**NOTE: Changes to *Course Prefix and/or Course Number* require completion of a *New Course Proposal*** rather than this Course Change Proposal.

**SECTION I: KEY INFORMATION**

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| --- | --- | --- |
| **Submission date** | 9/25/2020 | |
| **Proposed by (faculty only)** | Deborah Howard | |
| **Presenter (faculty only)** | Deborah Howard | |
| **NOTE:** *Faculty presenter* must be present at the Curriculum Committee meeting or the proposal will be returned to the School to be resubmitted for a later date. | | |
| **School** | | Health Professions |
| **Course prefix, number, and title** | | **HIM1802 Professional Practice Experience I** |
| **NOTE: Proposer MUST run an Impact Report** to determine all programs, certificates, and courses that may be affected by the proposed change(s) and enter all below. Append the Impact Report in Section VI. For help with this step, please contact Jeffrey Peterman, Coordinator of Curriculum and Catalog Services: jpeterman@fsw.edu | | |
| Programs, Certificates, and/or Courses affected by the proposed changes:  None | | |
| **NOTE: Proposer MUST append a Catalog page** with changes marked for *each* affected Degree Program or Certificate, including any changes to General Education. Additional instructions for marking and attaching Catalog pages are given in Section VI. | | |

**SECTION II: TERM IN WHICH ACTION WILL BECOME EFFECTIVE**

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| --- |
| **nOTE: Course Changes must be submitted by the dates listed on the published Curriculum Committee Calendar.**  Actions approved in the Fall semester take effect in the following academic year. Actions approved in the Spring semester take effect after one additional year. Syllabus changes may take effect sooner. **Exceptions to published deadlines or effective dates must receive approval from the Academic Dean and Provost.** |

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| **Academic term in which approved action will take effect** | Fall 2021 |
| **If requesting an exception to the effective date, provide an explanation below.** | |
| Explanation for exception: | |

**SECTION III: PROPOSED COURSE CHANGES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Summary of Proposed Changes** | | | | |
| Please provide a summary list or brief description of proposed changes.   * Name change from Professional Practice Experience I to Medical Office Simulation * Course description change * Topic outline change * Minimum grade change from D to C * Contact hours change from 6 to 3 * Degree restriction change * Changes to course learning objectives | | | | |
| **Justification for Proposal** | | | | |
| The changes to this course are being requested to update the course name, content description and outline to better reflect current practice and learning objectives. Due to the changes in the HIM workforce from facility to remote/home based practice, the course needed to transition to the HIM SIM lab environment. The simulation activities replicate the job tasks completed by an HIM professional in a medical office environment. | | | | |
| **NOTE:** Complete the next section by indicating proposed course changes. **Skip fields that are not applicable** to your curriculum action. | | | | |
| **Change of School or Department** | | From:  To: | | |
| **Change Course Title** | | From: Professional Practice Experience I  To: Medical Office Simulation | | |
| **Does the Course Title change affect other sequenced courses?**  (Ex: If changing *Guitar I* to *Intro to Guitar* will *Guitar II* also be renamed?) | No  IF YES, list all course changes in the sequence. | | | |
| **Change Course Description** | | | | |
| From: Entry-level directed practice designed to provide the student with a strong foundation in the technical aspects of HIM operations and processes. Activities will include review of patient registration, discharge record processing, data collection, record retrieval, release of information, data storage, and other departmental process functions.  To: This course is designed to give the student exposure to computer software applications as used in the medical office and health information management department environment. This will include the use of practice management and electronic health record software applications. | | | | |
| **Change Topic Outline** | | | | |
| From:   * Facility and Department Organization * Patient Registration * Master Patient Index * Unit Charting * Record Retrieval/Filing * Record Assembly * Record Analysis * Incomplete Record Tracking * Correspondence/Release of Information * Indices, Registers/Data Retrieval   To:   * Administrative Functions   + Patient Registration and Data Entry   + Scheduling, Rescheduling, and Canceling Patient Appointments   + Preparing for Patient Appointments   + Checking in Patients and Performing Insurance Eligibility   + Posting an Insurance Copayment * Clinical Functions   + Documenting Clinical Encounters   + Managing Provider Orders and Patient Communication   + Working with Prescriptions and eRx   + Preparing Electronic Encounter Forms for Billing * Billing Functions   + Medical Billing   + Patient Collections | | | | |
| **Change Course Prerequisite(s)** | | From:  To: | | |
| **Provide justification for the proposed changes to pre-requisite(s).** | | Enter pre-requisite justification | | |
| **Change Course Corequisites** | | From:  To: | | |
| **Provide justification for the proposed changes to co-requisite(s).** | | Enter co-requisite justification | | |
| **Should this course be listed as a corequisite on a paired course?**  (Ex. CHM 2032 and CHM 2032L are “paired corequisites.”) | | | No  Course(s) and co-requisite(s): | |
| **Change Minimum Grade**  *(Include minimum grade if higher than a D)* | | From: D  To: C | | |
| **Change Course Credits or Clock Hours** | | From:  To: | | |
| **Change Contact Hours (faculty load)**  (Ex.: ESC 1000C is 3 credits with 4 contact hours for instructor/lab prep.) | | From: 6  To: 3 | | |
| **Change Grade Mode** | | Choose an item. | | |
| **Change Credit Type** | | Choose an item. | | |
| **Should any Degree or Major Restriction codes be listed on this course?**  (i.e., “This course may only be taken by students who have been admitted to X Program”) | | List applicable Major or Degree Restriction codes: AS in HIT and/or CCC in MICB | | |
| **Change repeatability status of course? \***  *\*Not the same as Multiple Attempts or Grade Forgiveness*  A repeatable course may be taken more than once for additional credits. (Ex: MUT 2641, a 3- credit course, can be repeated 1 time for a maximum of 6 credits). | | | | Choose an item.  If repeatable, list maximum number of credits |
| **Change General Education status of course?** | | No change | | |
| **Change Writing Intensive designation?** | | No change | | |
| **Change “International or Diversity Focus” designation?** | | No change | | |

**SECTION IV: Changes to Learning Objectives** (Information Only)

**Changes to Course Competencies, Learning Outcomes and Objectives:**

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| --- | --- | --- |
| **Changes to Syllabus Section IV - A. General Education Competencies – 1. Integral and/or 2. Supplemental**  **NOTE:** All FSW courses must include *one or more* “Integral” and *zero or more* “Supplemental” General Education CREATIVE competencies. *Course objectives/outcomes* that support the selected General Education Competency should be listed directly under the competency. | | |
| **Changes to 1. *Integral* General Education Competency or Competencies:** | | |
| From:  To: | | |
| **Changes to *Course Outcomes/Objectives* supporting each *Integral* competency:**  From:  To: | | |
| **Changes to 2. *Supplemental* General Education Competency or Competencies:** | | |
| From:  To: | | |
| **Changes to *Course Outcomes/Objectives* supporting each *Supplemental* competency:**  From:  To: | | |
| **Changes to IV - B: Florida Statute requirement**  **NOTE:** Part B is ONLY included on syllabi for *General Education Core courses.*All other syllabi (including *“other General Education”* courses) OMIT this statement. | | |
| **Are you requesting a course status change under part B?** | Choose an item. | |
| **If YES,** **complete the sentence by selecting the appropriate option from the drop-down menu.**  *B. In accordance with Florida Statute 1007.25 concerning the state’s general education core course requirements, this course meets the general education competencies for:* | | Choose an item. |
| **Changes to IV - C. Additional Course Learning Objectives or Outcomes**  **NOTE:** This section is for additional course-specific learning objectives that do not contribute to assessment of the General Education Competencies listed above. For all courses *other than the General Education Core courses,* this section will be labeled **IV -** **B:** on the course syllabus. | | |
| **Changes to Course Learning Objectives and/or Outcomes:**  From:   * + - Describe the organization of the Health Information department including the titles and functions of each employee based upon information observed during facility tours and demonstrations     - Demonstrate the ability to assemble, file, retrieve and track records according to the format used     - Demonstrate the ability to find patient information using an electronic health record system     - Describe the off-site record management process     - Perform quantitative and qualitative analysis for deficiencies in documentation according to policy     - Perform incomplete record control tasks and reports.     - Perform optical scanning and indexing of documents     - Handle routine correspondence     - Follow release of information and request for information policies and procedures     - Describe any computer systems used by the facilities visited     - Perform statistical analysis and presentation functions applicable to the acute care HIM environment.     - Observe the cancer registry     - Observe birth and death certificate processes followed in the facility     - Document all of the registries and indexes maintained by the facility visited and describe the purpose of each item     - Interview the site supervisor and document the most significant supervisory and management responsibilities in this setting.     - Describe the dictation and transcription process in this setting. Include equipment used and whether or not the transcription is performed in-house.     - Demonstrate professional and ethical behavior consistent with a Health Information Professional.     - Demonstrate the ability to document and organize internship experiences   To:   * + - Demonstrate the ability to find patient information using an electronic health record system     - Demonstrate professional and ethical behavior consistent with a Health Information Professional.     - Complete administrative functions using selected practice management software     - Complete clinical documentation functions using selected electronic health record software     - Complete billing and payment posting functions using selected claims management software | | |

**SECTION V: IMPACTS OF PROPOSED CHANGES AND FACULTY ENDORSEMENTS**

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| --- | --- |
| **Will the proposed change(s) affect the *budgets* of any programs or departments?** | No |
| List affected departments, programs, etc., and explain the *budgetary* impacts. | |
| **Have you discussed the *academic and/or budgetary impact* of the proposed changes with affected parties, including Deans?** | N/A |
| Provide detailed information about your discussion: | |
| **Will the proposed change(s) impact Library services or budgets?** | No |
| **Have you discussed impacts with the Libraries’ Collection Manager?** | N/A |
| **Faculty Endorsements for Change of Course**  **NOTE:** Proposals will be returned if faculty endorsements are not provided. | |
| Elizabeth Whitmer, Sharon Fitzgerald | |

**SECTION VI: ATTACHMENTS**

**Please save all documents in Word format (.doc, .docx) rather than pdf.**

* **Impact Report:** Attach Impact Report results or a Summary of Programs, Certificates, and Courses impacted by the proposed course changes.
* **Catalog Changes:** Attach Word files [with Track Changes on] indicating changes to all Catalog pages that are affected by this Change of Course Proposal.
* **New Course Syllabus** [Master] reflecting proposed changes, as appropriate
  + **INSTRUCTION:** To make changes to Syllabus Section IV, you will need to obtain an “unlocked” version of the Master Syllabus from your School’s Administrative Assistant. Use Word’s *Track Changes* function to show all proposed changes on the Syllabus Master.
* Any relevant supporting documents justifying changes

**UPLOAD THIS PROPOSAL AND ALL NECESSARY ATTACHMENTS TO CURRICULOG.**