I provided the theoretical framework and related research on experiential learning in allied health that will support my study. The purpose of this study was to explore the challenges and barriers for placing HIM students with PPE sites from the preceptors’ perspective. The following research questions were designed to explore the challenges and barriers of precepting HIM students to shed light on the problem with PPE site placement:

RQ1: What are the preceptors’ viewpoints regarding the challenges and barriers of placing HIM students with a PPE site?

RQ2: What are the perceived challenges and barriers of precepting HIM students?

In this chapter, I describe the research design and methodology, population and sample, materials and instruments, data collection and analysis procedures, methods for establishing trustworthiness, the researcher’s role, ethical considerations, assumptions, limitations, and delimitations.

Research Design and Method

A qualitative multicase study design was used to explore the challenges and barriers of PPE placement for HIM students from the preceptors’ perspective. Using qualitative inquiry was an appropriate research method since this study explored how preceptors view the challenges and barriers with site placement and supervision of students. Creswell and Creswell (2018) noted that using qualitative inquiry can lead to understanding the meaning that people surmise about a specific problem. Similarly, Stake (2006) posited that qualitative research is useful for exploring and explaining meaning from people and places. Thus, I used qualitative inquiry because this approach works best for understanding a specific problem and context, in this case, how
preceptors perceived the problem of placing HIM students with the PPE sites and precepting them.

Creswell and Creswell (2018) described how case studies are particularly effective for studying a group of people that are bound by activity. Additionally, Yin (2018) pointed out that using multiple cases in a study allows for comparison among cases. Using a multicase study design in this research allowed for a broader view by including participants from an array of healthcare systems, geographical locations, and varying levels of experience and credentials (Saldaña & Omasta, 2018). Further, Yin (2018) described how a multicase study might yield more convincing results than a single case.

The case study design was selected because it is appropriate for investigating practical problems (Yin, 2018). According to Yin, a case study allows for gathering multiple perspectives within a similar context. Also, Yin proffered that using a case study is optimal for identifying internal and external factors that contribute to the problem. For these reasons, a multicase study uncovered the issues surrounding PPE site placement and precepting from the preceptors’ viewpoints. Boundaries are a key characteristic of the case study, which provides set parameters for the research. As such, the boundaries for this study were the following: (a) experience precepting HIM students within the past five years, (b) time for the study (Spring-Summer 2021), and (c) participants currently working in the healthcare industry.

**Population**

The population for this study was healthcare professionals that serve as preceptors for HIM students. Preceptors were appropriate for understanding the specific challenges and barriers to placing HIM students because they oversee the entire PPE process at the site. Saldaña and Omasta (2018) posited that having a variety of cases in a multicase study may lead to more
interesting results. Obtaining the perspectives of preceptors with direct experience navigating the PPE shed light on the problem with placing and precepting students.

Sample Population

Purposive sampling was used for selecting study participants that have served as preceptors for HIM students. Merriam and Tisdell (2015) explained that in purposive sampling, the researcher intentionally selects participants to include in the study. Using this sampling method ensured that the participants had related experience to the research problem and thus elicited more robust data (Leavy, 2017; Merriam & Tisdell, 2015; Saldaña & Omasta, 2018). Drawing from participants that work in a variety of healthcare systems revealed unique problems and potential solutions among geographic locations and organizational structure.

The sample population was identified in multiple ways. Eligible participants were discovered through AHIMAs and HIM component state associations’ current membership, LinkedIn, and my professional contact list, including former students, adjunct faculty, and advisory board members. Healthcare professionals that precepted HIM students were invited to participate in this study by sending a recruitment letter via electronic messaging to them. Potential participants were instructed to respond to this message. Once I received messages from potential participants, I verified that they met the eligibility criteria for the study, which included: currently working in the field and experience precepting HIM students within the past five years. After eligibility was verified, I selected the first 10 participants and two alternate participants. The selection was be based on the order in which I receive the response message of interest. Yin (2018) explained how sample size in qualitative case studies was less about numbers and more about literal or theoretical replication. However, Yin noted that more importance should be placed on data saturation than the number of participants in a qualitative case study. Data
saturation results when the data were collected becomes repetitive and does not shed new light on the problem of the study (Merriam & Tisdell, 2015; Yin, 2018). All participants may not be interviewed if saturation of the data has been achieved sooner. If saturation had not occurred after six interviews, the alternates would be used and more participants would be recruited if needed to glean a deeper understanding of the problem.

Recruiting participants for this study was carried out with care and caution. Before recruiting participants, I crafted a recruitment letter to potential participants. In this letter, I explained the intent of the study and the privacy and security measures that protected participants’ identities and information during the entire research process. Additionally, the letter stated that participants might opt out of the study at any time.

**Materials/Instruments**

Initial data were collected using a pre-interview survey that I created and disseminated through Survey Monkey. I sent the survey to each participant to collect demographic data (see Appendix D). The purpose of the pre-interview survey was to gain the knowledge that added depth to the actual interviews. The demographic questions were centered on the participants’ credentials, years of experience, job role, organizational setting, and precepting history. Saldaña and Omasta (2018) and Cohen and Crabtree (2006) noted that pre-interview surveys were useful for collecting basic data that allowed for a deeper conversation during the interview.

Once the pre-interview survey data were collected, the interviews were conducted using online GoToMeeting technology, which included a recording and transcription of the interviews. An interview guide consisting of eight questions was used to collect participant responses (see Appendix E). The interview guide questions were drawn from the research questions and the
literature reviewed. As such, the interview questions centered on the challenges and barriers that preceptors experience regarding placement and supervision of HIM students.

The pre-interview survey and interview guide were field-tested by two colleagues with subject-matter expertise and preceptor experience to assure the questions were well-written, appropriate, and in-depth enough to sustain the length of the interview. Semistructured interviews were conducted in 45-60 minute time frames to allow ample time for detailed responses while aiming to minimize interview fatigue (Merriam & Tisdell, 2015). Saldaña and Omasta (2018) explained that semistructured interview questions are constructed consistently and orderly; however, participants may expound on responses that lead the researcher to ask more probing questions.

Data Collection and Analysis Procedures

The data collection process began by creating a secure data management system on my computer to store all of the information. Preliminary data were collected from participants using an online pre-interview survey with SurveyMonkey (see Appendix D). The pre-interview surveys collected participants’ demographic data, including geographic location, years in the field, credentials, job role, and employment setting. Once the surveys were received, online interviews were scheduled using the GoToMeeting platform. The interviews were conducted using preestablished open questions that allowed participants to expound on their responses (see Appendix E). The interviews were recorded, transcribed, and coded.

Accessibility to potential study participants was available in a variety of ways. To begin the participant recruitment process, I discovered a list of HIM professionals through the AHIMA directory of current active members along with my professional contacts’ list. Since AHIMA’s community of practice page was down due to an upgrade, I reached out to HIM professionals on
LinkedIn instead. Using this platform was quite successful for recruiting my study participants since I was already connected with many of these professionals on LinkedIn. Lastly, I employed the snowball technique to find the sixth participant because some of the interested participants did not meet the study criteria or did not respond to my requests to complete the informed consent or preinterview survey. Merriam and Tisdell (2015) explained that the snowball technique happens when the researcher asks participants for referrals to additional study participants. In my study, one participant referred me to a peer that was able to participate in this research.

Data were analyzed using The Framework Method (Gale et al., 2013). The Framework Method is useful for analyzing qualitative data using multiple case studies. The Framework Method is a systematic 7-step process. In step one, the recorded interviews were transcribed, and the transcript was reviewed for redundancies and edited for unnecessary utterances. The second step required me to become familiar with the context of the interview by reading it carefully and listening to the interview again. In step three, the data were coded into words and phrases. An inductive thematic coding approach was be carried out to allow for varying themes to emerge naturally. The thematic analysis allowed the researcher to identify themes and patterns in the data (Braun & Clarke, 2006). During this phase, the researcher begins to make assertions about the data (Flick, 2020). Next, in the fourth step, the preliminary analytical framework was created by categorizing the coded data using labels. At this point, I watched for data that opposes earlier assertions (Flick, 2020). In step five, the analytical framework was applied to the remaining cases in the study. In the sixth step, data were charted using a matrix that condensed the data categorically. The last step in the process involved interpreting the data. In this final phase of analysis, Gale et al. (2013) proffered that the researcher describes the similarities and differences
among the data and may be able to explain the emerging themes depending on the depth of the data.

**Methods for Establishing Trustworthiness**

To ensure this study was valid and reliable, caution was taken to assure trustworthiness (Merriam & Tisdell, 2015; Saldaña & Omasta, 2018). Establishing trustworthiness required credibility, transferability, dependability, and confirmability of the study carried out. Credibility as a method for proving the study is valid from the participants’ viewpoint. I established credibility through the triangulation of two sources of data collection: a pre-interview survey and semistructured interviews. In addition to the triangulation of the data, member-checking was used to strengthen the study’s credibility. Merriam and Tisdell (2015) explained that member-checking allows participants to correct any data inaccuracies. I performed member-checking during and after the interview to ensure the data I collect accurately reflects participants’ responses. Merriam and Tisdell (2015) described that transferability occurs when the researcher can demonstrate the study findings relate to other contexts. I provided a thick description of my data by including a detailed explanation of the complexities of each case setting and the findings (Merriam & Tisdell, 2015; Saldana & Omasta, 2018). By doing so, I assured transferability from my study to others in similar settings. The dependability of a study centers on the consistency and ability to replicate the study in other contexts (Merriam & Tisdell, 2015). To establish dependability, I collected demographic data from participants using a pre-interview survey and semistructured interviews. Also, I used an interview script with each participant to ensure that I was consistent with my question phrasing. Confirmability refers to how the researcher remained neutral and avoided external influences during the study process (Merriam & Tisdell, 2015). During this study, I was mindful of my role in the study and how my actions impacted the data.
collected and analyzed. Merriam and Tisdell (2015) provided practical ways for researchers to be reflexive during the data collection process. When collecting the data, I took notes about my prior experience with placing students in PPE sites to ensure that I did not let these experiences influence how I interpreted the data.

**Researcher Role**

As the researcher for this qualitative study, I was the primary data collection tool (Merriam & Tisdell, 2015). For this reason, I was cognizant of prior experiences that could lead to bias. For example, I interviewed colleagues, some of whom I know well, including some former students and preceptors. As such, I took caution against any preconceived notions. I have extensive experience with my problem of practice that dates back to 1997 when I first entered HIM education. I was overjoyed to land my first teaching job as I was graduating with a master’s degree in higher education. Little did I know what was in store for me that first year, especially when it came to the required internship component of the program I directed. The process of finding enough sites to place all of the students was daunting. Eventually, I moved on to several other HIM programs, where I continued to experience difficulties with placing students in PPE sites. As I attended annual conferences, many conversations centered on the difficulty with placing students. Today, I teach the course portion of the PPE but no longer have the responsibility of placing students. However, I am passionate about this problem because I know firsthand how valuable experiential learning is for students. Now that I am no longer overseeing the student placement process for PPEs, I was able to look through a more objective lens for this study. As I collected and analyzed the data, I focused on the facts and did not let previous experiences blur the lines.
Ethical Considerations

This study underwent a rigorous review by the Institutional Review Board (IRB) at Abilene Christian University (ACU) before data were collected (see Appendix H). Since this study collected data from human subjects, caution was taken to protect the participants’ identities through privacy and security measures (Saldaña & Omasta, 2018). Participants’ personally identifiable information was de-identified from audio recordings and transcripts to assure privacy. Research data were stored on a password-protected device on my computer and a secure site provided by ACU.

Several steps were taken to ensure that I complied with the guidelines outlined in the Belmont Report (Department of Health and Human Services Office for Human Research Protections, 2020). For this study, I took caution in recruiting participants and informing them about the purpose of the study. I approached potential study participants through a recruitment letter. In the letter, I clearly stated the purpose of the study and what the participant could expect when participating in the research. When recruiting participants, I assured them that participants were willing and able to participate in this study. As such, informed written consent was thoroughly explained and obtained from each participant prior to collecting any data. Informed consent ensures that participants understand and agree to participate in the study (Merriam & Tisdell, 2015; Saldaña & Omasta, 2018). Lastly, I explained that participants might opt out of the study at any time for any reason.

Assumptions

I made assumptions about the study population. My first assumption was that the participants were familiar with the precepting process for HIM students since they have served as a preceptor. Second, I assumed that the participants had a vested interest in discussing the
challenges and barriers of placing HIM students with PPE sites, especially since this impacted their ability to fill vacant positions within their organizations. Lastly, I assumed that the study participants were open and honest when sharing their experiences and observations with me.

**Limitations**

One limitation of the study was the method of research. In using qualitative research, I used the perspective of the preceptors, which did not produce a definitive conclusion (Merriam & Tisdell, 2015; Saldana & Omasta, 2018). Instead, these perspectives represented how the participants initially feel about a problem or an issue. Additionally, by the very nature of using a case study, this qualitative research was limited by the population studied (Yin, 2018). For this reason, I chose to explore the problem of practice using a multicase study to gain a more holistic perspective (Yin, 2018). Since this study focused on HIM preceptors, different results could occur when studying site placement issues from other perspectives. Due to limited research for experiential learning in HIM education, this study aimed to open the door of possibilities for scholarly investigation. As such, the study was limited by a small sample. To overcome these limitations, I took caution to assure trustworthiness was established through the triangulation of the data.

**Delimitations**

This study was limited to an exploration of PPE site placement and supervision challenges and barriers based on preceptors’ experiences. Academic program directors, clinical coordinators, faculty, and students’ views were not be included in this study. Further, this study did not seek to determine the quality or effectiveness of PPE sites. To overcome these limitations, I took caution when recruiting study participants to ensure they had experience
working with HIM students in the preceptor role. Also, I kept the data collection materials focused on the issues and potential solutions surrounding PPE site placement.

Summary

In this chapter, I provided a step-by-step method for conducting my research on the challenges and potential solutions of placing HIM students with PPE sites. I explored this problem using a multicase study in which I interviewed preceptors with varied backgrounds in different geographical locations. Additionally, I provided commentary on potential solutions to the problem from the preceptors’ perspective. As I conducted my research, I took caution in assuring ethics were held to high standards. In Chapter 4, I provide an in-depth analysis of my findings.
Chapter 4: Results

The purpose of this study was to explore the challenges and barriers of placing and precepting HIM students with PPEs. Studying this problem provides HIM educators and practitioners with a better understanding of the issues surrounding the placement and precepting process. This study was guided by the following research questions:

RQ1: What are the preceptors’ viewpoints regarding the challenges and barriers of placing HIM students with a PPE site?

RQ2: What are the perceived challenges and barriers of precepting HIM students?

This chapter focuses on the data analysis results. The data were collected from pre-interview surveys and interviews. This chapter includes an introduction, summary of the research, findings, and conclusion.

Summary of the Research

The research was conducted using a multicase study approach. Each case was analyzed individually then compared and contrasted through cross-case analysis. This qualitative study explored six RHIA credentialed HIM professionals currently working in acute care hospitals with a history of precepting HIM students within the past 5 years.

A pilot study was conducted with two HIM professionals with preceptor experience. The pilot study tested the pre-interview survey and interview guide to ensure the questions gathered appropriate information in a logical order. The study instruments were validated by the pilot participants. Next, I messaged the study solicitation letter to 30 potential study candidates on LinkedIn to notify them of my research and collected their preferred email addresses. Ten HIM professionals replied, expressing interest in finding out the details of my study. At that point, I verified that seven people met the sampling criteria. Informed consent was obtained via
HelloSign, and the pre-interview survey was disseminated through SurveyMonkey to collect demographic information that would guide the interviews (see Appendix D). However, two participants did not respond to the request to complete the informed consent despite numerous attempts. Additionally, one participant that completed the informed consent form did not respond to the pre-interview survey. I had to remove these three potential participants from the study due to not responding to the required documentation. At this point in my study, I only had four participants. In the meantime, one of the HIM professionals that was interested in participating, but did not meet the study criteria, referred me to a colleague that could participate in my study. Now, I had five participants lined up for my study. Thankfully, the fifth participant referred me to another HIM professional that was very interested in participating in my study and met the criteria. In the end, I was able to secure six participants for my study that were eager to participate and met the eligibility criteria.

An online interview was scheduled using GoToMeeting technology with each person. Also, participants received the interview guide in advance to be prepared for our meeting (see Appendix E). The interview was carried out using semistructured questions to allow participants to expound on their experiences. The interview was recorded and transcribed by GoToMeeting. Member-checking was conducted during the interview by asking clarifying questions. Also, interview transcripts were sent to each participant for verification.

During each phase of data collection, data were analyzed using the Framework Method (Gale et al., 2013). Incorporating this method, the following seven steps were applied to each case:

1. The pre-interview surveys were analyzed prior to the interviews so that I had a context to draw upon during the interviews. The online interviews were recorded and transcribed
using GoToMeeting technology.

2. I listened to each interview recording several times to verify the accuracy of the transcribed report.

3. Then, the transcripts were sent to participants for member-checking. Then I read each transcript line by line several times and made notations in the margins. Next, I carried out several inductive coding passes on each case to identify keywords and phrases that could be classified into categories.

4. From there, I categorized the coded data into themes by placing all keywords and phrases onto flashcards, then systematically sorting them into piles based on content.

5. Next, I conducted a cross-case analysis to determine the similarities and differences among cases.

6. Then, the data were charted on a spreadsheet to summarize participant responses using a color-coding system. Participants’ quotes were included on the spreadsheet to highlight meaningful data.

7. Lastly, I interpreted the data by identifying the emerging themes, similarities, differences, and unexpected findings. I carried this out by comparing these findings to the transcripts, matrix, and related literature.

**Findings**

This section begins with a detailed description of the study participants in this multicase study to lay the foundation for the findings. The data were collected during the Spring 2021 term. First, I described the findings of the preinterview surveys in the participant profiles. Then, I described participants’ responses obtained during the interview. Finally, I provided a cross-case analysis that identified the emerging themes and unanticipated results.
Participants

This study was designed to include five to seven participants currently working in the health profession with precepting experience during the past five years. This goal was met by including six participants in the study. The criteria for participating in the study were met by including only preceptors currently working in the HIM field that have precepted students within the past five years.

As displayed in Table 1, all of the participants were female. Each participant holds a Bachelor of Science degree in HIM, and two of the six participants have earned a master’s degree. In addition, all participants hold the RHIA credential. One participant indicated that she had three to five years of precepting experience, while another had six to 10 years of experience. The remaining four preceptors had more than 10 years of experience precepting HIM students.

Table 1

Participant Information

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Gender</th>
<th>Education</th>
<th>Professional credentials</th>
<th>Years of precepting experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sophia</td>
<td>Female</td>
<td>Bachelor’s, HIM</td>
<td>RHIA, CDIP, CCS</td>
<td>3–5 years</td>
</tr>
<tr>
<td>Stella</td>
<td>Female</td>
<td>Bachelor’s and Master’s, HIM</td>
<td>RHIA</td>
<td>&gt;10 years</td>
</tr>
<tr>
<td>Maggie</td>
<td>Female</td>
<td>Bachelor’s, HIM</td>
<td>RHIA</td>
<td>&gt;10 years</td>
</tr>
<tr>
<td>Tessa</td>
<td>Female</td>
<td>Bachelor’s, HIM</td>
<td>RHIA</td>
<td>&gt;10 years</td>
</tr>
<tr>
<td>Penny</td>
<td>Female</td>
<td>Bachelor’s, HIM</td>
<td>RHIA</td>
<td>&gt;10 years</td>
</tr>
<tr>
<td>Julie</td>
<td>Female</td>
<td>Bachelor’s, HIM; Master’s, Human Relations and Organizational Development</td>
<td>RHIA</td>
<td>6–10 years</td>
</tr>
</tbody>
</table>
Table 2 depicts the information about each participant’s work setting. All of the participants currently work in an acute care hospital setting. When it comes to work location, one participant works in a suburban area, one works in a rural location, and the other four participants work remotely from home. One participant can host only one student at a time. However, four of the participants indicated that they could precept two to three students at the same time, and one participant could precept more than five students at the same time. Five of the participants could precept HIM students virtually, whereas the preceptor in the rural location prefers to precept students only on-site.

**Table 2**

*Organization Information*

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Organization type</th>
<th>Work location</th>
<th>Number of students hosted at a time</th>
<th>Ability to do virtual PPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sophia</td>
<td>Acute Care Hospital</td>
<td>Remote</td>
<td>2–3 Students</td>
<td>Yes</td>
</tr>
<tr>
<td>Stella</td>
<td>Acute Care Hospital</td>
<td>Suburban Area</td>
<td>&gt; 5 Students</td>
<td>Yes</td>
</tr>
<tr>
<td>Maggie</td>
<td>Acute Care Hospital</td>
<td>Remote</td>
<td>2–3 Students</td>
<td>Yes</td>
</tr>
<tr>
<td>Tessa</td>
<td>Acute Care Hospital</td>
<td>Remote</td>
<td>2–3 Students</td>
<td>Yes</td>
</tr>
<tr>
<td>Penny</td>
<td>Acute Care Hospital</td>
<td>Rural</td>
<td>1 Student</td>
<td>No</td>
</tr>
<tr>
<td>Julie</td>
<td>Acute Care Hospital</td>
<td>Remote</td>
<td>2–3 Students</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Case Profiles**

**Preceptor 1, Sophia.** Sophia holds a baccalaureate degree in HIM. She is a credentialed RHIA, Certified Coding Specialist (CCS), and Certified Documentation Improvement Practitioner (CDIP). Sophia serves as the HIM Operations Manager for a large acute care multihospital healthcare system located in the Midwest region. Sophia works remotely in a rural
area. Sophia has been precepting for three years. She is able to precept two to three students at a time. Also, she can manage the PPE in a virtual format.

Preceptor 2, Stella. Stella holds a baccalaureate and master’s degree in HIM and the RHIA credential. Stella oversees the HIM department for a large acute care hospital that is part of a multihealth care system. The HIM department is centralized and serves all hospitals within the system. Stella is in a suburban setting located in the east coast region. Stella has been precepting HIM students for over 10 years. She can accommodate more than five students at one time. Also, she is able to offer virtual PPEs to HIM students.

Preceptor 3, Maggie. Maggie holds a baccalaureate degree in HIM, is a credentialed RHIA, and serves as the HIM Regional Director for a multihealthcare system located in the southwest region. Maggie oversees the HIM operations for multiple facilities, including acute and ambulatory care. She has precepted students for more than 10 years. Maggie works remotely and can offer virtual PPEs to HIM students. She can precept two to three students at one time.

Preceptor 4, Tessa. Tessa holds a bachelor’s degree in HIM and is a credentialed RHIA. Tessa serves as an Assistant Director for HIM in a large acute care facility in the southwest region. Tessa oversees the placement process for HIM students within her organization, where she has been precepting for more than 10 years. Tessa works remotely and can accommodate up to three students at a time, including virtually.

Preceptor 5, Penny. Penny is a credentialed RHIA and holds a bachelor’s degree in HIM. Penny has served as the HIM Director for hospitals of various sizes located throughout the western region. She recently relocated to the southwest region, where she serves as the HIM Director at a rural hospital. However, her recent preceptor experience occurred in a multihealthcare system located on the west coast. Penny has been precepting HIM students for
over 10 years. She works on-site at her new location; however, she can only accommodate one student at a time. Also, Penny is not able to host HIM students virtually.

**Preceptor 6, Julie.** Julie holds a bachelor’s degree in HIM and a master’s degree in Human Relations and Organizational Development and is a credentialed RHIA. Prior to last year, Julie served as the HIM department director for a hospital in New England. Since then, Julie relocated to the southeast coast, where she serves as the HIM director for a large multihealthcare system. Julie has been precepting students for over six years. She works remotely and indicated that the HIM department could be operating entirely remotely moving forward in the next few months. Julie is able to offer a virtual PPE for two to three students at a time.

**Pre-Interview Survey Findings**

The pre-interview survey primarily collected demographic information from each participant to inform the interview process and questions. The first two questions collected the participants’ names and email addresses. The third question asked participants to list their credentials. All participants held the RHIA credential, and one of the participants held additional credentials in Certified Documentation Improvement Practitioner (CDIP) and Certified Coding Specialist (CCS). The next question asked participants about the number of years of precepting experience they have. One participant had three to five years of experience, and another had six to 10 years of experience. The other four participants indicated they had more than 10 years of experience precepting HIM students.

When asked about their work setting, all the preceptors responded that they worked in acute care hospitals. In regard to work location, four preceptors worked remotely, one worked in a suburban setting, and one worked in a rural area. When it came to the number of students that
can be precepted at the same time, one preceptor hosted one student at a time, one preceptor hosted more than five students at a time. The remaining four preceptors accommodated two to three students at the same time. Regarding virtual PPEs, all but one preceptor was willing and able to host students virtually.

**Interview Findings**

**Question 1.** Question 1 asked participants to reflect on their first experience serving as a preceptor. Overall, Sophia’s first time precepting was a positive experience. However, she said it was somewhat difficult. She stated,

It was a little bit of a stumbling through the process, which made me uneasy, but we made it through, and I think they got some useful experience. Out of that, both students have since come back to work for us.

Sophia did not feel prepared to precept the students and was not familiar with the HIM programs since she worked remotely.

Stella described her first experience precepting as being very organized because the HIM department director had an established relationship with the HIM programs at the local colleges. Also, the HIM department director had a relationship with the healthcare system network, “so we didn’t have too much confusion on getting our students or selecting our students.” Further, Stella indicated that students received a well-rounded experience. However, she recalled that there were some personality conflicts among students. Maggie had a good experience the first time precepting HIM students. Maggie described,

I kinda went overboard with my first student because I was somehow a little nervous about what I was going to do with her. I wanted to show her everything, but at the same
time, I did not want her to get overwhelmed. So, it was a good experience, and I am still in touch with that student. So, I think you do build up those relationships.

Maggie recalled feeling overwhelmed with all of the student questions, what to cover, and how much time should be devoted to each task.

Tessa described her first precepting experience as being “very organized” and “personable.” Tessa noted that at the time, the HIM department was decentralized, so students were exposed to more HIM functions. Overall, Tessa had a positive precepting experience.

Penny remembered that her first time precepting a student was not a good experience. Penny recalled, “The acting director had accepted this student, and she kind of gave it to me on my first day on the job.” Nothing had been prepared for the student’s arrival. Penny let the student observe her throughout the day and attend various meetings. However, Penny felt this was unfair to the student as she did not receive a quality learning experience. For many years, Penny shied away from precepting students due to this poor experience.

Julie described her first experience as being good overall. At the time, Julie worked for a large academic medical center where there were many resources available for providing students with a thorough experience. Julie observed, “It was a good experience for, not only myself, but for the facility as well.” Because Julie’s experience as an HIM student intern was poor, she wanted to provide her students with an authentic, holistic experience. However, since her student experience was lacking, she did not have a good model to follow as a first-time preceptor and thus did not feel prepared for this role.

**Question 2.** In Question 2, preceptors were asked to identify the challenges and barriers of placing students in their organization. When it came to precepting, Sophia noted that working remotely was a barrier because she was not familiar with the HIM programs that were not in her
area. However, the most significant barrier centered on information technology (IT) access.

Sophia explained,

> Without question, the biggest challenge to me was technology, in that, you know, we were in a world of electronic health records, and all of our work, it’s done via that secure hospital access. So, that has been the biggest hurdle to get over, was that the students were only there for a short amount of time. We didn’t have time to get them access with their own login credentials.

Sophia stated that IT provided access to students who were there for longer periods of time, though. This was a significant barrier since all HIM functions were automated at her organization. However, Sophia described how she used meeting technology with remote students so they could experience a live EHR. This could be problematic, though, because if she allowed a student to “take the reins,” they must be supervised closely to ensure data were not disturbed in the system. Also, Sophia said that keeping students busy was a challenge at times. She explained that one of her biggest challenges was ensuring students did not get bored. Obtaining the signatures for the affiliation agreement was yet another challenge because there were many administrative layers of approval required.

Stella described how obtaining all of the required documentation, such as the affiliation agreement, was challenging. At times, the additional required forms were either incomplete or missing. Last-minute scheduling changes also posed challenges when precepting students. Stella noted that barriers were centered on gaining access to information technology systems and other departments within the organization. Stella recalled, “Even with the paperwork in place, our information systems wouldn’t always have them ready to start when we needed them to be. Or they wouldn’t have access to all the departments.” Stella was concerned that these barriers could
limit the student experience significantly. Other challenges centered on scheduling the student’s time and planning out activities, in particular, scheduling time for students to observe other departments within the organization. Ensuring that staff were on the same page with the expectations was another challenge.

Since Maggie worked for a large healthcare system, she had a central team that oversaw securing all the documentation for student interns. Maggie noted that, sometimes, students reached out to her directly. Also, Maggie had to reject students from coming on-site because the required paperwork was not completed, therefore, could not be cleared through human resources. In another situation, Maggie recalled that a student “just called me one day and left a voicemail. Then, she showed up the next day.” She’s like, “I need to do 40 hours,’ and I was like, I can’t teach you. I can’t.” Her organization required that the college submit the request on the student’s behalf. Maggie described how her organization’s centralization of job roles was a barrier for precepting students because some of the traditional HIM roles were no longer in her department. For this reason, her site might not have access to the information that students wanted to learn.

Further, Maggie shared that each organization within her healthcare system operated differently, posing a challenge for placing students.

Tessa explained how the centralized structure of the HIM department was a significant barrier to placing students in her organization. Many of the HIM job functions were no longer in her department. More recently, the challenges centered on the COVID-19 pandemic. Since the pandemic developed, Tessa noted that her organization could not provide a live PPE, so this was a challenge. Obtaining the affiliation agreement between a college and the hospital could be challenging. She explained, “We have been asked to take some students from colleges that haven’t gone through the affiliation process. And we are so large, it could be kind of challenging,
trying to figure out who to talk to them.” Also, Tessa mentioned that the organization’s policies could pose challenges to placing students.

For Penny, obtaining the affiliation agreement between the college and the organization was the most difficult barrier to placing students. Her organization did not understand the difference between clinical and non-clinical internships, which resulted in delays. Penny recalled, “I’m thinking they treated it [affiliation agreements] all the same.” At times, it took several months to obtain proper signatures for the agreements. In addition, Penny explained the HIM coding staff work remotely, which posed a barrier to placing students with them.

Julie recalled that her organization was the most significant barrier to placing student interns in the HIM department. She noted that the organizational leadership team was not willing to take students due to fear of privacy and productivity concerns. Also, obtaining the affiliation agreements and other required documentation was a barrier because she did not receive support from her organization. Julie described how the leadership team did not understand the administrative nature of a non-clinical internship compared to the clinical internship that occurs in nursing. She felt this lack of understanding on the leadership team’s part made obtaining the affiliation agreements even more difficult. Interestingly, another barrier occurred when the students were not willing to commute to the two sites where she worked. One site was an hour-long commute; however, the other site was only a 20-minute commute.

**Question 3.** Participants were queried to find out what resources and supports were available to overcome the placement challenges in Question 3. Interestingly, Sophia noted, “The biggest challenge was the technology, but it was also the biggest blessing, as well, especially with COVID-19. We were able to do almost everything remotely via GoToMeeting.” Also, she explained how the meeting technology allowed students to take control of the screen, and
therefore, they gained hands-on experience with a live EHR. Additionally, Sophia described how her team’s diversity was an excellent resource for overcoming these challenges. She tapped into the expert knowledge of a variety of staff members who could work with students. For example, one staff member worked with a student on coding, while another staff member at a different location showed students the release of information function.

Now that Stella’s department had dedicated staff for managing information technology, she relied on her staff as a resource and for support for obtaining student access to the EHR. With this support in place, she explained, “We had people who we knew that we could go to and say, established these accesses, and we could do our follow up immediately. And, we could test it to make sure it was there.” Also, the HIM programs were a resource in that they requested sites in advance, which allowed Stella to plan accordingly for the student’s arrival. Stella secured a listing of students and their contact information to reach out to them ahead of time and began fostering the preceptor/preceptee relationship. By doing so, Stella established clear expectations for staff and students. Additionally, the HIM programs provided a packet that serves as a resource for the PPE, including expectations and student conduct.

For Maggie, the central team that coordinated student internships was a resource for overcoming the challenges of placing students. The central team oversaw the affiliation site agreements, information technology access, and all required student documents such as vaccine records. Maggie reflected on having this support, “Because I didn’t have to deal with any of that, and I felt that was huge.” Maggie felt that the required student orientation was a support strategy that her organization had in place to ensure students were aware of policies, procedures, and regulations.
Tessa relied on a student coordination team to handle student intern placement requests. This team ensured that all documentation was on file prior to the student’s arrival. Additionally, Tessa had an associate administrator dedicated to helping students gain access to information technology systems. She believed receiving advanced notice about student placement “was key.” Lastly, Tessa commended the leadership team for supporting her role as a preceptor.

Penny did not have support from her organization for precepting HIM students. She recalled, “As far as at the facility, I was pretty much on my own.” However, she was supported by the HIM program director and could reach out with questions. Additionally, the HIM program director provided resources to Penny, including a handbook of information about the PPE requirements.

Julie could not recall receiving support from the organization or HIM program. She noted,

I basically had to figure it out on my own. We didn’t have a support system. I had defined all of the resources, I had to connect with the right people, and then, I had to repeatedly explain why this is so important.

When asked if she received any support from the college, Julie responded, “Outside of the guide that students followed, I never received anything more.”

**Question 4.** Question 4 centered on exploring potential solutions for placing students at participants’ organizations. Sophia would like to see her organization create a formal plan or guide for working with student interns. By doing so, this would be a “little less painful” for the students, particularly when it came to the requirements, such as the required legal documentation and vaccines. Further, Sophia stated, “Having a solid system that was consistent would definitely be helpful.”
At Stella’s organization, they had designed a PPE where various departments and staff came to one location to present information to the students. Having all staff available at one facility, as opposed to the previously decentralized structure, had been an added support for precepting students. This proved to be an excellent solution for ensuring students received the “full experience.” Stella described how important it was to provide a high-quality “real experience” even on the “bad days” for her students. While the work could be done remotely, Stella believed that having students on-site was a solution to the challenges of student engagement because they were more connected to the work and staff in person.

Maggie implemented several strategies to solve the challenges and barriers of PPE site placement. First, she developed a checklist of all of the items that needed to be taken care of prior to students arriving on-site. Next, she verified that students had obtained access to the information technology systems that they would be using. Then, Maggie ensured that students were scheduled for the orientation with human resources before they began their internship. Another solution that Maggie ascribed to was assuring that everyone involved with the student’s PPE was “on the same page” by providing the same information to all staff members and students.

Tessa stated that having the affiliation agreement in place with a college made the placement process much easier. Since the affiliation agreements rolled over annually, they could place students with that college without obtaining agreements each time a student was placed. Additionally, Tessa explained that hosting the PPE virtually was a viable solution to the placement process because it alleviated some of the required paperwork.

Penny believed that HIM program directors could provide more guidance about the PPE expectations. She suggested,
HIM programs should have a document that tells you upfront what all they expect, like probably more information about what their expectations were and what the student needed to do to span this. Ten percent of the time doing A, B, C, or just more information from the school.

Also, Penny said it would be helpful to have guidance on the expectations for student conduct.

Julie believed that students needed to have a better understanding of what the PPE was since students sometimes “thought they knew everything.” She suggested that HIM professionals could create videos that explained the various roles and functions and described a typical day in the HIM department. Further, she recommended helping students adopt an appreciative attitude for this opportunity since commuting tended to be a barrier for student placement. Lastly, Julie will offer virtual PPEs to students since her department would be completely remote in the near future.

**Question 5.** Question 5 asked participants to share the challenges and barriers of precepting the student interns. According to Sophia, scheduling student learning activities proved to be the most challenging element of precepting the students. For example, knowing how much time to allow for each task was challenging, which sometimes resulted in gaps in the students’ time. She was quite concerned about giving students a “hearty experience.” When reflecting on her first precepting experience, Stella stated,

I found it challenging, and I think some of that was my own shortcomings just not having a plan for how I was going to rotate them through the department. Not feeling like I had the time to dedicate to them for the manager interview or things like that.

She further described feeling that precepting was “a little overwhelming initially. But, part of the problem was I was new as a preceptor. So, I hadn’t had a chance to establish a process for
myself.” Stella found scheduling and managing the students to be challenging, as well. When reflecting further, Stella realized, “I underestimated the amount of energy it took to actually be a preceptor.” She also noted that keeping students busy and engaged was challenging. Lastly, Stella stated that student behavioral issues could be quite challenging and could be particularly distracting to staff.

Maggie described several challenges and barriers to precepting students. One significant challenge occurred when students were not prepared. For example, sometimes, students did not bring the organization-issued login and password information with them. Maggie noted students forgot to check their student email accounts to obtain their login credentials, or the college forgot to send this information to students. This caused delays in scheduled activities because many activities required the login and password. Maggie explained that keeping students busy was yet another challenge, particularly ensuring students knew what to do next after completing each task. She stressed the importance of making certain, “Every minute was allocated to an activity or something for the student. Otherwise, I felt that they didn’t become engaged.”

Pairing students with staff was also challenging for Maggie. She observed that staff could be resistant to mentoring students. She stated,

Staff may be really good at what they do, but they didn’t want to explain what and how they did it. It became a challenge. So, we had people who were really good at what they did, but they were not able to keep a conversation or get them engaged.

Also, Maggie noted that while staff could be good at what they did, they might not have the formal education to explain things well or answer questions. As such, staff felt intimidated by the students. The impact on staff productivity when mentoring a student was another challenge.

Maggie admitted that she had limited time to spend with the students, which could be
challenging. Additionally, her staff felt pressured to rush through mentoring students due to productivity expectations. Another barrier was that schools needed to send too many students at one time. The lack of HIM preceptors willing to precept students was yet another barrier. As a result, sometimes preceptors worked with students out of obligation, and therefore, the student did not have a quality learning experience. Lastly, she expressed how challenging it could be to precept students because many job functions operated remotely.

A major challenge for Tessa was “figuring out a project. We were always challenged with that because we are a big organization, so, like we could not rewrite a policy procedure.” Being prepared for the student’s arrival was another challenge. Tessa noted that coordinating schedules for multiple students and staff with centralized HIM service was challenging. Tessa observed challenges that centered on students. At times, students might not be well prepared academically for the PPE. In other situations, she had to address issues about student behavior and appearance. Tessa mentioned that there had been some concerns regarding student accountability, too. Lastly, Tessa described how hosting students for a virtual PPE during the pandemic had resulted in “missed opportunities,” and she was concerned that students were not having “as good of an experience as being on-site.”

Since Penny’s organization had a centralized HIM department, students might not have access to all HIM functions. Further, Penny explained that keeping students busy was challenging and could negatively impact student engagement. Penny observed that staff were reluctant to mentor students because it took time away from their productivity. Staff felt burdened by this extra responsibility since they were already short-staffed, and they felt like “…you were just dumping this person on me.” Also, staff were concerned about the possibility of the work being done inaccurately by the students.
Julie experienced several challenges and barriers when precepting HIM students. First, she did not feel prepared for her role as preceptor. In a similar vein, the students were not adequately prepared for the PPE from an academic standpoint. Additionally, Julie recalled,

I had one challenging student. She basically wanted me to do her capstone project. And I had to tell her no. This person actually wanted me to do her capstone all the way down to building the PowerPoint. Oh my goodness, I just didn’t even know what to say to that. That was my only difficulty, but every other student has been phenomenal.

Julie did not have a bad experience since working with this particular student.

**Question 6.** Question 6 focused on discovering what resources and supports were available to preceptors for overcoming the challenges of supervising student interns. Sophia reiterated that her team’s diversity was the greatest resource and support for placing and precepting students since each teammate brought a different expertise to the table. In a similar vein, Stella felt that her peers, other managers, and HIM program director were an excellent resource and support to her. Additionally, she noted that the packet provided by the school was a helpful resource for dealing with student conduct issues as it outlined the policies and procedures for conduct on-site. Maggie felt that time was the most useful resource for overcoming the challenges of precepting students. She conveyed the importance of assuring that everyone involved with the student’s PPE had adequate time carved out. Also, Maggie suggested HIM program directors could support preceptors by hosting meetings to review needs and requirements for the PPE.

For preceptor support, Tessa reached out to her peers when she needed advice. Also, she had a very supportive HIM director that assisted her with questions and concerns. Tessa relied on the HIM program director as a resource, as well.
Penny offered additional support to staff that would mentor students by helping them understand their role as a mentor. Penny encouraged staff to be mentors because they could assign some of their work to students once they were trained. Penny said she tried to “Just sell it to them, and afterwards I explained it more.” She also stressed the importance of effective communication as a means of supporting staff when mentoring students. Also, Penny provided guidance for students to follow when completing tasks and projects. Lastly, Penny mentioned that the more field experience preceptors had, the more comfortable they would be in the preceptor role.

Julie reported that only her staff members were supportive when dealing with the challenges of precepting students. As she reflected on the one bad experience, she recalled that it was her staff that brought the situation to her attention. However, Julie chose to deal with the situation discretely. She did not reach out to the HIM program director at the college in fear of ruining that pipeline for potential new hires. Also, Julie did not report the bad experience to the hospital’s leadership team because,

I didn’t want to ruin the relationship that I had and because of the location that I was in, it was difficult to get a student. So, I wanted to maintain that pipeline because it wasn’t just the students that were difficult to get but also the employees that were difficult to attract to that location. So, there was too much of a risk for me to make that person aware.

Since the leadership team was already skeptical of hosting HIM students, Julie opted to keep this bad experience to herself.

**Question 7.** Question 7 asked participants to note the potential solutions to the challenges and barriers of precepting students. Sophia highlighted the importance of tapping into IT’s ability to create live EHR experiences for students by using a simulated playground. Sophia observed,
“They may or may not have had real-life experience, but if they could have some actual, real valuable knowledge about just one thing, like coding or auditing.” Further, Sophia described how the virtual PPE was a viable solution to the problems with placing HIM students with a PPE site. However, she noted that prior to COVID-19, her organization was not designed to handle the PPE virtually. Another solution to the problem of placing students was taking more than one student at a time. Sophia preferred this model because it was more efficient for her staff to manage, and it avoided duplication of effort. Interestingly, Sophia felt that hosting small groups of students was easier than having one at a time.

From Stella’s perspective, establishing expectations of students and staff in advance was an excellent solution to ward off potential issues. She expressed the importance of “The people who would be assisting with the students’ training, making sure that they knew what was expected of them, as well.” Also, Stella believed having a structured schedule was a way to prevent issues. When it came to hosting students, Stella observed that having small groups of students provided a better experience for them and made better use of staff time. Further, she mentioned that it was possible to combine students from local colleges with area students who attended college online. Also, Stella explained that the healthcare landscape had shifted from the single hospital to the multisystem entity. This shift provided a solution to placing students since the hospitals shared centralized resources.

Maggie offered many solutions to the problems of precepting students. Maggie advocated for taking small groups of students instead of one student at a time because “We took groups of students in the past and you know, it was kind of like having to do different things all at once. To me, having one [student] versus having three, it was the same thing.” She stressed the importance of planning for the student’s arrival. Further, she advocated for preparing staff in advance and
providing support while working with the students. Maggie stated that it was very important to provide clear instructions for tasks that were properly timed. By doing so, students completed tasks accurately, were engaged, and knew what to do after each task was completed. Also, Maggie established house rules for students to follow while working with staff. Maggie ensured that she planned student activities around her staff’s schedule. For example, her staff worked with students during their least busy time of the week. Maggie told students to write down questions that she answered after they have worked with each staff member and she checked in with them periodically throughout the day. In addition, staff were instructed to record time spent mentoring students on their productivity sheet. Maggie found that assigning staff to students in smaller chunks of time was beneficial.

One of the best solutions that Maggie implemented was asking for staff to volunteer to mentor students. This strategy was very successful for pairing students with staff who were interested in mentoring them. Taking small groups of students instead of one at a time had been a solution, too. Maggie suggested that moving to a hybrid PPE where students completed half of their time on-site and the other half remote was an excellent solution. She explained that it was more efficient for everyone, especially since many job functions were remote now. Also, Maggie recommended dividing the student's time between the HIM department and other areas, such as Tumor Registry. Doing so lessened the burden on her staff’s time and provided a well-rounded student experience. In a similar vein, Maggie suggested that when planning for the student's PPE, that students should indicate what they wanted to learn because they may need to go to a different site for that learning experience.

Tessa expressed several solutions for addressing the challenges and barriers of precepting students. She stressed the importance of open communication, transparency, explaining the
expectations, and preparing ahead of time. Also, Tessa reflected on the importance of having “…enough leeway time to get prepared for the student.” To that end, Tessa prepared a daily schedule for students to follow, including the approximate time needed to complete each task. Further, Tessa felt it was important to teach students about professionalism in the workplace, so she devoted time to covering this with students. Since the outbreak of the COVID-19 pandemic, Tessa’s hospital relied on hosting students virtually by using prerecorded and live interactive online sessions. Precepting students virtually also resolved the issue with centralized HIM services not being available on-site.

For Penny, one of the best solutions was to ensure she had the time to precept students and provided them with a quality learning experience. She noted, “If you're not going to put your all into it, then you should not take that student.” She recommended allowing at least one month to plan for the student's arrival. Penny emphasized the importance of “getting buy-in from your folks.” When it came to solutions for supervising students, Penny suggested having reading materials, such as organizational policies and procedures, for students to review in case they completed tasks quickly. Finally, Penny stressed that precepting required a lot of focused time and the importance of setting a good example for students to follow.

Julie reiterated the importance of preparing students for the HIM field. She advocated for raising awareness about the various job roles so that they had a better understanding of what to expect during the PPE. Julie was interested in meeting with students before they embarked on the PPE to help them understand what they would be doing during their internship experience.

**Question 8.** Lastly, Question 8 allowed participants to share anything else about placing and precepting students that they found relevant. Sophia concluded the interview by stating that the lack of senior administrative support for hosting HIM students was challenging. Stella
advocated for having a “backup plan” in case staffing or organizational issues arose while the student was on-site. She recommended having some independent work prepared in advance. Stella also addressed how COVID-19 impacted on-site PPEs. As a solution to this global problem, her department created online content and live presentations for HIM student interns. While this endeavor was a huge success, Stella indicated that they would prefer to bring students back on-site for a more “real-life” experience after the pandemic. Even though some HIM functions were conducted remotely on a regular basis, she felt students gleaned a better experience in person.

As we wrapped up the interview, Maggie provided some final thoughts. She mentioned that when students had a bad experience with a PPE site, they would not likely want to work there in the future, which hurts recruitment efforts. Maggie recommended that a plausible solution was to obtain preceptor buy-in, so there was an understanding of the expectations. Maggie shared an example that a student observed an intense confrontation between a staff member and patient, making the student uncomfortable and uninterested in that job role. Maggie took the student aside and explained the situation. After the student gained a better understanding of the situation, she became very interested in that job role. Maggie showed the student how to diffuse a tense situation by providing a better explanation to the patient about the concern. Lastly, Maggie emphasized that HIM preceptors “Really had to like it and had to be engaged to go day by day” for students to have a quality learning experience.

Tessa shared that precepting had been a positive experience. She enjoyed gleaning a fresh perspective from students and networking with them. Tessa noted that working with students was a great way to find new staff. Overall, Tessa described the PPE as a “very easy process.” Penny recommended that HIM professionals could promote the positive aspects of precepting so that
more people would be willing to host students. As Penny reflected on being a student at one time, she observed,

But to make something that would make it look like taking a student was a positive thing for these people. And, because I knew that as a student, I didn’t want somebody to think I was going to be a burden to take on a person.

Interestingly, Penny was not aware that she could earn five continuing education units from AHIMA annually for precepting HIM students.

Julie reiterated that setting students up with realistic expectations of the PPE was a plausible solution to the challenges and barriers of placing and precepting HIM students. Also, she recommended working with students to help them identify “their vision of where they saw themselves within the field, I think it could be so beneficial.” Julie felt students could glean a more valuable experience by having an idea of what they wanted to do in the field based on reasonable expectations.

Themes

In this section, I discussed the themes that emerged from the data collected in the surveys and interviews that focused on the challenges and barriers of placing and precepting HIM students with PPE sites. After carefully coding and analyzing the data, I identified four emerging themes: (a) organizational roadblocks, (b) preparation, (c) student engagement, and (d) solutions. Additionally, I describe each theme and provide participant responses to support them.

Theme 1: Organizational Roadblocks

The theme, organizational roadblocks, included the elements at the preceptor's organization that hinder the ability to place and precept HIM students. These hindrances centered on the lack of support, administrative barriers, organizational structure, and concerns about time
and productivity. Because of concerns about patient privacy, healthcare leaders were skeptical of hosting students. While HIM preceptors were willing to host students, their organization stood in the way through administrative barriers. These administrative barriers included difficulties with obtaining appropriate signatures for the affiliation site agreements between the college and healthcare organization. Gaining access to information technology systems at the site was another administrative barrier. Without access to the information technology systems, students received minimal training because every HIM job function was completed electronically. Even if preceptors obtained all of the documentation and access for students, they were not supported by their organization's executive leadership team. As a result, they relied on their peers and the HIM program director for resources and support when precepting students. Sophia shared that she did not receive support from her organization's leadership team. She stated,

We were in a big transition phase and have been since I've worked here. So we've gone from some semblance of a system with separate hospitals. And then several mergers and acquisitions. And then, where it was, you know, maybe four divisions in one state, and two in another, we were pulling those all together to statewide, so with most of our students we had to do something different to get them in every time.

In a similar vein, as Julie reflected on her preceptor experience she recalled,

I basically had to figure it out on my own. I didn't have help at the facilities I had worked for in the past, we didn't have a support system. Ok, I had defined all of those, all of the resources. I had to connect with the right people, and then I had to repeatedly explain why this was so important.

In summary, all but one preceptor indicated that their organization's leadership was the most significant barrier to placing and precepting HIM students.
Participants described how the healthcare landscape had evolved in recent years, and so had the organizational structure of hospitals and healthcare systems. Before digitization of patient records, the HIM department was completely on-site. Today, the majority of the HIM departments operate remotely using a centralized model. In turn, the centralization of HIM services has impacted preceptors' ability to schedule a variety of student activities because not all HIM job functions were located within one hospital. Maggie expressed concern about how being a centralized HIM department was a challenge. She stated,

I was concerned about how I would utilize them; you know, you get the manual from the school and they told me about the things that they should cover. And, I was just trying to make sure that I covered those, and there were some things that I was like, we didn't do that here, because that was a challenge when you worked for a big organization, that things were centralized.

Now that the HIM workforce worked remotely, providing an on-site experience was not possible for many preceptors. Tessa reflected on how precepting students with a remote workforce changed the experience. She stated,

So they could still get to see those departments, but they didn’t get the opportunity to have that live interaction. And live interaction depended on the revenue cycle. We reported up the revenue cycle and that the team was actually a pre-recorded session. Even though it wasn’t live, it was interactive, so it was kind of a mix of both.

Lastly, preceptors cited that organizational leaders were concerned about the time preceptors and staff spent with students and the impact on productivity. Julie addressed pushback from her organization in a positive light. She mentioned,
One would be the willingness of the organization to allow me to do that. Oh, no one, I'm not taking away from there, their productivity. But, you know, I always had to put a spin on hey you know, this could ultimately benefit us in the long run. I was trying this person out, and if this works, you know, we could have a candidate that I could offer a position to.

**Theme 2: Planning and Preparation**

The theme, planning and preparation, described what students, staff, and preceptors need to do before the PPE begins. All of the preceptors agreed that the sooner they were asked to precept a student, the better. The amount of advanced notice needed varied among preceptors from several weeks to a few months. Tessa preferred,

Probably at least three months. This was because the colleges knew who they were trying to place, they started that placement process early on because then they had to change, or were coming on-site. They had to see their primary doctor for immunizations. So, it could be a little lengthy. So, I think three months.

Stella advocated for how advanced planning better prepared everyone for the PPE. She stated,

We received the packet so far in advance, so I reached out and started to make the schedule so that everybody knew. So, if there was going to be any variation to the schedule like somebody needed to decline and reschedule, that's was all ironed out before the students started. And then, once they started, was typically a smooth process.

The remaining preceptors stated they only needed a few weeks' notice. Having advanced notice allowed preceptors the time to adequately prepare for the student's arrival. Also, preceptors planned out their time for the student and prepared staff for working with students. Once preceptors agreed to host a student, they began the planning phase of the PPE, which included
obtaining affiliation agreements, required documentation, and information technology access. Next, preceptors lined up the student's orientation and activities and scheduled time to observe staff. At this point, they reviewed the expectations with staff regarding what their role would be when working with the student. The majority of preceptors relied heavily on the PPE guidebook provided by the HIM programs. This guidebook covered student expectations and conduct along with required tasks and suggested activities. When it came to the PPE guide, Penny mentioned, “They gave ideas, but I would have liked even more information about what their expectation was like the student needed to do 10% doing A, B, or C or just more information about the school.” Whereas, Stella recalled, “So, there was a structured packet of information that the students would experience, and then what our director reviewed what students requested, which facilities, and just funneled those to those facilities.”

**Theme 3: Student Engagement**

The theme, student engagement, explained how students participated in the PPE. Student participation included activity, conduct, and ideal group size. One of the main concerns for all preceptors centered on keeping students busy and actively engaged. Also, the more the student engaged, the better the experience for all. For this reason, preceptors were concerned about creating a schedule and activities that would strengthen student engagement. Sophia recalled being concerned about engaging the students “We didn’t know exactly how we were gonna run through keeping them busy. And what, you know, what kind of tasks we could give them.” Penny mentioned the importance of keeping students busy and that if they completed their task, “Then I gave them something to read, like the policies.” Further, Maggie described how keeping students busy helped them stay engaged. She stated,
Ensuring that again, that you had every minute allocated to an activity or something for the student to do. Otherwise, I felt that they weren’t engaged in what they were doing and I didn't want someone to come in and tell me, I'm done, what do I do next? I'm done, I don't know what to do next. So, ensuring that the instructions were given out, that the project that I gave, or the assignment, that they were complete and properly timed.

Some preceptors observed student conduct issues arose, such as disrupting staff, when they did not have enough activities to keep students busy throughout the day. Hosting students in small groups strengthened engagement. Maggie's experience with precepting small groups of two to three students was positive. She described how this model made better use of time. She reiterated,

It didn't impact what I said because the time that I was spending with one individual student I spent that with the tour group. It took me a little bit more time to give an overview of something just in case that someone had questions. But, I didn’t think taking a handful of students was more challenging compared to taking just one student, but it certainly was the hybrid approach.

Also, some preceptors observed that students were more comfortable when they had peers to accompany them during the PPE.

**Theme 4: Solutions**

The theme, solutions, described the various strategies that improved the challenges and barriers of placing and precepting students. Preceptors identified the following solutions to placing and precepting students: virtual PPEs, small groups of students, communication, and structure time.
Since many of the administrative barriers to placing students were out of the preceptors' control, moving to a virtual PPE was noted as a viable solution. To begin with, precepting students virtually reduced the amount of required paperwork, such as vaccine documentation. Also, the virtual PPE worked well with the remote staff structure of today's HIM centralized department. Tessa observed that offering students a virtual experience could be beneficial. She said,

We were really huge, and so we did a centralized release of information, medical identity theft, a lot of those functions that were actually at the facilities, even less now centralized. So, there was a virtual experience where before it was a face-to-face to capitalize on those efficiencies.

During the COVID-19 pandemic, Stella became creative in how she precepted HIM students. As a result, she developed content for a completely virtual PPE, and explained,

We did a virtual professional practice, where we actually were live in real-time, so we didn't just record and send it out to them. We actually did like Zoom meetings or GoToMeetings. And so we would do our presentation. They would have the opportunity to ask questions, so it was almost like they were here, so that was really good. And I actually enjoyed it, so I put together like PowerPoints and things like that to go along with what I was presenting so they could see because I had a manager's interview. And then, they had just the questions that they asked specifically to your role, your tasks, and things. So, we did that as a set that up across the network. So the people who typically were present live just did theirs on their own platform. So it worked out really well.

Considering that healthcare leaders were concerned about the time that precepting takes away from productivity, hosting small groups of students at one time allowed preceptors and staff to
minimize duplication of efforts compared to hosting one student at a time. Maggie discovered this was good model, “We took groups of students in the past and had to do different things all at once. To me having one versus having three. It was the same thing.”

Communication among the college, preceptor, staff, and student was another solution to the problem. Preceptors described the importance of receiving advanced notice from the college about the student's arrival ensured adequate preparation time. Tessa mentioned that “advanced notice was key,” and Maggie stated that she only needs “Like about two weeks. And that was just so that I could work on my schedule.” Julie stated: “So, I typically allowed two to three weeks in order to get it all through the system.” Most preceptors only needed a few weeks to prepare; however, one preceptor preferred to be contacted several months in advance.

The final category of identified solutions focused on the structure and time for the PPE. Ensuring the student's activities were planned out each day increased engagement and decreased conduct issues. Part of this process included allotting appropriate time for each task and activity. Julie accomplished this “Because I always made sure that I was working on something that a student could participate in, and then I would use our data, use what we were working on.” While Sophia had a plan, sometimes students were consulted on how to keep themselves busy and engaged. She stated,

I had kind of a rough schedule. This is what we were going to do on these days, but not down to how many hours that task would take and that sort of thing, so there were gaps here and there. And that's those particular students who were there for that first time were very helpful. That the fact that we didn't necessarily have all of our ducks in a row, they helped us come up with things and, you know, going back to that outline from the college and saying, well, what about this, could we get in for this, you know, that sort of thing.
Summary of the Chapter

Chapter 4 included a description of the purpose of this study along with the research questions that sought to address the problem of practice. From there, I explained the process of conducting this qualitative study using a multiple case study design. I described the pilot study process, sampling and participant recruitment techniques, and the study instruments used for collecting the data. Next, I described how the data were systematically analyzed. The findings provided the following information for each participant: a case profile, information obtained from the survey and interview, and cross-case analysis. The chapter concluded with a discussion on the four emerging themes found in the data. The results indicated that three themes aligned with RQ1 and four themes were linked to RQ2.
Chapter 5: Discussion, Conclusions, and Recommendations

Academic programs in HIM struggle to place students with a PPE site. Preceptors face many challenges and barriers with placing and precepting HIM students (Hoyle & Deschaine, 2016; Jackson et al., 2016; Manger & Kirk, 2013; O’Brien et al., 2017). While HIM preceptors are eager and willing to precept, often they lack support from their organization to host student interns even though this serves as an excellent recruitment strategy. In addition to placement barriers, preceptors face challenges with supervising students. At times, students are not adequately prepared for the PPE, or they do not fully engage with the activities and site. As a result, the lack of engagement can lead to student conduct issues. Overall, HIM preceptors view precepting as a positive experience. However, the challenges and barriers of placing and precepting HIM students may result in difficulties for preceptors. Even though this problem is concerning to educators and preceptors, research on this problem from the HIM perspective is lacking (Bates et al., 2014; Butler, 2015).

The purpose of this qualitative multicase study was to explore the challenges and barriers of placing and precepting HIM students from the preceptor viewpoint. The study was limited to six cases of HIM professionals that currently work in an acute care hospital setting, hold the RHIA credential, and have recent experience precepting students. The aim of this study was to identify the challenges and barriers that preceptors face with site placement and supervising students. By discovering this information, the hope was to add to the body of knowledge regarding this critical component of HIM education.

This study was guided by the following research questions:

**RQ1:** What are the preceptors’ viewpoints regarding the challenges and barriers of placing HIM students with a PPE site?
RQ2: What are the perceived challenges and barriers of precepting HIM students?

Six preceptors participated in this case study by first completing a pre-interview survey using the Survey Monkey platform. The survey centered on participants’ demographic data to provide a frame of reference for their professional training and work experience to better inform the interview process. Then, the participants were provided the interview questions in advance to allow time for recall and reflection of their experience. The online interview was conducted using GoToMeeting technology. Each interview lasted approximately one hour, with the exception of two that lasted about 75 minutes. The interviews were transcribed by the GoToMeeting transcription service. I read and listened to each transcript several times and made corrections to misspelled words. Then, I sent a copy of the interview transcript to each participant to review and comment on the accuracy of the document. From there, each transcript was carefully reviewed and coded. The coded words were placed on a spreadsheet by interview questions and study participants. From there, the coded words were grouped into categories and labeled into themes.

Chapter 5 includes a summary and analysis of the research findings. In this chapter, I show how the findings relate to previous literature in the allied health sciences. Further, I discuss the implications from a theoretical framework and for practice. Additionally, Chapter 5 addresses the study limitations and recommendations. Lastly, I provide a reflection of how this study relates to my career and final conclusions.

Interpretation of Research Results

Two research questions guided this study. The first research question centered on the difficulties with placing students at PPE sites. The second question focused on the problems that preceptors face when supervising student interns. Of the four emerging themes, three aligned
with RQ1 and 2. These themes included organizational roadblocks, preparation, and solutions. The theme, student engagement, aligned with RQ2.

**Research Question 1**

The results of this study indicated that preceptors face many challenges and barriers to placing HIM student interns at their organizations. The lack of organizational support from senior administration was the most alarming finding. Several preceptors noted that, even though precepting students was a valuable recruitment strategy, senior leadership was concerned about privacy breaches and the impact on staff productivity. Further, one participant, Julie, observed, “I think it would be much easier if it was as important to the organization, like nursing is, if it was seen in that light that is equally important to patient care.” This observation provides a compelling argument that senior leadership does not understand the value of HIM professionals, even though the HIM department serves as the information hub for all clinical departments within the organization. In turn, senior leadership complicates the process by either refusing to sign off on the affiliation agreements or taking too much time to do so. Also, preceptors explained how the organizational structure hindered the placement process. In the current healthcare landscape, many HIM departments operate remotely. As such, placing students on-site simply is not possible. To further worsen the situation, preceptors reported that their departments have shifted to a centralized department. With this structure, HIM job functions are centralized at specific locations. As a result, students may not experience certain job functions, such as coding and release of information. Tessa explained,

> Even though we were centralized, like for our centralized release of information department, we still had the students meet with that department, like for two hours. But,
trying to coordinate a schedule that also matches up with that team has been challenging.

We're about to host 14 students at one time, and I know that will be challenging.

As a result of the centralized structure of Tessa’s HIM department, sometimes students cannot obtain the holistic experience needed to reach their academic and career goals.

The study findings revealed the preparation challenges of the PPE for students and preceptors. Since obtaining the affiliation agreement between the college and healthcare organization is a significant barrier, receiving advanced notice from the college is vital. Preceptors agreed that being contacted as much as several months in advance could improve the placement process at their organizations. Penny would like “a month or two notice,” whereas Stella preferred having “several months’ notice” to secure the affiliation site agreement and plan for the students’ arrival. As such, colleges could review the students’ degree plans every semester to determine when they will be enrolled in the PPE course. By doing so, they can initiate the placement process long before the experience is scheduled to begin. Also, with advanced planning, colleges can place students according to their learning preferences based on the various HIM job functions located at each facility.

Even though placing and precepting HIM students has challenges and barriers, preceptors imparted several viable solutions for overcoming them. All participants agreed that receiving advanced requests for student placement is extremely important for successful placement. As such, HIM programs can reach out to preceptors several months ahead of time to secure sites. Preceptors advocated for hosting small groups of students at a time because this lessens duplication of effort and staff time spent with students. Sophia expressed, “I think two [students] at a time is reasonable, if they can both follow the same schedule because then, we’re not
duplicating the work.” Also, preceptors were open to hosting students from several different colleges at a time. Sophia recalled,

During the COVID-19 pandemic, we took some students who were in an RHIA program from Wisconsin. And we coupled them up together with students who are in an RHIT program from my area. So that we’re not having to duplicate it and not pulling resources twice. But then making sure that both of their [students] needs are being met because they may have different interests. It’s something to consider. I think it works well and is easier than hosting students separately.

For this reason, HIM program directors could collaborate with one another on PPE needs to maximize student placement. At some point in the pandemic, preceptors discovered that they could deliver a high-quality PPE virtually by using creative strategies, such as prerecorded and live sessions via Zoom technology. By communicating needs with one another, HIM program directors and preceptors can strengthen student placement through virtual PPEs.

Prior research concurs with the findings that organizational barriers are problematic for placing student interns in the allied health sciences. Academic programs agree that the lack of organizational support for precepting students begins with senior-level administrators (AbuSabha et al., 2018; Gibson et al., 2017; Taylor et al., 2017; Winham et al., 2014). This lack of support complicates the ability to secure the affiliation agreements among allied health science programs, including HIM (O’Brien et al., 2017; Taylor et al., 2017). Additionally, the changing landscape of the HIM remote workforce blocks the ability of some preceptors to place students in their organization (Fabrizio et al., 2014; Manger & Kirk, 2013).

The results of this study add several interesting findings to the body of literature on experiential learning, particularly for HIM PPEs. First, the study revealed that none of the
participants in this study received a preceptor orientation or training, which is cause for concern. Additionally, preceptors preferred hosting small groups of students to maximize the use of human resources. Further, this study showed that many preceptors are able and willing to host students virtually. These last two findings are encouraging and could alleviate some of the challenges and barriers of placing and precepting HIM students.

**Research Question 2**

Preceptors indicated there are several challenges and barriers with supervising HIM students. Ensuring students gained a valuable learning experience was a concern expressed by all of the preceptors. Obtaining student access to information technology systems posed significant barriers for the preceptors. Since all HIM job functions use health information technology systems to complete tasks, not having access produces substantial challenges for preceptors to create meaningful and realistic experiences for students. Maggie experienced frustration when students showed up to the site without their logon credentials, which were sent to their student email in advance. Maggie explained, “Our IT team is very specific about that; unless it’s something very urgent, it may take at least seven business days to complete any access.”

Preceptors expressed additional concerns about the challenges of precepting in a centralized HIM environment where staff work remotely. One preceptor noted, “It was a blessing and a curse,” meaning that they could host students remotely, but needed to provide constant oversight of students to ensure the protection of the patients’ health information.

Preceptors agreed that receiving a request from colleges to precept students in advance helps significantly with planning and preparing for the PPE. Having this time allows preceptors to not only secure the affiliation agreements, but also prepare schedules of activities for students and staff. In terms of preparation, preceptors noted the importance of receiving a PPE guide or
detailed instructions about expectations, activities, and student conduct before students arrive. Also, this guidance allows preceptors to carefully plan activities that align with CAHIIM requirements and students’ interests. To that end, Sophia recommended including students in the planning process. During her first preceptor experience, Sophia shared,

I actually had one of the students help me, I put her on a committee with the team to determine what would be the best flow and kind of design a little program for what our future students would participate in.

When preceptors have adequate time to prepare for the student’s arrival, they can structure the activities to remain active and engaged. Further, planning out the schedule in advance is crucial for maximizing the availability of staff schedules to ensure productivity is not negatively impacted.

This study revealed the importance of keeping students engaged to ensure that all stakeholders have a positive experience. Preceptors observed that planning out the time allotted for each task and activity assisted with keeping students busy. Further, preceptors observed that keeping students involved in active learning led to better engagement and thus reduced student conduct issues. Stella explained it this way,

Just make sure students are engaged, that they have something to focus on to get the full experience. Even on the worst day, a student can learn. They can just get involved, whether it could be a small piece of what you have to do to get these patients through, let them participate in that piece for that day versus sending them away or just having them sit. Because if they participate in any piece, like run documents wherever they can, then that’s their experience for the day. That tells them that you have to shift and pivot to accommodate what’s going on in the real world.
Additionally, preceptors found that hosting small groups of students at a time improved student engagement. When students attended the PPE with their peers, they focused more and actively participated better.

Preceptors identified solutions to the challenges of precepting HIM students. The number one solution recommended was improving communication between the HIM program director and preceptor. Also, preceptors expressed the importance of timely communication about the students’ needs along with clear expectations of each stakeholder’s role. Penny reflected,

Communication has to be there. You have to make sure to explain why you’re doing that.

He [the student] was there just to learn and not to give them more work. I think just communicating. Effective communication is very important.

Additionally, preceptors explained that receiving detailed instructions about the structure and time allotted for PPE activities is critical. Therefore, HIM programs can create suggested activities that include a time estimation to complete each task and activity to help preceptors plan out the student’s schedule.

Prior research supports this study’s results by the identification of many challenges and barriers to precepting students. Having clearly established roles and expectations for students and preceptors was noted to be a significant challenge (Christodoulou, 2016; Dodge & Mazerolle, 2015; Sauder et al., 2019). Also, several researchers discovered the importance of ensuring the roles and expectations for the college and healthcare organization are clearly defined (Sauder et al., 2019; Sosland & Lowenthal, 2017). Moreover, Sauder et al. (2019) observed that dissonance occurs when the internship sites have different expectations from the college. This can be especially true when preceptors are not clear about the expectations for the preceptor role (Nottingham, 2015).
Lack of student and preceptor preparation was yet another challenge identified in this study and related literature (AbuSabha et al., 2018; Manger & Kirk, 2013). Many students may not understand how to conduct themselves in a professional environment, which can lead to student conduct issues (AbuSabha et al., 2018; Manger & Kirk, 2013; O’Brien et al., 2017; Sosland & Lowenthal, 2017). Also, some preceptors may not feel ready for the preceptor role (Hartzler et al., 2015; Sosland & Lowenthal, 2017). As such, several studies highlighted the importance of properly orienting and training preceptors (Hankemeier et al., 2017; Petrila et al., 2015; Phillips et al., 2017; Recker-Hughes et al., 2016). In light of preceptor time constraints, Sarcona et al. (2015) recommended providing preceptor training and development programs online.

Additional Findings

This study produced additional findings of the problems with placing and precepting HIM students. In general, the participants felt that precepting was a positive experience for them. The preceptors described their experience as “a pleasure” and “an honor.” This finding concurs with other studies that indicated preceptors enjoyed sharing their knowledge and giving back to their profession (AbuSabha et al., 2018; O’Brien et al., 2017; Recker-Hughes et al., 2016). Another key finding observed in the literature centered on how precepting students strengthened recruitment opportunities (Lei & Yin, 2019; Silva et al., 2016; Sosland & Lowenthal, 2017). Preceptors explained how working with HIM student interns served as an excellent recruitment strategy because they could witness the students’ skills and work ethic first-hand. Furthermore, the majority of preceptors noted that they prefer to host more than one student at a time to maximize staff time and minimize duplication. This finding provided new insights into a gap in the literature for experiential learning in the allied health sciences.
Implications for the Theoretical Framework

Experiential learning theory provided the framework for this study. Several ELT principles aligned with the results of this study. First, the study revealed that precepting students is a process that takes time and preparation (Kolb, 1984). The importance of preparing preceptors and students for the PPE was a noted significant finding in this study. Also, developing meaningful activities for students was a common concern among preceptors. This finding concurs with Austin and Rust’s (2015) observation about the impact quality curriculum design has on a successful experiential learning experience. Second, experiential learning is transactional between the learner and the environment. Kolb (1984) explained how students must adapt to their environment for new information to be transformed into knowledge. Similarly, Kuh (2008) observed that high-impact experiential learning activities, such as hands-on activities, resulted in positive student outcomes that led to improved student engagement. To illustrate, student engagement emerged as a predominant theme in this study, indicating that the more engaged the students were with the activities and the site, the better the experience for all stakeholders. Ensuring all experiential learning participants are prepared and engaged with the experience leads to a positive outcome.

Implications for Practice

This study revealed several implications for practice. First, colleges can coordinate with preceptors several months ahead of time regarding the placement of students. Further, colleges should clearly communicate the PPE requirements to preceptors and offer support for developing activities and allotting appropriate time to complete tasks. Providing preceptors with an orientation and training session could improve the preceptor experience and effectiveness of the PPE. Additionally, preceptors should communicate with staff regarding their role in working
with students to ensure they are comfortable. Finally, preceptors should precisely communicate the expectations of the PPE to students and provide clear instructions for tasks and projects.

**Limitations**

There were limitations to this multicase study. The study was limited by a small sample size of six cases or participants. Stake (2006) explained how the results from a small case sample may not be generalizable to the population. Also, the study was limited to RHIA-credentialed HIM professionals currently working in the acute care hospital setting. Even so, the findings may still be transferrable to RHIT-credentialed HIM professionals since they may serve in similar roles as RHIA-credentialed HIM professionals, depending upon geographic location. Quite possibly, the acute care hospital setting limitation likely had the most significant implication for transferability to other contexts, such as ambulatory care and behavioral health care settings due to the distinct differences in policies and procedures among these types of organizations. Lastly, the study was limited to participants with recent precepting experience. This limitation was placed to assure participants could recall their precepting experiences. In future studies, researchers could include a larger sample size, in particular, credentialed RHIA and RHITs to determine if experiences are different based upon credential level. Also, researchers could explore the PPE issues with a variety of healthcare settings to gain an understanding of the differences among organizational type and structure. Researchers may also opt to include preceptors that have varied histories of precepting students to determine if the problem has worsened or improved over time.

**Recommendations**

The results indicated the need for future studies regarding the problems with PPE placement and preceptorship. Since one of the key findings in this study was the lack of
preceptor preparation, a study on identifying preceptor training needs is warranted. A study on the benefits and motivating factors of HIM preceptors could increase the number of HIM professionals willing to precept students. Exploring strategies to improve PPE placement and preceptorship could shed more light on this problem. Another study could evaluate HIM preceptor satisfaction rates. Lastly, since many preceptors had to work with students remotely during the COVID-19 pandemic, a study exploring the efficacy of virtual PPEs would be valuable for HIM education and the profession.

Reflection

My career in the HIM profession began in 1991 at a teaching hospital in the Midwest. Once I completed graduate school in 1997, I transitioned to HIM education, where I have been teaching ever since. In that year, I accepted a teaching position at a community college in California for a 2-year HIT program. I relocated from Missouri to California about two weeks before classes began. My first night of class was filled with excitement until I discovered that my PPE class of 15 students had not been placed with a site. Typically, students would be placed several months in advance. In this program, students were required to attend their PPE site for eight hours every Friday for the 18-week semester. My heart sank. At this point, I did not even know the names of the hospitals, much less the people to contact regarding site placement. I soon realized how difficult this process was, particularly when it came to securing the affiliation agreements and finding enough sites willing to host students. Thankfully, an adjunct faculty member working in the field provided me with a list of contacts and hospitals. Within a few weeks, I had placed all of the students. This occurred prior to HIPAA legislation; otherwise, the process would have taken much longer. However, the problem did not resolve itself after that first year as I continued to struggle placing students throughout my career.
In addition to the placement issues, I also encountered precepting concerns when it came to behavior. Situations occurred with students not conducting themselves professionally. Further, there were times when the preceptors behaved badly. The problem of placing and precepting students has been part of my educator experience throughout my entire career. Now that I am an online educator, the problem is worse because our university may not have a relationship with the site, so we are competing with local colleges. Choosing a problem of practice to study was obvious for me. If I could discover the underlying issues of PPE site placement, then maybe I could improve the process. In short, this dissertation has been a passion project based on my life’s work in HIM education.

Conclusion

This study aimed to uncover the challenges and barriers of placing HIM students with PPE sites from the preceptor’s point of view. Using a multicase study approach allowed me to gather insights from preceptors located across the United States with varying degrees of experience and years in the field. These preceptors had the opportunity to share their love and enthusiasm for precepting HIM students while navigating the many challenges and barriers.

The findings revealed that despite the many challenges and barriers of precepting, preceptors are eager to host students. I admired each preceptor’s creativity and perseverance in overcoming these obstacles. My hope for this study was to shed light on the problem from the preceptors’ viewpoint and guide HIM program directors on strategies for improving the PPE process. To conclude, my goal was to add to the minimal literature available on PPEs in HIM education.
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Appendix A: Sample List of Appropriate PPE Settings

(Brucker et al., 2011, p. 20)

- Academic Institutions
- Acute Care Hospitals
- Ambulatory Clinics
- Ambulatory Surgery Centers
- Behavioral Health Facilities
- Blood Centers
- Children’s Hospitals
- Chiropractic
- Coding Agencies
- Compliance organizations
- Consulting Agencies
- Data analysis organizations
- Dental Offices
- Dialysis Centers
- Disease specialty centers
- Governmental Agencies
- Health Departments
- Health Information Exchanges
- Healthcare software companies
- HIM service providers
- Home Health Agencies
- Hospice Care Centers
- Hospital Associations
- Hospitals
- Information Technology
- Infusion, diabetes, cancer, etc.
- Insurance Agencies
- Law offices
- Long Term Care Facilities
- Outpatient behavioral health centers
- Pharmaceutical Companies
- Physical therapy and sports rehab
- Physician Office Practices
- Primary Care Associations
- Professional Associations
- Public health agencies
- Rehabilitation Facilities
- RHIOs
- State Agencies
- System vendors
- University Health Centers
- VA
Appendix B: Sample List of Potential PPE Projects

(Brucker et al., 2011, p. 20)

Code and abstract inpatient, outpatient, and emergency department records

Conduct a coding audit on coded records

Review policies and procedures and make recommended revisions

Create a HIPAA training presentation for staff

Map out a new workflow for chart processing

Suggest elements for a patient portal

Conduct data analysis on monthly statistics

Review current EHR system to identify areas for improvement of use and workflow

Conduct quality audits on clinical documentation

Assess claims for accuracy
Appendix C: Sample Affiliation Site Agreement

(Brucker et al., 2011, p. 40)

College

It is agreed by the aforesaid parties to be of mutual interest and advantage for selected students of (College) to be provided quality clinical education experiences through (Hospital) and of mutual interest to (Hospital) to participate in the provision of such quality education. (College) has established the following clinical training programs which require the educational facilities of (Hospital) for clinical experiences:

- Health Information Technology Students
- Physical Therapist Assistant Students
- Radiation Therapy Students
- Radiologic Technology Students
- Computed Tomography Students
- Magnetic Resonance Imaging Students
- Diagnostic Medical Sonography Students
- Respiratory Therapy Students

____________________________________

The terms in this Affiliation Agreement apply to all clinical training programs selected above. Additional terms specific to any of the clinical training programs shall be contained on an attached schedule. Collectively, the terms of this Affiliation Agreement and the attached schedules are referred to as the "Agreement."

The parties acknowledge they have read this Agreement, understand it, and agree to be bound by all of its provisions. This Agreement constitutes the complete and exclusive statement of the Agreement between the parties, and supersedes all prior oral and written communications concerning the subject matter of this Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement on the date shown below.

<table>
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<tr>
<th>College</th>
<th>Hospital</th>
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<td>By____________________________</td>
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I. GENERAL AGREEMENT
A. The term of this Agreement shall be for one year and shall be automatically renewed for successive terms of one (1) year unless otherwise terminated. This Agreement may be terminated by either party with sixty (60) days prior written notice accomplished either by personal service or by certified or registered mail upon the (College) Dean of Instruction and (Hospital) President. Any students enrolled in the ongoing programs at the time of such termination notice shall be given the opportunity by (Hospital) and (College) to complete the requirements of the program as offered at the time of their entry and in compliance with the conditions contained in this Agreement.

B. This Agreement shall be subject to periodic review as the need may arise, in order to consider any amendment, alteration, or change as may be mutually agreed upon in writing by the parties.

C. This Agreement shall be interpreted in accordance with and pursuant to the law of the state of ____________.

D. Nothing in the Agreement is intended to be contrary to state or federal laws. In the event of a conflict between terms and conditions of this Agreement and any applicable state or federal laws, the state or federal law will supersede the terms of this Agreement.

II. MUTUAL RESPONSIBILITIES

A. (College) personnel, faculty and students shall not be deemed to be employees or agents of (Hospital), and nothing herein contained shall be construed as creating a relationship other than that of an independent contractor between (Hospital) and (College), its employees, faculty, and students. (College) personnel, faculty, and students shall not be entitled to compensation from (Hospital) in connection with any service or actions of benefit to (Hospital) that are a part of or related to the educational program. (Hospital) and its employees shall not be entitled to compensation from (College) for services or actions of benefit to (College) that are part of or related to the educational program.

B. (College) personnel, faculty and students are not eligible for coverage under (Hospital)’s worker's compensation or unemployment compensation insurance programs. (College) will provide, if any, worker's compensation or unemployment compensation coverage as required by state law for students enrolled in the program. It is not anticipated that the students shall be compensated for services and clinical training, and by this section, it is not intended to extend worker's compensation or unemployment compensation coverage beyond the specific requirements and provisions of state statute.
C. **(College)** shall provide, at its own expense, comprehensive general liability insurance covering bodily injury and property damage liability with minimum coverage limits of $1 million per occurrence/$2 million general total limit, and medical professional liability insurance with minimum coverage limits of $1 million per claim/$3 million annual aggregate, covering **(College)**, its faculty and students participating in the educational programs under this Agreement. **(College)** shall provide **(Hospital)** with a Certificate of Insurance as evidence of such insurance coverage.

**(College)** will defend, indemnify and hold harmless **(Hospital)**, its officers, agents, employees, and representatives from any and all claims for loss or damage to property or injury or death to persons, including costs, expenses, and reasonable attorney's fees, arising from negligent or wrongful acts or omissions of **(College)**, its faculty, or students as they pertain to services rendered under this Agreement.

**(Hospital)** agrees to notify **(College)** when any faculty member or student has been involved in an incident reported to **(Hospital)**.

D. **(Hospital)** shall provide, at its own expense, adequate liability insurance coverage for its employees.

**(Hospital)** will defend, indemnify and hold harmless **(College)**, its trustees, officers, agents, representatives, employees, faculty, and residents from any and all claims for loss or damage to property or injury or death to persons, including costs, expenses and reasonable attorney's fees, arising from the negligent or wrongful acts or omissions of **(Hospital)** or its employees as they pertain to services rendered under this Agreement.

E. Except as otherwise provided on any schedule attached hereto, **(College)** will provide qualified certified teachers to teach all prescribed courses. The faculty members will select and assign learning experiences of students in accordance with agreed-to schedules and work assignments. Faculty members will work with appropriate representatives and personnel of **(Hospital)** in determining the needs of patients assigned to students.

**(College)** shall notify **(Hospital)** in writing of any change or proposed change of any clinical instructor. **(Hospital)** may request that **(College)** replace incompetent, inefficient, or merely non-cooperative clinical instructors assigned to any of the clinical training programs by providing **(College)** with a letter describing such incompetence, inefficiencies, or non-cooperation. **(College)** shall, within five (5) days, provide **(Hospital)** with names of qualified replacement staff, such replacement staff to be employee(s) of **(College)** unless otherwise mutually agreed to.
F.  (College) shall provide (Hospital) with a schedule for student assignments, including the number and names of students, and a copy of the clinical objectives in sufficient time (a minimum of four (4) calendar weeks) prior to the beginning of the student rotation to allow for adequate planning and staffing of the department to meet the needs of the department and the patients of (Hospital).

(Hospital) shall determine whether its physical plant will be made available for the educational purposes requested by (College). Under no circumstances shall (Hospital) be deemed to have consented to the use of its physical plant, programs, personnel, plans, or schedules except as specifically indicated and mutually agreed upon.

G.  (College) shall comply with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, and related regulations, and ensure it does not and will not discriminate against any person on the basis of race, creed, sex, national origin, age, or handicap under any program or activity receiving federal financial assistance.

H.  The safety, health, and welfare of (Hospital)’s patients shall be of the utmost importance in this Agreement. (College) will provide necessary assurance or evidence of acceptable health levels of the students and faculty while working in the clinical area.

I.  (Hospital) shall provide (College) with all bylaws, rules, regulations, and standards of (Hospital) and its medical staff and shall participate in an orientation program in conjunction with (College) for informing all participating faculty and students of the provisions thereof. Students assigned to the educational program that do not abide by the bylaws, rules, regulations, and policies of (Hospital) or meet the standards of safety, health, and ethical behavior prescribed thereby, may be suspended, placed on probation or dismissed from the clinical program. Prior to instituting disciplinary actions, (College) shall, in consultation with (Hospital), provide the student notice of the proposed action and an opportunity to be heard. (College) shall be responsible for the proper conduct of students and instructors while at (Hospital) as governed by the rules and regulations of the clinical area.

J.  (College) shall provide or reimburse (Hospital) for supplies and reimburse (Hospital) for the cost of any damage to equipment used for instructional purposes.

III.  COLLEGE RESPONSIBILITIES

A.  (College) shall maintain sole responsibility for the educational programs of students assigned to (Hospital). (College) shall offer educational programs accredited by appropriate national and state accrediting organizations and shall determine
standards of education, hours of instruction, clinical learning experiences, instructional schedules, evaluation of students, and other matters pertaining to educational programs offered by (College). (College) shall maintain all student records relevant to the clinical training programs.

B. (College) shall not discriminate against any student applicant for enrollment in its course of study because of race, creed, sex, national origin, age, or handicap.

C. All (College) personnel, faculty, and students shall be informed of and shall abide by the bylaws, rules, and regulations of the medical staff and any other applicable rules or policies of (Hospital), and at all times shall maintain the appropriate degree of care and responsibility in connection with the educational programs when dealing with patients, facilities, and medical staff.

D. (College) acknowledges and agrees that the patient’s attending physician determines the course of care and treatment for an individual patient. (College) shall be responsible for ensuring all interactions between its faculty and students and a patient comply with the orders and desires of the attending physician.

E. All (College) personnel, faculty, and students who have access to patient or research medical records shall maintain strict confidentiality with regard to said records and shall not disclose any information contained therein to any person outside the clinical training program in which they are involved.

F. (College) maintains the privilege for its faculty to visit (Hospital)’s facility during normal business hours for purposes connected with the educational program during the educational period.

G. (College) agrees that the student shall:

1. Be permitted all (Hospital) holidays.

2. Have the responsibility of transportation to and from (Hospital) and on any reasonable special assignment by (Hospital).

3. Be responsible for own absences due to illness or other cause and (Hospital) notification.

4. Complete health forms requested by (Hospital).

5. Be responsible for following all policies of (Hospital).

6. Be responsible for providing the necessary and appropriate uniforms required, if any, but not provided by (Hospital).
7. Be responsible for reporting on time to the designated individual at (Hospital)’s facility.

8. Be responsible for the STUDENT'S own housing during clinical education assignment.

9. At all times, behave in a professional and ethical manner as defined in the professional code of ethics and/or departmental policies and procedures.

10. Sign a Confidentiality Statement utilizing the form attached hereto as Exhibit A.

IV. HOSPITAL RESPONSIBILITIES

A. (Hospital) shall cooperate with (College) in the preparation of students in clinical education programs. To the extent (College) is able to make offerings available, (Hospital) will provide clinical space, subject to availability, to qualified students from (College) for educational purposes under the guidance and supervision of the clinical instructors during such periods of time and to such extent as (Hospital) shall agree. (Hospital) retains responsibility for its patients at all times.

B. (Hospital) shall determine the number of students it will accept during a specific clinical educational period and shall notify (College) within ten (10) days of receipt of schedule. (Hospital) may, in its reasonable discretion, limit the number of students in any of the clinical programs.

C. (Hospital) shall designate in writing a liaison to work with (College)’s assigned Clinical Instructors.

D. (Hospital) shall complete all forms as requested by (College) such as general information forms and evaluation reports.

E. (Hospital) shall not discriminate against any student applicant because of race, creed, sex, national origin, age or handicap.

F. (Hospital) shall permit the full-time and part-time faculty and students assigned to (College’s) educational programs to use its patient care, medical record and data facilities for clinical education, provided that such use shall not conflict with or violate any rules, regulations, bylaws, or policies of (Hospital). Such use shall be subject to, and at all times comply with, the confidentiality provisions contained in subsection III.D of this Agreement.
G. (Hospital) shall make available rooms or areas where groups of students may hold
discussions and receive clinical instruction, and permit, for educational purposes,
the use of such supplies and equipment as are commonly available for patient care,
the cost of same to be reimbursed by (College).

H. (Hospital) shall maintain full certification by the appropriate state certifying
authority and full accreditation by the Joint Commission.

Schedule 1

____________________

A. (College) and (Hospital) shall jointly appoint clinical supervisors, who shall be
employees of (Hospital), and shall be granted release time by (Hospital) for
instruction and evaluation of the students enrolled in the ___________ clinical training program. (College) shall grant the advisory committee members
and clinical supervisors a minimum of three credit hours per semester and rights
and privileges of (College).

Note: This page is optional and should be utilized for additional terms specific to any of the
clinical training programs subject to this Agreement.
Appendix D: Pre-Interview Survey Questions

1. How long have you been precepting HIM students?
   - Less than one year
   - One-two years
   - Three-five years
   - Six-ten years
   - Eleven-nineteen years
   - Twenty years or more

2. Select your credentials from the drop-down menu:
   - RHIA
   - RHIT
   - CCS
   - CCS-P
   - Other - Please specify: __________
   - None

3. Select your work setting from the drop-down menu:
   - Acute care
   - Ambulatory care
   - Behavioral health
   - Government agency
   - Home health
   - Hospice
   - Long-term care
   - Mental Health
   - Vendor
   - Other - Please specify: __________

4. Select your work location from the drop-down menu:
   - Urban area
   - Suburban area
   - Rural area
   - Remote/virtual

5. How many students can you accommodate at a time?
   - One student
   - Two to three students
   - Four to five students
   - More than five students
6. Are you able to offer a virtual professional practice experience?

___Yes

___No
Appendix E: Interview Guide

1. Tell me about your first experience precepting (supervising) an HIM student.

2. Based on your experience, what were the challenges and barriers of placing the students?

3. As you reflect back on the placement process, what resources and supports were available to you for overcoming the challenges and barriers of the placement process?

4. From your point of view, what solutions might improve the challenges and barriers with PPE site placement?

5. What were the challenges and barriers of precepting (supervising) the students once they were on-site?

6. What resources and supports were available to you for overcoming these challenges?

7. From your viewpoint, what are viable solutions to the challenges and barriers of precepting (supervising) students?

8. Is there anything else you would like to share with me about the challenges and barriers of placing and precepting HIM students?
Appendix F: Alignment of Survey and Interview Questions to Research Questions

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Survey</th>
<th>Interview</th>
</tr>
</thead>
</table>
| Q1: What are the preceptors’ viewpoints regarding the challenges and barriers of placing HIM students with a PPE site? | Select your work setting from the drop-down menu:  
- Acute care  
- Ambulatory care  
- Behavioral health  
- Government agency  
- Home health  
- Hospice  
- Long-term care  
- Mental health  
- Vendor  
- Other  

Select your work location from the drop-down menu:  
- Urban area  
- Suburban area  
- Rural area  
- Remote/virtual  

How many students can you accommodate at a time?  
- One student  
- Two to three students  
- Four to five students  
- More than five students  

Are you able to offer a virtual professional practice experience?  
- Yes  
- No | Tell me about your first experience precepting (supervising) and HIM student.  
Based on your experience, what were challenges and barriers of placing the students?  
As you reflect on the placement process, what resources and supports were available to you for overcoming the challenges and barriers of the placement process? | From your point of view, what solutions might improve the challenge and barriers with PPE site placement?  
Is there anything else you would like to share with me about the challenges and barriers of placing and precepting students? |
| Q2: What are the perceived challenges and barriers of precepting HIM students? | How long have you been precepting HIM students?  
- Less than one year  
- One-two years  
- Three-five years  
- Six-ten years  
- Eleven-nineteen years  
- Twenty years or more | Tell me about your first experience precepting (supervising) and HIM student.  
What were the challenges and barriers of precepting (supervising) HIM students once they were on-site?  
What resources and supports were available to you for overcoming these challenges? |
From your viewpoint, what are viable solutions to the challenges and barriers of precepting (supervising) students?

Is there anything else you would like to share with me about the challenges and barriers of placing and precepting HIM students?

Select your credentials from the drop-down menu:
_RHIA
_RHIT
_CCS
_CCS-P
_Other- Please specify:
_None
Appendix G: Coding Matrices Aligned to Research Questions

**RQ1:** What are the preceptors’ viewpoints regarding the challenges and barriers of placing HIM students with a PPE site?

**RQ2:** What are the perceived challenges and barriers of precepting HIM students?

<table>
<thead>
<tr>
<th>Theme</th>
<th>Category</th>
<th>Subcategory</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational</td>
<td>Lack of Support</td>
<td>Centralized HIM</td>
<td>We were in a big transition phase and have been since I've worked here. So we've gone from some semblance of a system with separate hospitals.</td>
</tr>
<tr>
<td>Roadblocks</td>
<td></td>
<td>Department</td>
<td>And then, several mergers and acquisitions.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>&amp;</td>
<td>And then, where it was, you know, maybe four divisions in one state, and two in another, we're pulling those all together to statewide so with most of our students we had to do something different to get them in every time.</td>
</tr>
<tr>
<td></td>
<td>Structure</td>
<td>Remote Workforce</td>
<td>I basically had to figure it out on my own. I didn't have at the facilities I had worked for in the past, we didn't have a support system. Ok, I had defined all of those, all of the resources. I had to connect with the right people, and then I had to repeatedly explain why this is so important.</td>
</tr>
<tr>
<td></td>
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<td>&amp;</td>
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<td></td>
<td></td>
<td>Productivity Concerns</td>
<td></td>
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<td>&amp;</td>
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<tr>
<td></td>
<td></td>
<td>Affiliation Agreements</td>
<td></td>
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<td></td>
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<td>&amp;</td>
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<tr>
<td></td>
<td></td>
<td>IT Access</td>
<td></td>
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<tr>
<td></td>
<td>Processes</td>
<td>Scheduling Conflicts</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>One would be the willingness of the organization to allow me to do that.</td>
</tr>
</tbody>
</table>

I was concerned about how I would utilize them; you know, you get the manual from the school and they told me about the things that they should cover. And, I was just trying to make sure that I covered those, and there were some things that I was like, we didn't do that in here, because that was a challenge when you worked for a big organization, that things were centralized.

So they could still get to see those departments but they didn't get the opportunity to have that live interaction. And live interaction depended on the revenue cycle. We reported up the revenue cycle and that the team was actually a pre-recorded session. Even though it wasn't live, it was interactive, so it was kind of a mix of both.
Oh, no one, I'm not taking away from there, their productivity. But, you know, I always had to put a spin on hey you know, this could ultimately benefit us in the long run. I was trying this person out, and if this works, you know, we could have a candidate that I could offer a position to.

Without question, the biggest challenge is technology. We are in a world of electronic health records and all of our work is done via the secure hospital access. Since students are only here for a short amount of time, we don’t have the time to get them access with their own login credentials. Our IT will not allow it. If they were for an extended period of time, then IT probably would allow it.

There’s a lot of rungs, we are a 15-hospital healthcare system. Everything has to go through the manager, then director, then it goes to both legal and compliance. They’re signed off at many levels, and that’s why it takes so long.

There could be problems with getting the appropriate documentation completed. A lot of time it was the paperwork and then getting students access to what they needed.

They wouldn’t have access to our software and sometimes it would take quite a while to get those things resolved.

Those agreements are more difficult because they have to do the affiliate paperwork and make agreements with HR.

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Stakeholders</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Students, Staff, Preceptors, PPE Guide, Orientation &amp; Scheduled Activities</td>
<td>Just scheduling students with everybody that they needed to meet with and getting everyone on the same page.</td>
</tr>
</tbody>
</table>

Probably at least three months. This was because the colleges knew who they were trying to place, they started that placement process early on because then they had to change, or were coming on-site. They had to see their primary doctor for
immunizations. So, it could be a little lengthy. So, I think three months.

We received the packet so far in advance, so I reached out and started to make the schedule so that everybody knew. So, if there was going to be any variation to the schedule like somebody needed to decline and reschedule, that's was all ironed out before the students started. And then, once they started, was typically a smooth process.

They gave ideas, but I would have liked even more information about what their expectation was like the student needed to do 10% doing A, B, OR C, or just more information about the school.

Reaching out to us in advance, so if the semester will start in January, we probably hear from the HIM program director around October. So we would get the expectations and what assignments the students would be required to complete in advance. And the closer to the start of classes, we would get our student list and email addresses.

So, there was a structured packet of information that the students would experience, and then what our director reviewed what students requested, which facilities, and just funneled those to those facilities. It was a little bit of a stumbling process, which made me uneasy. That is why I wanted to do that student committee and have something a little more solid. A better plan for the next round of students.

They [the university] gave us a 3-4 page document that goes over what they those students to learn, and some idea. That was a helpful guide.

I wasn't prepared. I had kind of a rough schedule, this what we’re going to do on these days, but not down to how many hours that task would take and that sort of thing, so there were gaps here and there.
Knowing what the students needed would kind of help me plan.

Whenever I was not able to be there onsite, I ensured the students had a detailed schedule so that they knew what to do, and whoever was working that day from my team would know the student was going to be there.

<table>
<thead>
<tr>
<th>Solutions</th>
<th>Structure</th>
<th>Virtual PPEs &amp; Host Small Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Advanced Notice &amp; Set Clear Expectations</td>
<td></td>
</tr>
</tbody>
</table>

We were really huge, and so we did a centralized release of information, medical identity theft, a lot of those functions that were actually at the facilities, even less now centralized. So, there was a virtual experience where before it was a face-to-face, ok, mutualized to capitalize on those efficiencies.

We did a virtual professional practice, where we actually were live in real-time, so we didn't just record and send it out to them. We actually did like Zoom meetings or GoToMeeting s. And so we would do our presentation. They would have the opportunity to ask questions, so it was almost like they were here, so that was really good. And I actually enjoyed it, so I put together like PowerPoints and things like that to go along with what I was presenting so they could see because I had a manager's interview. And then, they had just the questions that they asked specifically to your role, your tasks, and things. So, we did that as a set that up across the network. So the people who typically were present live just did theirs on their own platform. So it worked out really well. We took groups of students in the past and had to do different things all at once. To me having one versus having three. It was the same thing.

Advanced notice was key. Like about two weeks. And that was just so that I could work on my schedule. So, I typically allowed two to three weeks in order to get it all through the system.

Because I always made sure that I was working on something that a student could participate in, and then I would
use our data use, use what we were working on.
And that's those particular students who were there for that first time were very helpful. That the fact that we didn't necessarily have all of our ducks in a row, they helped us come up with things and, you know, going back to that outline from the college and saying, well, what about this, could we get in for this, you know, that sort of thing.
Just have an open communication between yourself and the program director at the college to make sure that your solution will satisfy whatever is needed.
Have an open communication between yourself and the program director or instructor at the college that will help you navigate problems.

**RQ2: What are the perceived challenges and barriers of precepting HIM students?**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Category</th>
<th>Subcategory</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Engagement</td>
<td>Keep</td>
<td>Students Busy</td>
<td>We didn't know exactly how we were gonna run through keeping them busy. And what, you know, what kind of tasks we could give them.</td>
</tr>
<tr>
<td></td>
<td>&amp;</td>
<td>Provide Authentic Experience</td>
<td>Then I gave them something to read, like the policies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ensuring that again, that you had every minute allocated to an activity or something for the student to do. Otherwise, I felt that they weren't engaged in what they were doing and I didn't want someone to come in and tell me, I'm done, what do I do next? I'm done, I don't know what to do next. So, ensuring that the instructions were given out, that the project that I gave, or the assignment, that they were complete and properly timed.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>It didn't impact what I said because the time that I was spending with one individual student I spent that with the tour group. It took me a little bit more time to give an overview of something</td>
</tr>
</tbody>
</table>
just in case that someone had questions. But, I didn’t think taking a handful of students was more challenging compared to taking just one student, but it certainly was the hybrid approach.

So I said that we would gladly take two students, one at a time because we didn’t know exactly how we were gonna run through keeping them busy. And what kind of tasks we were going to be able to give them.

The other challenge, of course, is what are they [students] going to do considering they don’t have login access. So we bounce them around to a bunch of different people.

We actually give them control of our screen. I think that’s been the biggest kind of miracle. It would be so boring for them to sit and just watch. So for them to be able to actually take the reins and do this together has been absolutely the biggest assist. Having that team diversity also gives the student something interesting to do.

Typically, students are staying in one room and the presenters are coming to the students and that is really helpful because it eliminates downtime so students are consistently moving, and learning, and working versus if they go to a department and that department isn’t prepared for them.

Students learn scanning which is hands-on.

Just make sure that they are engaged and have something to focus on, getting the full experience.

I still think there was something more to being in an actual hospital versus being at a distance, it connects them to the whole purpose of the work more.
Appendix H: IRB Approval Letter

Dear Darla,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled “Exploring the Challenges and Barriers of Professional Practice Experience Site Placement in Health Information Management Education”, (IRB# 21-032) is exempt from review under Federal Policy for the Protection of Human Subjects. If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs