

WILLIAM CAREY UNIVERSITY

College of Health Sciences



UNDERGRADUATE STUDENT HANDBOOK 2018-2020

Approved by the Board of Trustees on 01/24/2019

-“This handbook does not constitute a contract between WCU and its students. The plans, policies, and procedures described in this handbook are subject to change by the University at any time.”

-“Failure to read this handbook and other sources of regulations governing college life at WCU does not excuse the student from the requirements and regulations described therein.”

-“This edition of the handbook does repeal and supersede all previous editions of the handbook.”

The College of Health Sciences Undergraduate Student Handbook is intended to address informational needs which are unique to the health science majors. In all other instances, the policies and procedures as outlined in *The Translation* and the *William Carey University Undergraduate Catalog* will be followed and will take precedence.

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Health Information Management Undergraduate Student Handbook

Health Administration and Education Undergraduate Student Handbook

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ACADEMIC ADVISOR PROGRAM

The faculty believe that they can offer meaningful assistance to the student who strives toward personal satisfaction and a place of significance in the health science profession. To fulfill this belief, an advisor program is in place. To facilitate this program, pre-registration advisement is planned to enhance the student's progress through the curriculum. The purpose of the advisor is to assist in the planning of academic mobility within the healthcare curriculum. The advisor assists in expediting the registration process; however, the student is ultimately responsible for the selection of courses to satisfy degree requirements.

1. The student schedules a conference with their advisor at appropriate intervals during advisement periods regarding academic concerns. Other conferences may be initiated by the student or the advisor as the need arises.
2. The student may initiate conferences that require the advisor's assistance with the plan of study, grades, etc., at any time during the trimester.
3. The advisor may refer students to appropriate resources for resolving problems associated with the program of study.
4. Advisement dates are scheduled by the university. Students should contact faculty advisor for advisement.
5. The advisor releases the student to allow online registration.
6. The student must consult with the advisor before dropping or adding a course. Documentation of all conferences will be placed in the student's file for reference.
7. No advising appointments are to be made for times a student is scheduled to be in class.

For concerns related to a specific course, the student should seek guidance from the teacher of that course. It is not the role of the academic advisor to intervene in individual course instruction.

ACADEMIC COURSE LOAD

Information about full-time and maximum course loads may be found in the current *William Carey University Undergraduate Catalog*.

The student is allowed to add or drop courses from their schedule within the timeframes set forth by the registrar's office. The deadlines for dropping and adding classes can be found at the front of the Undergraduate Schedule Booklet published each term and on the William Carey University website under Catalogs and Schedules. The student should consult with the faculty advisor prior to making schedule changes. This allows the faculty advisor to counsel the student regarding the effect the action may have on his/her plan of study.

ACADEMIC GRIEVANCE PROCESS

An academic grievance is a dispute concerning some aspect of academic involvement arising from an administrative or faculty decision which the student claims is unjust, arbitrary or capricious. Students enrolled in a health science major, who believe they have a grievance related to their respective program regarding departmental policies, must follow the procedure outlined below. Other grievances may be handled through the channels outlined in the current copy of *The Translation*.

Informal Appeal

Students are responsible for making every attempt possible to resolve issues informally and immediately. This includes meeting with the course instructor to make a written request to resolve the issue. If the issue remains unresolved, the informal process may be enacted. The informal procedure should include:

1. The faculty member should notify the program head of the meeting and failed attempt to resolve the issue. The faculty member should prepare a summary of the points discussed and the outcome of the meeting with the student. This documentation should be placed in the student's file. Issues that are unresolved at the end of a term will be addressed when the next term resumes. Faculty

members are not available to discuss issues between terms or outside scheduled working hours.

2. If the issue remains unresolved, the student may file a written statement to the campus program head within one working day of meeting with the course instructor. The program head will arrange a meeting with the involved parties within three working days to attempt to find a resolution. If the issue is resolved, the program head should document the actions taken. The documentation should be placed in the student's file.
3. If the issue remains unresolved, the student may file a formal grievance requesting resolution of the issue. Forms for this procedure are below and should be submitted within 10 working days of the original occurrence to the Associate Dean to enact the Formal Grievance Process.
4. The student may continue to attend class but not clinical until a resolution has been reached or the appeal process has been exhausted.

Formal Grievance

The procedure for formal grievance is as follows:

1. The student will submit a completed grievance form to the Associate Dean outlining the details and rationale for the grievance. This form must be submitted within 14 days of the original grievance or no later than 5:00 PM (CST) of the first Wednesday of the following term, whichever comes first. *(If the Associate Dean is the instructor involved in the grievance, the Dean of the College of Health Sciences (COHS) will automatically assume the role of Associate Dean in the Formal Grievance process).*
2. Upon receipt of the grievance request, the Associate Dean will review the matter to determine if the issues meet one of the following three criteria. A formal grievance is allowed only in cases where there is evidence from the complainant of one of the following:
 - Unfair or unjust treatment of the student by the instructor which resulted in the student being evaluated on some other basis than the student's academic performance and/or the student being required to

adhere to expectations that are different from expectations of other students or policy.

- Miscalculation on the part of the instructor in determining the final course grade.
- A departure from the standards of evaluation stated in the course syllabus.

3. The Associate Dean may convene an ad hoc grievance committee to consider the matter. The committee chairperson will be a Program Director from another campus.
 - a. The committee chairperson will notify all involved parties and organize a time and place for the hearing.
 - b. Grievance hearings will be convened expeditiously and no later than the end of the second week of the following term. Hearings will be scheduled during business hours on the campus that the grievant attends.
 - c. Guidelines for the hearings include:
 - i. Anyone appearing before the grievance committee shall have the right to have a student representative at the meeting. This person will not address the committee. Attorneys and legal counsel are deemed inappropriate at this stage of a grievance and will not be permitted in hearings.
 - ii. Each party shall be given full opportunity to present evidence and witnesses that are relevant to the issue at hand. Each party will also be given the opportunity to question any witnesses and also be informed of any evidence and its source. This shall not be considered to be an opportunity for confrontation.
 - iii. The chairperson is to make sure that each member of the committee has an equal opportunity to speak and that full and fair review of the facts takes place. In the event of a tie vote, the chairperson casts the deciding vote.
 - iv. Only information that has been reviewed by both parties involved prior to the hearing may be addressed in the hearing.

- d. In all cases, the chairperson of the committee will convey the committee's recommendations in writing to all parties within five working days of the hearing. Copies should be sent to the instructor, program head, and Associate Dean and Dean.
- e. Decisions made by the grievance committee are to be immediately enforced by both faculty and students, even if an appeal is planned.
- f. Each party shall have the right to appeal. The appeal must be done in writing and submitted to the Dean of College of Health Sciences within seven working days of the hearing.
 - i. The Dean will review the recommendation by the grievance committee and a decision will be made to accept, modify, or reject recommendation.
 - ii. The Dean will notify all involved parties in writing of the final decision within the College of Health Sciences. A copy of the decision will be sent to the Vice President of Academic Affairs.
 - iii. Should new information become available, a final appeal may be submitted to the Vice President of Academic Affairs within 7 working days of the Dean's decision.

Continued Enrollment

In the case where the grievance is at the end of a term and about a course where passing is necessary for progression, the student may not enroll in courses for the next term nor attend clinical. The student may sit in the classes (not clinical) until the Grievance Committee recommendation is obtained. At that point, the student must enroll or discontinue class attendance, whichever is appropriate based on the recommendation by the grievance committee. If the student is allowed to progress, the student will be allowed to make-up any missed time in the clinical setting without penalty.

Confidentiality of Proceedings

Confidentiality shall be maintained in all procedures. Students are not allowed to tape any meetings or hearings during the grievance process.

Interpretation and Revision

Any question of interpretation regarding the Academic Grievance Process shall be referred to the Associate Dean and Dean of the College of Health Sciences or his/her designee for final determination. The Leadership Team of the College of Health Sciences shall review the academic grievance procedures annually.

Revised 8/11, 1/14, 4/15, 5/15, 4/16,8/17

**William Carey University
College of Health Sciences
GRIEVANCEFORM**

Date Received

The form is to be completed if the grievant is not satisfied and **only** after having followed all steps in the informal resolution process. The form is to be completed at each step in which the grievance is advanced. The grievant is responsible for forwarding all forms to the appropriate parties.

Name of Grievant:

Date:

Mailing Address:

Program:

Campus:

Telephone Number/s:

E-mail Address:

**Grievance Statement
(Include identity of grievant and any witnesses.)**

Resolution Sought

Signature of Grievant:

Date:

GRIEVANCE FORM (page 2)

Step 1: Associate Dean's Reply to Grievant

Resolutions appropriate. No further action needed.

Grievance Committee will be convened to consider matter.

Signature of Associate Dean:

Date:

Step 2: Grievance Committee Decision

Signature of Committee
Chairperson:

Date:

Response of Grievant
(Please initial):

_____ I am satisfied with the answer to my grievance.

_____ I am not satisfied with the answer to my grievance and wish to
appeal to the Associate Dean of Nursing.

Step 3: Appeal to the Associate Dean

Decision Upheld

Decision Modified

Decision Overturned

Signature of Associate
Dean:

Date:

ACADEMIC HONESTY

Because of the critical nature of the health science professions as related to honesty and integrity and its impact on the patients we serve, the College of Health Sciences places the highest value on integrity and regards any act of academic dishonesty as a serious offense. See Attachment A in *The Translation* for the Academic Integrity Policy. Therefore, an act of academic dishonesty will not be tolerated. It can result in failure of a project, failure of a course, or dismissal from any WCU College of Health Science program.

The College of Health Sciences (COHS) considers each course assignment to be essential to achieving the graduate outcomes of the COHS undergraduate programs; therefore, the student should turn in original work for each course. Although thoughts and excerpts from previous, similar assignments are permissible, they should be synthesized, integrated, and referenced in subsequent assignments and may only represent a small portion of the completed assignment. **No student may turn in an assignment from one COH course in its entirety to meet the requirements of a different course or the same course if being repeated.**

AMERICANS WITH DISABILITIES ACT (ADA) STATEMENT

See complete details in *The Translation* Students with Disabilities/ Section 504.

Students with disabilities, who are protected by the Americans with Disabilities Act of 1990 and require special accommodations, should contact the following person on their respective campus:

The contact information:

Hattiesburg campus: Mr. Allen Bonner, 601-318-6211, Student Support Office in Lawrence Hall, room 124.

Tradition campus: Mr. Jerry Bracey, 228-702-1802

Keesler Center: Ms. Amanda Knesal, 228-376-8480

Baton Rouge campus: Dr. Karen Sicard, 601-318-6475

ATTENDANCE AND PREPARATION

As part of the preparation for a professional career, the faculty of the College of Health Sciences expects all undergraduate candidates to adhere to the highest standards of punctuality, attendance, and participation in all scheduled activities. Absences may seriously affect the work of the whole class as well as that of the individual students who are absent. In no circumstances will a student receive credit for a course if he/she has not met the WCU requirement of meeting class at least 75 % of the scheduled time (classroom and clinical calculated separately). Students are responsible for their own transportation.

The College of Health Sciences follows the following guidelines for attendance and preparation:

- 1) Absenteeism – Class
 - a) The student is expected to attend class 100% of the time.
 - b) If an absence does occur, the student will be held responsible for any announcements or materials given that day. **The student is also responsible for any assignments due the day of an absence.**
 - c) Absences due to illness, death in the immediate family, or extreme circumstances will be handled on an individual basis provided the instructor is notified of the need to be absent **PRIOR TO** class.
 - d) Faculty members have the right to request appropriate documentation regarding an absence. All absences will be reported to the program head on each campus. The program head has the right to intervene if he/she notes a pattern to reported absences for any student.
- 2) Absenteeism – Scheduled Tests/Examinations/In-class Presentations or projects
 - a) The student is expected to write all scheduled tests and present all scheduled projects on the assigned day.
 - b) In extreme circumstances, such as illness or death in the immediate family, a student may be allowed a make-up examination at a later time provided the instructor has been notified of the need to be absent **PRIOR TO** the time of the scheduled test. **If the instructor is not notified, a grade of “0” will be**

- earned.** If the student arrives at the College of Health Sciences and feels he/she is physically or mentally unable to take the exam, the instructor must be notified PRIOR to the start of the exam
- c) Faculty members have the right to request appropriate documentation regarding an absence. All absences will be reported to the program head on each campus. The program head has the right to intervene if he/she notes a pattern to reported absences for any student.
 - d) If a make-up examination is given, it may not necessarily be given in the same format as the original examination.
 - e) Unexcused absence from an examination will result in a zero score being earned for that examination.
 - f) Make-up examinations/presentations or projects will be given at the time assigned by the faculty member.
 - g) Absence from class when in-class projects or presentations are due may result in no credit earned for the activity. Alternate activities may be assigned at the discretion of the instructor provided the maximum number of absences has not been attained.
 - h) Students must meet WCU requirements for attendance for on-line or hybrid courses. Attendance is measured by in-class attendance and participation in on-line assignments. For on-line courses, students must submit assignments by deadlines delineated in the syllabus to meet attendance requirements. For hybrid classes, students must submit on-line assignments by deadlines indicated in the syllabus and attend face-to-face class meetings.
- 3) Tardiness – Classroom/Clinical/Laboratory
- a) Tardiness is defined as not being in the classroom chair or in the specified clinical area at the scheduled time.
 - b) Tardiness and leaving class/clinical/laboratory early are considered unprofessional behaviors. Three tardies and/or early departures are equivalent to one absence.
 - c) Classroom doors may be closed and locked at the beginning of class. Students must then wait until a class break to enter the room.

- d) Students exhibiting a pattern of tardiness will be referred to the program head.
- 4) Class Preparation
- a) Students are expected to prepare for and participate appropriately in each class.
 - b) Consistent study, preparation, and appropriate participation are required for optimal performance.
 - c) Copying facilities are available for student use on each campus. Administrative copiers may not be used for any type of student copying.
 - d) Computers and printers are available on each campus. Regulations for printing are determined by the individual campus. Faculty post computer/web assignments well before class time. Due to limited access, students must make arrangements to print assignments PRIOR to the day of class.
- 5) Written Assignments.
- a) All written assignments (excluding those designated as handwritten) must be typed and in APA format. Incorrect APA format and style, incorrect grammar, and inaccurate spelling are unacceptable and may constitute a failure of that assignment.
 - b) Written work submitted late will be assessed a penalty as determined by the individual instructor.
- 6) Other
- a) Audio-taping is allowed only with special permission of the instructor.
 - b) No smoking is allowed on WCU campuses.
 - c) Food and beverages are not allowed in any classrooms, labs, or conference rooms, unless so designated.

BOOKSTORES

See *The Translation* Campus Services section or the William Carey website for more details.

BULLETINS/E-MAIL

Important bulletins and announcements are posted on bulletin boards and/or disseminated via the current online learning platform (Canvas) and e-mail. Canvas and e-mail are vital means of communicating with faculty in the College of Health Sciences. Students must have an active WCU e-mail account and must check it regularly. All faculty communications will be through the WCU e-mail account. Students are responsible for communicating any change in their e-mail accounts to faculty and office staff.

CRIMINAL BACKGROUND CHECKS

All students enrolled in College of Health Science programs must have clearance of criminal background checks prior to participating in clinical courses. This is a mandatory requirement as part of the Mississippi state law, Section 43-11-13 of Mississippi Code of 1972.

Below is the list of disqualifying offenses which would prevent students from performing patient care in the clinical facilities. These offenses are those listed in Article 43-11-13 of the Mississippi Code of 1972:

Felony conviction, guilty plea, or plea of no contest to a felony, for any of the following:

- Possession or sale of drugs.
- Murder
- Manslaughter
- Armed Robbery
- Rape
- Sexual Battery
- Sex Offenses Listed in Section 45-33-23(f)
- Child Abuse
- Arson
- Grand Larceny
- Burglary
- Gratification of Lust

- Aggravated Assault
- Felonious Abuse and/or Battery of a Vulnerable Adult

Any student whose Mississippi Department of Health fingerprint results letter contains the statement "...may have one of the disqualifying events specified in Article 43-11-13" should present the letter and the accompanying list of possible disqualifying events to the program head for determination of disqualification. No student will be permitted to go to the clinical facilities unless they have a "clear" results letter no more than two years old, or have been approved by the program Leadership Team to enter patient care settings.

Louisiana students must be approved by the Louisiana State Board of Nursing prior to enrollment in undergraduate clinical nursing courses. Students must submit a complete application form to include the permission to obtain criminal history record information as specified in LAC 46:XLVII.3330. The student is responsible for all fees and costs as may be incurred by the board in requesting and obtaining state and national criminal history record information on the applicant. The required fee must be remitted as specified in LAC 46:XLVII.3341 prior to the deadline date established by the board.

Applicants who falsify the application or fail to disclose information that should have been reported to the board will be denied enrollment/progression in clinical nursing courses and will not be eligible to resubmit an application until completion of the disciplinary process. Falsifying an application shall result in denial of permission to enroll in clinical nursing courses or application for licensure as a registered nurse in Louisiana for a minimum of five years.

After initial enrollment, any subsequent disciplinary action, arrest, charge, addiction, or impairment shall also be reported immediately to the Program Head. Failure to report any and all subsequent disciplinary actions, arrests, or impairment will constitute falsification of records and may result in denial of licensure and dismissal from the program.

All costs associated with criminal background checks are the responsibility of the student.

DISCIPLINARY ACTION

Students are expected to conduct themselves properly in the classroom and in the clinical setting. If it becomes apparent that any student, by misconduct, is doing harm to self or others, the University will use all appropriate means of discipline. Admonition, official reprimand, disciplinary probation, suspension, and expulsion are all possible penalties and will be chosen according to the gravity of the situation.

The University reserves the right to require at any time the withdrawal of a student whose conduct or academic work is in question. See *The Translation* for policies related to Student Code of Conduct Disciplinary Action with the exception of College of Health Sciences Academic Honesty policy as stated previously in the document.

DRESS, APPEARANCE, AND BEHAVIOR IN THE CLASSROOM

Dress and appearance of students shall be of a professional nature and shall be appropriate to the environment in which the student is interacting. Shirts or tops must be high enough to cover cleavage and long enough that no skin shows between shirt and pants when sitting, standing or bending over. (Students are encouraged to bring a cover- up.) Shorts and jeans may not be cut-off, frayed, or have holes. Shorts must come to mid-thigh. No tank tops, spaghetti straps, flip-flop sandals, or white undershirts as outerwear will be allowed. Hats and caps worn indoors are not professional and are not to be worn in the classrooms or in the clinical setting. Inappropriately attired students will be asked to leave class. Appropriate (skin colored) underwear must be worn, including bra and panties.

Grooming

A neat, well-groomed appearance is essential. The student must follow all guidelines anytime they are in the clinical setting including during preclinical preparation.

Appropriate appearance for the clinical setting includes:

1. Clean fingernails that do not extend beyond the fingertips. No nail polish, sculptured nails, or artificial tips.
2. No perfumed lotions, colognes, or perfumes may be used, as these tend to be

- disturbing to clients who have respiratory disorders.
3. Jewelry consisting only of a wedding band. Earrings may be worn if limited to small studs and limited to one pair in the lobe of the ear only. No jewelry in other pierced body parts, including tongue. ALL piercings outside of the stated guidelines must be removed prior to the student arriving in the clinical setting.
 4. All body tattoos must be covered while in the clinical setting.
 5. Smartwatches or phones are not part of the school uniform and are not to be brought into the clinical setting.
 6. The beard (if worn) will be kept chin length, clean, and combed. The hair of males or females will be free of decoration and extreme style. Long hair must be styled in such a way as to not restrict movement or compromise client care.
 7. Make-up should be kept to a minimum with no extreme or excessive use of eye make-up or blush.
 8. Daily personal hygiene must be impeccable.
 9. Clinical agency dress code guidelines must also be followed.

Behavior

The following behaviors are expected in all clinical settings:

1. Respect for fellow students, faculty, health care personnel, clients and visitors are to be demonstrated by tone of voice, language used, and attitudes displayed.
2. Dress for class and a visit into clinical areas, cafeterias, waiting rooms, and service areas is neat and appropriate to the situation.
3. Food and beverages are to be consumed in designated areas only. They are not allowed in classrooms or conference rooms unless so designated.
4. Smoking policies of individual clinical facilities will be strictly observed. Students with offensive odor of cigarettes may be asked to leave the clinical area and receive an “Unsatisfactory” evaluation for that day.
5. Tobacco is prohibited in all campus buildings and anywhere on campus.
6. Alcoholic beverage use, illegal drug use, or possession (including being under the influence of) is forbidden and may result in dismissal from the university.

DRUG TESTING

All students enrolled must provide evidence of a negative drug screen prior to participating in nursing clinical courses. Urine samples will be collected from all prelicensure students prior to entering the first term. Urine drug screens done within the past year may be used for RN-BSN, MSN, and MSN/MBA students. Random drug screening will be done for students enrolled in clinical courses. Refusal by a student to submit to testing will result in denial of admission for new students and immediate dismissal from the School of Nursing for continuing students.

Any admitting or continuing student who tests positive for illegal drugs must meet with the campus program head to determine the subsequent course of action. The new student may reapply for admission during the next application period and will be considered based on admission criteria as any new student making application. Any continuing student who tests positive for illegal drugs must withdraw from all nursing courses. The student may make a written appeal for re-admission in six months to the Leadership Team with a clear drug screen.

Any student who is taking prescription medications that would result in a positive drug test must meet with the campus program head.

All costs associated with drug testing are the responsibility of the student.

EXIT INTERVIEW POLICY

Withdrawal

A student who withdraws from a program in the College of Health Sciences for any reason is required to meet with an academic advisor and complete an Exit Interview survey.

Note: Any Health Science faculty member, aware of the student's record, is considered an academic advisor. In the event that the student is withdrawing due to academic failures, the faculty member discussing the final academic failure should complete the Exit Interview with the student.

Exit Interview forms are available in the offices of the program heads. Once completed, the form should be returned to the respective program head. Depending upon academic standing

at the time of withdrawal, a student who fails to meet these requirements is considered to be unofficially withdrawn and is ineligible for readmission to the College of Health Sciences.

Every reasonable effort should be made to meet with each student who withdraws from a health science program – regardless of cause. In the event that a student refuses to meet with an academic advisor (course faculty or otherwise), the program head is responsible for completing an Exit Interview form for that student and noting the student’s refusal to participate.

Students who have withdrawn may not receive official transcripts to be used for transfer credit until all requirements are fulfilled in the WCU Office of the Registrar and the Business Office.

Exit Interview Form

Adapted from MS Council of Deans and Directors of Schools of Nursing

1. College of Health Science Program _____
2. Reason for Exit Interview: ___ Academic ___ Clinical ___ Other List _____
3. Are you eligible to be readmitted? ___ Yes ___ No
4. What are your future plans?
 ___ Reapply to the program
 ___ Change career goals List _____
 ___ Other _____
5. Check the factors listed below which played a role in your not continuing in the program:
 ___ Academic factors
 ___ Reading comprehension ___ Study skills
 ___ Science background ___ Instructor/student conflict
 ___ Writing skills ___ Math skills
 ___ Verbal skills ___ Computer skills
 ___ Clinical performance ___ Test taking skills
 ___ Other List _____

 ___ Personal factors
 ___ Personal illness/crisis
 ___ Time management
 ___ Other List _____

 ___ Family factors
 ___ Family illness/crisis
 ___ Child care
 ___ Other List _____

 ___ Work related factors
 ___ Worked too many hours List # of hours/week _____
 ___ Other List _____

 ___ Financial factors
 ___ No financial support
 ___ Limited financial support
 ___ Other List _____
6. Did you seek assistance from faculty/counselor for help with the above areas? Yes No
 If no, was help available to you? Yes No
7. What could have been done to assist you in successfully completing this program?

EXTENDED DISASTER LEAVE

The College of Health Sciences' primary consideration is the health and safety of its students, faculty, and staff. The University closely monitors news reports and law enforcement advisories and will communicate the need for evacuation. In the event of a catastrophic event - as declared by state, federal, or university authorities - such as a hurricane or flu epidemic - the following plan is in place:

- The College of Health Science will attempt to send email and phone messages to all emergency contacts within 72 hours of the event. However, students and employees are responsible for contacting their specific program in the College of Health Science as soon as communication abilities are available.
- The University Web page will be utilized to communicate current announcements.
- Arrangements will be made to continue theory classes using online capabilities.
- Libraries or other alternate sites with Wi-Fi capabilities may be utilized anywhere in the nation for completion of assignments.
- Clinical and laboratory components may be postponed until agencies and laboratory facilities are safe and available. In the event that clinical/laboratory components cannot be completed by the end of the scheduled term, currently enrolled students will be awarded a grade of *Incomplete*. When all requirements for the course are met, the grade will be changed to reflect the grade earned, as stipulated in each course syllabus.
- Every reasonable attempt will be made to accommodate students displaced due to disaster. Any student, who must withdraw from the College of Health Science due to the disaster, must complete a *Readmission Form* and abide by the policies and procedures in their program within the College of Health Sciences at that time. If a student has been out of their program within the College of Health Sciences for an extended period of time, the School reserves the right to deny the student's request for readmission. Unless otherwise ineligible, those students will have the opportunity to reapply to the appropriate program.

This Plan is intended as a guide. The College of Health Sciences reserves the right to modify actions both prior to and during an emergency to ensure the proper functioning of the school.

For more information, please see The Translation Emergency Warnings and Hazardous Weather Procedures section.

HIPAA GUIDELINES

Each student is required to read the information on HIPAA regarding protection of patients' privacy. An acknowledgement form regarding HIPAA must be signed and returned to the administrative assistant to the Undergraduate Academic Director. This acknowledgement form is kept in the student's folder or in their medical compliance management system account.

LIBRARIES

Please refer to *The Translation* for details concerning location and hours of the campus library. Library services are available to all students in the School of Nursing through campus collections, inter-library loan, electronic databases, and cooperative agreements with other libraries. Updates on library services are communicated to faculty and students via e-mail and the university web page. See separate *William Carey University Library Handbook* for further information. The WCU library can be accessed at www.wmcarey.edu or <http://library.wmcarey.edu/>.

NONDISCRIMINATION STATEMENT

In compliance with federal law, including provisions of Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the bylaws of the university, William Carey University does not discriminate against any person on the basis of race, color, national or ethnic origin, sex, gender, age, or disability in admissions or in the administration of its education policies, scholarships, loan programs, athletic and other school-administered rights, privileges, programs, and activities generally accorded or made available to students at the school.

The following person has been designated to handle inquiries regarding the non-discrimination policies: Vice President for Academic Affairs, 710 William Carey Parkway, Hattiesburg, MS 39401 (601) 318-6101.

STUDENT RECORDS

Official student records are kept in the Registrar's Office in Hattiesburg. Partial student records containing admission, progression, and advisement information are kept in the College of Health Sciences on the campus that the student is attending.

Transcripts of student's grades are released by the Registrar's Office (Hattiesburg Campus). Students desiring copies of their transcripts from the college must submit a request to the Registrar's Office, Hattiesburg Campus. The Registrar will not issue transcripts unless accounts are clear with the Business Office. Information on the Family Educational Rights and Privacy Act (FERPA) of 1974 can be found in *The Translation* or at <https://www.wmcarey.edu/page/institutional-policy-privacy-rights-students>.

TECHNOLOGY

William Carey University provides a number of technological resources to enhance the student's learning and learning environment.

Indigo Portal account allows access to Indigo portal (transcripts, registration, grades, etc.); library database resources; CareyAir wireless network.

Student Email Account- this is the primary means by which WCU communicates with students.

CANVAS - the web platform WCU uses for online enrichment of courses. CANVAS allows students quick access to course content, assignments, etc.

The Technology Department provides a Student Technology User Guide to assist students with the setup and troubleshooting of these resources. The user guide can be accessed at the WCU homepage (www.wmcarey.edu) under Technology.

TESTING

Testing Guidelines

General:

1. Exams are property of William Carey University School of Nursing. All exam content is confidential and may not be divulged to any other individual or entity. Unauthorized access, reproduction, or disclosure of any exam materials at any time is considered academic dishonesty and cheating and may result in dismissal from the nursing program. No examinations are to be taken from the classroom for any reason. If given in the paper/pencil format, examinations are numbered and the corresponding number is to be written on the answer sheet. After each exam and review, both are to be returned to the instructor. If either examination or answer sheet is missing, a grade of “zero” will be assigned.
2. NO cell phone, smart technology devices, smart watches, or other technology is permitted in the exam room. All such devices are to be left in personal belongings in another location outside of the exam room. Exam proctors will monitor for evidence of such devices and may confiscate any devices found during the exam. Any violation may result in failure of the examination and/or disciplinary action.
3. No hats, hoodies, or sunglasses are permitted during examinations. No food/drink is permitted during examinations. Desks must be cleared.
4. Students who miss any examination/evaluation must notify the course instructor prior to the exam and must coordinate a makeup examination with the course instructor. This may include taking the makeup exam and a final examination in the same day. Makeup exams will only be given in cases of excused absences. Excused absences are to be approved by the course instructor and the program head. Excused absences may include illness or family emergencies. Documentation of illness or emergency may be required. Make-up exams will be given the day of the regularly scheduled final exam or as assigned by the instructor and may not be in the same format as the original document.
5. No students are allowed to enter the room once the exam has begun. If the student arrives late, the student should check-in at the main office for instructions. Students

who arrive late to an exam may begin the exam ONLY if the instructor has previously been notified and approved a late start to the exam. Late students will not be given extra time to complete the exam.

6. Students must be in seats and ready to begin exams at the scheduled time. During test administration, desks will be cleared and all books, cell phones etc. (except for answer sheet, test book and pencils) will be placed at the front/back of the room.
7. The begin time and end time of the exam will be clearly communicated to students. If in class, this will be written on the white board in the classroom.
8. Students are encouraged to report questionable activity observed during testing.
9. Any student observed in questionable behavior will be removed from the testing environment by the instructor or proctor and the testing process will end. The student and the course instructor will meet with the program head to determine the level of the infraction and the penalty, if needed.
10. Calculators, scratch paper, pencils (when applicable) will be provided by the instructor or proctor and collected before the student leaves the testing area.
11. Students are to raise hands and speak quietly if they have questions. Questions about the content of the test question should not be allowed unless the question itself is the issue. Then, all students should receive the benefit of any comments that need to be made.
12. The instructor should move about the room to observe the students during the administration of the test.
13. Faculty may choose to assign seating for the testing period.
14. Students are to leave test area quietly after completing their test and are not to come back into the room until the appropriate time.
15. Students requiring special accommodations must have documentation on file and are responsible for relaying this information to the faculty member prior to the day of each exam so that reasonable accommodations can be made.
16. Blind grading will be conducted on all exams. Students should be instructed to only put their student ID number on the exam and scantron.

Computerized Testing:

1. Students are to follow the download and upload process outlined in the computerized testing procedure below for the assigned test.
2. The students will be provided a download and test password by the test monitor.
3. Upon completion of the test, the student should ensure the test is properly uploaded according to the instructions given by the test monitor. Students will follow instructions provided by the course instructor in regards to leaving or remaining in the testing area.
4. Testing materials will be provided for use during tests (if appropriate to test) and must be returned to faculty prior to leaving the testing area:
 - 2 – No. 2 pencils
 - Calculator
 - Scratch sheet with name and student id number included
 - Required testing materials (either computers or written testing materials)
5. Students must submit test materials according to instructions from the testing instructor. Test grades will be determined based on the answers recorded. If the item indicates that you must “show your work”, specific instructions will be provided for submitting this work and the test score may be reduced if a student fails to show requested work.
6. The test monitor will check the test materials to ensure all materials are submitted as directed. Students are never to remove any test materials from testing area.
7. If test review is available, instructions will be provide at that time.
8. All online or computer format testing will be done in the classroom or proctor center unless intended as an open book test.
9. Tests given for different sections of the same class must be given at the same time. If this is not possible, different tests must be given for each section. This includes tests administered on different campuses.
10. Test security protocols outlined by the testing software (ExamSoft, Canvas, etc.) must be followed.

On-line Proctoring:

1. The student must sit at a clean desk or clean table (not on a bed or couch).
2. Lighting in the room must be bright enough to be considered "daylight" quality. Overhead lighting is preferred; however, if overhead is not possible, the source of light should not be behind the student.
3. The student must clear the table or desk. This means the removal of all books, papers, notebooks, calculators, etc. unless specifically permitted in posted guidelines for that particular examination.
4. There must be no writing visible on desk or on walls.
5. The following should not be on the desk/desk top or lap top or used during your exam unless specifically allowed for that examination:
 - Excel
 - Word
 - PowerPoint
 - Textbooks
 - Websites
 - Calculators
 - Pen and/or Paper
6. The student must close all other programs and/or windows on the testing computer prior to logging into the proctored test environment.
7. The student will not have a radio or the television playing in the background.
8. The student will not talk to anyone else--No communicating with others by any means.
9. No other persons except the test-taker should be permitted to enter the room during testing.
10. The student will dress as if in a public setting.
11. The student must not leave the room during the testing period at any time, unless specifically permitted in posted guidelines for that particular examination. The student must not take the computer into another room to finish testing (exam must be completed in the same room the "Exam Environment View" is completed in).
12. No use of headsets, ear plugs (or similar audio devices) are permitted.

13. The student cannot use a phone for any reason. The only exception is to contact support or your instructor in the event of a technical issue.

Created 08/18

Grading Methods

The method of determining grades as related to rounding is as follows:

1. Grades during the term will be written down to the second decimal point.
2. The final grade can be rounded with $>$ or $= 76.5$ rounding to 77 and $<$ or $= 76.49$ rounding to 76.
3. Test grades must average 76.5 before points from any ATI proctored exams are added. All grading distributions are outlined in the course syllabus.
4. No bonus points will be awarded on any exams.
- 5.

2/93 Revised 4/98, 5/03, 7/06, 09/16, 8/18

Grading Scale

1. The grading scale for all BSN nursing courses (except the Dosage and Calculation portion of NUR103) is as follows:

A = 100-91

B = 90-82

C = 81-77

D = 76-70

F = 69 or below

2/99 Revised 5/03, 08/09, 08/11, 09/16, 8/18

Math Rules

- A. All students are responsible for remembering and utilizing basic rounding rules:
 1. Use of a leading zero, if number is less than 1.
 2. Never use a trailing zero.
 3. For decimals, ≥ 5 round up to the nearest number.

4. For decimals, < 5 number remains the same.
- B. The directions for all other rounding will be placed at the end of the questions, such as round to the nearest whole number, tenths place, or hundredths place.
- C. The unit of measurement will be provided for the final answer of each question, such as ___mg, _____gtt/min, etc.



**WILLIAM CAREY UNIVERSITY
COLLEGE OF HEALTH SCIENCES**

2018-2020 UNDERGRADUATE STUDENT HANDBOOK CERTIFICATION

I have read and understand the policies, procedures and information included in the William Carey University (WCU) College of Health Sciences (COHS) 2018-2019 Undergraduate Handbook, including the nursing ATI Comprehensive Assessment and Review Program (CARP) (Revised 11/2016).

I understand that the policies, procedures and information therein apply to me. I further understand that I am expected to abide by these policies and procedures, and be aware of all information in the Handbook throughout my enrollment in the assigned COHS program at WCU. I understand that changes or additions to these policies and procedures may be made while I am enrolled in the specific healthcare program. Notification in writing of the policy and/or procedural changes will be binding upon me.

My signature below constitutes my acceptance of the policies and procedures in the COHS 2018-2019 Undergraduate Student Handbook.

Signed: _____ DATE: _____

Name (print): _____ SSN/ID#: _____

Witness:

WILLIAM CAREY UNIVERSITY
SCHOOL OF NURSING



**UNDERGRADUATE
STUDENT HANDBOOK
2018-2020**

Approved by the Board of Trustees on 01/24/2019

The School of Nursing Undergraduate Student Handbook is intended to address informational needs which are unique to the nursing major. In all other instances, the policies and procedures as outlined in *The Translation* and the *William Carey University Undergraduate Catalog* will be followed and will take precedence.

This handbook was revised 8/18.

-“This handbook does not constitute a contract between WCU and its students. The plans, policies, and procedures described in this handbook are subject to change by the University at any time.”

-“Failure to read this handbook and other sources of regulations governing college life at WCU does not excuse the student from the requirements and regulations described therein.”

-“This edition of the handbook does repeal and supersede all previous editions of the handbook.”

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ACCREDITATION

William Carey University is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award bachelor, master, education specialist, and doctoral degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of William Carey University.

All normal inquiries regarding the operation of the university, including admissions, financial aid, educational programs, and other operational matters should be addressed directly to the university and not to the Commission. The Commission should be contacted only if there is evidence of significant noncompliance with the requirements or standards for accreditation.

The Joseph and Nancy Fail School of Nursing is accredited by the Commission on Collegiate Nursing Education, 665 K Street, NW, Suite 750, Washington, DC, 20001, (202-887-3791); by the board of trustees, Institutions of Higher Learning of the State of Mississippi, and the Louisiana State Board of Nursing.

ATI COMPREHENSIVE ASSESSMENT AND REVIEW PROGRAM (CARP)

William Carey University School of Nursing (SON) students are required to participate in the ATI Comprehensive Assessment and Review Program (CARP) throughout their enrollment in the SON. A proctored exam will be associated with designated courses. Students who score a Level II or Level III on proctored exams may earn up to an additional 5 points on the final exam in courses containing ATI proctored exams provided an average of 77% is achieved on all other course work. More information on the CARP is provided in the following table. Course-specific directives will be provided by individual instructors. If you have any questions regarding this policy, you may contact the Undergraduate Academic Director.

Content Mastery Series^o	Associated Course	Comments
Proctored ATI Assessments		
RN Fundamentals (5 points)	NUR 310- Proctored	A STUDENT MAY EARN UP TO AN ADDITIONAL 5 POINTS ON THE FINAL EXAM IN COURSES CONTAINING ATI PROCTORED EXAMS PROVIDED AN AVERAGE OF 77% IS ACHIEVED ON ALL OTHER COURSEWORK.
RN Nutrition* (0 points)	*NUR 439 - Proctored	Only one attempt will be offered for each exam except RN Nutrition and RN Comprehensive Predictor exams. Scores earned on the proctored exam will determine if ATI points will be awarded in the final grade.
RN Adult Medical-Surgical Nursing (5 points)	NUR 426- Proctored	Level I or below Level I – Zero points will be awarded. Development of a remediation plan/focused review is required.
RN Maternal- Newborn (2.5 points)	NUR 312- Proctored	Level II – Assigned points will be awarded. Development of a remediation plan/focused review is required.
RN Nursing Care of Children (2.5 points)	NUR 312- Proctored	Level III- Assigned points will be awarded. Development of a remediation plan/focused review is recommended.
RN Mental Health (5 points)	NUR 311- Proctored	
RN Leadership (2.5 points)	NUR 439- Proctored	Completion of required remediation plan is required for course progression.
RN Pharmacology (5 points)	NUR 402- Proctored	
RN Community Health (5 points)	NUR 438- Proctored	All students must demonstrate a 90% or greater on the ATI practice test prior to being able to take the associated ATI proctored exam. Students who do not demonstrate a 90% or greater on the ATI practice test prior to the proctored exam will not be allowed to take the proctored exam.
Other Assessments		Comments
1 st RN Comprehensive Predictor ^o (2.5 points – may be earned only once)**	NUR 439	To be given the first week of NUR 439; Student must score 90% or greater probability of passing the NCLEX-RN exam to earn points; All students are required to complete a remediation plan.
2 nd RN Comprehensive Predictor ^o (2.5 points – may be earned only once)**	NUR 439	To be administered following NCLEX review; Student must score 90% or greater probability of passing the NCLEX-RN exam to earn points
Self-Assessment Inventory	NUR 309	Complete as directed by faculty member
Nurse Logic	NUR 304-Practice	Complete as directed by faculty member
RN Medical-Surgical Practice Assessments (Additional practice exams are available in the tutorial section of ATI)	<ul style="list-style-type: none"> • Perioperative-NUR 310 • Fluid, Electrolyte and Acid-Base Imbalances-NUR 307 • Gastrointestinal- NUR 310 • Gerontology (Tutorial)- NUR 311 • Cardiovascular-NUR 426 • Musculoskeletal and Neurosensory- NUR 310 • Respiratory-NUR 310 • Endocrine-NUR 426 • Immune- NUR 426 • Renal and Urinary- NUR 426 	

*Nutrition exam to be administered prior to beginning preceptorship in NUR 439. No course points will be assigned. However, students who fail to earn Level 2 on the Nutrition exam must include Nutrition remediation in their NUR 439 plan.

** Students may earn a total of 2.5 points for achieving a 90% probability of passing the NCLEX-RN examination on either the 1st RN Comprehensive Predictor **OR** the 2nd RN Comprehensive Predictor.

Rev. 6-9-16; Rev. 11-14-16; Rev. 1-23-18

ATTENDANCE AND PREPARATION

In addition to the general attendance and preparation requirements of the College of Health Sciences, the School of Nursing follows the following guidelines for attendance and preparation in the nursing clinical setting:

- 1) Absenteeism – Clinical/Laboratory Experiences
 - a. The student is required to attend all scheduled clinical and laboratory experiences.
 - b. Absence due to illness, death in the immediate family, or extreme circumstances will be handled on an individual basis provided the instructor is notified of the need to be absent **PRIOR TO** the clinical/laboratory experience.
 - c. Faculty members have the right to request appropriate documentation regarding an absence. All absences will be reported to the Undergraduate Academic Director on each campus. The Undergraduate Academic Director has the right to intervene if he/she notes a pattern to reported absences for any student.
 - d. When absent from clinical/laboratory experience the student will be held responsible for any announcements or materials given that day. The student is also responsible for any assignments due the day of an absence.
 - e. Absence from clinical may result in failure to successfully pass all clinical components. Alternate projects may be assigned at the discretion of the clinical instructor provided the maximum number of absences has not been attained.

- 2) Clinical/Laboratory Preparation and Safety
 - a. Students are expected to come prepared to each clinical/laboratory experience. At any time inadequate preparation for client care is demonstrated, the student will be considered unsafe for clinical performance and will not be allowed to remain on the clinical unit. Failure to be prepared will result in an unsatisfactory for the clinical day. The student will be referred to the Undergraduate Academic Director.

Two grades of unsatisfactory for any item on the clinical evaluation form will result in a grade of “F” for the course.

- b. Preparation includes having a watch with a second hand, a black pen, a stethoscope, pen light, bandage scissors and assigned written material each day for each clinical and laboratory experience. Students may not wear smart watches during clinical and laboratory experiences.
- c. Preparedness also includes being able to:
 - i) Verbalize accurate and current information concerning the assigned client(s) and the client(s) condition and treatment.
 - ii) Write accurate, pertinent information to facilitate personal learning and client care. (care plan and client record)
 - iii) Identify needs and set goals based on assessment findings.
 - iv) Perform required skills with minimal assistance in a safe manner.
- d. Any action, inaction or behavior on the part of the student that threatens the client’s physical and/or emotional well-being or that violates standard precautions, will be considered a violation of that client’s safety. The student will be dismissed from clinical for the day and referred to the Undergraduate Academic Director to determine the need for further action. Depending on the level of violation of safety and the expected competence of the student in the program of study, this action may result in dismissal from the course or expulsion from the Nursing Program.
- e. Students are not permitted to use and/or be under the influence of any tobacco, alcohol, or medication (OTC/prescription) that could possibly interfere with, jeopardize patient safety, and/or affect student clinical performance. In the event of students requiring prescription medication during clinical, a written medical/physician release demonstrating the allowance of the students to perform clinical duties without restrictions will be required.

Examples of safety hazards includes but are not limited to the following:

- i) Administration of any drug or treatment without knowledge of the procedure, actions, and/or possible side effects as a result of drug or

- treatment or precautions necessary prior to drug or treatment.
- ii) Failure to take standard safety precautions to prevent harm to patients.
 - iii) Failure to notify appropriate authority of circumstances related to patient which causes grievous harm.
 - iv) Falsification of patient documentation.
 - v) HIPAA violation.

CHANGE OF PROGRAM

The policy of William Carey University regarding dropping and adding courses will apply to all courses within the School of Nursing. See current Undergraduate Catalog.

CPR CERTIFICATION

To ensure competence and patient safety, all students must complete certification/ re-certification of *American Heart Association BLS Provider*. This can be done at a facility of the student's choice. Students are responsible for submitting evidence of current certification to the medical compliance management system utilized by the SON. Failure to do so will result in the student's inability to attend the clinical portion of a course and ultimate failure of the course. Clinical time missed results in an "Unsatisfactory" evaluation for the day and the clinical time must be made up as assigned by the clinical instructor.

DRESS IN THE CLINICAL SETTING

When preparing for clinical assignments at the clinical site, the student will wear professional clothing with lab coat or uniform as indicated by the facility, school patch, and name tag. Professional clothing is defined as no shorts, jeans, or Capri-length pants. No tank tops, flip flops, or underwear as outerwear will be acceptable.

Shoes will be low heeled and quiet. Appropriate undergarments that are not visible through the uniform will be worn. Uniforms associated with employment should not be worn to the clinical site. No nail polish, sculptured nails, or artificial tips. Students in violation of clinical dress code policy will be sent home and will receive an unsatisfactory evaluation for the day.

Uniform for the Hospital or Clinical Lab

All William Carey University students will wear solid white uniforms and lab coats made of cotton or cotton blend. Shoes must be all leather, all white, and closed toe and heel (no clogs). A school patch must be sewn onto the upper left sleeve of the uniform top and the lab coat. The official WCU ID is worn on the upper left front side of the uniform. Other identification badges may be required based on clinical agency guidelines.

Female Students. Dresses or pant suits with tunic tops are acceptable choices for uniforms. Jump suits, wrap or split skirts, scrub dresses or scrub suits are not acceptable. Skirt length must be at least one inch below the knee. Short or three-quarter length sleeves are acceptable but no long sleeves. White hose must be worn with the dress and white socks or hose will be worn with pant suits. Undergarments must be worn and not visible through uniform (plain white or flesh-colored).

Male Students. Tunic tops and pants are the accepted uniform. Scrub suits are not acceptable. Pants must touch the tops of the shoe and must not have a cuff. Tops will not be long sleeved. Undershirts worn under tops must be plain white, free from any type decoration or design. White socks must be worn. Undergarments must be worn and should not be visible through the uniform (plain white or flesh-colored).

Alternate Uniform

Appropriate uniform for community nursing is the white uniform or professional wear consisting of khaki pants, red or black polo shirt, low-heeled, closed-toe shoes, and a lab coat. The lab coat must have the school patch on the left upper sleeve and the WCU ID on the left front side. Basic criteria for dress, as outlined above for females and males apply. The faculty will designate whether uniform or alternate uniform is to be worn.

EXIT INTERVIEW POLICY

Withdrawal

A student who withdraws from the School of Nursing for any reason is required to meet with an academic advisor and complete an Exit Interview. (See page 24)

Note: Any nurse faculty member, aware of the student's record, is considered an academic advisor. In the event that the student is withdrawing due to academic failures, the faculty member discussing the final academic failure should complete the Exit Interview with the student.

Exit Interview forms are available in the offices of the Undergraduate Academic Directors. Once completed, the form should be returned to the respective Undergraduate Academic Director. Depending upon academic standing at the time of withdrawal, a student who fails to meet these requirements is considered to be unofficially withdrawn and is ineligible for readmission to the School of Nursing.

Every reasonable effort should be made to meet with each student who withdraws from the nursing program – regardless of cause. In the event that a student refuses to meet with an academic advisor (course faculty or otherwise), the Undergraduate Academic Director is responsible for completing an Exit Interview form for that student and noting the student's refusal to participate.

MS Council of Deans and Directors of Schools of Nursing

Name (Optional) _____
Course Name and Number _____
Date _____

Exit Interview Form

8. Reason for Exit Interview: ___ Academic ___ Clinical ___ Other List _____

9. Are you eligible to be readmitted? ___ Yes ___ No

10. What are your future plans?

___ Reapply to the nursing program
___ Change career goals List _____
___ Other _____

11. Check the factors listed below which played a role in your not continuing in the nursing program:

___ Academic factors
 ___ Reading comprehension ___ Study skills
 ___ Science background ___ Instructor/student conflict
 ___ Writing skills ___ Math skills
 ___ Verbal skills ___ Computer skills
 ___ Clinical performance ___ Test taking skills
 ___ Other List _____

___ Personal factors
 ___ Personal illness/crisis
 ___ Time management
 ___ Other List _____

___ Family factors
 ___ Family illness/crisis
 ___ Child care
 ___ Other List _____

___ Work related factors
 ___ Worked too many hours List # of hours/week _____
 ___ Other List _____

___ Financial factors
 ___ No financial support
 ___ Limited financial support
 ___ Other List _____

12. Did you seek assistance from faculty/counselor for help with the above areas? Yes No
If no, was help available to you? Yes No

13. What could have been done to assist you in successfully completing this nursing program?

GRADING

1. Grades during the term will be written down to the second decimal point.
2. The final grade can be rounded with 76.50% and above becoming 77% and 76.49% and below becoming 76%.
3. Each clinical course and selected non-clinical courses have required ATI proctored exam components. Refer to the previous ATI Comprehensive Assessment and Review Program (CARP) section.
4. Clinical courses identified by course faculty may have an additional 5% designated to a graded assignment.
5. Non-clinical courses may have graded assignments, other than course tests, worth no more than 10% of the final grade. A grade of 77% (76.50%) must be achieved to pass the course.
6. Test grades must average 76.5 before points from any ATI proctored exams are added. All grading distributions are outlined in the course syllabus.
7. No bonus points will be awarded on any exams.

GRADUATION

A student who meets all of the degree requirements must attend an Exit Interview with the Undergraduate Academic Director or designee. During this interview, the applicant and Undergraduate Academic Director will do the following:

1. Complete the Senior Exit Survey.
2. Request permission to contact employer.
3. Discuss individualized plan of study for NCLEX-RN.

For complete details regarding degree requirements and graduation, please refer to the current *William Carey University Undergraduate Catalog* and follow instructions under the Registrar link on the William Carey University Website.

Graduates are eligible to apply to write the registered nurse licensure examination (NCLEX-RN) following successful completion of the curriculum.

HEALTH STATUS REQUIREMENTS

All students must complete yearly TB testing that meets the requirements set forth by the SON. Students must provide evidence of current immunizations. This includes:

1. Two varicella vaccines or a positive titer.
2. Two measles, mumps, and rubella vaccines (MMR) after 12 months of age or a positive titer.
3. A TDaP vaccination given within the previous 10 years.
4. Two varicella vaccinations or a positive titer.
5. An influenza vaccination taken between September 1 and November 1 of each year in the program. Individuals admitted to the spring class may take the vaccination later than November 1. The current vaccination for the current year is still required.
6. Three hepatitis B vaccinations or a declination.

If a student has had a previous reaction to a required vaccination, documentation must be provided.

TB Testing Requirements:

1. Yearly TB Skin Test is adequate if the individual has had a negative TBST within the past 12 months. The current test must be completed in the anniversary month (within 30 days of the previous test). You must have documentation of both tests on file through the medical compliance management system **OR**
2. Quantiferon Gold (blood test) **OR**
3. A two-step TB skin test.
4. **If** an individual has had a previous positive TB Skin Test:
 - a. You must have a CXR every 5 years (copy of most recent CXR must be on file)
 - b. An annual re-evaluation for signs & symptoms must be conducted.
Documentation of the exam must be submitted for your records.
 - c. **OR** a Quantiferon Gold (showing a negative result; if positive, see above).
5. The TB skin test must be completed before receiving any live vaccines (MMR or varicella).

The ultimate responsibility for compliance, and the appropriate documentation, with medical

requirements lies with the student. Any student who is enrolled in clinical courses and not in full medical compliance or will not be in full medical compliance for the entire clinical course may not attend any lab or clinical hours without completing medical requirements prior to the beginning of the term. The inability to attend the clinical portion of a course may ultimately result in failure of the course. Any clinical missed because of failure to complete and submit health requirements will result in an “Unsatisfactory” clinical evaluation for the missed day. All clinical time MUST be made up as directed by the clinical instructor. All clinical documents must be downloaded into the student’s medical compliance management system account. Employees of the medical compliance company must approve all documents. Any problems with submitted clinical documents must be reported to the WCU medical compliance representative or the Undergraduate Academic Director on the student’s campus.

All students must have their physical exam form completed and submitted by the date specified. The physical exam must have occurred within the previous 12 months. The student’s signature on the form indicates that it is complete and accurate. Students must notify the instructor and/or the Undergraduate Academic Director of changes in health status. Any health information revealed later could be considered falsification of records. Each student must be able to meet the requirements of the program in a reasonably independent manner as identified in the Core Performance Standard. The Core Performance Standards must be met with or without accommodations which may be provided by the Office of Disability Services. Each student must submit a signed copy of the Core Performance Standards statement to the College. Any student who requests or receives accommodations with the Office of Disability Services in order to meet the Core Performance Standards must also provide documented evidence of physical clearance to participate in the program by a licensed primary care provider. The steps necessary to request and be approved for accommodations may be found in *The Translation*. Accommodations will not be granted if they compromise the fundamental nature of the course or program. Admission and progression decisions will be made on a case by case basis considering the students’ ability to meet the Core Performance Standards. Failure to submit appropriate forms will result in the inability to attend the clinical portion of a course and ultimately failure in the course. Clinical time missed results in an “Unsatisfactory” clinical

evaluation for the missed day. All clinical time MUST be made up as directed by the clinical instructor.

Core Performance Standards

The following performance standards and activities have been identified as essential for successful admission, progression, and completion of the WCU School of Nursing program of study. Students must receive the Core Performance standards that identify the student's capability of performing all nursing functions. The student must report any deficiencies to the Undergraduate Academic Director. The student may be referred to Student Support Services if required. 3/06 – Revised 6/08, 8/11

Performance	Standard	Examples of Necessary Activities (Includes but not restricted to)
Critical Thinking	Critical thinking ability sufficient for clinical judgment	<ol style="list-style-type: none"> 1. Identify cause and effect relationships in clinical situations 2. Utilize assessment data to identify priority patient care problems 3. Prioritize nursing care activities 4. Use principles of mathematics to accurately calculate doses of medications 5. Apply knowledge acquired from multiple sources in the classroom and clinical settings
Interpersonal	Interpersonal abilities sufficient for interaction with individuals, families and groups from various social, emotional, cultural and intellectual backgrounds	<ol style="list-style-type: none"> 6. Establish rapport with patients and colleagues through multiple modalities (speech, sound, and touch) 7. Work effectively one-on-one and in small groups as team leader/member 8. Implement principles of verbal and non-verbal communication in order with patients and colleagues

Performance	Standard	Examples of Necessary Activities (Includes but not restricted to)
Communication	Communication abilities sufficient for verbal and written interaction with others	<ul style="list-style-type: none"> 9. Communicate therapeutically with clients, families, and groups 10. Communicate pertinent information accurately in oral and written formats 11. Utilize appropriate terminology to document patient information 12. Explain procedures effectively 13. Communicate effectively in order to provide appropriate teaching to patients, families, and groups 14. Speak English sufficiently to be understood by patients, families and groups
Motor	Gross and fine motor skills sufficient enough to provide nursing care in a safe, responsible, and cost-effective manner	<ul style="list-style-type: none"> 15. Calibrate and utilize equipment safely 16. Maintain a sterile field 17. Able to manipulate small items such as vials, syringes, needles, dressings, etc. 18. Hold skin taut while administering an injection or performing a venipuncture 19. Use a computer keyboard 20. Perform blood glucose monitoring 21. Feel for heat, wetness 22. Demonstrate physical dexterity and coordination in providing patient care 23. Position patients

Performance	Standard	Examples of Necessary Activities (Includes but not restricted to)
Hearing	Auditory ability sufficient for monitoring and assessing health needs	24. Use a stethoscope to collect assessment data 25. Differentiate changes in tones and pitch 26. Hear alarms, emergency tones, and cries for help 27. Able to hear and interpret communication with one or more persons in stressful situations when more than one person is talking
Mobility	Physical abilities sufficient for movement from room to room and in small spaces	28. Move around in patients' rooms, treatment areas, and work spaces 29. Perform basic nursing skills such as putting on sterile gloves, take blood pressures, manipulating a stethoscope, use a percussion hammer, positioning patients, applying dressings, etc. 30. Bend over patients to perform nursing care activities

Performance	Standard	Examples of Necessary Activities (Includes but not restricted to)
		31. Transport and transfer patients using bed, stretcher, wheelchair 32. Lift at least 20 lb. of weight 33. Transfer/position up to 300 lb. with assistance 34. Gather multiple pieces of equipment 35. Climb stairs 36. Stand for 75% of an 8-12-hour shift 37. Stoop, kneel, squat, and reach overhead
Visual	Visual ability sufficient for observation and assessment necessary in nursing care	38. Read numbers on dials, thermometers, monitors, medication administration equipment, etc. 39. Distinguish changes in color, size, contour, etc. 40. Distinguish changes in normal bodily activities such as breathing pattern, level of consciousness, etc. 41. Read information on forms and computer screen 42. Prepare medications 43. Read instructions 44. Read at 10 th grade level
Tactile	Tactile ability sufficient to provide nursing care	45. Use sense of touch to perform assessment activities such as palpation of pulses, temperature, texture 46. Handle and operate equipment

Performance	Standard	Examples of Necessary Activities (Includes but not restricted to)
Personal/Professional	Demonstrate accountability and responsibility in personal nursing practice	47. Distinguish right from wrong 48. Accept responsibility for actions 49. Consider the needs of patients 50. Collaborate with colleagues to perform safe and effective nursing care 51. Act ethically within the scope of nursing practice 52. Maintain standards of nursing care

Adopted March 1993, Revised December 10, 2010 **Joseph and Nancy Fail School of Nursing**

Liability Insurance

All pre-licensure and RN-BSN students are assessed an annual fee for liability insurance while attending William Carey University.

Malpractice Insurance

Malpractice insurance is provided by the University for all prelicensure and RN-BSN students as long as they are functioning in the student role.

MISSION STATEMENT

Joseph and Nancy Fail School of Nursing William Carey University

The William Carey University School of Nursing seeks to provide quality nursing programs with Christian principles as the cornerstone of a professional education in a challenging, yet nurturing environment. Students will be prepared to practice evidence-based, culturally sensitive nursing care. The graduate will be prepared to enter the nursing profession with a foundation in scholarship, leadership, service, and life-long learning in a diverse global society.

PHILOSOPHY

Joseph and Nancy Fail School of Nursing William Carey University

The faculty of the Joseph and Nancy Fail School of Nursing of William Carey University fully supports the purpose of the University which focuses on the individual student developing his or her highest potential in scholarship, leadership, and service. Within the framework of the University's purpose, the nursing faculty has developed the following statement of beliefs

Humankind evolves holistically as sentient beings who possess a unique biological and cultural heritage, and who are potentially capable of unlimited mental, emotional, and spiritual growth. In the search for fulfillment of needs, individuals are constantly changing and choosing alternatives in unique, imaginative, and rational ways. Each individual has biological and physiological interaction with his own environment, culture, and society.

Society is comprised of individuals interacting on multidimensional levels, forming groups to meet needs and goals. These groups or social institutions include, but are not limited to, the family, government, school, church, and community organizations. It is within these

institutions that individuals grow and develop. The individual, family, groups, community, and society are viewed as clients of Nursing. In a democratic society, participation and input from all members serve to maintain basic human rights of life, liberty, and the pursuit of happiness which are derived from common goals, values, and beliefs. All individuals have the right to pursue health care and information upon which to base health-related decisions. Individual and aggregate health units are core components in the continuance of a free society and reflect the productivity of its members.

Environment refers to the physical, both internal and external, as well as the psychosocial realms within which the individual experiences interactions. The relationship of humankind with the various environmental systems has an important impact on behavior. It is believed that these interactions influence health as well as decisions related to health. These interactions with the environment, in turn, influence the individual's place on the health continuum.

Health refers to a client's position on a health continuum. An individual's ability to impact his/her position on this health continuum relates to the ability of the individual to adapt to constantly changing stimuli within the environment. Individuals' prior interactions within their family, groups, community, and society will impact upon their action toward or response to the stimuli they currently face. Nursing actions can facilitate a positive response to the stimuli presented.

Nursing actions are centered toward the facilitation of self-care of the client that positively impacts the individual's position on the health continuum. By fostering self-care activities, individuals take increased responsibility for their own health, and consequently, the health of their family and community.

Nursing is both an art and a science, combining knowledge and principles from the liberal arts, the biological, physical, social, behavioral sciences, and religious domains. Nursing provides a holistic viewpoint and a caring approach to assist clients in realizing their health

potential for maximum wellness. Nursing practice occurs within the framework of the nursing process with emphasis on the client's active participation in the helping relationship. The nursing professional is a dynamic and integral part of the health care delivery system that responds to ever changing health needs of individuals, families, groups, and communities. In a practice discipline, nurses demonstrate mastery of a vast body of unique skills. Nurses practice independently and interdependently. Examples of nursing practice include consulting and working in concert with other nurses and health care professionals, assuming accountability and autonomy for their own nursing practice, accepting responsibility for the management of nursing care, and serving as client advocates with individuals, families, groups, communities, and within society.

Professional nursing is based on theory and research. The goal of professional nursing is to promote client well-being and provide information that clients may use to make health decisions. Nurses function within the realms of health promotion, primary prevention, and health maintenance, as well as rehabilitation, restoration, and palliative care for individuals, families, groups, and communities. Nursing is an essential service to humankind that provides primary, episodic, and long-term care. Nursing serves those who are essentially well, those who are ill or infirm, those who are developing, and those who are declining.

Leadership involves the guiding, teaching, and directing of others. The leader is the role model who has the ability to direct or motivate an individual or group toward the achievement of predetermined goals. Leadership qualities include self-confidence, self-awareness, strong personal values and beliefs, and accountability. Nursing education fosters leadership by equipping the nurse to guide the health care team, hold leadership positions, and impact society as an advocate for health.

Communication is the basic component of all human interactions. Effective communication is the essence of any helping relationship. Professional communication includes data collection, information exchange, and therapeutic relationships with individuals, families, groups, and communities. Interpersonal influence is exercised through skillful

communication to achieve specific goals. Within an organization, interpersonal and professional communication skills are utilized to design, implement, and evaluate plans of care for individuals, families, groups, and communities.

Change and adaptation, the dynamic processes that include growth and development throughout the life span, are required to maintain equilibrium in a fluctuating environment. Adaptation refers to the constant process by which the individual attempts to maintain unity within mind, body, and spirit in response to changes in the internal and external environment.

Critical thinking is the basis for both the scientific process and the nursing process which require logic, objectivity, the use of empirical data, and analytical thinking. The nursing process, based on the scientific process, is the foundation for research, which permits one to understand, critically analyze, and apply findings to nursing practice and approach nursing practice with knowledge, confidence and a spirit of inquiry.

Education is the systematic effort of an institution and its faculty to guide the learning process by which students acquire particular skills and arrive at unique ways of thinking, communicating, decision-making, and enhancing self-awareness. The educational institution is accountable to society and the student for preparing individuals to meet the needs of society.

The teaching/learning process incorporates multi-cultural ideas and experiences of both the student and the faculty to promote a climate that fosters learning by free exchange of ideas, opinions, expressions of creativity, and enhancement of social bonds. The interchanges that occur during the teaching/learning process require active participation and personal investment in learning.

Nursing education integrates principles from liberal arts, the biological, physical, social, behavioral sciences, the spiritual domain, and nursing. Nursing education fosters leadership, professional accountability, critical thinking, creativity, and the synthesis of scientific

knowledge. A broad knowledge base enables the development of undergraduate nursing competencies necessary to function as a nurse generalist in various health care settings. Graduate nursing competencies utilize scientific foundations and theoretical frameworks to implement essential knowledge and skills in advanced nursing practice. William Carey's nursing faculty believes that the baccalaureate degree in nursing is the foundation that will stimulate practitioners to continue life-long learning in Christian service to individuals, families, groups, communities, and society. The master's degree in nursing advances professional nursing practice, education, and health care delivery by building on the existing foundation of baccalaureate nursing education.

PREVENTING THE TRANSMISSION OF BLOOD BORNE PATHOGENS

Background

The Occupational Safety and Health Administration (OSHA) has developed a set of regulations which address duties to protect both faculty and students in schools of nursing from exposure to blood borne pathogens (effective March 6, 1994). Because clinical sites are the primary location where possible exposure to infectious diseases may occur, William Carey University has adopted the following policy to address this issue for all students and faculty involved in the care of patients in the clinical setting. Those personnel specifically addressed in this policy include those who have potential contact with blood or other potentially infectious materials in the performance of duties necessary to fulfill course objectives in the School of Nursing at William Carey University. This policy has been developed to fulfill compliance with guidelines set forth by the Centers for Disease Control and recommendations set forth by the American Association of Colleges of Nursing, the National League for Nursing, and OSHA.

Definitions

For purposes of clarification for this policy, the following definitions shall apply:

1. Blood: human blood, human blood components, and products made from human blood.
2. Blood-borne pathogens: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
3. Contaminated: the presence or the reasonably anticipated presence of blood or other potentially infectious material on an item or surface.
4. Exposure incident: a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results

- from the performance of duties in the role of a student in the William Carey University School of Nursing.
5. Occupational exposure: reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of duties in the role of students in the William Carey University School of Nursing.
 6. Personal protective equipment: specialized clothing or equipment worn by a student for protection against hazard. General work clothes (e.g. uniform, pants, skirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
 7. Source individual: any individual, living or dead, whose blood or other potentially infectious material may be a source of occupational exposure to the student-faculty. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for developmentally disabled; trauma victims; clients of drug and alcohol treatment centers; residents of hospices and nursing homes; human remains.
 8. Standard precautions: an approach to infection control. According to the concept of standard precautions, all human blood and certain body fluids are treated as if known to be infectious of HIV, HBV, and other blood borne pathogens.

Policy Statement

In order to comply with the guidelines previously addressed in this document, William Carey University School of Nursing has the following responsibility to the students enrolled in nursing:

1. William Carey University School of Nursing faculty will provide education in the execution of standard precautions, specifically the selection and use of appropriate protective equipment, prior to the student's first clinical experience.
2. William Carey University School of Nursing faculty will ascertain the student's understanding of standard precautions prior to the first clinical experience.
3. The student shall comply with the standard precautions guidelines in the care of all

- patients in the clinical setting.
4. All students engaged in clinical practice must present proof of having received the hepatitis B vaccine to the Undergraduate Academic Director on their home campus or have signed and submitted to their Undergraduate Academic Director a declination statement.
 5. All students will sign a written statement that indicates their receipt of education and/or performance practicum competency of the same, and compliance with the requirement for the hepatitis B vaccination or declination.
 6. Any student who is HIV positive or becomes HIV positive during enrollment is responsible for notifying the Undergraduate Academic Director.

Post exposure evaluation and follow-up

1. A student has an ethical duty to report to the faculty member, Undergraduate Academic Director, or Dean any incident during which an exposure or potential exposure has occurred which places him/her at risk for transmission of a blood borne disease.
2. Following an accidental exposure or potential exposure to HBV, HCV, or HIV, CDC guidelines should be followed immediately. The exposed area should be washed thoroughly with soap and water. If mucous membrane exposure has occurred, the area should be flushed with copious amounts of water and/or saline.
3. CDC guidelines as outlined in the *Updated U.S. Public Health Service Guideline for the Management of Occupational Exposure to HBV, HCV and HIV and Recommendations for Post Exposure Prophylaxis* (CDC, MMWR, Recommendations and Reports, 2001) should be followed to determine risk factors for developing HBV, HVC, or HIV. A copy of this document will be housed in the office of the Undergraduate Academic Director.
4. Following exposure or accidental exposure, the student should be immediately HIV tested to establish sero-negativity. The CDC guidelines should be used to determine the need for follow-up testing for HBV, HCV or HIV.

5. If an exposure or potential exposure occurs, the student should contact their personal health care provider immediately to determine if treatment is recommended. Do not procrastinate.
6. Students are responsible for the cost of post exposure testing and follow-up testing or treatment.
7. Any other requirements of the health care agency in which the exposure occurs must be met.

STATEMENT OF UNDERSTANDING UNIVERSAL PRECAUTIONS AND HEPATITIS B

William Carey University School of Nursing has provided information regarding blood borne pathogens (meaning pathogenic micro-organisms that are present in human blood and cause disease in humans, and the risk of occupational exposure in the clinical setting).

Occupational exposure means reasonable anticipated skin, eye, mucous membranes, or parenteral contact with blood or other potentially infectious materials that may result from clinical performance. These pathogens include but are not limited to Hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Education has been provided in:

1. Standard precautions (meaning an approach to infection control). According to the concept of standard precautions, all human blood and certain body fluids are treated as pathogenic.
2. The work practice control (meaning controls that reduce the likelihood of exposure by altering the manner in which a task is performed; e.g. prohibiting recapping of needles by a 2-handed technique).
3. The engineering controls (e.g. sharps disposal).
4. The exposure control plan in place for the clinical agency.

Information has been provided to the student regarding the hepatitis B vaccine. This information indicates that if there is exposure to blood or other potentially infectious materials in the clinical aspect of the educational program, there is a risk of acquiring hepatitis B virus (HBV) infection.

The clinical education program is part of the student's prescribed course of study at William Carey University School of Nursing. The student recognizes and agrees that he/she is not considered an employee of the agency for any purpose whatsoever and the student shall assume responsibility for professional and personal liability and vaccinations for risk exposure.

PROGRAM ACCREDITATION

The baccalaureate degree in nursing at William Carey University is accredited by the Commission on Collegiate Nursing Education (CCNE), 655 K Street, NW, Suite 750, Washington, DC 20001, (202) 887-6791 and the Mississippi Institutions of Higher Learning 3825 Ridgewood Road Jackson, Mississippi 39211-6453, (601) 432-6198.

PROGRESSION AND RETENTION

Successful completion of NUR 102, NUR 104, and NUR 105 is required for admission to the School of Nursing. In addition, students must maintain a GPA of 2.75 or higher and complete all academic courses except 9 credit hours of the additional courses listed at the bottom of the BSN Pre-Licensure Program of Study.

Students must complete all nursing courses with a grade of C or better. In the event a student is unsuccessful (D or F) in any combination of clinical courses (the same course twice or two different clinical courses) the student is ineligible to continue in nursing. Should a student fail (D or F) any one required nonclinical nursing course two times, the student is ineligible to continue in nursing. In accordance to university policy, the last grade earned in a course is the grade used for graduation (see The Translation). After three or more years from the last failure earned, an appeal to reapply may be presented to the Nursing Admission, Progression, and Graduation Committee.

Students must meet the prerequisite requirements for each course. No student may progress through clinical courses without successfully completing with a grade of C or better the clinical course(s) previously attempted. Students must meet the requirements for ATI proctored exams. Progression through the courses in the nursing major is in three levels. No student may progress to Level II without completing Level I courses. No student may progress to courses in Level III without successfully completing all required courses in level II. (See Flow Chart.)

Progression and Retention LPN Advanced Placement

Successful completion of NUR 100 and successful testing or completion of NUR 104 and NUR 105 is required for admission to the School of Nursing.

Students who enter the LPN Advanced Placement option will be allowed to take comprehensive exams to demonstrate knowledge in the following areas: Fundamentals of Nursing, Women's Health Nursing, Children's Health Nursing, and Mental Health Nursing.

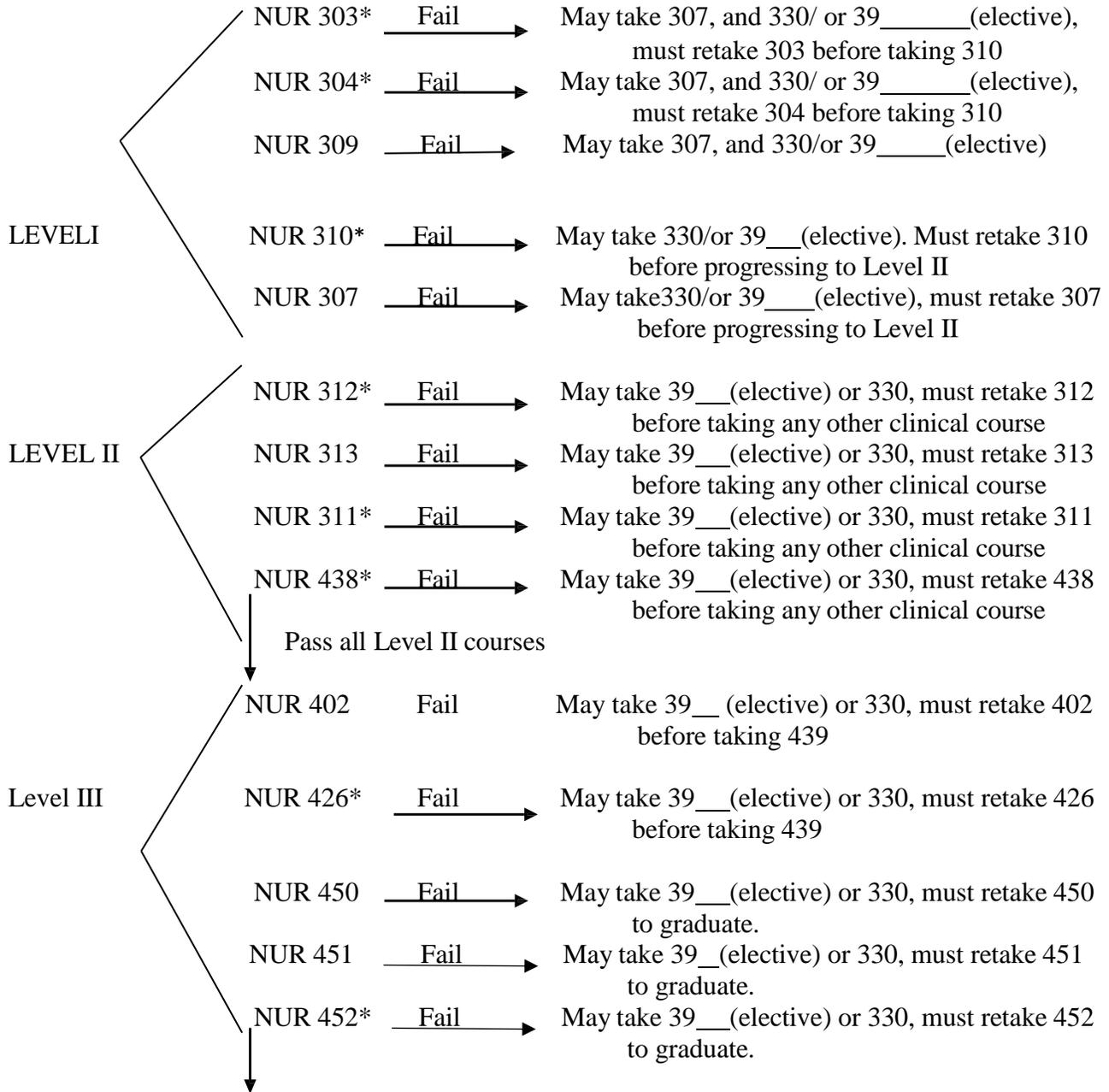
Students who successfully test in some or all of these content areas will receive a "P" on their transcript for the corresponding course. Courses with two content areas, NUR 311 Gerontology and Mental Health Nursing and NUR 312 Women's and Children's Health Nursing, must have successful testing or completion in each part of the course. Students repeating any of these courses will be required to take both content areas.

All other progression and retention requirements are the same as those for generic BSN students.

If you have any questions regarding this policy, you may contact the Undergraduate Academic Director.

FLOW CHART
SCHOOL OF NURSING PROGRESSION
 Successful Completion of NUR 102, NUR 104, and NUR 105
 Admission to the School of Nursing

Admission



Graduation

* Clinical Course

Courses at Each Level

Level I	Level II	Level III
NUR 303	NUR 312	NUR 402
NUR 304	NUR 313	NUR 426
NUR 309	NUR 311	NUR 450
	NUR 438	NUR 451
		NUR 452
NUR 307	NUR 39 *(elective)	
NUR 310	NUR 330*	

***Can be taken at any level**

Request for Transfer Credit Evaluation Procedure

An official transcript evaluation is conducted soon after the student has officially enrolled at William Carey University. If transfer credit is not awarded at the time of the initial transcript evaluation, *or* if for any reason a course is not reviewed at the time of initial enrollment, the student may initiate a *Request for Transfer Credit Evaluation*.

1. The ***Request for Transfer Credit Evaluation*** should be initiated by the student who is seeking transfer credit for a course completed at another institution. The currently enrolled student seeking permission to enroll in a course at another institution should initiate the *Request for a Letter of Good Standing* instead.
2. For currently enrolled students, the ***Request for Transfer Credit Evaluation*** should be initiated only after the official transcript evaluation has been completed by the Hattiesburg Registrar.
3. *If ***supporting documentation*** is *inadequate* or *missing*, the request may be *delayed* or *declined*. To validate the ***catalog course description*** for the term/year the course was taken, include a copy of the catalog cover or obtain written documentation from the institution. To validate the ***syllabus*** for the term/year the course was taken, include written documentation from the institution.
4. A *separate* request should be initiated for *each* course the student wishes to have reviewed.
5. After review of the request and attached supporting documents, the Undergraduate Academic Director writes relevant comments, signs and dates the form, and submits the request to the Registrar *or* the Dean of College of Health Sciences as appropriate.
 - 1) The Registrar requests evaluation of a ***non-nursing, core*** course by the appropriate department. The request with departmental decision is returned to the Registrar who notifies the Dean of College of Health Sciences and the respective campus Undergraduate Academic Director. The Program Head then notifies the student. The original request is placed in the student's file in the Registrar's office in Hattiesburg.
 - 2) The Dean of College of Health Sciences reviews and evaluates any request for transfer credit for a ***nursing*** course. If the course is approved, the Dean of College of Health Sciences documents this decision on the request and forwards the original request to the Registrar for placement in the student's file in Hattiesburg. A copy of the request is sent to the respective Director who then notifies the student.
6. The routing process concludes when a copy of the request is placed in the student's local campus file.
7. If the student has not been admitted to William Carey University, the request is placed in the local campus "Prospects" file.

JOSEPH AND NANCY FAIL SCHOOL OF NURSING - WILLIAM CAREY UNIVERSITY

CAMPUS
**Request for Transfer Credit
Evaluation**

_____()_____ ()_____

First Name MI Last Name Primary Phone Number Alternate Phone Number

Street Address City State Zip Social Security Number

I am a *currently enrolled* in the **School of Nursing** as of: Term _____ Year _____ Year _____ Year _____

I *have applied* for admission to the **School of Nursing** for: Term _____

I *plan to apply* for admission to the **School of Nursing** in: Term _____

This is to request transfer course credit for:

(Prefix/Number)	Course Name	Credit Hrs	Grade	Term/Year	Institution
-----------------	-------------	------------	-------	-----------	-------------

in lieu of William Carey College's:

(Prefix/Number)	Course Name	Credit Hrs
-----------------	-------------	------------

The following supporting documents are attached (note: insufficient supporting documentation may result in a delay

or decline): Catalog Course Description (from term/year course taken*)

Course Syllabus (from term/year

course taken*) Unofficial Transcript

Signature

Date

Undergraduate Academic Director

Comments: _____

Signature

Date

Office of the Registrar (Review of NON-NURSING Course)

Comments: _____

Approved

Denied

Signature

Date

Office of the Dean (Review of NURSING Course)

Comments: _____

Approved

Denied

UPSILON THETA OF SIGMA THETA TAU INTERNATIONAL (STTI)

MISSION

The Honor Society of Nursing, Sigma Theta Tau International (STTI) provides leadership and scholarship in practice, education and research to enhance the health of all people. We support the learning and professional development of our members who strive to improve nursing care worldwide.

MEMBERSHIP

Membership is by invitation only to baccalaureate and graduate nursing students who demonstrate excellence in scholarship, and to nurse leaders exhibiting exceptional achievements in nursing.

PRODUCTS AND SERVICES

From its inception, STTI has recognized the value of scholarship and excellence in nursing practice. In 1936 the honor society became the first U.S. organization to fund nursing research. Today, the honor society supports these values through its numerous professional development products and services that focus on the core areas of education, leadership, career development, evidence-based nursing, research and scholarship. These products and services advance the learning and professional development of members and all nurses who strive to improve the health of the world's people:

Reference: Sigma Theta Tau International at www.nursingsociety.org.

UPSILON THETA CHAPTER

On July 21, 2007, Upsilon Theta was chartered as an official chapter of STTI. This prestigious achievement affirms the School of Nursing's commitment to academic excellence. Students in the graduate and undergraduate nursing programs, as well as community nursing leaders, are invited annually to join Upsilon Theta of STTI, the honor society of professional nursing.



**WILLIAM CAREY UNIVERSITY SCHOOL OF NURSING
2018-2020 UNDERGRADUATE STUDENT HANDBOOK CERTIFICATION**

I have read and understand the policies, procedures and information included in the William Carey University (WCU) School of Nursing 2018-2020 Undergraduate Handbook, including the ATI Comprehensive Assessment and Review Program (CARP) (Revised 01/23/2018).

I understand that the policies, procedures and information therein apply to me. I further understand that I am expected to abide by these policies and procedures, and be aware of all information in the Handbook throughout my enrollment in the Nursing Program at WCU. I understand that changes or additions to these policies and procedures may be made while I am enrolled in the Nursing Program. Notification in writing of the policy and/or procedural changes will be binding upon me.

My signature below constitutes my acceptance of the policies and procedures in the School of Nursing 2018-2020 Undergraduate Handbook (revised 2018) and my acceptance of future amendments given to me in writing.

Signed: _____ DATE: _____

Name (print): _____ SSN/ID#: _____

Witness: _____

WILLIAM CAREY UNIVERSITY
**COLLEGE OF HEALTH
SCIENCES**
**HEALTH INFORMATION
MANAGEMENT**



**UNDERGRADUATE STUDENT
HANDBOOK
2018-2020**

Approved by the Board of Trustees on 01/24/2019

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STUDENT RESPONSIBILITY FOR HANDBOOK INFORMATION

The purpose of this handbook is to serve as a guide for undergraduate students enrolled in the Health Information Management (HIM) program. It is used as a supplement to *The Translation* and the *WCU Undergraduate Catalog*. It contains information about administrative and academic policies, curriculum, and course work.

As a student, you are responsible for reading this handbook in its entirety. As part of admission to the Health Information Management program, this means that you are accountable for your activities on campus and during Professional Practice Experience. A breach of WCU or Health Information Management program policies may result in probation, suspension, or expulsion from the program or college depending on the nature of the incident. As a student, the safety and privacy of the client information you are privileged to work with is of the highest priority in the Health Information Management program of education. You are bound by the ethics of health information management.

As a student, you are responsible for payment of any medical treatment necessary as a result of any injury, or exposure to disease associated with professional practice experience.

Failure to read the information will not be considered an excuse for noncompliance with this handbook or *The Translation* and the *WCU Undergraduate Catalog*.

William Carey University reserves the right to change the policies or revise the information contained in this handbook.

The faculty has adopted rules and policies contained in this handbook. When a student finds that extenuating circumstances might justify a waiver of a particular requirement, the student may petition the Dean of the College of Health Sciences for a waiver.

This handbook does not constitute a contract between WCU and its students. The plans, policies, and procedures described in this handbook are subject to change by the University at any time.

Failure to read this handbook and other sources of regulations governing college life at WCU does not excuse the student from the requirements and regulations described therein.

This edition of the handbook does repeal and supersede all previous editions of the handbook.

Please initial and sign the Acknowledgement Statements, Appendix A, and submit it to your advisor. **NOTE:** This handbook does not replace *The Translation* and the *WCU Undergraduate Catalog*

WELCOME

Welcome to the Health Information Management Program at William Carey University! Your decision to become a part of the Health Information Management (HIM) profession will prove to be rewarding as it is one of the fastest growing occupations in one of the fastest growing industries, a HIM career places you right where the expanding arena of healthcare meets the cutting edge of information technology.

WHAT IS HEALTH INFORMATION MANAGEMENT?

HIM professionals play a critical role in maintaining, collecting and analyzing the data that doctors, nurses and other healthcare providers rely on to deliver quality healthcare. They are experts in managing patient health information and medical records, administering computer information systems and coding the diagnosis and procedures for healthcare services provided to patients.

As the world moves from a paper based to an electronic society, so does the healthcare field. The health care community is working to develop an electronic health patient record. The HIM profession is at the forefront of this movement. Advances in medical science, legislature reforms, computerization, and the need to manage health care delivery systems and healthcare costs have enhanced the roles of the health information manager.

HIM professionals work in a multitude of settings throughout the healthcare industry including hospitals, physician offices and clinics, long-term care facilities, insurance companies, government agencies and home care providers. Degreed HIM graduates may hold positions as a compliance officer, data quality manager, educator, healthcare consumer advocate, privacy/security officer, project manager, reimbursement or revenue cycle manager, information systems manager and data sets/nomenclature/classification standards manager to name a few.

QUICK FACTS ABOUT THE PROGRAM:

- Once accepted into the program, it takes 18 months to complete for students attending full-time.
- Graduates receive a Bachelor's of Science Degree upon successful completion of program requirements.
- William Carey University's HIM program is accredited by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM).
- Because our HIM program is accredited, students are eligible to sit the national certification examination for the Registered Health Information Administrators (RHIA).

CLASS ATTENDANCE AND PREPARATION

In addition to the requirements of the College of Health Sciences, the Health Information Management program follows the following guidelines for attendance and preparation:

1) Absenteeism – Professional Practice Experiences (PPE)

- a) The student is required to attend all scheduled professional practice experiences.
- b) Absence due to illness, death in the immediate family, or extreme circumstances will be handled on an individual basis provided the instructor is notified of the need to be absent **PRIOR TO** the clinical/laboratory experience.
- c) Faculty members have the right to request appropriate documentation regarding an absence. All absences will be reported to the Program Head on each campus. The Program Head has the right to intervene if he/she notes a pattern to reported absences for any student.
- d) When absent from professional practice experience, the student will be held responsible for any announcements or materials given that day. The student is also responsible for any assignments due the day of an absence.
- e) Absence from PPE may result in failure to successfully pass all required components. Alternate projects may be assigned at the discretion of the PPE instructor provided the maximum number of absences has not been attained.

2) Tardiness – Classroom/Professional Practice Experience

- a) Tardiness is defined as not being in the classroom chair or in the specified clinical area at the scheduled time.

- b) Tardiness and leaving class/clinical/laboratory early are considered unprofessional behaviors. Three tardies and/or early departures are equivalent to one absence.
 - c) Classroom doors may be closed and locked at the beginning of class. Students must then wait until a class break to enter the room.
 - d) Tardiness in the PPE area may result in an unsatisfactory grade for this item on the PPE evaluation form. Two grades of unsatisfactory for any item on the PPE evaluation form results in course failure.
 - e) Students exhibiting a pattern of tardiness will be referred to the Program Head.
- 3) Professional Practice Experience (PPE) Preparation and Safety
- a) Students are expected to come prepared to each professional practice experience. At any time inadequate preparation is demonstrated, the student will be considered unsafe for PPE performance and will not be allowed to remain at the PPE site. Failure to be prepared will result in an unsatisfactory for the day. The student will be referred to the Program Head. Two grades of unsatisfactory for any item on the PPE evaluation form will result in a grade of “F” for the course.

CURRICULUM

The HIM curriculum is structured according to a competency-based education approach.

Competencies are defined as the underlying knowledge, skills, values and attitudes needed to perform specific professional responsibilities according to predetermined standards.

Competencies are further defined in course syllabi by objectives, which are action statements that provide more detail regarding the specific knowledge or skill required of the learner.

Competency statements and objectives along with assignments, performance criteria and standards have been developed for each course offered by the department, where appropriate. A variety of instructional methods are used to facilitate your achievement of an acceptable level of performance for a given competency. If the set level of performance is not met, the student may be asked to repeat the activity in order to become a competent entry-level practitioner.

The professional curriculum builds on general education and prerequisite coursework and is designed to provide knowledge and skills in the following content domains as defined by the AHIMA 2014 Curriculum Competencies and Knowledge Clusters for HIM Education at the Baccalaureate Degree.

Health Data Management

- Health Data Structure, Content and Standards
- Healthcare Information Requirements and Standards
- Clinical Classification Systems
- Reimbursement Methodologies

Health Statistics, Biomedical Research and Quality Management

- Healthcare Statistics and Research
- Quality Management and Performance Improvement

Health Services Organization and Delivery

- Healthcare Delivery Systems
- Healthcare Privacy, Confidentiality, Legal, and Ethical Issues

Information Technology and Systems

- Information and Communication Technologies
- Information Systems
- Data Security

Organization and Management

- Human Resources Management
- Strategic Planning and Organizational Development

The Health Information Management program is an eight (8) Trimester, 60 semester credit hour program. Successful graduates will receive a Bachelor's of Science Degree in Health Information Management.

The program sequence begins every year in the fall trimester. Students waiting to enter the program may begin general education or other preparatory coursework prior to the spring semester. The program is designed for student who may or may not have experience in a health-

related profession. The program is open to any person with a minimum cumulative GPA of 2.6 who desires to become part of a dynamic healthcare team.

The curriculum begins with introductory courses and expands on the student's knowledge base as they progress through the program. Since the program expands on a student's knowledge-base, there are prerequisites required for some courses. Students need to work with their assigned advisor to ensure proper registration in courses.

DRESS IN THE CLINICAL SETTING

When preparing for PPE assignments at the clinical site, the student will wear a 3-button HIM WCU logo polo-style shirt with either black or khaki dress pants or skirts, and name tag. Shorts, jeans, or capri length pants are not to be worn in the clinical environment. Tank tops, flip flops, or underwear as outerwear is unacceptable. Shoes will be low heeled and quiet. Appropriate underwear will be worn. Uniforms associated with employment should not be worn to the clinical site.

Female Students. Skirt length must be at least one inch below the knee. Underwear must be worn and not visible through uniform.

Male Students. Pants must touch the tops of the shoe and must not have a cuff. Undershirts worn under tops must be plain white, free from any type decoration or design. Underwear must be worn and should not be visible through the uniform.

FACULTY AND STUDENT RESPONSIBILITIES

FACULTY RESPONSIBILITIES:

In order to provide students with optimum opportunities for success in the program, the HIM faculty pledges that we will:

- Be prepared for each class, with relevant materials.
- Be available to students, with adequate notice, when a conference is requested.
- Provide a classroom environment conducive to learning.
- Provide students with course syllabi during the first week of each semester.

- Prepare students for success in the health information management profession by basing program content on AHIMA's model curricula for health information technology programs, and on the Domains and Subdomains for the Registered Health Information Administrator's certification exam.

STUDENT RESPONSIBILITIES

Students in the HIM program are responsible for:

- Respecting the rights of fellow students to a classroom environment free from disruptive behaviors.
- Communicating problems or difficulty with course content to the instructor in a timely fashion.
- Adhering to program, School of Nursing, college and clinical site policies, rules and regulations.
- Preparing for each class by completing all assignments, reading assigned material, and answering objectives and study guides in a timely fashion.
- Maintaining prompt, regular attendance in all classes and at the clinical rotations.
- Notifying the instructor when absence is necessary.
- Obtaining and submitting missed work following any absence.

The HIM program is a highly technical program, covering complex skills and applications. Most of the courses are taught in an online and hybrid format during the day-time hours. The number of hours the student will attend lecture classes, labs, and clinicals each week varies from 12 to 30. The student can expect extensive assignments in most courses. For this reason, it is recommended that when possible, students limit employment to a maximum of 20 hours per week.

SKILLS AND QUALIFICATIONS

Students must demonstrate good problem-solving and critical thinking skills and must be able to demonstrate the following requirements to accomplish health information management job essentials:

- **Visual acuity** with corrective lenses to read physicians' and health care professionals' documentation; computer forms and views on-screen and in printed formats; and small print in diagnostic and procedural code manuals
- **Hearing ability** with auditory aids to understand the normal speaking voice without viewing the speaker's face
- **Physical ability** to stand and/or sit for prolonged time periods. Persons with a previous history of carpal tunnel syndrome should be aware that most HIM functions require working at a computer for extended periods.
- **Communicate effectively in grammatically correct verbal English** by speaking clearly, understandably, and succinctly when communicating with faculty, students, patients, medical staff, administrators, and health information management personnel
- **Communicate effectively in grammatically correct written English** by writing legibly and succinctly on class assignments, clinical assignments, and in the workplace.
- **Manual dexterity** to utilize computer keyboards and other office equipment. **Students who are not proficient on a computer keyboard and/or with basic word processing functions should take a keyboarding class and/or a microcomputer applications course before applying to the program.**
- **Function safely under stressful conditions** with the ability to adapt to ever-changing health care systems and regulations.

GRADING

1. Grades during the term will be written down to the second decimal point.
2. The final grade can be rounded with 76.50% and above becoming 77% and 76.4% and below becoming 76%.
3. Clinical courses identified by course faculty may have an additional 5% devoted to a graded assignment. A final test average of 77% (76.50%) must be achieved before the additional 5% is added.

4. Non-clinical courses may have graded assignments other than course test worth more than 10% of the final grade. A grade of 77% (76.50%) must be achieved to pass the course.

GRADUATION

To be eligible for the degree of Bachelor of Science in Health Information Management, the student must have fulfilled all requirements of the university for graduation and passed all other courses with at least a “C” and be recommended by the dean and faculty. Graduates are eligible to apply to write the registered health information administrator examination (RHIA) following successful completion of the curriculum.

General

1. The student is responsible for filing for degree and paying the required fee at the time specified by the Registrar’s Office. Guidelines for completing the application are online at the Registrar’s website. Additional guidance will be provided by the student’s advisor and/or the Program Director.
2. An overall grade point average (GPA) of 2.0 and a minimum grade of C in each HIM course and each support course are required for eligibility for graduation. See university catalog for additional requirements for graduation.
3. Tuition and fees must be paid on or before deferred payment date. If paid after the deferred payment due date, the graduating student must pay the balance of the account plus the late fee by cashier’s check or money order. Personal checks will not be accepted after deferred payment date.

Application for Degree

1. Students have six years from the date of the first course taken at William Carey University to complete the degree.
2. The date of the catalog under which you wish to graduate must be correctly identified.

3. The application must be neatly typed. All transfer hours must have abbreviations of university with WCU course numbers. You must turn in one original and one copy. If you wish to keep a copy, make another one for yourself.
4. The application for degree is then to be reviewed by your program head. The Program Head will need at least one week to review and sign the application.
5. Please put the name you will use at graduation on the form. The name you type on the application will appear on your diploma.
6. Students who are candidates for May graduation are required to file applications for their degrees in the Registrar's office by October 15. Candidates for August graduation must file by March 31. Late applications will be accepted up to 30 days after the respective deadlines. There will be a \$100 late fee in addition to the graduation fee. It is the student's final responsibility for satisfying requirements for a degree.
7. Instructions for completing the application for degree are located at the Registrar's website. The student should make an appointment with his/her advisor to finalize the degree application.

**WILLIAM CAREY UNIVERSITY
APPLICATION FOR DEGREE**

Name: _____ Degree: **BS** Expects to Graduate: _____
(Enter official name only to appear on diploma.)

Today's Date: _____ Catalog Date: _____ ID #: _____

CORE CURRICULUM				MAJOR: HIM			ELECTIVES		
COURSE	#	Hr	Gr	Course #	Hr	Gr	Course #	Hr	Gr
Religion	101	3		310	3				
	102	3							
English	101	3		311	4				
	102	3							
English Lit.	211	3		312	4				
History 101 and 102 OR 201 and 202		3		313	4				
		3							
Mathematics	131	3		314	3				
ART, MUS, or THE Appreciation		3		315	4				
Physical Activity PED or HEA 300		1		316	4				
	300	3		317	5				
Communication 101 or 202		3		405	4				
Statistics MAT/BUS/HAE/ PSY		3		406	3				
		4		407	3				
Sociology	101	3		401	3				
BIO or CHE	101	4		402	4				
	234	4		408	3				
	235	4		409	3				
	260	4		410	6				
Philosophy, Logic or English Lit	201 or 250 or —	3							

EXCEPTIONS/SUBSTITUTIONS AUTHORIZED:

Applicant Signature: _____ Date: _____

Program Director: _____ Date: _____

Registrar's Signature: _____ Date: _____

HEALTH STATUS REQUIREMENTS

The College of Health Sciences requires students to provide evidence of continued health status compliance. These requirements must be fulfilled in order for students to progress/remain in the program.

All students must submit the results of a current TB skin test prior to practicum assignment. Students must provide evidence of current immunizations as required by the university in the current *Undergraduate Catalog*.

The ultimate responsibility for compliance, and the appropriate documentation, with medical requirements lies with the student. Failure to have up-to-date health records will result in the inability to attend the clinical portion of a course and ultimately failure in the course. Any clinical missed because of failure to turn in skin test results will result in “Unsatisfactory” evaluation for that day and the clinical time CANNOT be made up.

HIPAA COMPLIANCE AND OTHER CONFIDENTIALITY REQUIREMENTS

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is federal legislation dealing with the portability, privacy, and security of a person’s health information. The Health Information Management program through the HIM courses, will cover the HIPAA regulations thoroughly prior to the first scheduled practicum.

Students MUST comply with all federal and state laws and facility guidelines regarding patient confidentiality. Students are strictly forbidden from disclosing **ANY** protected health information concerning patients at clinical sites and facilities hosting off-campus tours / classes.

Some facilities require HIPAA training to be completed prior to the first day of clinical. Some require students to wear a facility ID badge in addition to or instead of the WCU ID badge. Students MUST comply with these requirements.

Each student will sign a Confidentiality Agreement agreeing to hold any and all medical information learned during the course of academic and clinical activities in strictest confidence,

and in understanding that the violation of confidentiality will result in dismissal from the academic program. Students should also be aware that medical information is confidential under state and federal laws and improper disclosures may subject the student to civil and/or criminal liability. Return the signed acknowledgement form to the administrative assistant to the Program Head. This acknowledgement form is kept in the student's folder.

INCIDENT REPORTING

Students involved in an incident (fall, injury, etc.) at the clinic site should complete a facility incident report form AND a WCU Injury Report form.

Note: A student failing to comply with WCU/HIM guidelines described in this document as they pertain to the clinical setting, or with clinical site policies, may be instructed to leave the clinical site immediately. Failure to comply with the policies may result in a grade of "F" for the course.

MISSION

The primary purpose of the program is to provide the academic foundation necessary to prepare students to be competent health information management professionals and meet the entry-level competencies that will enable them to apply management and problem-solving skills to every aspect of a medical/health record information system, regardless of the setting or environment. In addition, to provide continuing education, and consultation for health care professional in our community.

PHILOSOPHY

It is our belief that excellence in teaching, research, continuing service to the community, an emphasis on ethical, professional behavior, a high quality academic program that offers innovative curricula and the latest advancements in technology, prepares students for new workforce careers in a global economy. We educate and empower a diverse student body to lead by the force of its ideas to become critical, creative and compassionate citizens of the community and leaders of the world, with a heart for lifelong learning and dedicated public service.

PROFESSIONAL ORGANIZATIONS

American Health Information Management Association (AHIMA) - A national association of health information professionals. Health Information Management students are required to obtain student membership. As part of their membership, students will receive the *Journal of AHIMA*, have use of FORE Resources and access to the AHIMA website. Students need an AHIMA membership to apply for MSHIMA scholarships. An AHIMA membership will reduce the student cost to attend the state meeting and to write the certification examination for the RHIA.

Mississippi Health Information Management Association (MSHIMA) - Student membership of this organization is provided with membership through AHIMA. Students are eligible to attend business and educational meetings of MSHIMA, but are not be entitled to vote, nor to serve as a member of the Board of Directors, committee chairperson, committee member or delegate of MSHIMA. Registration for the annual MSHIMA meeting is provided to the student at reduced cost. Costs of the state meeting are the responsibility of the student unless otherwise noted.

This is the beginning of what will hopefully be a long and successful career in HIM. A significant component of professional success is continuing education and networking among colleagues. Each June, the MSHIMA sponsors a statewide professional conference. Students in the HIM program are required to attend this conference. The faculty will inform you which days you are to attend. Students are responsible to pay their own conference registration fees. There may be opportunities to volunteer in order to waive the registration fee. However, please be advised that it is recommended to set money aside each week in order to save the amount needed by the first of April.

PROFESSIONAL PRACTICE EXPERIENCE

Much of the Health Information Technology program consists of classroom/online-based instruction. The other component is Professional Practice Experience (PPE). In PPE, students will apply the knowledge learned to skills necessary in the health settings.

Students enrolled in the Health Information Technology program are required to complete PPE. These courses contain practical experience in health information processes. All students have, as

part of the curriculum, learning experiences in various health care facilities such as hospitals, ambulatory/physician clinics, correctional facilities, nursing homes, and other related health care providers. This experience gives students the opportunity to apply that knowledge that has been acquired in the classroom to real life situations. The experience will look at the knowledge, skills, and attitudes of the student.

GUIDELINES FOR STUDENTS AT PRACTICUM SITES

A. HOURS AT PRACTICUM SITE

The student will follow the schedule established by the director/manager of the practicum site or designee. Required hours at the practicum site will be determined by the Clinical Coordinator (Now handled by HIM Program Director) in conjunction with the practicum site director/manager prior to start of the practicum experience. The student's day should coincide as much as possible with the director's workday or the workday of the individual supervising the student during a particular assignment.

B. RULES & REGULATIONS OF THE PRACTICUM SITE:

1. During the practicum experience the student will be under the jurisdiction and responsibility of the practicum site director or his/her designee.
2. The student will comply with all policies, rules and regulations of the practicum site and HIM management.
3. The student will observe application of theory and participate in the functioning of various systems, procedures, and functions and practices at the practicum site.
4. The student will recognize that there are various acceptable alternative methods, procedures, and practices to perform HIM functions. The selection of these will be dictated by circumstances encountered in a particular situation.
5. Rotation schedules and times allotted for specific assignments will be given to the student by the practicum site director or his/her designee. The student will be responsible for following his/her own schedule and for fulfilling at least the minimum hour requirement specified. Any deviation from the schedule must be authorized by the practicum site director or his/her designee.
6. Any special duties, projects, or reports assigned by the practicum site director or his/her designee are considered to be a part of the practicum experience and will be used by the site director in evaluation of the student's performance.
7. The student is cautioned to remember that he/she is a guest of the HIM Department and/or practicum site and shall, at all times, conduct himself/herself with the maturity and demonstrate professional conduct throughout the course of the practicum.
8. Students cannot be substituted for paid staff or take responsibility or the place of "qualified" staff while at the practicum site. Students cannot complete their practicum experience at a site in which they are employed.

9. Due to conflict of interest students will not be placed at practicum sites where they will be under direct supervision of family members, relatives of family members, or previous employers.
10. Each student is responsible for the cost incurred during the practicum experience including but not limited to lodging, food, transportation, and miscellaneous personal items.
11. Students cannot receive compensation for clinical or practicum experiences

C. **HEALTH REQUIREMENTS**

It is highly recommended that the students maintain health insurance in addition to the limited liability health insurance offered to William Carey full-time students enrolled for clinical hours. Some of the practicum sites may require the student to submit evidence of health insurance prior to the beginning of the internship. Students not meeting the requirements of the practicum site will not be allowed to complete their practicum experience as scheduled and may not be allowed to reschedule until the next practicum cycle. The facilities used for the practicum experience are not responsible for any medical costs incurred by the student while at the practicum site. While these facilities may provide emergency health care services to the students, the costs of the services are the responsibility of the students. Neither the HIM Department nor William Carey, in general, are responsible for health expenses incurred by the student during their practicum experience.

Due to new Joint Commission health requirements for non-employees, practicum sites may request that the student undergo a physical or have their physician write a letter stating that the student is in good health status. See HIM Program Director for additional information.

All students must have a History and Physical Form Completed and submitted prior to being placed at site.

D. **BACKGROUND INVESTIGATION CHECKS**

Practicum sites require background investigation checks on students to insure the safety of the patients and staff they will interact with. Students will be required to order background check in sufficient time for it to be reviewed by the practicum site prior to starting your rotation. **All Students enrolled in HIM program must have a clearance of a criminal background check prior to entering the clinical setting. All costs associated with the criminal background check are the responsibility of the student.**

E. **ATTENDANCE/PUNCTUALITY/ABSENCES**

Absenteeism and tardiness are considered unprofessional and undesirable traits. While there may be times when a student maybe absent due to illness or other valid reasons, it is the student's responsibility to make up the time.

- If an emergency situation arises and the student will be late, the practicum site director or his/her designee must be notified within the first thirty (30) minutes of the day. The student must provide practicum site director or his/her designee with an estimated time of arrival.
- If an emergency situation arises and the student must be absent from the practicum site, the student must immediately notify the practicum site director and the Program Director of the HIM Department. It is the student's responsibility to make arrangements to make up missed time.
- Justification for absences must be provided by presenting supporting documentation or evidence for the day or days missed. Examples of legitimate excuses include: 1) proof of hospitalization; 2) physician's written excuse; 3) copy of obituary for a death; 4) copy of summons for jury duty; and 5) copy of accident report for motor vehicle accident.
- If the student has prior knowledge that he/she will miss any time, the student must submit justification in advance of the absence. All missed days, even legitimate, will be made up during a time agreed upon with the practicum site director/manager. This could include weekends or extended hours. Should the student not abide by this tardy/absence policy, points will be taken off the final practicum grade, up to and including one or more letter grades, as deemed appropriate by Program Director.
- Do not ask to leave early – Students are expected to complete a certain number of hours in the field to fulfill the requirements of the practicum. If a student must depart early, he/she must make arrangements to with site director/ manager or designee to make up the missed hours.

F. TERMINATION FROM PRACTICUM SITE

Students who are terminated from the practicum site due to excessive absence and/or tardy, for discipline reasons, or poor performance, are responsible for finding another practicum site for that semester. Failure to do so will result in failing the course. The Program Director nor William Carey has no obligation to place a student terminated from a practicum site at another practicum site.

Should any situations/problems arise that the student feels they are unable to handle, the site director should be informed and request assistance. The Program Director can be reached via work phone or by e-mail.

G. APPEARANCE

The image you project is influenced by your personal appearance. Consequently, to be neatly groomed and tastefully dressed at all times is a must in our profession. Your wardrobe should be tastefully coordinated, neat, and clean.

Business attire *must* be worn when visiting health care facilities or engaging in practicum assignments at a site.

- Adhere to the facility's dress code. Dress in suitable business casual or office attire.
 - For example, women should wear blouses and skirts, dresses, or dress slacks. Men should wear dress shirts, ties, and dress slacks with socks. No jeans, shorts, sneakers, or t-shirts should be worn. Avoid extremes in jewelry, hairstyles and color, body piercing, tattoos, and make-up. Exposed body piercing must be removed or covered up. Tattoos should be covered up.
 - Students working in close proximity with professional staff and as such must be aware of their personal hygiene. Issues such as strong perfume/colognes, tobacco order, deodorant issues, and the like must be considered.
- Students should wear identification badge at all times, if provided.
- Students who do not comply with site requirements may be subject to appropriate action by the site directors/clinical faculty.
- If there are questions regarding proper attire and appearance, students should discuss them with the HIM Program Director.

H. **PROFESSIONAL COMMUNICATION**

- Students should be cognizant of the professional titles used at the practicum site. Medical professionals, patients, and coworkers should be addressed in the appropriate manner at all times.
- Maintain professional relationships by avoiding personal discussions.
- Students are encouraged to send personal, handwritten thank-you note to their practicum sites and specific individuals who contributed to their experience.

I. **CELL PHONES & COMPUTER USAGE**

Students **MAY NOT** use cell phones while at the practicum site. Students may be contacted at the practicum site in the case of an emergency through normal phone lines at the practicum site. Make personal calls and texts only at breaks and lunch times. Use of electronic devices such as MP3 players, pagers, and iPods are generally considered to be unprofessional.

Do not surf the Web during working hours, including checking e-mails and logging into social networking sites such as Facebook, Instagram, etc.

J. **ASSIGNMENTS/PROJECTS**

- Students should demonstrate initiative by completing projects/activities as assigned.
- If you complete your assignment early, ask for additional work rather than waiting for someone to notice.

- There may be times when clinical personnel are unavailable to work with you. During those times use initiative to interview staff, offer assistance to staff or sit with staff such as a coder, maintain your log of activities, write in your journal, or review policy manuals. Keep yourself busy.

The type of Assignments that may be included:

- **ADMISSIONS/DISCHARGE PROCEDURES**
- **QUANTITATIVE/QUALITATIVES**
- **FILING PROCEDURES**
- **RECORD TRACKING**
- **CODING**
- **RELEASE OF INFORMATION PROCEDURES/STATISTICS:**
- **PERFORMANCE IMPROVEMENT**
- **COMPUTER APPLICATION SKILLS**
- **OTHER PROJECTS AS ASSIGNED.**

K. **CONFIDENTIALITY**

Students must respect the confidentiality of patient information. Students will be expected to abide by William Carey’s Code of Student Conduct, AHIMA’s Code of Ethics, and HIPAA rules. Students will be required to sign the HIM Department’s “Student Contract & Confidentiality Statement for Professional Practice Experience” form.

L. **CONFERENCES**

For the management internship there will be a formal conference with the student at the beginning, as well as throughout the internship, to discuss activities, projects, problems, etc. A summation conference during which the student is given an idea of individual strengths, weaknesses, and overall performance should be scheduled some time prior to the end of the management internship period.

For the clinical experience, students will be evaluated at the end of the experience by the HIM director/manager or his/her designee.

M. **STUDENT LIMITED LIABILITY INSURANCE**

Student **must** purchase limited liability insurance through BXS Insurance. Student must be a member of AHIMA to purchase the insurance. The insurance provides \$1,000,000 of insurance coverage per event, up to 3,000,000 per year. The Clinical Coordinator will provide the practice sites with proof of such insurance coverage.

AHIMA student membership is \$49. Go to www.ahima.org to join.
Professional liability insurance is \$15 per calendar year.

STUDENT RESPONSIBILITIES DURING PROFESSIONAL PRACTICE EXPERIENCE

1. Student shall conduct him/herself in accordance with the rules, regulations, and procedures governing other employees of the Health Care Facilities. This includes being respectful of the facility and its employees.
2. Student is responsible for his/her own transportation to and from the Professional Practice Experience site. The student may be required to travel long distances so it is important that dependable transportation is available. The student is responsible for all costs related to transportation.
3. Student is responsible for food and lodging expenses associated with professional practice experience.
4. Student shall perform job functions as agreed upon by the supervisor of the PPE site and the WCU Professional Practice Experience instructor. Students need to be prepared and ready to work on assigned duties.
5. The student is responsible for contacting the PPE supervisor and the WCU Professional Practice Experience instructor at least **two hours** prior to the scheduled experience in case of absence or arriving late. Time must be made up for any absence.
6. The student shall understand that Professional Practice Experience time is unpaid.
7. The confidentiality statement signed at the beginning of the student's course of education is in effect during the entire Professional Practice Experience. In addition, violations of the confidentiality statement and guidelines may result in immediate dismissal from the program. The success of our practice site experiences depends on the student's conduct and ability to maintain patient confidentiality.
8. Students involved in a hospital and/or clinical agency incident reports are to be described in full and signed by the student and clinical supervisor.
9. Students should provide the Professional Practice Experience site supervisor a listing of his/her home phone, address, and emergency contact.

10. Failure to comply with the above will result in the student receiving an **unsatisfactory** evaluation for the practice day and could lead to failure of the course. The faculty reserves the right to determine if a practice make-up experience is warranted.

UNACCEPTABLE BEHAVIORS AT PROFESSIONAL PRACTICE EXPERIENCE

1. Inappropriate disclosures about patients, staff, students, physicians, or other personnel of the facility.
2. Dishonest or immoral behavior.
3. Failure to treat any patient, staff, student, physician, or other personnel of the facility with respect.
4. Failing to obey facility safety rules, (i.e. standing on chairs)
5. Failing to meet scheduled commitments such as arriving late, asking to leave early, extended breaks, long lunch, or excessive absenteeism.
6. Sleeping.
7. Conducting personal business with the use of facility equipment: personal copies, Internet browsing, use of social networking sites.
8. Use of cell phones during scheduled work hours.
9. Smoking in unauthorized areas (Assuming the student has a practicum in a state that allows designated smoking areas on business grounds).
10. Using obscene, foul, or intolerant/insensitive language.
11. Use of alcohol or drugs or under the influences of alcohol or drugs at the practicum site.
12. Threatening behavior to any person.
13. Any type of discrimination or harassment because of race, gender, age, disability, religion, or sexual orientation.

PROFESSIONAL PRACTICE EXPERIENCE GRADING

1. Professional Practice Experience evaluation is based upon performance and attendance in the clinical areas according to Domains, Subdomains, and Tasks for Registered Health Information Administrators.
2. Students are to attend Professional Practice Experience assignments in order to meet the objectives of the course.

3. Professional Practice Experience performance is graded on a letter grade basis. When a student achieves a fail, (D or F) in a site, he/she will not be allowed to register for another Professional Practice Experience until the course has been repeated.
4. Each student is to be evaluated and notified in writing if he/she is doing unsatisfactory work in any area. These students will be notified in writing of their standing.
5. Any student who consistently receives an unsatisfactory evaluation reports from the PPE site supervisor will receive an “F” for the course. Due process procedures will be followed.
6. The health care facilities, with the school’s approval, may request withdrawal of any student from clinical experiences in their institution if his/her work has a detrimental effect on its staff. Students will be given the opportunity to meet with the faculty and other interested parties to discuss the problem before any final action is taken on grade assignment.
7. Students in Professional Practice Experience will have additional assignments/projects to complete. Students are to use the Canvas for submission of assignments/projects.

PROGRAM ACCREDITATION

The Health Information Management program is accredited by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM). Student graduating from our program accreditation of the program are eligible to sit for the national certification examination, the Registered Health Information Administrator (RHIA) credentials.

PROGRESSION AND RETENTION

Successful completion of prerequisite courses, including BIO 234 & 235, BIO 260 and MAT 131, and an overall GPA of 2.6 are required for admission to the College of Health Sciences – Health Information Management program.

Students must complete courses with a grade of C or better. One repeat is allowed on any one major course; with no more than three repeats total.

Students must meet the prerequisite requirements for each course. No student may progress through PPE courses without successfully completing with a grade of C or better the PPE course(s) previously attempted.

Request for Transfer Credit Evaluation Procedure

An official transcript evaluation is conducted soon after the student has officially enrolled at William Carey University. If transfer credit is not awarded at the time of the initial transcript evaluation, *or* if for any reason a course is not reviewed at the time of initial enrollment, the student may initiate a *Request for Transfer Credit Evaluation*.

1. The ***Request for Transfer Credit Evaluation*** should be initiated by the student who is seeking transfer credit for a course completed at another institution. The currently enrolled student seeking permission to enroll in a course at another institution should initiate the *Request for a Letter of Good Standing* instead.
2. For currently enrolled students, the ***Request for Transfer Credit Evaluation*** should be initiated only after the official transcript evaluation has been completed by the Hattiesburg Registrar.
3. *If ***supporting documentation*** is *inadequate* or *missing*, the request may be *delayed* or *declined*.

To validate the ***catalog course description*** for the term/year the course was taken, include a copy of the catalog cover or obtain written documentation from the institution. To validate the ***syllabus*** for the term/year the course was taken, include written documentation from the institution.

4. A *separate* request should be initiated for *each* course the student wishes to have reviewed.
5. After review of the request and attached supporting documents, the Program Head writes relevant comments, signs and dates the form, and submits the request to the Registrar *or* the Dean of College of Health Sciences as appropriate.
 - 1) The Registrar requests evaluation of a ***non-HIM, core*** course by the appropriate department. The request with departmental decision is returned to the Registrar who notifies the Dean of College of Health Sciences and the respective campus Program Head. The Program Head then notifies the student. The original request is placed in the student's file in the Registrar's office in Hattiesburg.
 - 2) The Dean of College of Health Sciences reviews and evaluates any request for transfer credit for a ***HIM*** course. If the course is approved, the Dean of College of Health Sciences documents this decision on the request and forwards the

original request to the Registrar for placement in the student's file in Hattiesburg. A copy of the request is sent to the respective Director who then notifies the student.

6. The routing process concludes when a copy of the request is placed in the student's local campus file.
7. If the student has not been admitted to William Carey University, the request is placed in the local campus "Prospects" file.

SERVICE WORK ESSENTIALS (PAYMENT RESTRICTION)

- The practicum hours and required activities are specified in the course syllabus provided to the student and the clinic site. *The student is not to be compensated for duties performed during this time.*
- Students are not to be substituted for paid staff.
- Students may not take the responsibility or the place of qualified staff. However, after demonstrating proficiency, students should be permitted to perform procedures with careful supervision.
- Students may be employed at the clinical facility provided the first two criteria, above, are met. Employment must not interfere with regular academic responsibilities, clinical hours, or clinical duties. Such work must be non-compulsory, paid and subject to employee regulations.

STUDENT RECORDS

Official student records are kept in the Registrar's Office in Hattiesburg. Partial student records containing admission, progression, and advisement information are kept in the Health Information Management Department.

Transcripts of student's grades are released by the Registrar's Office (Hattiesburg Campus). Students desiring copies of their transcripts from the college must submit a written request to the Registrar's Office, Hattiesburg Campus. The Registrar will not issue transcripts unless accounts are clear with the Business Office.

SUMMARY OF POTENTIAL EXPENSES

- Tuition, Fees, Meals and Room (if applicable): These expenses are paid directly to the University.
- Clothing: A dress code has been established for professional settings in conjunction with the professional practice sites.
- Textbooks and Supplies: Textbooks and supplies may be purchased through the William Carey Bookstore.
- Housing: Should the need arise; housing for professional practice experiences is the student's responsibility. Students are responsible for both arranging and paying for their own housing.

- Meals (professional practice experiences, field trips and workshops): The cost of meals are the student's responsibility.
- Professional Dues: (approximately \$35.00 per year): Payable to the American Health Information Management Association. Student must provide a copy of proof of membership to the Program Director by the end of the Spring Trimester each year. A copy will be placed in the student's file. Failure to do so may jeopardize the student's graduation from the program.
- Criminal Background Check Fee: A criminal background check and/or child/adult abuse registry checks are required for the program. All background check expenses are the responsibility of the student. Payable to the screening agency.
- Physical Examination: A complete physical examination and updated immunizations are required for all students prior to the start of professional practice experience. Costs are dependent on provider costs for these services and the number of immunizations required.
- Name Tags: All students will be required to wear name tags that are to be worn at Professional Practice Experience sites. These are currently provided free of charge.
- Drug screening: WCU does not perform or require drug screening for college or program admission. However, to participate in the professional practice experience courses, all students must provide evidence of a negative drug screen. All expenses related to drug screening are the student's responsibility. Changes in site will not be made on the basis of this requirement.
- Transportation and Parking: Transportation to and from professional practices, field trips and workshops must be arranged by the student. Costs for both transportation and parking are the student's responsibility. Students should consider coordinating their transportation.
- MSHIMA state meeting. Attendance at the MSHIMA state meeting is a component of the HIM program. Students will be responsible for registration and other costs at this event unless otherwise noted.
- Field Trips. Field trips may be used in an effort to provide educational experiences unavailable on campus. Any costs incurred with field trips are the responsibility of the student.
- Certification Examination for the Registered Health Information Administrator (RHIA). The application fee for the examination is the responsibility of the student. The student must file

the application and the student pays the examination fee. The examination is currently offered via computerized testing at designated testing sites throughout the United States. The HIM program staff will review application details with the students prior to their completion of the program.

CODE OF CONDUCT
HEALTH INFORMATION MANAGEMENT
William Carey University

The faculty and staff of the College of Health Sciences extend a welcome to you as you enter your chosen field of study. It is our sincere desire that you attain the goals that you have set for yourself. We are here to help you!

This document is intended as a guide for questions that you may have concerning **attitude, hygiene, and dress**. Read the contents carefully, because you are responsible for the information that it contains.

The action procedure for violation of the Code of Conduct is included to insure that students are treated with fairness and that they know the procedure open to them for due process. Because students in health science programs deal directly with patients, dentists, doctors, and other professionals, the student is observed and evaluated as a total person and not merely on the knowledge that he/she possesses concerning a particular field of study. The **patient** must always come first; therefore, requirements which apply to students in health science programs may not apply to the students in other disciplines.

ATTITUDES - Clinical Practicum and Classroom

The attitudes, feelings, or emotions that you have toward yourself, your work, patients, coworkers, and your profession are reflected by your outward behaviors. Behavior may include facial expressions, actions, body language, and conversation. It is very important to your future that you exhibit behavior which reflects your attitude of openness to learning. Listed below are some of the attitudes expected of you with example(s) of the type of observable behavior which is desirable.

1. *Honesty and integrity*

- Refusal to lie, steal or deceive in any way
- Abides by the profession's code of ethics

2. *Punctuality*

- Arrives on time for class, clinics and extramural rotations
- Completes assignments on time

3. *Cooperativeness*

- Follows established departmental protocol and procedures
- Demonstrates willingness to work well with others and is receptive to suggestions for improvement

4. *Pride in workmanship*

- Strives for improvement in assignments and clinical practicum
- Requests assistance when having difficulty in attaining the specified performance standards

5. *Mature actions*

- Assumes responsibility and consequences for one's actions
- Accepts one's own limitations
- Strives to resolve personal conflicts

6. *Consideration for others*

- Demonstrates by verbal and non-verbal communication thoughtful regard for the feelings and rights of other students, the faculty and staff, and clinical practicum personnel

7. *Concern for patients*

- Demonstrates by verbal and non-verbal communication that the patient comes first
- Refrains from spoken remarks and/or facial expressions which could arouse undue concern, alarm, or embarrassment in the patients
- Respects patient's right of confidentiality of personal information
- Refrains from referring disparagingly to the services of another health professional in the presence of a patient

8. ***Enthusiasm***

- Displays initiative in class and in clinical practicum situations
- Volunteers to assume additional responsibility

9. ***Ability to accept constructive criticism graciously***

- Strives to improve and is not defensive but receptive to suggestions for improvement

10. ***Loyalty***

- Supports with words and actions the ideals and policies of the school, the program and the profession

11. ***Pride in personal appearance***

- Maintains professional appearance and personal hygiene consistent with the program's guidelines

12. ***Tact***

- Exercises discretion in words and actions in order to maintain good relations with patients, peers, and faculty

NOTE: *The faculty reserves the right to dismiss any student for failure to display attitudes, reflected by his/her behavior, consistent with those listed above.*

HIM Baccalaureate Degree Entry-Level Competencies

HIM Baccalaureate Degree Entry-Level Competencies (Student Learning Outcomes) (Domains, Subdomains)	Knowledge Clusters (Curricular Components)	Course Covered
I. Domain: Data Content, Structure & Standards (Information Governance)		
I.A. Subdomain: Classification Systems		
1. Evaluate, implement and manage electronic applications/systems for clinical classification and coding	<ul style="list-style-type: none"> Encoders, Computer Assisted Coding (CAC), Systems Development Life Cycle (Evaluating, 5) 	311 317 408
2. Identify the functions and relationships between healthcare classification systems	<ul style="list-style-type: none"> Healthcare Classification Systems, taxonomies, nomenclatures, terminologies and clinical vocabularies (ICD, CPT, SNOMED-CT, DSM, RxNorm: Standard Clinical Drug Naming catalog) (Applying, 3) 	311 317 407 408
3. Map terminologies, vocabularies and classification systems	<ul style="list-style-type: none"> Mapping from a standard clinical terminology to a HIPAA code set (LOINC to CPT or SNOMED to ICD); Mapping from one code set to another code set (one revision of ICD to another) (Analyzing, 4) 	311 317 407 408
4. Evaluate the accuracy of diagnostic and procedural coding	<ul style="list-style-type: none"> Principles and applications of Classification Systems and auditing (Evaluating, 5) 	317
I.B. Subdomain: Health Record Content and Documentation		
1. Verify that documentation in the health record supports the diagnosis and reflects the patient's progress, clinical findings, and discharge status	<ul style="list-style-type: none"> Health record components for all record types (Analyzing, 4) 	315 317 402 407
2. Compile organization-wide health record documentation guidelines	<ul style="list-style-type: none"> Standards and regulations for the Joint Commission, Commission on Accreditation of Rehabilitation Facilities (CARF), & Centers for Medicare and Medicaid Services (CMS); Health record documentation policies and procedures (Create,6) 	402 406 407
3. Interpret health information standards	<ul style="list-style-type: none"> (Evaluating, 5) 	402
I.C. Subdomain: Data Governance		
1. Format data to satisfy integration	<ul style="list-style-type: none"> Interoperability principles; Capture, 	311

needs.	structure, and use of health information (Analyzing, 4)	405 315 407
2. Construct and maintain the standardization of data dictionaries to meet the needs of the enterprise.	<ul style="list-style-type: none"> Data sources and data dictionary composition (Create,6) 	312 314 316
3. Demonstrate compliance with internal and external data dictionary requirements.	<ul style="list-style-type: none"> Accreditation standards for The Joint Commission, National Committee for Quality Assurance (NCQA), CARF, Community Health Accreditation Program (CHAP), Utilization Review Accreditation Commission (URAC), HL7, American Society for Testing and Materials (ASTM), Health plan Employer Data Information Sets (HEDIS), Outcome and Assessment Information Set (OASIS), and Uniform Hospital Discharge Data Set (UHDDS) (Applying, 3) 	311 315 316 402 405 407 408
4. Advocate information operability and information exchange.	<ul style="list-style-type: none"> Interoperability Standards and Health Information Exchanges (HIEs) (Evaluating, 5) 	311 315

HIM Baccalaureate Degree Entry-Level Competencies (Student Learning Outcomes) (Domains, Subdomains)	Knowledge Clusters (Curricular Components)	Course Covered
I.D. Subdomain: Data Management	Data Management	
1. Analyze information needs of customers across the healthcare continuum.	(Analyze, 4)	402
2. Evaluate health information systems and data storage design.	<ul style="list-style-type: none"> Storage media, disaster recovery, and cloud computing (Evaluating, 5) 	312 408
3. Manage clinical indices/databases/registries	<ul style="list-style-type: none"> Policies for secondary data sources, registries, and indices (Evaluating, 5) 	402 406
4. Apply knowledge of database architecture and design to meet organizational needs.	<ul style="list-style-type: none"> Data dictionary, data modeling, and data warehousing; Database architecture and design (Applying, 3) 	311* 316 312 315
5. Evaluate data from varying sources to create meaningful presentations.	(Evaluating, 5)	312 402 316 405
I.E. Subdomain: Data Management	Data Management	

1. Validate data from secondary sources to include in the patient's record, including personal health records	<ul style="list-style-type: none"> Data stewardship & Information Governance Standards; Patient-Centered Health Information technology and portals (Applying, 3) 	402 405
II. Domain: Information Protection: Access, Disclosure, Archival, Privacy & Security		
II.A. Subdomain: Health Law	Health Law	
1. Identify laws and regulations applicable to health care	<ul style="list-style-type: none"> Health information laws and regulations including HIPAA, The Joint Commission, State laws, and Centers for Medicare and Medicaid Services (CMS) (Applying, 3) 	311 402 315 406 317 408 401
2. Analyze legal concepts and principles to the practice of HIM	<ul style="list-style-type: none"> (Analyzing, 4) 	401 406
II.B. Subdomain: Data Privacy, Confidentiality & Security	Quality Management and Performance Improvement	
1. Analyze privacy, security and confidentiality policies and procedures for internal and external use and exchange of health information.	<ul style="list-style-type: none"> Patient verification and identity management policies; Privacy, confidentiality, security principles, policies and procedures, and federal/state laws; E-Discovery (Analyzing, 4) 	401 406
2. Recommend elements included in the design of audit trails and data quality monitoring programs.	<ul style="list-style-type: none"> Data security (audits, controls, data recovery, e-security, disaster recovery planning, and business continuity planning) (Evaluating, 5) 	401 406 408
3. Collaborate in the design and implementation of risk assessment, contingency planning, and data recovery procedures.	<ul style="list-style-type: none"> Health information archival and retrieval systems; Data security protection methods (authentication, encryption, decryption, and firewalls) (Analyzing, 4) 	406 408
4. Analyze the security and privacy implications of mobile health technologies.	<ul style="list-style-type: none"> (Analyzing, 4) 	406
5. Develop educational programs for employees in privacy, security, and confidentiality.	<ul style="list-style-type: none"> Privacy & security laws/regulations, adult education strategies, and training methods (Creating, 6) 	401 406
II.C. Subdomain: Release of Information	Release of Information	
1. Create policies and procedures to manage access and disclosure of personal health information.	<ul style="list-style-type: none"> Principles for releasing PHI; Elements of an authorization (Creating, 6) 	315 406
2. Protect electronic health	<ul style="list-style-type: none"> Audit techniques and principles 	315

information through confidentiality and security measures, policies and procedures.	(Applying, 3)	401 406 408
HIM Baccalaureate Degree Entry-Level Competencies (Student Learning Outcomes) (Domains, Subdomains)	Knowledge Clusters (Curricular Components)	Course Covered
Domain III. Informatics, Analytics and Data Use		
III.A. Subdomain: Health Information Technologies	Health Information Technologies	
1. Utilize technology for data collection, storage, analysis, and reporting of information.	<ul style="list-style-type: none"> Health information archival and retrieval systems; Computer concepts (hardware components, network systems architecture operating systems and languages, software packages and tools, and cloud computing applications) (Applying, 3) 	312 314 316 408
2. Assess systems capabilities to meet regulatory requirements.	<ul style="list-style-type: none"> Electronic signatures, data correction, and audit logs (Evaluating, 5) 	408
3. Recommend device selection based on workflow, ergonomic and human factors.	<ul style="list-style-type: none"> Human factors and user interface design (Evaluating, 5) 	311 408
4. Take part in the development of networks, including intranet and Internet applications.	<ul style="list-style-type: none"> Communication technologies (Network-LANS, WANS, WLANS, and VPNs); Internet technologies (Intranet, web-based systems, standards SGML, and XML) (Analyzing, 4) 	311 408
5. Evaluate system architecture, database design, data warehousing.	<ul style="list-style-type: none"> System testing; Interface management; Data relationships (Evaluating, 5) 	408
6. Create the electronic structure of health data to meet a variety of end user needs.	<ul style="list-style-type: none"> Data information and file structures (data administration, data definitions, data dictionary, data modeling, data structures, data warehousing, and database management systems) (Creating, 6) 	311 315
III.B. Subdomain: Information Management Strategic Planning	Information Management Strategic Planning	
1. Take part in the development of information management plans that support the organization's current and future strategy and goals.	<ul style="list-style-type: none"> Corporate strategic plan, operation improvement planning, and information management plans; Disaster and recovery planning (Analyzing, 4) 	401 405

2. Take part in the planning, design, selection, implementation, integration, testing, evaluation, and support of health information technologies.	<ul style="list-style-type: none"> Systems development life cycle (systems analysis, design, implementation, evaluation, maintenance, EHRs, HIEs, and RECs) (Analyzing, 4) 	401 408
III.C. Subdomain: Analytics and Decision Support	Analytics and Decision Support	
1. Apply analytical results to facilitate decision-making.	<ul style="list-style-type: none"> Data display, power point, and dashboards (Applying, 3) 	312 401 314 402 316 405
2. Apply data extraction methodologies.	<ul style="list-style-type: none"> Healthcare statistical formulas (LOS, death, birth, and infection rates); Data capture tools and technologies (forms, computer screens, templates, other health record documentation tools; clinical, financial, and administrative) (Applying, 3) 	312 314 316 402
3. Recommend organizational action based on knowledge obtained from data exploration and mining.	<ul style="list-style-type: none"> (Evaluating, 5) 	314 316 407
4. Analyze clinical data to identify trends that demonstrate quality, safety, and effectiveness of healthcare.	<ul style="list-style-type: none"> Descriptive statistics (mean, standard deviation, ranges, and percentiles); inferential statistics (T-tests, ANOVA, regression analysis, reliability, and validity); Epidemiological. (Analyzing, 4) 	314 316 402
5. Apply knowledge of database querying and data exploration and mining techniques to facilitate information retrieval.	<ul style="list-style-type: none"> (Applying, 3) 	312 314 316
6. Evaluate administrative reports using appropriate software.	<ul style="list-style-type: none"> (Evaluating, 5) 	314 401 316 407

HIM Baccalaureate Degree Entry-Level Competencies (Student Learning Outcomes) (Domains, Subdomains)	Knowledge Clusters (Curricular Components)	Course Covered
III.D. Subdomain: Health Care Statistics	Health Care Statistics	
1. Interpret inferential statistics	<ul style="list-style-type: none"> Inferential statistics (T-tests, ANOVA, regression analysis, reliability, and validity); Computerized statistical packages (SPSS & SAS) (Evaluating, 5) 	316
2. Analyze statistical data for decision making	<ul style="list-style-type: none"> Data reporting of statistical healthcare data and presentation techniques. (Analyzing, 4) 	312 316 314 402
III.E. Subdomain: Research Methods	Research Methods	
1. Apply principles of research and clinical literature evaluation to improve outcomes.	<ul style="list-style-type: none"> Research design/methods (quantitative, qualitative, evaluative, mixed, and outcomes); Literature review and evaluation; Knowledge-based research techniques (Medline, CMS libraries, AHRQ, and other websites) (Applying, 3) 	312 314 316
2. Plan adherence to Institutional Review Board (IRB) processes and policies.	<ul style="list-style-type: none"> National guidelines regarding human-subjects research (IRB process); Research protocol data management. (Applying, 3) 	314 316 406
III.F. Subdomain: Consumer Informatics	Consumer Informatics	
1. Educate consumers on patient-centered health information technologies	<ul style="list-style-type: none"> Patient centered medical homes; Patient portals, patient safety, and patient education; Personal Health Record (PHR) (Applying, 3) 	315 402
III.G. Subdomain: Health Information Exchange	Health Information Exchange	
1. Collaborate in the development of operational policies and procedures for health information exchange.	<ul style="list-style-type: none"> HIE's, local, regional including providers, pharmacies, and other health facilities (Analyzing, 4) 	315
2. Conduct system testing to ensure data integrity and quality of health information exchange.	<ul style="list-style-type: none"> Integration, interfaces, and data reliability (Creating, 6) 	408
3. Differentiate between various models for health information exchange.	<ul style="list-style-type: none"> (Evaluating, 5) 	315
III.H. Subdomain: Information Integrity and Data Quality	Information Integrity and Data Quality	
1. Discover threats to data integrity and validity.	<ul style="list-style-type: none"> Intrusion detection systems, audit design, and principles (Applying, 3) 	408

2. Implement policies and procedures to ensure data integrity internal and external.	<ul style="list-style-type: none"> • Authentication, encryption, and password management (Applying, 3) 	406 408
3. Apply quality management tools.	<ul style="list-style-type: none"> • Control charts, pareto charts, fishbone diagrams and other statistical process control techniques. (Applying, 3) 	316 402
4. Perform quality assessment including quality management, data quality, and identification of best practices for health information systems.	<ul style="list-style-type: none"> • Data quality assessment and integrity; Disease management process (case management, critical paths, and care coordination); Outcomes measurement (patient as patient, customer satisfaction, and disease specific); Patient and organization safety initiatives (Analyzing, 4) 	314 402
5. Model policy initiatives that influence data integrity.	<ul style="list-style-type: none"> • (Applying, 3) 	406 408

HIM Baccalaureate Degree Entry-Level Competencies (Student Learning Outcomes) (Domains, Subdomains)	Knowledge Clusters (Curricular Components)	Course Covered
IV. Domain: Revenue Management		
IV.A. Subdomain: Revenue Cycle and Reimbursement		
1. Manage the use of clinical data required by various payment and reimbursement systems.	<ul style="list-style-type: none"> Clinical data management; Case mix management; Reimbursement management; Payment Systems (Prospective Payment System (PPS), DRGs, Resource-Based Relative Value Scale (RBRVS), Resource Utilization Groups (RUGs), Value-Based Purchasing (VBP), MSDRGs, commercial, managed care, and federal insurance plans); Billing and reimbursement at hospital inpatient & outpatient, physician offices, and other delivery settings (Analyzing, 5) 	316 317 405
2. Take part in selection and development of applications and processes for charge master and claims management.	<ul style="list-style-type: none"> Charge master management (Analyzing, 4) 	405
3. Apply principles of healthcare finance for revenue management.	<ul style="list-style-type: none"> Cost reporting, budget variances, and budget speculation (Applying, 3) 	405
4. Implement processes for revenue cycle management and reporting.	<ul style="list-style-type: none"> Corrective Coding Initiative (CCI)- Electronic Billing X12N; Compliance strategies and reporting; Audit process (compliance and reimbursement); Revenue cycle process; Utilization and resource management (Applying, 3) 	317 402? 405
V. Domain: Compliance		
V.A. Subdomain: Regulatory		
Regulatory		
1. Appraise current laws and standards related to health information initiatives.	<ul style="list-style-type: none"> Compliance strategies and reporting; Regulatory and licensure requirements; Elements of compliance programs; Patient safety (Analyzing, 5) 	317 401 402 406
2. Determine processes for compliance with current laws and standards related to health information initiatives and revenue cycle.	<ul style="list-style-type: none"> Policies and procedures; Non-retaliation policies; Auditing and monitoring (Analyzing, 5) 	401 405 406
V.B. Subdomain: Coding		
Coding		
1. Construct and maintain processes, policies, and	<ul style="list-style-type: none"> UHDDS and Federal compliance guidelines; Official coding guidelines 	317

procedures to ensure the accuracy of coded data based on established guidelines.	from CMS, AMA, National Committee on Vital and Health Statistics (NCHVS), National Correct Coding Initiative (NCCI), and AHA. (Creating, 6)	
2. Manage coding audits.	<ul style="list-style-type: none"> Audit principles and reporting. (Analyzing, 5) 	317 405
3. Identify severity of illness and its impact on healthcare payment systems.	<ul style="list-style-type: none"> Case mix; Computer Assisted Coding (CAC) systems (Applying, 3) 	317 405
V.C. Subdomain: Fraud Surveillance	Fraud Surveillance	
1. Determine policies and procedures to monitor abuse or fraudulent trends.	<ul style="list-style-type: none"> (Analyzing, 5) 	401 405 406
V.D. Subdomain: Clinical Documentation Improvement	Clinical Documentation Improvement	
1. Implement provider querying techniques to resolve coding discrepancies.	<ul style="list-style-type: none"> Query process (written, verbal, & template queries; timeliness & interpretation; and query retention) (Applying, 3) 	407 408
2. Create methods to manage Present on Admission (POA), Hospital Acquired Conditions (HACs), and other CDI components.	<ul style="list-style-type: none"> Clinical Documentation Improvement (CDI) metrics and reporting process (concurrent, retrospective, and post-bill review) (Creating, 6) 	314
HIM Baccalaureate Degree Entry-Level Competencies (Student Learning Outcomes) (Domains, Subdomains)	Knowledge Clusters (Curricular Components)	Course Covered
VI.A Subdomain: Leadership Roles	Leadership Roles	
1. Take part in effective negotiating and use influencing skills.	<ul style="list-style-type: none"> (Analyzing, 4) 	401
2. Discover personal leadership style using contemporary leadership theory and principles.	<ul style="list-style-type: none"> (Applying, 3) 	401
3. Take part in effective communication through project reports, business reports and professional communications.	<ul style="list-style-type: none"> (Analyzing, 4) 	312 402 316 401
4. Apply personnel management skills.	<ul style="list-style-type: none"> Communication and interpersonal skills; Leadership and governance. (Applying, 3) 	401 409?
5. Take part in enterprise-wide committees.	<ul style="list-style-type: none"> Facilitation, networking, and consensus building. (Analyzing, 4) 	401 402
6. Build effective teams.	<ul style="list-style-type: none"> Team/consensus building. (Creating, 6) 	401 402
VI.B. Subdomain: Change Management	Change Management	
1. Interpret concepts of change	<ul style="list-style-type: none"> Change management; Risk exposure; 	401

management theories, techniques and leadership	Organizational design and mergers (Analyzing, 5)	402
VI.C. Subdomain: Clinical Documentation Improvement	Clinical Documentation Improvement	
1. Analyze workflow processes and responsibilities to meet organizational needs.	<ul style="list-style-type: none"> Workflow reengineering and workflow design techniques. (Analyzing, 4) 	401 402
2. Construct performance management measures.	<ul style="list-style-type: none"> Benchmarking techniques (productivity standards, report cards, and dashboards). (Creating, 6) 	314 401 402
3. Demonstrate workflow concepts.	<ul style="list-style-type: none"> Use cases; Top down diagrams; Swimlane diagrams. (Applying, 3) 	401
VI.D Subdomain: Human Resources Management	Human Resources Management	
1. Manage human resources to facilitate staff recruitment, retention, and supervision.	<ul style="list-style-type: none"> Principles of human resources management (recruitment, supervision, retention, counseling, and disciplinary action). (Analyzing, 5) 	401
2. Ensure compliance with employment laws.	<ul style="list-style-type: none"> Employment laws and labor laws (federal/state); Equal Employment Opportunity Commission (EEOC) (Analyzing, 5) 	401 406
3. Create and implement staff orientation and training programs.	<ul style="list-style-type: none"> (Creating, 6) 	401 402
4. Benchmark staff performance data incorporating labor analytics.	<ul style="list-style-type: none"> (Analyzing, 4) 	401
5. Evaluate staffing levels and productivity, and provide feedback to staff regarding performance.	<ul style="list-style-type: none"> Performance standards; Professional development in self and others. (Analyzing, 5) 	401
VI.E. Subdomain: Change Management	Change Management	
1. Evaluate initial and on-going training programs.	<ul style="list-style-type: none"> (Analyzing, 5) 	401
HIM Baccalaureate Degree Entry-Level Competencies (Student Learning Outcomes) (Domains, Subdomains)	Knowledge Clusters (Curricular Components)	Course Covered
VI.F. Subdomain: Strategic and Organizational Management	Strategic and Organizational Management	
1. Identify departmental and organizational survey readiness for accreditation, licensing, and/or certification processes.	<ul style="list-style-type: none"> Accreditation standards (The Joint Commission, National Committee for Quality Assurance (NCQA), Commission on Accreditation of Rehabilitation Facilities (CARF), Community Health Accreditation Partners (CHAP), Utilization Review Accreditation Commission (URAC), Provider credentialing requirements, and CMS Conditions of Participation) (Applying, 3) 	315 401 402

2. Implement a departmental strategic plan.	<ul style="list-style-type: none"> Strategic planning, critical thinking, and benchmarking (Applying, 3) 	401 402 405
3. Apply general principles of management in the administration of health information services.	<ul style="list-style-type: none"> Organizational structures and theory. (Applying, 3) 	401
4. Evaluate how healthcare policy-making both directly and indirectly impacts the national and global healthcare delivery systems.	<ul style="list-style-type: none"> State, local, and federal policies. (Analyzing, 5) 	401 402
5. Identify the different types of organizations, services, and personnel and their interrelationships across the health care delivery system.	<ul style="list-style-type: none"> Payers/providers in all delivery settings; Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs); Medical devices and biotech (Applying, 3) 	315 401 405
6. Collaborate in the development and implementation of information governance initiatives.	<ul style="list-style-type: none"> (Analyzing, 4) 	401 402
7. Facilitate the use of enterprise-wide information assets to support organizational strategies and objectives.	<ul style="list-style-type: none"> Information management planning; Enterprise information management; Master data/information management. (Analyzing, 4) 	401
VI.G Subdomain: Financial Management	Financial Management	
1. Evaluate capital, operating and/or project budgets using basic accounting principles.	<ul style="list-style-type: none"> Budget process (capital & operating; staffing & budgeting) (Analyzing, 5) 	405
2. Perform cost-benefit analysis for resource planning and allocation.	<ul style="list-style-type: none"> Accounting principles; Cost/benefit analysis (outsourcing & acquisition) (Analyzing, 4) 	401 405
3. Evaluate the stages of the procurement process.	<ul style="list-style-type: none"> Content of and answers to a Request for Proposal (RFP), Request For Information (RFI), and Request for Quotation (RFQ) (Analyzing, 5) 	401 405
VI.H. Subdomain: Ethics	Ethics	
1. Comply with ethical standards of practice.	<ul style="list-style-type: none"> Professional ethics issues; Ethical decision making process; AHIMA Code of Ethics; Patient rights; Patient safety. (Analyzing, 5) 	401 405 409
2. Evaluate the culture of a department.	<ul style="list-style-type: none"> (Analyzing, 5) 	401 405
3. Assess how cultural issues affect health, healthcare quality, cost, and HIM.	<ul style="list-style-type: none"> Healthcare professionals and cultural diversity; Cultural competence and self-awareness; Assumptions, biases, and stereotypes. (Analyzing, 5) 	401 405 409?
4. Create programs and policies that support a culture of	<ul style="list-style-type: none"> Diversity awareness training programs: age, race, sexual orientation, education, work experience, geographic location, and disability. (Creating, 6) & 	401

diversity.	<ul style="list-style-type: none"> Regulations such as Americans with Disabilities Act (ADA) and Equal Employment Opportunity Commission (EEOC). (Creating, 6) 	401
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HIM Baccalaureate Degree Entry-Level Competencies (Student Learning Outcomes) (Domains, Subdomains)	Knowledge Clusters (Curricular Components)	Course Covered
VI.I. Subdomain: Project Management	Project Management	
1. Take part in system selection processes.	<ul style="list-style-type: none"> RFI and RFP (Analyzing, 4) 	316 401 405
2. Recommend clinical, administrative, and specialty service applications.	<ul style="list-style-type: none"> RFP vendor selection (Analyzing, 5) 	316 401 405
3. Apply project management techniques to ensure efficient workflow and appropriate outcomes.	<ul style="list-style-type: none"> GANTT Charts, benchmarking, and risk analysis tools. (Applying, 3) 	402
4. Facilitate project management by integrating work efforts.	<ul style="list-style-type: none"> Project management principles; Issue tracking, and facilitation techniques (Analyzing, 4) 	401 402
VI.J. Subdomain: Vendor/Contract Management	Vendor/Contract Management	
1. Evaluate vendor contracts.	<ul style="list-style-type: none"> Contract management; System acquisition and evaluation. (Analyzing, 5) 	401 405
2. Develop negotiation skills in the process of system selection.	<ul style="list-style-type: none"> (Creating, 6) 	401
VI.K. Subdomain: Enterprise Information Management	Enterprise Information Management	
1. Manage information as a key strategic resource and mission tool.	<ul style="list-style-type: none"> Workflow reengineering and workflow design techniques. (Analyzing, 4) 	401 402
Supporting Body of Knowledge (Pre-requisite or Evidence of Knowledge)	BIOMEDICAL SCIENCES	
	Anatomy (Applying, 3)	313
	Physiology (Applying, 4)	310
	Medical Terminology (Evaluating, 5)	314,316,
	Pathophysiology (Analyzing, 4)	317
	Pharmacotherapy (Analyzing, 4)	313,314, 316,317
		313, 317

Bloom's Taxonomy: Revised Version

1 = Remembering: Can the student recall or remember the information?

2 = Understanding: Can the student explain ideas or concepts, and grasp the meaning of information?

3 = Applying: Can the student use the information in a new way?

4 = Analyzing: Can the student distinguish between the different parts, break down information, and infer to support conclusions?

5 = Evaluating: Can the student justify a stand or decision, or judge the value of?

6 = Creating: Can the student create new product or point of view?

Registered Health Information Administrator (RHIA) Examination Content

Number of Questions on Exam: 180

Exam Time: 4 hours

Domain 1 – Data Content, Structure & Standards (Information Governance) (18-22%)

Tasks:

A. Classification Systems

A1. Code diagnosis and procedures according to established guidelines

B. Health Record Content & Documentation

B1. Ensure accuracy and integrity of health data and health record documentation (paper or electronic)

B2. Manage the contents of the legal health record (structured and unstructured)

B3. Manage the retention and destruction of the legal health record

C. Data Governance

C1. Maintain data in accordance with regulatory requirements

C2. Develop and maintain organizational policies, procedures, and guidelines for management of health information

D. Data Management & Secondary Data Sources

D1. Manage health data elements and/or data sets

D2. Assist in the maintenance of the data dictionary and data models for database design

D3. Manage and maintain databases (e.g., data migration, updates)

Domain 2 – Information Protection: Access, Disclosure, Archival, Privacy & Security (23-27%)

Tasks:

A. Health Law

A1. Maintain healthcare privacy and security training programs

A2. Enforce and monitor organizational compliance with healthcare information laws, regulations and standards (e.g., audit, report and/or inform)

B. Data Privacy, Confidentiality, and Security

B1. Design policies and implement privacy practices to safeguard Protected Health Information
B2. Design policies and implement security practices to safeguard Protected Health Information
B3. Investigate and resolve healthcare privacy and security

issues/breaches

C. Release of Information

C1. Manage access, disclosure, and use of Protected Health Information to ensure confidentiality

C2. Develop policies and procedures for uses and disclosures/redisclosures of Protected Health Information

Domain 3 – Informatics, Analytics & Data Use (22-26%)

Tasks:

A. Health Information Technologies

A1. Implement and manage use of, and access to, technology applications

A2. Evaluate and recommend clinical, administrative, and specialty service applications (e.g., financial systems, electronic record, clinical coding)

B. Information Management Strategic Planning

B1. Present data for organizational use (e.g., summarize, synthesize, and condense information)

C. Analytics & Decision Support

C1. Filter and/or interpret information for the end customer

C2. Analyze and present information to organizational stakeholders C3. Use data mining techniques to query and report from databases

D. Healthcare Statistics

D1. Calculate healthcare statistics for organizational stakeholders

D2. Critically analyze and interpret healthcare statistics for organizational stakeholders (e.g., CMI)

E. Research Methods

E1. Identify appropriate data sources for research

F. Consumer Informatics

F1. Identify and/or respond to the information needs of internal and external healthcare customers F2. Provide support for end-user portals and personal health records

G. Health Information Exchange

G1. Apply data and functional standards to achieve interoperability of healthcare information systems G2. Manage the health information exchange process entity-wide

H. Information Integrity and Data Quality

H1. Apply data/record storage principles and techniques associated with the medium (e.g., paper-based, hybrid, electronic)

H2. Manage master person index (e.g., patient record integration, customer/client relationship management)

H3. Manage merge process for duplicates and other errors entity-wide (e.g., validate data sources)

Domain 4 – Revenue Management (12-16%)

Tasks:

A. Revenue Cycle & Reimbursement

A1. Manage the use of clinical data required in reimbursement systems and prospective payment systems (PPS)

A2. Optimize reimbursement through management of the revenue cycle (e.g., chargemaster maintenance, DNFB, and AR days)

B. Regulatory

B1. Prepare for accreditation and licensing processes [e.g. Joint Commission, Det Norske Veritas (DNV), Medicare, state regulators]

B2. Process audit requests (e.g., RACs or other payors, chart review)

B3. Perform audits (e.g., chart review, POC)

C. Coding

C1. Manage and/or validate coding accuracy

D. Fraud Surveillance

D1. Participate in investigating incidences of medical identity theft

E. Clinical Documentation Improvement

E1. Query physicians for appropriate documentation to support reimbursement

E2. Educate and train clinical staff regarding supporting documentation requirements

Domain 5 – Leadership (12-16%)

Tasks:

A. Leadership Roles

A1. Develop, motivate, and support work teams and/or individuals (e.g., coaching, mentoring) A2. Organize and facilitate meetings

A3. Advocate for department, organization and/or profession

B. Change Management

B1. Participate in the implementation of new processes (e.g., systems, EHR, CAC)

B2. Support changes in the organization (e.g., culture changes, HIM consolidations, outsourcing)

C. Work Design & Process Improvement

C1. Establish and monitor productivity standards C2. Analyze and design workflow processes

C3. Participate in the development and monitoring of process improvement plans

D. Human Resources Management

D1. Perform human resource management activities (e.g., recruiting staff, creating job descriptions, resolving personnel issues)

E. Training & Development

E1. Conduct training and educational activities (e.g. HIM systems, coding, medical and institutional terminology, documentation and regulatory requirements)

F. Strategic & Organizational Management

F1. Monitor industry trends and organizational needs to anticipate changes

F2. Determine resource needs by performing analyses (e.g., costbenefit, business planning)

F3. Assist with preparation of capital budget

G. Financial Management

G1. Assist in preparation and management of operating and personnel budgets G2. Assist in the analysis and reporting on budget variances

H. Ethics

H1. Adhere to the AHIMA code of ethics

I. Project Management

I1. Utilize appropriate project management methodologies

J. Vendor/Contract Management

J1. Evaluate and manage contracts (e.g., vendor, contract personnel, maintenance)

K. Enterprise Information Management

K1. Develop and support strategic and operational plans for e

The Vision, Mission, and Values of the American Health Information Management Association

Vision:

“AHIMA ... leading the advancement and ethical use of quality health information to promote health and wellness worldwide”

- AHIMA is the worldwide professional association of recognized leaders in health information management, informatics, health data technology, and innovation.
- AHIMA proactively promotes the technological advancement of health information systems that enhance the delivery of quality healthcare.
- Based on AHIMA's Code of Ethics and applicable law, AHIMA will promote the ethical and appropriate use of health information, and its members will ascribe to and conduct themselves in accordance with the Code of Ethics as part of their professional responsibility.
- AHIMA recognizes that quality health and clinical data are critical resources needed for efficacious healthcare and works to assure that the health information used in care, research, and health management is valid, accurate, complete, trustworthy, and timely.
- AHIMA is concerned about the effective management of health information from all sources and its application in all forms of healthcare and wellness preservation.
- Health issues, disease, and care quality transcend national borders. AHIMA's professional interest is in the application of best health information management practices wherever they are needed.

Mission:

AHIMA leads the health informatics and information management community to advance professional practice and standards.

AHIMA Core Values:

QUALITY

Demonstrated by an abiding commitment to innovation, relevance and value in programs, products and services

INTEGRITY

Demonstrated by openness in decision-making, honesty in communication and activity, and ethical practices that earn trust and support collaboration

RESPECT

Demonstrated by appreciation of the value of differing perspectives; enjoyable experiences; courteous interaction; and celebration of achievements that advance our common cause

LEADERSHIP

Demonstrated by visionary thinking; decisions responsive to membership and mission; and accountability for actions and outcomes

American Health Information Management Association

Standards of Ethical Coding

Introduction

The Standards of Ethical Coding are based on the American Health Information Management Association's (AHIMA's) Code of Ethics. Both sets of principles reflect expectations of professional conduct for coding professionals involved in diagnostic and/or procedural coding or other health record data abstraction.

A Code of Ethics sets forth professional values and ethical principles and offers ethical guidelines to which professionals aspire and by which their actions can be judged. Health information management (HIM) professionals are expected to demonstrate professional values by their actions to patients, employers, members of the healthcare team, the public, and the many stakeholders they serve. A Code of Ethics is important in helping to guide the decision-making process and can be referenced by individuals, agencies, organizations, and bodies (such as licensing and regulatory boards, insurance providers, courts of law, government agencies, and other professional groups).

The AHIMA Code of Ethics (available on the AHIMA web site) is relevant to all AHIMA members and credentialed HIM professionals and students, regardless of their professional functions, the settings in which they work, or the populations they serve. Coding is one of the core HIM functions, and due to the complex regulatory requirements affecting the health information coding process, coding professionals are frequently faced with ethical challenges. The AHIMA Standards of Ethical Coding are intended to assist coding professionals and managers in decision-making processes and actions, outline expectations for making ethical decisions in the workplace, and demonstrate coding professionals' commitment to integrity during the coding process, regardless of the purpose for which the codes are being reported. They are relevant to all coding professionals and those who manage the coding function, regardless of the healthcare setting in which they work or whether they are AHIMA members or nonmembers.

These Standards of Ethical Coding have been revised in order to reflect the current healthcare environment and modern coding practices. The previous revision was published in 1999.

Standards of Ethical Coding

Coding professionals should:

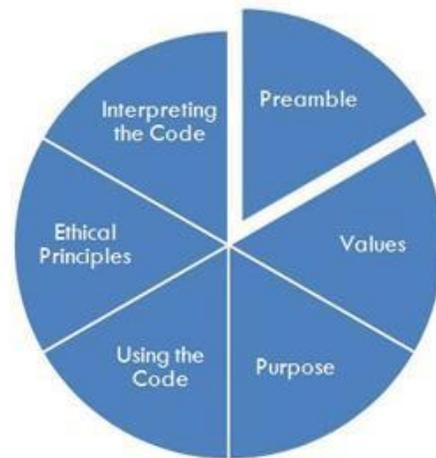
1. Apply accurate, complete, and consistent coding practices for the production of high-quality healthcare data.
2. Report all healthcare data elements (e.g. diagnosis and procedure codes, present on admission indicator, discharge status) required for external reporting purposes (e.g. reimbursement and other administrative uses, population health, quality and patient safety measurement, and research) completely and accurately, in accordance with regulatory and documentation standards and requirements and applicable official coding conventions, rules, and guidelines.

3. Assign and report only the codes and data that are clearly and consistently supported by health record documentation in accordance with applicable code set and abstraction conventions, rules, and guidelines.
4. Query provider (physician or other qualified healthcare practitioner) for clarification and additional documentation prior to code assignment when there is conflicting, incomplete, or ambiguous information in the health record regarding a significant reportable condition or procedure or other reportable data element dependent on health record documentation (e.g. present on admission indicator).
5. Refuse to change reported codes or the narratives of codes so that meanings are misrepresented.
6. Refuse to participate in or support coding or documentation practices intended to inappropriately increase payment, qualify for insurance policy coverage, or skew data by means that do not comply with federal and state statutes, regulations and official rules and guidelines.
7. Facilitate interdisciplinary collaboration in situations supporting proper coding practices.
8. Advance coding knowledge and practice through continuing education.
9. Refuse to participate in or conceal unethical coding or abstraction practices or procedures.
10. Protect the confidentiality of the health record at all times and refuse to access protected health information not required for coding-related activities (examples of coding-related activities include completion of code assignment, other health record data abstraction, coding audits, and educational purposes).
11. Demonstrate behavior that reflects integrity, shows a commitment to ethical and legal coding practices, and fosters trust in professional activities.

American Health Information Management Association Code of Ethics

The AHIMA Code of Ethics serves as a professional ethics guide for its members and credentialed professionals who are not members.

- **Preamble** – provides the ethical obligation of AHIMA members and credentialed professionals who are not members.
- **Values** – summarizes core values based on AHIMA’s mission.
- **Purpose** – delineates the seven purposes of the Code of Ethics.
- **Using the Code** – describes how members and credentialed professionals who are not members should use the Code.
- **Ethical Principles** – Outlines and interprets the 11 principles that are the Code of Ethics’ foundation and serve as a guide to members and credentialed professionals who are not members.



Preamble

The ethical obligations of the health information management (HIM) professional include the safeguarding of privacy and security of health information; disclosure of health information; development, use, and maintenance of health information systems and health information; and ensuring the accessibility and integrity of health information.

Healthcare consumers are increasingly concerned about security and the potential loss of privacy and the inability to control how their personal health information is used and disclosed. Core health information issues include what information should be collected; how the information should be handled, who should have access to the information, under what conditions the information should be disclosed, how the information is retained and when it is no longer needed, and how is it disposed of in a confidential manner. All of the core health information issues are performed in compliance with state and federal regulations, and employer policies and procedures.

Ethical obligations are central to the professional's responsibility, regardless of the employment site or the method of collection, storage, and security of health information. In addition, sensitive information (e.g., genetic, adoption, drug, alcohol, sexual, health, and behavioral information) requires special attention to prevent misuse. In the world of business and interactions with consumers, expertise in the protection of the information is required.

Purpose of the American Health Information Management Association Code of Ethics

The HIM professional has an obligation to demonstrate actions that reflect values, ethical principles, and ethical guidelines. The American Health Information Management Association (AHIMA) Code of Ethics sets forth these values and principles to guide conduct. The code is relevant to all AHIMA members and CCHIIM credentialed HIM professionals [hereafter

referred to as certificants], regardless of their professional functions, the settings in which they work, or the populations they serve. These purposes strengthen the HIM professional's efforts to improve overall quality of healthcare.

The AHIMA Code of Ethics serves seven purposes:

- Promotes high standards of HIM practice.
- Identifies core values on which the HIM mission is based.
- Summarizes broad ethical principles that reflect the profession's core values.
- Establishes a set of ethical principles to be used to guide decision-making and actions.
- Establishes a framework for professional behavior and responsibilities when professional obligations conflict or ethical uncertainties arise.
- Provides ethical principles by which the general public can hold the HIM professional accountable.
- Mentors practitioners new to the field to HIM's mission, values, and ethical principles.

The code includes principles and guidelines that are both enforceable and aspirational. The extent to which each principle is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical principles.

Code of Ethics Principles

The Code of Ethics and How to Interpret the Code of Ethics

Principles and Guidelines

The following ethical principles are based on the core values of the American Health Information Management Association and apply to all AHIMA members and certificants. Guidelines included for each ethical principle are a non-inclusive list of behaviors and situations that can help to clarify the principle. They are not meant to be a comprehensive list of all situations that can occur.

- I. *Advocate, uphold, and defend the individual's right to privacy and the doctrine of confidentiality in the use and disclosure of information.*

A health information management professional **shall**:

1.1. Safeguard all confidential patient information to include, but not limited to, personal, health, financial, genetic, and outcome information.

1.2. Engage in social and political action that supports the protection of privacy and confidentiality, and be aware of the impact of the political arena on the health information issues for the healthcare industry.

1.3. Advocate for changes in policy and legislation to ensure protection of privacy and confidentiality, compliance, and other issues that surface as advocacy issues and facilitate informed participation by the public on these issues.

1.4. Protect the confidentiality of all information obtained in the course of professional service. Disclose only information that is directly relevant or necessary to achieve the purpose of disclosure. Release information only with valid authorization from a patient or a person legally authorized to consent on behalf of a patient or as authorized by federal or state regulations. The minimum necessary standard is essential when releasing health information for disclosure activities.

1.5. Promote the obligation to respect privacy by respecting confidential information shared among colleagues, while responding to requests from the legal profession, the media, or other non-healthcare related individuals, during presentations or teaching and in situations that could cause harm to persons.

1.6. Respond promptly and appropriately to patient requests to exercise their privacy rights (e.g., access, amendments, restriction, confidential communication, etc.). Answer truthfully all patients' questions concerning their rights to review and annotate their personal biomedical data and seek to facilitate patients' legitimate right to exercise those rights.

II. *Put service and the health and welfare of persons before self-interest and conduct oneself in the practice of the profession so as to bring honor to oneself, peers, and to the health information management profession.*

A health information management professional **shall**:

2.1. Act with integrity, behave in a trustworthy manner, elevate service to others above self-interest, and promote high standards of practice in every setting.

2.2. Be aware of the profession's mission, values, and ethical principles, and practice in a manner consistent with them by acting honestly and responsibly.

2.3. Anticipate, clarify, and avoid any conflict of interest, to all parties concerned, when dealing with consumers, consulting with competitors, in providing services requiring potentially conflicting roles (for example, finding out information about one facility that would help a competitor), or serving the Association in a volunteer capacity. The conflicting roles or responsibilities must be clarified and appropriate action taken to minimize any conflict of interest.

2.4. Ensure that the working environment is consistent and encourages compliance with the AHIMA Code of Ethics, taking reasonable steps to eliminate any conditions in their organizations that violate, interfere with, or discourage compliance with the code.

2.5. Take responsibility and credit, including authorship credit, only for work they actually perform or to which they contribute. Honestly acknowledge the work of and the contributions made by others verbally or written, such as in publication.

A health information management professional **shall not**:

2.6. Permit one's private conduct to interfere with the ability to fulfill one's professional responsibilities.

2.7. Take unfair advantage of any professional relationship or exploit others to further one's own personal, religious, political, or business interests.

III. ***Preserve, protect, and secure personal health information in any form or medium and hold in the highest regards health information and other information of a confidential nature obtained in an official capacity, taking into account the applicable statutes and regulations.***

A health information management professional **shall**:

3.1. Safeguard the privacy and security of written and electronic health information and other sensitive information. Take reasonable steps to ensure that health information is stored securely and that patients' data is not available to others who are not authorized to have access. Prevent inappropriate disclosure of individually identifiable information.

3.2. Take precautions to ensure and maintain the confidentiality of information transmitted, transferred, or disposed of in the event of termination, incapacitation, or death of a healthcare provider to other parties through the use of any media.

3.3. Inform recipients of the limitations and risks associated with providing services via electronic or social media (e.g., computer, telephone, fax, radio, and television).

IV. ***Refuse to participate in or conceal unethical practices or procedures and report such practices.***

A health information management professional **shall**:

4.1. Act in a professional and ethical manner at all times.

4.2. Take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues. If needed, utilize the Professional Ethics Committee Policies and Procedures for potential ethics complaints.

4.3. Be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. These include policies and

procedures created by AHIMA, licensing and regulatory bodies, employers, supervisors, agencies, and other professional organizations.

4.4. Seek resolution if there is a belief that a colleague has acted unethically or if there is a belief of incompetence or impairment by discussing one's concerns with the colleague when feasible and when such discussion is likely to be productive.

4.5. Consult with a colleague when feasible and assist the colleague in taking remedial action when there is direct knowledge of a health information management colleague's incompetence or impairment.

4.6. Take action through appropriate formal channels, such as contacting an accreditation or regulatory body and/or the AHIMA Professional Ethics Committee if needed.

4.7. Cooperate with lawful authorities as appropriate.

A health information management professional **shall not**:

4.8. Participate in, condone, or be associated with dishonesty, fraud and abuse, or deception. A non-inclusive list of examples includes:

- Allowing patterns of optimizing or minimizing documentation and/or coding to impact payment
- Assigning codes without physician documentation
- Coding when documentation does not justify the diagnoses or procedures that have been billed
- Coding an inappropriate level of service
- Miscoding to avoid conflict with others
- Engaging in negligent coding practices
- Hiding or ignoring review outcomes, such as performance data
- Failing to report licensure status for a physician through the appropriate channels
- Recording inaccurate data for accreditation purposes
- Allowing inappropriate access to genetic, adoption, health, or behavioral health information
- Misusing sensitive information about a competitor
- Violating the privacy of individuals

Refer to the AHIMA Standards for Ethical Coding for additional guidance.

4.9. Engage in any relationships with a patient where there is a risk of exploitation or potential harm to the patient.

V. *Advance health information management knowledge and practice through continuing education, research, publications, and presentations.*

A health information management professional **shall**:

5.1. Develop and enhance continually professional expertise, knowledge, and skills (including appropriate education, research, training, consultation, and supervision). Contribute to the knowledge base of health information management and share one's knowledge related to practice, research, and ethics.

5.2. Base practice decisions on recognized knowledge, including empirically based knowledge relevant to health information management and health information management ethics.

5.3. Contribute time and professional expertise to activities that promote respect for the value, integrity, and competence of the health information management profession. These activities may include teaching, research, consultation, service, legislative testimony, advocacy, presentations in the community, and participation in professional organizations.

5.4. Engage in evaluation and research that ensures the confidentiality of participants and of the data obtained from them by following guidelines developed for the participants in consultation with appropriate institutional review boards.

5.5. Report evaluation and research findings accurately and take steps to correct any errors later found in published data using standard publication methods.

5.6. Design or conduct evaluation or research that is in conformance with applicable federal or state laws.

5.7. Take reasonable steps to provide or arrange for continuing education and staff development, addressing current knowledge and emerging developments related to health information management practice and ethics.

VI. *Recruit and mentor students, staff, peers, and colleagues to develop and strengthen professional workforce.*

A health information management professional **shall**:

6.1. Provide directed practice opportunities for students.

6.2. Be a mentor for students, peers, and new health information management professionals to develop and strengthen skills.

6.3. Be responsible for setting clear, appropriate, and culturally sensitive boundaries for students, staff, peers, colleagues, and members within professional organizations.

6.4. Evaluate students' performance in a manner that is fair and respectful when functioning as educators or clinical internship supervisors.

6.5. Evaluate staff's performance in a manner that is fair and respectful when functioning in a supervisory capacity.

6.6. Serve an active role in developing HIM faculty or actively recruiting HIM professionals.

A health information management professional **shall not**:

6.7. Engage in any relationships with a person (e.g. students, staff, peers, or colleagues) where there is a risk of exploitation or potential harm to that other person.

VII. ***Represent the profession to the public in a positive manner.***

A health information management professional **shall**:

7.1. Be an advocate for the profession in all settings and participate in activities that promote and explain the mission, values, and principles of the profession to the public.

VIII. ***Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.***

A health information management professional **shall**:

8.1. Perform responsibly all duties as assigned by the professional association operating within the bylaws and policies and procedures of the association and any pertinent laws.

8.2. Uphold the decisions made by the association.

8.3. Speak on behalf of the health information management profession and association, only while serving in the role, accurately representing the official and authorized positions of the association.

8.4. Disclose any real or perceived conflicts of interest.

8.5. Relinquish association information upon ending appointed or elected responsibilities.

8.6. Resign from an association position if unable to perform the assigned responsibilities with competence.

8.7. Avoid lending the prestige of the association to advance or appear to advance the private interests of others by endorsing any product or service in return for remuneration. Avoid endorsing products or services of a third party, for-profit entity that competes with AHIMA products and services. Care should **also** be exercised in endorsing any other products and services.

IX. ***State truthfully and accurately one's credentials, professional education, and experiences.***

A health information management professional **shall**:

9.1. Make clear distinctions between statements made and actions engaged in as a private individual and as a representative of the health information management profession, a professional health information association, or one's employer.

9.2. Claim and ensure that representation to patients, agencies, and the public of professional qualifications, credentials, education, competence, affiliations, services provided, training, certification, consultation received, supervised experience, and other relevant professional experience are accurate.

9.3. Claim only those relevant professional credentials actually possessed and correct any inaccuracies occurring regarding credentials.

9.4. Report only those continuing education units actually earned for the recertification cycle and correct any inaccuracies occurring regarding CEUs.

X. ***Facilitate interdisciplinary collaboration in situations supporting health information practice.***

A health information management professional **shall**:

10.1. Participate in and contribute to decisions that affect the well-being of patients by drawing on the perspectives, values, and experiences of those involved in decisions related to patients.

10.2. Facilitate interdisciplinary collaboration in situations supporting health information practice.

10.3. Establish clearly professional and ethical obligations of the interdisciplinary team as a whole and of its individual members.

10.4. Foster trust among group members and adjust behavior in order to establish relationships with teams.

XI. *Respect the inherent dignity and worth of every person.*

A health information management professional **shall**:

11.1. Treat each person in a respectful fashion, being mindful of individual differences and cultural and ethnic diversity.

11.2. Promote the value of self-determination for each individual.

11.3. Value all kinds and classes of people equitably, deal effectively with all races, cultures, disabilities, ages and genders.

11.4. Ensure all voices are listened to and respected.

The Use of the Code

Violation of principles in this code does not automatically imply legal liability or violation of the law. Such determination can only be made in the context of legal and judicial proceedings. Alleged violations of the code would be subject to a peer review process. Such processes are generally separate from legal or administrative procedures and insulated from legal review or proceedings to allow the profession to counsel and discipline its own members although in some situations, violations of the code would constitute unlawful conduct subject to legal process.

Guidelines for ethical and unethical behavior are provided in this code. The terms "shall and shall not" are used as a basis for setting high standards for behavior. This does not imply that everyone "shall or shall not" do everything that is listed. This concept is true for the entire code. If someone does the stated activities, ethical behavior is the standard. The guidelines are not a comprehensive list. For example, the statement "safeguard all confidential patient information to include, but not limited to, personal, health, financial, genetic and outcome information" can also be interpreted as "shall not fail to safeguard all confidential patient information to include personal, health, financial, genetic, and outcome information."

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values and ethical principles, and offers ethical guidelines to which a HIM professional can aspire and by which actions can be judged. Ethical behaviors result from a personal commitment to engage in ethical practice.

Professional responsibilities often require an individual to move beyond personal values. For example, an individual might demonstrate behaviors that are based on the values of honesty, providing service to others, or demonstrating loyalty. In addition to these, professional values might require promoting confidentiality, facilitating interdisciplinary collaboration, and refusing to participate or conceal unethical practices. Professional values could require a more

comprehensive set of values than what an individual needs to be an ethical agent in one's own personal life.

The AHIMA Code of Ethics is to be used by AHIMA members and certificants, consumers, agencies, organizations, and bodies (such as licensing and regulatory boards, insurance providers, courts of law, government agencies, and other professional groups) that choose to adopt it or use it as a frame of reference. The AHIMA Code of Ethics reflects the commitment of all to uphold the profession's values and to act ethically. Individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments, must apply ethical principles.

The code does not provide a set of rules that prescribe how to act in all situations. Specific applications of the code must take into account the context in which it is being considered and the possibility of conflicts among the code's values, principles, and guidelines. Ethical responsibilities flow from all human relationships, from the personal and familial to the social and professional. Further, the AHIMA Code of Ethics does not specify which values, principles, and guidelines are the most important and ought to outweigh others in instances when they conflict.

Code of Ethics and Ethical Principles

Ethical Principles: The following ethical principles are based on the core values of the American Health Information Management Association and apply to all AHIMA members and certificants.

A health information management professional shall:

1. *Advocate, uphold, and defend the individual's right to privacy and the doctrine of confidentiality in the use and disclosure of information.*
2. *Put service and the health and welfare of persons before self-interest and conduct oneself in the practice of the profession so as to bring honor to oneself, their peers, and to the health information management profession.*
3. *Preserve, protect, and secure personal health information in any form or medium and hold in the highest regards health information and other information of a confidential nature obtained in an official capacity, taking into account the applicable statutes and regulations.*
4. *Refuse to participate in or conceal unethical practices or procedures and report such practices.*
5. *Advance health information management knowledge and practice through continuing education, research, publications, and presentations.*
6. *Recruit and mentor students, peers and colleagues to develop and strengthen professional workforce.*
7. *Represent the profession to the public in a positive manner.*
8. *Perform honorably health information management association responsibilities, either appointed or elected, and preserve the confidentiality of any privileged information made known in any official capacity.*

9. *State truthfully and accurately one's credentials, professional education, and experiences.*
10. *Facilitate interdisciplinary collaboration in situations supporting health information practice.*
11. *Respect the inherent dignity and worth of every person.*

Acknowledgement

Adapted with permission from the Code of Ethics of the National Association of Social Workers.

Resources

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Revised & adopted by AHIMA House of Delegates – (October 2, 2011)

WILLIAM CAREY UNIVERSITY
**Health Administration
and Education**



**UNDERGRADUATE
STUDENT HANDBOOK
2018-2020**

Approved by the Board of Trustees on 01/24/2019

-“This handbook does not constitute a contract between WCU and its students. The plans, policies, and procedures described in this handbook are subject to change by the University at any time.”

-“Failure to read this handbook and other sources of regulations governing college life at WCU does not excuse the student from the requirements and regulations described therein.”

-“This edition of the handbook does repeal and supersede all previous editions of the handbook.

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STUDENT RESPONSIBILITY FOR HANDBOOK INFORMATION

The purpose of this handbook is to serve as a guide for undergraduate students enrolled in the Health Administration and Education (HAE) program. It is used as a supplement to *The Translation* and the *WCU Undergraduate Catalog*. It contains information about administrative and academic policies, curriculum, and course work.

As a student, you are responsible for reading this handbook in its entirety. As part of admission to the Health Administration and Education program, this means that you are accountable for your activities on campus and during Professional Practice Experience. A breach of WCU or Health Administration and Education program policies may result in probation, suspension, or expulsion from the program or college depending on the nature of the incident. As a student, the safety and privacy of the client information you are privileged to work with is of the highest priority in the Health Administration and Education program. You are bound by the ethics of patient confidentiality.

As a student, you are responsible for payment of any medical treatment necessary as a result of any injury, or exposure to disease associated with professional practice experience.

Failure to read the information will not be considered an excuse for noncompliance with this handbook or *The Translation* and the *WCU Undergraduate Catalog*.

Failure to read this handbook and other sources of regulations governing college life at WCU does not excuse the student from the requirements and regulations described therein.”

William Carey University reserves the right to change the policies or revise the information contained in this handbook.

The faculty has adopted rules and policies contained in this handbook. When a student finds that extenuating circumstances might justify a waiver of a particular requirement, the student may petition the Vice President of the College of Health Sciences for a waiver.

This handbook does not constitute a contract between WCU and its students. The plans, policies, and procedures described in this handbook are subject to change by the University at any time.

Please initial and sign the Acknowledgement Statements, Appendix A, and submit it to your advisor. **NOTE:** This handbook does not replace *The Translation* and the *WCU Undergraduate Catalog*

WELCOME

Welcome to the Health Administration and Education Program at William Carey University! Your decision to become a part of the Health Administration and Education (HAE) profession will prove to be rewarding as it will enable you to advance your career in many different avenues. The HAE program empowers students to practice as administrators or educators in their specialty area.

QUICK FACTS ABOUT THE PROGRAM:

- Once accepted into the program, it takes 12 months to complete for students attending full-time.
- Graduates receive a Bachelor's of Science Degree upon successful completion of program requirements.

ATTENDANCE AND PREPARATION

In addition to the general attendance and preparation requirements of the College of Health Sciences, the Health Administration and Education program follows the following guidelines for attendance and preparation in the clinical setting:

- 1) Absenteeism – Professional Practicum Experiences (PPE)
 - a. The student is required to attend all scheduled professional practicum experiences.
 - b. Absence due to illness, death in the immediate family, or extreme circumstances will be handled on an individual basis provided the instructor is notified of the need to be absent **PRIOR TO** the scheduled practicum experience.
 - c. Faculty members have the right to request appropriate documentation regarding an absence. All absences will be reported to the Director of Health Administration and Education program. The Program Director has the right to intervene if he/she notes a pattern to reported absences for any student.

- d. Absence from PPE may result in failure to successfully pass all required components.

2) Tardiness – Professional Practicum Experience

- a. Tardiness is defined as not being in the specified clinical area at the scheduled time.
- b. Tardiness and leaving clinical early are considered unprofessional behaviors. Three tardies and/or early departures are equivalent to one absence.
- c. Tardiness in the PPE area may result in an unsatisfactory grade for this item on the PPE evaluation form. Two grades of unsatisfactory for any item on the PPE evaluation form results in course failure.
- d. Students exhibiting a pattern of tardiness will be referred to the Program Director.

3) Professional Practicum Experience (PPE) Preparation and Safety

- a. Students are expected to come prepared to each professional practice experience. At any time inadequate preparation is demonstrated, the student will be considered unsafe for PPE performance and will not be allowed to remain at the PPE site. Failure to be prepared will result in an unsatisfactory for the day. The student will be referred to the Program Head. Two grades of unsatisfactory for any item on the PPE evaluation form will result in a grade of “F” for the course.
- b. Any action, inaction or behavior on the part of the student that threatens the client’s physical and/or emotional well-being or that violates standard precautions, will be considered a violation of that client’s safety. The student will be dismissed from practicum for the day and referred to the Program Director to determine the need for further action. Depending on the level of violation of safety and the expected competence of the student in the program of study, this action may result in dismissal from

the course or expulsion from the Health Administration and Education Program.

- c. Students are not permitted to use and/or be under the influence of any tobacco, alcohol, or medication (OTC/prescription) that could possibly interfere with, jeopardize patient safety, and/or affect student clinical performance. In the event of students requiring prescription medication during clinical, a written medical/physician release demonstrating the allowance of the students to perform clinical duties without restrictions will be required.

Examples of safety hazards includes but are not limited to the following:

- i) Administration of any drug or treatment without knowledge of the drug or treatment and/or possible side effects as a result of drug or treatment or precautions necessary prior to drug or treatment.
- ii) Failure to take standard safety precautions to prevent harm to patients.
- iii) Failure to notify appropriate authority of circumstances related to patient which causes grievous harm.
- iv) Falsification of patient documentation.
- v) HIPPA violation

CHANGE OF PROGRAM

The policy of William Carey University regarding dropping and adding courses will apply to all courses within the Health Administration and Education program. The policy is as follows:

1. No change of schedule, either dropping a course or adding a course, may be made except by permission of the student's academic advisor and director. Schedule changes that affect total hours may impact financial aid.

2. No student may register for a course after 10% of class meetings have occurred.
3. Courses dropped within the first five weeks of the term will be recorded as “W” (withdrawn). Courses dropped after the midterm will receive a grade of “F”.
4. Courses offered in mini-terms or with special schedules will have add/drop dates proportionate to the length of the course.

CPR CERTIFICATION

To ensure competence and patient safety, all students must complete certification/ re-certification of *American Heart Association BLS for the Healthcare Providers* (clinicians) or *American Heart Association Heart saver* (non-clinicians). This can be done at a facility of the student’s choice. Students are responsible for submitting evidence of current certification to the College of Health Science’s office for their medical file. Failure to do so will result in the inability to attend the practicum portion of a course and ultimate failure of the course.

PROFESSIONAL PRACTICUM ATTENDANCE

The purpose of a clinical rotation is to provide the student an opportunity to apply the principles and guidelines learned in class.

Attendance requirements are as follows:

- Students are expected to be in clinical on assigned days.
- Students are responsible for making up any time missed including tardies. It is also the responsibility of the student to make arrangements with the practicum instructor for scheduling any make-up time. Make-up time must be done within the timeframe of the practicum.
- Failure to notify BOTH the clinic preceptor and a practicum instructor of the absence will result in failure of course.

- In cases of documented illness of self/child/immediate family member, and other extenuating circumstances, a slip from the physician or emergency room and other requested documents must be presented to the faculty by the next practicum session attended or date given.
- Students will arrange their own transportation to and from practicum sites.
- Failure to complete a practicum rotation for any reason can result in a failing grade for the course.

STUDENT RESPONSIBILITIES DURING PROFESSIONAL PRACTICE EXPERIENCE

1. Student shall conduct him/herself in accordance with the rules, regulations, and procedures governing other employees of the Health Care Facilities. This includes being respectful of the facility and its employees.
2. Student is responsible for his/her own transportation to and from the Professional Practicum Experience site. The student may be required to travel long distances so it is important that dependable transportation is available. The student is responsible for all costs related to transportation.
3. Student is responsible for food and lodging expenses associated with professional practice experience.
4. Student shall perform job functions as agreed upon by the supervisor of the PPE site and the WCU Professional Practicum Experience instructor. Students need to be prepared and ready to work on assigned duties.
5. The student is responsible for contacting the PPE supervisor and the WCU Professional Practicum Experience instructor at least **two hours** prior to the scheduled experience in case of absence or arriving late. Time must be made up for any absence.

6. The student shall understand that Professional Practicum Experience time is unpaid.
7. The confidentiality statement signed at the beginning of the student's course of education is in effect during the entire Professional Practicum Experience. In addition, violations of the confidentiality statement and guidelines may result in immediate dismissal from the program. The success of our practice site experiences depends on the student's conduct and ability to maintain patient confidentiality.
8. Students involved in a hospital and/or clinical agency incident reports are to be described in full and signed by the student and clinical supervisor.
9. Students should provide the Professional Practicum Experience site supervisor a listing of his/her home phone, address, and emergency contact.
10. Failure to comply with the above will result in the student receiving an **unsatisfactory** evaluation for the practicum day and could lead to failure of the course. The faculty reserves the right to determine if a practicum make-up experience is warranted.

UNACCEPTABLE BEHAVIORS AT PROFESSIONAL PRACTICUM EXPERIENCE

1. Inappropriate disclosures about patients, staff, students, physicians, or other personnel of the facility.
2. Dishonest or immoral behavior.
3. Failure to treat any patient, staff, student, physician, or other personnel of the facility with respect.
4. Failing to obey facility safety rules, (i.e. standing on chairs)
5. Failing to meet scheduled commitments such as arriving late, asking to leave early, extended breaks, long lunch, or excessive absenteeism.
6. Sleeping.

7. Conducting personal business with the use of facility equipment: personal copies, Internet browsing, use of social networking sites.
8. Use of cell phones during scheduled work hours.
9. Smoking in unauthorized areas (Assuming the student has a practicum in a state that allows designated smoking areas on business grounds).
10. Using obscene, foul, or intolerant/insensitive language.
11. Use of alcohol or drugs or under the influences of alcohol or drugs at the practicum site.
12. Threatening behavior to any person.
13. Any type of discrimination or harassment because of race, gender, age, disability, religion, or sexual orientation.

PROFESSIONAL PRACTICUM EXPERIENCE DRESS CODE

When preparing for PPE assignments at the clinical site, the student will wear business casual attire and name tag. Shorts, jeans, or capri length pants are not to be worn in the clinical environment. Tank tops, flip flops, or underwear as outerwear is unacceptable. Shoes will be low heeled and quiet. Appropriate underwear will be worn. Uniforms associated with employment should not be worn to the clinical site.

Female Students. Skirt length must be at least one inch below the knee. Underwear must be worn and not visible through clothing.

Male Students. Pants must touch the tops of the shoe and must not have a cuff.

Undershirts worn under tops must be plain white, free from any type decoration or design. Underwear must be worn and should not be visible through clothing.

Uniform for the Hospital or Clinical Lab

All Health Administration and Education students will wear hospital uniforms and lab coats approved by the practicum instructor. Shoes must be all leather, non-permeable, and closed toe and heel (no clogs). The name pin (or name badge) is worn on the upper left

front side of the uniform and lab coat. The pin should be white with red lettering. Other identification badges may be required based on clinical agency guidelines.

Female Students. Dresses or pant suits with tunic tops are acceptable choices for uniforms. Jump suits, wrap or split skirts, scrub dresses or scrub suits are not acceptable. Skirt length must be at least one inch below the knee. Short or three-quarter length sleeves are acceptable but no long sleeves. White hose must be worn with the dress and white socks or hose will be worn with pant suits. Underwear must be worn and not visible through uniform (plain white or flesh-colored).

Male Students. Tunic tops and pants are the accepted uniform. Scrub suits are not acceptable. Pants must touch the tops of the shoe and must not have a cuff. Tops will not be long sleeved. Undershirts worn under tops must be plain white, free from any type decoration or design. White socks must be worn. Underwear must be worn and should not be visible through the uniform (plain white or flesh-colored).

PROFESSIONAL PRACTICUM EXPERIENCE GRADING

1. Professional Practicum Experience evaluation is based upon performance and attendance in the clinical areas.
2. Students are to attend Professional Practicum Experience assignments in order to meet the objectives of the course.
3. Professional Practicum Experience performance is graded on a letter grade basis. When a student achieves a fail, (D or F) in a site, he/she will not be allowed to progress until the course has been repeated.
4. Each student is to be evaluated and notified in writing if he/she is doing unsatisfactory work in any area. These students will be notified in writing of their standing.

5. Any student who consistently receives an unsatisfactory evaluation reports from the PPE site instructor will receive an “F” for the course. Due process procedures will be followed.
6. The health care facilities, with the school’s approval, may request withdrawal of any student from clinical experiences in their institution if his/her work has a detrimental effect on its staff. Students will be given the opportunity to meet with the faculty and other interested parties to discuss the problem before any final action is taken on grade assignment.
7. Students in Professional Practicum Experience will have additional assignments/projects to complete. Students are to use CANVAS for submission of assignments/projects.

EXIT INTERVIEW POLICY

Withdrawal

A student who withdraws from the Health Administration and Education program for any reason is required to meet with an academic advisor and complete an Exit Interview.

(See page 24)

Note: Any faculty member, aware of the student’s record, is considered an academic advisor. In the event that the student is withdrawing due to academic failures, the faculty member discussing the final academic failure should complete the Exit Interview with the student.

Once completed, the form should be returned to the Program Director and then copied to the Administrative Assistant of Health Administration and Education program.

Depending upon academic standing at the time of withdrawal, a student who fails to meet these requirements is considered to be unofficially withdrawn and is ineligible for readmission to the Health Administration and Education program.

Every reasonable effort should be made to meet with each student who withdraws from the Health Administration and Education program – regardless of cause. In the event that a

student refuses to meet with an academic advisor (course faculty or otherwise), the Program Director is responsible for completing an Exit Interview form for that student and noting the student's refusal to participate.

Name _____ (Optional) _____
Course Name _____ and _____
Date _____ Number _____

Exit Interview Form

8. Reason for Exit Interview: _____ Academic _____ Clinical _____ Other List _____

9. Are you eligible to be readmitted? _____ Yes _____ No

10. What are your future plans?

_____ Reapply to the nursing program
_____ Change career goals List _____
_____ Other _____

11. Check the factors listed below which played a role in your not continuing in the nursing program:

_____ Academic factors
_____ Reading comprehension _____ Study skills
_____ Science background _____ Instructor/student conflict
_____ Writing skills _____ Math skills
_____ Verbal skills _____ Computer skills
_____ Clinical performance _____ Test taking skills
_____ Other List _____

_____ Personal factors
_____ Personal illness/crisis
_____ Time management
_____ Other List _____

_____ Family factors
_____ Family illness/crisis
_____ Child care
_____ Other List _____

_____ Work related factors
_____ Worked too many hours List # of hours/week _____
_____ Other List _____

_____ Financial factors
_____ No financial support
_____ Limited financial support
_____ Other List _____

12. Did you seek assistance from faculty/counselor for help with the above areas? Yes No
If no, was help available to you? Yes No

13. What could have been done to assist you in successfully completing this nursing program?

GRADING

1. Grades during the term will be written down to the second decimal point.
2. The final grade can be rounded with 76.50% and above becoming 77% and 76.4% and below becoming 76%.
3. All courses may have graded assignments, other than course tests, worth no more than 10% of the final grade. A grade of 70% (69.50%) must be achieved to pass the course.

GRADUATION

A student who meets all of the degree requirements must attend an Exit Interview with the Program Director or designee. During this interview, the applicant and Program Director will do the following:

1. Complete the Senior Exit Survey.
2. Request permission to contact employer.

For complete details regarding degree requirements and graduation, please refer to the current *William Carey University Undergraduate Catalog* and follow instructions under the Registrar link on the William Carey University Website.

HEALTH STATUS REQUIREMENTS

All students must submit the results of a current TB skin test each year. Students must provide evidence of current immunizations. This includes two varicella vaccines (or positive titer), two measles, mumps and rubella vaccines (MMR) after 12 months of age (or positive titer). If the tetanus vaccine was given more than two years ago the student must receive a tetanus booster with the pertussis portion of the vaccine due to a resurgence of pertussis (. If the student has had a previous reaction to the pertussis vaccine, medical documentation must be provided. The

hepatitis B series must either be in progress or completed according to the CDC guidelines or a declination form must be signed.

The ultimate responsibility for compliance, and the appropriate documentation, with medical requirements lies with the student. Failure to have up-to-date health records will result in the inability to attend the clinical portion of a course and ultimately failure in the course.

All students must have their physical exam form completed and submitted by the date specified. The physical exam must have occurred within the previous 12 months. The student's signature on the form indicates that it is complete and accurate. Students must notify the instructor and/or the Program Director of changes in health status. Any health information revealed later could be considered falsification of records. Each student must be able to meet the requirements of the program in a reasonably independent manner. Any student who requests or receives accommodations with the Office of Disability Services must also provide documented evidence of physical clearance to participate in the program by a licensed primary care provider. The steps necessary to request and be approved for accommodations may be found in *The Translation*. Accommodations will not be granted if they compromise the fundamental nature of the course or program. Admission and progression decisions will be made on a case by case basis considering the students' ability to complete the requirements of the program. Failure to submit appropriate forms will result in the inability to attend the clinical portion of a course and ultimately failure in the course. Clinical time missed results in an "Unsatisfactory" clinical evaluation for the missed day. All clinical time MUST be made up as directed by the clinical instructor.

HIPAA COMPLIANCE AND OTHER CONFIDENTIALITY REQUIREMENTS

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 is federal legislation dealing with the portability, privacy, and security of a person's health information. The Health Information Management program through the HIM courses, will cover the HIPAA regulations thoroughly prior to the first scheduled practicum.

Students MUST comply with all federal and state laws and facility guidelines regarding patient confidentiality. Students are strictly forbidden from disclosing **ANY** protected health information concerning patients at clinical sites and facilities hosting off-campus tours / classes.

Some facilities require HIPAA training to be completed prior to the first day of clinical. Some require students to wear a facility ID badge in addition to or instead of the WCU ID badge. Students MUST comply with these requirements.

Each student will sign a Confidentiality Agreement agreeing to hold any and all medical information learned during the course of academic and clinical activities in strictest confidence, and in understanding that the violation of confidentiality will result in dismissal from the academic program. Students should also be aware that medical information is confidential under state and federal laws and improper disclosures may subject the student to civil and/or criminal liability. Return the signed acknowledgement form to the administrative assistant to the Program Director. This acknowledgement form is kept in the student's folder.

INCIDENT REPORTING

Students involved in an incident (fall, injury, etc.) at the clinic site should complete a facility incident report form AND a WCU Injury Report form.

Note: A student failing to comply with WCU/HAE guidelines described in this document as they pertain to the clinical setting, or with clinical site policies, may be instructed to leave the clinical site immediately. Failure to comply with the policies may result in a grade of "F" for the course.

MISSION

The primary purpose of the program is to provide the academic foundation necessary to prepare students to be competent health administration and education professionals and meet the

competencies that will enable them to apply management and problem-solving skills to every aspect of a healthcare system, regardless of the setting or environment. In addition, to provide continuing education, and consultation for health care professional in our community.

PHILOSOPHY

It is our belief that excellence in teaching, research, continuing service to the community, an emphasis on ethical, professional behavior, a high quality academic program that offers innovative curricula and the latest advancements in technology, prepares students for new workforce careers in a global economy. We educate and empower a diverse student body to lead by the force of its ideas to become critical, creative and compassionate citizens of the community and leaders of the world, with a heart for lifelong learning and dedicated public service.

PROGRESSION AND RETENTION

Successful completion of HAE co-requisite courses and the HAE program of study are required for completion of the Bachelor of Science in Health Administration and Education degree.

Students must meet the prerequisite requirements for each course. Students must complete all HAE courses with a grade of C or better. No student may progress through PPE courses without successfully completing with a grade of C or better.

PROGRAM OF STUDY

HAE Program of Study—Full Time (12 months)

<p>Term 1</p> <p>HAE 301 – Introduction to Education and Administration for Health Professionals (3 hrs.)</p> <p>HAE 401 – Curriculum Development for Health Professional Education (3 hrs.)</p> <p>HAE 416 - Cultural Competency for Healthcare Professionals (3 hrs.)</p>	<p>Term 2</p> <p>HAE 304 - Teaching Strategies (3 hrs.)</p> <p>HAE 313 – Statistics for Healthcare Professionals (4 hrs.)</p> <p>HAE 407 – Human Resources and Budgets (3 hrs.)</p>
<p>Term 3</p> <p>HAE 310 – Introduction to Leadership and Management (3 hrs.)</p> <p>HAE 410 – Introduction to Research and Evidence-Base Practice (3 hrs.)</p> <p>HAE 307 – Testing and Grading in Higher Education (3 hrs.)</p>	<p>Term 4</p> <p>HAE 404 – Classroom and Clinical Supervision of the Health Professional Student (3 hrs.)</p> <p>HAE 413 – Administration and Classroom Practicum (3 hrs.)</p>

HAE Program of Study—Part Time (18 months)

<p>Term I</p> <p>HAE 301 – Introduction to Education and Administration for Health Professionals (3 hrs.)</p> <p>HAE 401 – Curriculum Development for Health Professional Education (3 hrs.)</p>	<p>Term 2</p> <p>HAE 304 - Teaching Strategies (3 hrs.)</p> <p>HAE 313 – Statistics for Healthcare Professionals (4 hrs.)</p>
<p>Term 3</p> <p>HAE 410 – Introduction to Research and Evidence-Base Practice (3 hrs.)</p> <p>HAE 307 – Testing and Grading in Higher Education (3 hrs.)</p>	<p>Term 4</p> <p>HAE 404 – Classroom and Clinical Supervision of the Health Professional Student (3 hrs.)</p> <p>HAE 407 – Human Resources and Budgets (3 hrs.)</p>
<p>Term 5</p> <p>HAE 416 - Cultural Competency for Healthcare Professionals (3 hrs.)</p> <p>HAE 310 – Introduction to Leadership and Management (3 hrs.)</p>	<p>Term 6</p> <p>HAE 413 – Administration and Classroom Practicum (3 hrs.)</p>

REQUEST FOR TRANSFER CREDIT EVALUATION PROCEDURE

An official transcript evaluation is conducted soon after the student has officially enrolled at William Carey University. If transfer credit is not awarded at the time of the initial transcript evaluation, *or* if for any reason a course is not reviewed at the time of initial enrollment, the student may initiate a *Request for Transfer Credit Evaluation*.

1. The *Request for Transfer Credit Evaluation* should be initiated by the student who is seeking transfer credit for a course completed at another institution. The currently enrolled student seeking permission to enroll in a course at another institution should initiate the *Request for a Letter of Good Standing* instead.
2. For currently enrolled students, the *Request for Transfer Credit Evaluation* should be initiated only after the official transcript evaluation has been completed by the Hattiesburg Registrar.
3. *If *supporting documentation* is *inadequate* or *missing*, the request may be *delayed* or *declined*.

To validate the *catalog course description* for the term/year the course was taken, include a copy of the catalog cover or obtain written documentation from the institution. To validate the *syllabus* for the term/year the course was taken, include written documentation from the institution.

4. A *separate* request should be initiated for *each* course the student wishes to have reviewed.
5. After review of the request and attached supporting documents, the Undergraduate Academic Director writes relevant comments, signs and dates the form, and submits the request to the Registrar *or* the Dean of College of Health Sciences as appropriate.
 - 1) The Registrar requests evaluation of a *non-nursing, core* course by the appropriate department. The request with departmental decision is returned to the Registrar who notifies the Dean of College of Health Sciences and the respective campus Undergraduate Academic Director. The Program Head then notifies the student. The original request is placed in the student's file in the Registrar's office in Hattiesburg.
 - 2) The Dean of College of Health Sciences reviews and evaluates any request for transfer credit for a *nursing* course. If the course is approved, the Dean of College of Health Sciences documents this decision on the request and forwards the original request to the

Registrar for placement in the student's file in Hattiesburg. A copy of the request is sent to the respective Director who then notifies the student.

6. The routing process concludes when a copy of the request is placed in the student's local campus file.
7. If the student has not been admitted to William Carey University, the request is placed in the local campus "Prospects" file.

CAMPUS

Request for Transfer Credit Evaluation

_____ (_____) _____ (_____) _____

First Name Number MI Last Name Primary Phone Number Alternate Phone

Street Address City State Zip Social Security Number

I am a *currently enrolled* in the **School of Nursing** as of: Term _____ Year _____ Year _____ Year _____

I *have applied* for admission to the **School of Nursing** for: Term _____

I *plan to apply* for admission to the **School of Nursing** in: Term _____

This is to request transfer course credit for:

(Prefix/Number) Course Name Credit Hrs Grade Term/Year Institution

in lieu of William Carey College's: (Prefix/Number) Course Name Credit Hrs

The following supporting documents are attached (note: insufficient supporting documentation may result in a delay or decline):

- Catalog Course Description (from term/year course taken*)
- Course Syllabus (from term/year course taken*)
- Unofficial Transcript

Signature _____ Date _____

Undergraduate Academic Director

Comments: _____

Signature _____ Date _____

Office of the Registrar (Review of NON-NURSING Course)

Comments: _____

Approved Denied

Signature _____ Date _____

Office of the Dean (Review of NURSING Course)

Comments: _____

Approved

Denied
