

Health Information Management Program

# PROFESSIONAL PRACTICE EXPERIENCE PROPOSAL

This form should be submitted online using [this link](https://forms.office.com/Pages/ResponsePage.aspx?id=NmaEX31DukaRUtBjKplwFicbP94Y7k1BjwA8-LPYollUNEgyM0JJSjRUQjhGTFE2UkVBNkRQQzFXSSQlQCN0PWcu).

The student must submit a completed PPE Proposal to the HIM Program Chair at least 8 weeks prior to the proposed start date. For detailed information about the PPE’s purpose, expectations and project ideas, please consult the [PPE Handbook](http://www.franklin.edu/www.franklin.edu/Registrar/Files/HIM%20PPE_Handbook.pdf).

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| **Section 1: Student Information** |
| Student Name: Student (Franklin) Number: Date: |
| Academic Term Requested for PPE: |
| Site of PPE (Name and address of facility): |
| Site Supervisor Name:  Title/Department:  Email:  Phone: |

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| **Section 2: Project Information** |
| Proposed Project (i.e. Quality Improvement, Implementation, Re-design, etc.). Provide as much detail as possible: |
| Project Deliverables (i.e. Report, Portfolio, Journal, RFP, Presentation, White Paper, etc.):  1.  2.  3.  4.  5. |
| Describe your proposed work schedule and plan for completing the PPE (minimum of 80 hours):  Date span of work: (Month/Year to Month/year)  Days/times of work (per week): |
| **By signing below, the student certifies that they have had detailed discussions with the Site Supervisor identified above, and agreed upon the details of the PPE Project outlined above.** |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Section 3: Learning Outcomes** (completed in collaboration with the Program Chair) |
| These must link to the HIM Program Outcomes:   1. Establish continuous quality improvement benchmarks and processes using data analysis tools and techniques 2. Formulate the short and long-term health information governance strategies to align with organizational mission and goals 3. Lead collaborative work groups and teams to achieve organizational strategic goals 4. Evaluate the social, political, ethical, and economic realities impacting a healthcare delivery system 5. Create professional communications using appropriate data visualization tools 6. Design health information systems, policies and procedures in compliance with federal, state, and local regulations and standards   Learning Outcome (create, design, develop, etc.) Program Outcome No. |

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| **Section 4: Project Approval**  By signing below, the Site Supervisor acknowledges that he/she has read and accepted the responsibilities as outlined in the PPE Handbook, accessible here: <http://www.franklin.edu/health-information-management-bachelors-degree-curriculum>  Site Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| By signing below, the HIM Program Chair approves the above PPE Proposal and certifies that the student has met all other requirements to enroll in HIM 497 for the specified term.  HIM Program Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name: \_\_\_JoAnn Jordan\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |