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Date  12/1/77
MEDICAL RECORD ADMINISTRATORS --
PREPARATION FOR TEACHING ROLE

by

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A professional paper submitted in partial fulfillment
of the requirements for the degree

of

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with concentration in

Adult and Higher Education

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ABSTRACT

The study was designed to elicit the opinions of a sample of professional registered medical record administrators regarding their teaching responsibilities, their preparation for teaching and the desirability of obtaining teaching preparation following the completion of their undergraduate education. The study utilized a mailed questionnaire which was sent to a randomly selected sample of 100 registered record administrators in seven northwestern states. Seventy usable, completed questionnaires provided the data for the study which was coded and tabulated.

The results of the data analysis indicated that medical record administrators teach during the regular practice of their professional duties; that they are not prepared to teach; that a small percentage of the RRA's have obtained teacher preparation, primarily in workshop settings; registered record administrators would find teacher preparation helpful; most would be willing to attend a teacher preparation session; and the workshop setting would be the most acceptable and desirable method of obtaining such preparation.

The conclusions reached by the investigator led to the following recommendations: that a similar, larger study be conducted, utilizing the total professional membership of the American Medical Record Association; that curriculum changes be considered by the accrediting bodies (American Medical Record Association and the American Medical Association); and that continuing education programs be designed and implemented, employing the workshop setting, to provide teacher preparation for registered medical record administrators who have completed their formal education and are performing their profession's duties, one of which is teaching.
Chapter 1

INTRODUCTION

The history of medical records is as old as that of medicine itself. Records of primitive medical procedures have been found as wall paintings in Spanish caves, dating back to 25,000 B.C. The recording progression has been steady, from these early cave murals to the complex, electronically processed documents of today.

A medical record is the primary instrument used to measure the quality of patient care provided by a health care facility. As such, it is the most important medical and legal document found in the facility. It is of vital importance: to the physician responsible for the care, to the health care facility as the sponsoring agency for the care and, most importantly, to the patient whose life depends on the record and its contents.

Medical records of the past were scant, simple, and incomplete. Today's records are voluminous, often containing thousands of items of medical information generated by advanced medical techniques. The medical record administrator is the coordinator of the information contained in the records; and is responsible for gathering, reviewing, indexing, tabulating, evaluating, storing and retrieving the information as it is needed for clinical, legal, research, statistical, financial or governmental purposes.

The medical record profession is approaching the century mark.
The first officially recognized medical record librarian was Grace Whiting Myers who began coordinating record activity at Massachusetts General Hospital in 1897. The professional organization, first called the Association of Record Librarians of North America, was established in 1928, with 58 charter members. The American Medical Record Association, as it is now named, has over 10,000 members. The profession has grown from being a clerical activity for the most part to a complex specialization requiring expertise in medical law, medical science, pathology, electronic data processing and local, state and federal legislative functions. In addition, the technical and clerical skills are still required to maintain the medical records of a health care facility. The professional also demands excellent managerial skills in order to administer one of the busiest and most important departments in the modern health care facility (Huffman, 1972:1-3).

The medical record administrator deals with issues which have profound implications. Because modern computer technology is used more and more frequently as the ideal method for storing, retrieving and utilizing medical data, the record administrator must content with issues having to do with computer security, access to information, patient confidentiality, the patient's right to his medical information, and the technical aspects of electronic data processing. Further, she or he must be able to teach the principles and techniques of electronic data processing to new record employees as well as anyone else in the
health care facility who might need to use the system, such as nursing personnel, physicians and the administrative staff.

As the government demands more accountability of services for which it pays, the medical record and the record administrator play an indispensable role in facilitating quality review for accountability. Complex methods for assessing the quality of care are being developed constantly. The medical record administrator is frequently the employee sent to learn these assessment methods and is then required to teach the methods to any staff personnel involved in quality assessment; nursing service, ancillary staff such as x-ray and clinical laboratory, physical and respiratory therapy, dietary and the medical and administrative staffs.

Medical research relies heavily on the medical record. The record administrator, therefore, is responsible for assisting the researcher and for teaching the techniques needed to accumulate the research information.

More commonly, the medical record administrator is called on to teach her own employees the skills involved in gathering, reviewing, storing and retrieving medical information. The medical record administrator is often asked to provide in-service education programs for a variety of health facility employees. Subject areas most frequently taught by the record administrator are: medical terminology, medical statistics, medical-legal aspects of health care documentation,
confidentiality of health information and the requirements for release of information, medical ethics, and the newest methods by which the record and its contents are used for quality assessment of care. The record administrators is also called on to teach the complicated disease and operation coding systems that are used to facilitate indexing, data entry and retrieval of medical information.

In addition to teaching the staff members of a health care facility, the medical record administrator is frequently asked to act as a clinical instructor (or practicum instructor) for educational programs preparing RRAs (Registered Record Administrators) or ARTs (Accredited Record Technicians). The record administrator also presents programs for career days in high schools and other educational programs for the general public.

That the medical record administrator will teach is expected and taken for granted by the record administrator, his or her employers and employees.

Statement of the Problem

The purpose of this study was to determine the opinions of a sample of registered record administrators regarding their undergraduate and/or post graduate preparation for the teaching aspects of their professional practice. If the record administrators indicate that they were not prepared for their teaching roles, this study would help to
point out the need for curriculum changes and/or continuing education programs designed to prepare these professionals more adequately in the teaching area.

Application of the Problem

The American Medical Record Association, in collaboration with the American Medical Association, accredits educational programs for the preparation of record administrators. As a means of facilitating accreditation, the American Medical Record Association publishes the Handbook for Medical Record Administration Programs to be used as a tool to "assist educational institutions in organizing professional educational programs for medical record administrators in accordance with the 'Essentials of an Accredited Educational Program for the Medical Record Administrator'" (Handbook for Medical Record Administration Programs, 1976:1). The Handbook makes several references to the need to promote the ability to" develop in-service educational materials and offer instructional programs for health care personnel", (1976:1) and "to teach and supervise employees" (1976:34). The description of the curriculum includes topics in "the objectives, methodology and effectiveness of in-service educational programs" (1976:5). The Handbook also points out that there is a frequent necessity to participate in discussion groups, deliver lectures, and give formal and informal instruction to employees, and to technical and professional personnel. . ." (1976:33). It is apparent that the
American Medical Record Association recognizes the teaching aspects of the profession and the need for basic education in teaching methods.

In practice, this does not seem to be the case. Informal discussions with practicing record administrators supports the idea that record administrators teach but are unprepared for their teaching roles, even after having graduated from a variety of accredited record programs.

A survey of the curricula and course descriptions of 36 of the 38 accredited programs in the United States shows that only five of the programs offer any teaching or education coursework. Those colleges that require education courses are: Eastern Kentucky University, College of St. Scholastica, University of Mississippi, Ohio State University and Indiana University.

There seems to be a discrepancy between the amount of teaching required in actual practice of medical record administration and the amount of emphasis placed on preparation of the RRA for the teaching role both by the accrediting body and the teaching institutions. This study attempted to delineate further the discrepancy by soliciting the opinions of a sample of record administrators regarding their academic preparation for the teaching aspects of their jobs. Hopefully, in the future curriculum changes will be responsive to the needs of the professionals as they perceive them in their professional practice.
Questions Asked

This investigation was undertaken to obtain information from registered record administrators regarding their preparation for teaching. In order to accomplish this purpose, the study attempted to answer the following questions: (1) What are the teaching responsibilities of registered record administrators? (2) What is the academic preparation of the record administrators for teaching in the profession? (3) What is the interest level, if any, of active RRA's in obtaining teaching preparation? (4) What would be the most appropriate method of obtaining teacher preparation? (5) Would practicing RRA's avail themselves of the opportunity to obtain post-baccalaureate teacher preparation? (6) What would be the most desirable method of obtaining this preparation?

General Procedures

The study was designed to gather information from RRA's who are active in the profession. The information was gathered by means of a mailed questionnaire. Permission was granted by the American Medical Record Association to use the AMRA 1976 Membership Roster for the selection of the sample.

Limitations of the Study

The findings and conclusions of this study were limited by the use of the AMRA Roster of Members. The Roster is the only available
The list of record practitioners. It does not include those record administrators who are not members of the American Medical Record Association. The list is also limited to those record administrators for whom the information is correct and up-to-date.

The investigator imposed certain other limitations on the study. Because of cost and time restrictions, the study sample was limited to 100 active registered record administrators in six northwestern states.

Summary

The profession of medical record administration is a complex and vital one in today's health arena. The practice of the profession requires competencies in many areas, one of which is teaching. The record administrator is called on to teach in many situations and to many different student audiences.

The American Medical Record Association and the American Medical Association, both of which accredit academic programs preparing record administrators, recognize the teaching aspects of the profession and recommend the inclusion of course work in teaching methods in academic curricula. Accredited programs, however, are not providing exposure and practice in teaching methods. This study was conducted to determine what a sample of practicing record administrators would say regarding their teaching preparation and their assessment of the need for such preparation.
Chapter 2

REVIEW OF LITERATURE

The literature reviewed for this study dealt primarily with the health practitioner as a teacher, and with the need for teacher preparation in the health professions. Because of the paucity of the literature in the specific area of medical record administration, the investigator included in the review of literature pertinent material from medicine and nursing. The review of literature presented in this chapter will be organized to present first a short overview of the problem concerning lack of teacher preparation in the health professions. Following that, the chapter will deal with information related specifically to the area of medical record administration.

Teacher Preparation in the Health Professions

Winifred Hector, a lecturer in education at Queen Elizabeth College in London, made a very succinct and accurate comment regarding the role of teacher while practicing a health profession. She said, "one very important point distinguishes the teacher of professional subjects from the school teacher. Teaching is not his or her first choice. We set out to be doctors, nurses, midwives, dentists, or dietitians, and become teachers because of the discovery of a secondary ability, or because promotion entailed taking on teaching commitments" (Hector, 1972:1461). Thus the health professional's basic orientation to and interest in teaching may be only secondary.
There are a number of other important factors at work in the modern health arena which serve to emphasize the need to train professional health practitioners in teaching skills. The vast increase in scientific and technological knowledge and the large numbers of students in the health professions make the traditional method of teaching by apprenticeship no longer practical. Ernest Prentice and William Metcalf made this point when they stated:

As the technology of medicine increases in complexity and the difficulty of training medical students is further compounded by increased student enrollment and a diminished time allotment, the development and application of efficient teaching methods becomes an absolute necessity. Therefore, medical science teachers must be trained to disseminate skillfully their knowledge in the classroom. Unfortunately, the field of modern educational theory and instructional techniques is probably the most commonly neglected area in medical science training programs for future academicians. Consequently, medical educators are often inadequately prepared to communicate efficiently their scientific expertise in the classroom situation (Prentice and Metcalf, 1974:1031).

Emphasis in medicine today has progressed from a disease orientation to an orientation toward maintaining health. Barbara Klug Redman, a prominent nursing educator in the United States, pointed out that, "The greater effort in this century to maintain health rather than just treat disease has enlarged the sphere of knowledge a person needs and has demanded a change in attitudes about health" (Redman, 1976:1). She stated that the need for rehabilitation following World War II required a great deal of teaching as does the current trend for shortened hospital stays and early ambulation.
Patients and families need preparation for convalescence at home. The increase in long term illness and disabilities requires that the patient and his family be taught to understand the nature of the illness and its treatment (Redman, 1976). These factors all emphasize the need for teaching whether it is done by the physician, nurse, physical or occupational therapist or medical social worker.

Redman also brought out the fact that the "legal base for medicine has long included the patient education area of practice" (Redman, 1976:5). As early as 1898, instructing a patient in relation to his condition and treatment and the necessity of care was considered a duty. Today, other teaching duties include "explicit instruction in the use of prescribed medication, follow-up care, and informing the patient he has a condition requiring continual treatment" (Redman, 1976:5).

The Patient's Bill of Rights as developed by the American Hospital Association specifically delineates the patient's right to Current information concerning his diagnosis, treatment and progress in terms the patient can be reasonably expected to understand and the right to receive from his physician enough information in order to give informed consent prior to the start of any procedure and/or treatment (Redman, 1976:5).

Thus the patient has a right to be taught and the physician has a duty to teach.

In an article entitled, "A New Player on the Allied Health Team: The Clinical Health Educator," Stanley Zimering and Edmund
McTernan mentioned the effect of the proposed National Health Insurance program and the requirements of the Health Maintenance Organization Act, which is already law, as being among the first tools to be used in implementing the concept of preventive medicine. "The HMO Act, as one example, mandates preventive care and health education in the program of any agency seeking to qualify as an HMO" (Zimering and McTernan, 1975:28). They continued,

Prevention and education have so long been isolated from our health care system that it has no idea of how to approach these objectives, and Health Education has no competence within the patient care system that now exists (Zimering and McTernan, 1975:28).

The authors described the new player on the health care team, the clinical health educator, his functions, where and how he could be utilized to best advantage, and his training (including educational skills). They concluded that

A logical development of the clinical health educator seems to emanate out of the professional history. As public and patient needs are expressed, actions are taken to deal with these expressed needs. The New Player on the Allied Health Team will be professionally trained to work with other health professionals and, employing educational skills and techniques through the education process, influence patient behavior in order to enhance the possibility of achieving optimal health (Zimering and McTernan, 1975:30).

Another powerful force at work in today's health professions is the emphasis on, and often requirement for, continuing professional education. Dickinson, Gobert and McGregor, in their article, "Preparing Health Professionals as Specialists in Continuing Education", 
stated the fact that health professions are recognizing the need for continuing education in response to demands made by the professions themselves, the professional associations, legislators and the public, all of whom are demanding continuing competence and the highest quality of patient care (Dickinson, Gobert, and McGregor, 1975). The authors pointed out that

An awareness has developed in the last few years that the provisions of continuing education for health professionals is itself an area requiring special competencies over and above those required by the health profession. The role of continuing education in a health profession requires competencies and knowledge related to the profession, but it also requires abilities and skills in adult education so that programs can be effectively designed, conducted and administered to produce the optimum learning among members of the profession (Dickinson, Gobert and McGregor, 1975:87).

After describing a project that prepared members of the health professions as specialists in continuing education (which was then in its fifth year), the authors concluded that

Awareness is growing that the provision of effective continuing education programs for health professionals requires more than competency in the profession, and that competencies in adult education are necessary prerequisites for successful programming (Dickinson, Gobert and McGregor, 1975:110).

The extent to which continuing education is required by the health professions was illustrated by Sister Margaret Ann Jackson in an article, "Continuing Education in Eight Allied Health Professional Organizations". In the article, she summarized the demands for continuing education beyond "career entry" (Jackson, 1977:153). As for
the eight allied health professions studied by Jackson, she concluded that there was "Considerable diversity in their approaches to continuing education" (Jackson, 1977:155). However, a clear picture emerged showing that continuing education is stressed by six of the allied health professions and is required by two: medical record administration and dietetics.

In the article, "Teaching Psychologists to Teach Psychology: The Improvement of Teaching Skills in Health Service Professionals", J. N. Hall and K. M. Brooks stated that "none of the medical specialist professions require, and few even offer, training in teaching methods as part of their training. This means that the quality of the lectures and teaching given by the specialists can be very poor" (Hall and Brooks, 1976:183). The authors continued,

The need to improve standards of teaching in the health care professions is being increasingly recognized, as illustrated by a number of recent reports. The World Health Organization (1973) report on the training of teachers in medical schools and related training institutions noted 'widespread evidence of serious deficiencies in present educational practices, some of which can be corrected by training teachers in the social application of educational principles'" (World Health Organization Report as cited in Hall and Brooks, 1976:183).

Teacher Preparation in Medical Record Administration

Teaching as one of the functions of the practice of medical record administration has been officially recognized since 1957. However, during the summer of 1968, Sister Lucille Geisinger conducted
a survey of 205 medical record administrators who were graduates of the College of St. Scholastica in Duluth, Minnesota and found that the vast majority of the graduates felt they were not prepared to teach. The purpose of her study was very similar to the purpose of this study: to determine if record practitioners felt their preparation for teaching was adequate. Geisinger also was interested in determining whom they taught, what they taught and how much time was spent in teaching. She stated,

Students in medical record programs receive training in the basic skills and knowledge needed in order to direct the medical record department in a hospital. However, little preparation in teaching methods and techniques is included in the undergraduate curriculum even though many graduates perform teaching duties as a part of their jobs. One might well wonder whether this lack of basic education courses and teaching methods is inconsistent with the teaching duties and responsibilities often required of the practitioner on the job. The teaching aspect exists as well as the technical and administrative aspects of medical records, but at the present time it seems to be under-emphasized and to some extent neglected in the curriculum (Geisinger, 1971:48).

Her findings showed that of the 205 graduates questioned, 84.4 percent indicated that they had done some type of teaching in their jobs and 67.8 percent have felt a need for educational education courses after graduating; 72.7 percent thought a basic education course would have been beneficial in their work; and the respondents as a whole have had little or no formal teaching preparation (Geisinger, 1971:49).

One hundred twenty-three of her respondents provided
A clue as to the type of course needed. A basic teaching methods course was suggested by 34 respondents, and five others specified adult education methods; 22 suggested audio-visual aids; 21 testing; 17 lesson planning; 9 educational psychology; 8 planning methods for in-service education and on-the-job training of employees; 6 curriculum planning; 3 recommended a minor in education (Geisinger, 1971:52).

As a result of her study, Sister Geisinger concluded that some sort of educational methods course should be made available at the undergraduate level, either as a separate course or else incorporated into one of the required management units. Her final recommendation was for "someone to design an outline for a course in basic methods and teaching techniques of adults which would be suitable for the medical record program (Geisinger, 1971:53).

Ruth M. Mathison, chairman of the Medical Record Technology Program at Monroe Community College in Rochester, New York, described a teacher preparation program of the Community College Teacher Program of the State of New York at Buffalo. The program was presented in an article for Medical Record News, June, 1974. Miss Mathison outlined the method of using the area colleges and institutions to "provide clinical teaching experience for its allied health students under the guidance of an experienced teacher" (Mathison, 1974:54). She went on to say that

Although prospective teachers have already proved themselves in each of their own respective professional areas, these credentials themselves are not tantamount to success in the classroom. The clinical teaching experience is therefore considered to be a vital ingredient in the teacher preparation program (Mathison, 1974:55).
In 1975, the Education Development Branch, Division of Associated Health Professions, Department of Health, Education and Welfare, approved a grant request for implementing several workshops, the main thrust of which was to review and critique the educational organization of the existing Medical Record Administration clinical affiliations and then implement a plan for providing academic assistance where it was indicated. Beverly Ripple and F. David Cordova co-authored the article which described the workshops, entitled, "Design and Development of a Medical Record Administration Workshop". They stated that the preassessment information indicated that the clinical educators needed knowledge and skills in the area of clinical educational design. The authors pointed out that

The clinical educators were veritable neophytes to the instructional process. It was felt that the workshop would have to be designed so they could be taught the methodology for student achievement of learning tasks (Ripple and Cordova, 1977:63).

The article then described in detail the model used to conduct the workshops and the positive results achieved.

Summary

The review of literature from both the health professions in general and medical record administration specifically seems to indicate widespread recognition of the need to provide opportunities to develop educational skills for the practitioners of health professions. The review underscores the lack of education coursework in the curricula
of institutions preparing health professionals and emphasizes the increasing need for the practitioners to develop expertise in teaching in order to meet the growing demand for quality teaching in the health professions.
Chapter 3

METHODOLOGY

The purpose of the study was to determine the opinions of a sample of registered record administrators regarding their undergraduate and/or post graduate preparation for the teaching aspects of their professional practice. In order to accomplish this purpose, the study attempted to answer the following questions: What are the teaching responsibilities of registered record administrators? What is the academic preparation of the record administrators for teaching in the profession? What is the interest level, if any, of active record administrators in obtaining teaching preparation? What would be the most appropriate and acceptable method of obtaining teacher preparation? Would practicing record administrators utilize the opportunity of obtaining post-baccalaureate teacher preparation?

Population and Sample

A random sample of registered record administrators was chosen from the active professional membership of the American Medical Record Association. Time constraints and limited funds imposed limitations on the scope of the study. The population was chosen from an arbitrarily selected subgroup of AMRA's 1976 membership. The subgroup consisted of the active, professional members of AMRA residing in seven northwestern states: Idaho, Montana, North Dakota, Oregon,
South Dakota, Washington and Wyoming. In 1976, there were 332 active, professional members of AMRA in these seven states, the population from which the sample was selected.

In order to select the sample from the membership in the seven states, it was necessary to compare the states' membership rosters of alphabetically listed names to the comprehensive membership list of the national organization. The comprehensive national list indicates the professional status of each member and his or her current activity by means of a numerical prefix. This is not done in the individual state lists. In this way, the information regarding professional status and current professional activity was transferred to the individual state alphabetical lists. From these annotated lists, every third active registered record administrator (RRA) was selected for inclusion in the sample population.

Using the formula:

\[
\text{Sample size} = \sqrt{\frac{(\text{Population variability})(\text{Risk})}{\text{Accuracy}}} \]

Jones, 1971:65). The sample of 100 registered record administrators will allow for a risk factor of 5 percent and a desired accuracy of within ± 10 percent (or 95 percent confidence that the error will be no more than ± 10 percent), when making inferences about the total population (Jones, 1971:64).
Method of Collecting Data

The study was designed to question 100 actively practicing medical record administrators in seven northwestern states regarding their opinions concerning their teaching preparation. Both E. Terrence Jones in Conducting Political Research (1971:71) and Bruce W. Tuckman in Conducting Educational Research (1972:188) provide tables that summarize survey method effectiveness. Having used the tables for evaluating the various methods, the investigator employed the mailed questionnaire method of data collection. Time constraints, limited funds and the geographic area included in the study made this method the most reasonable choice.

Investigational Categories

The investigation examined a sample group of professional medical record administrators in relation to their opinions regarding their teaching responsibilities, their preparation for teaching and their interest in obtaining teaching preparation.

Questionnaire

The questionnaire first asked the respondents to provide brief, general background information regarding education, experience and present employment. The instrument employed the closed type of format, using scaled, ranking and checklist types of questions. According to Tuckman, utilization of these response modes allows for "ease of
response and ease of scoring" (1972:190). Ease of response was assumed by the investigator to facilitate a greater return rate. A copy of the instrument used is in the Appendix.

Procedure

One hundred questionnaires were mailed to the sample of medical record administrators during the first week of May. A cover letter explaining the purpose of the study and the procedures for returning the completed questionnaires and the time limitations accompanied each questionnaire, as did a self addressed, stamped envelop. Two weeks response time was allowed.

Method of Analyzing and Organizing Data

On receipt of the completed questionnaires, the responses were hand coded by the investigator for tabulation. The tabulations were done, question by question, for all response options. All calculations were done with a hand calculator and checked twice for accuracy. The final results of the tabulations are presented in Chapter 4, in order by question, showing results of all response options, in narrative, descriptive and tabular forms, displaying both raw numbers and percentages. Conclusions were drawn from these results.

Summary

The study was designed to elicit the opinions of a sample of
professional registered record administrators regarding their teaching responsibilities, their preparation for teaching and desirability of obtaining teaching preparation following the completion of their undergraduate education. The study utilized a mailed questionnaire with a primarily closed format. The data was coded, tabulated and checked by calculator for accuracy. Results are presented in Chapter 4 in descriptive and tabular form and conclusions drawn.
Chapter 4

STUDY RESULTS

The purpose of this study was to determine the opinions of the sample of professionally active professional record administrators regarding their preparation, at either the undergraduate or postgraduate level, for the teaching aspects of medical record administrators. The opinions of the record administrators were sought by means of a mailed questionnaire which dealt with such question areas as the total teaching activity involved in the day-to-day performance of their jobs; the academic preparation for teaching in the profession; the interest in obtaining teacher preparation; and the most appropriate and acceptable method of obtaining such preparation.

The population of the study consisted of 332 registered record administrators who were professionally active during 1976 in seven northwestern states. A sample of 100 of the RRA's was selected randomly. The opinion questionnaire was mailed to each. Of the 100 instruments sent, 71 were returned completed. Seventy completed questionnaires were useable. One was not used in the study because the respondent had not worked in the medical record area for over 20 years, though she had kept her registration status active. Therefore, 70 is the N commonly appearing in the tabulated results, although in a few instances, because of the variability and inconsistency of the
respondents or the structure of the questions, the N was different than 70.

Items in the questionnaire have been classified into three areas in order to present the findings in a cohesive and meaningful way: 1) demographic data; 2) teaching involvement and preparation; and 3) interest in additional preparation for teaching. Only descriptive statistics have been used and the tables report the numbers and percentages of the response selected for each item in the questionnaire.

DEMOGRAPHIC DATA

Almost three-fourths of the respondents had completed a baccalaureate degree as shown in Table 1. Slightly over ten percent had completed a diploma certification program, and a similar number had taken an additional year beyond the baccalaureate.
Table 1

Educational Preparation of the Respondents

<table>
<thead>
<tr>
<th>Type of Education</th>
<th>Number</th>
<th>Percent</th>
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</thead>
<tbody>
<tr>
<td>A. Four year bachelors degree</td>
<td>51</td>
<td>72.8%</td>
</tr>
<tr>
<td>B. Fifth year, post bachelors</td>
<td>9</td>
<td>12.9%</td>
</tr>
<tr>
<td>C. Diploma Certification</td>
<td>9</td>
<td>12.9%</td>
</tr>
<tr>
<td>D. Advanced Degree (Masters/Doctorate)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>E. No response to question</td>
<td>1</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Thirty-nine of the respondents had graduated in the ten year period preceding this study. Ten had graduated at least fifteen years ago.

Table 2

Year of Graduation

<table>
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<th>Year</th>
<th>Graduates</th>
<th>Year</th>
<th>Graduates</th>
</tr>
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<td>1966</td>
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<td>1967</td>
<td>2</td>
</tr>
<tr>
<td>1949</td>
<td>3</td>
<td>1968</td>
<td>5</td>
</tr>
<tr>
<td>1950</td>
<td>1</td>
<td>1969</td>
<td>3</td>
</tr>
<tr>
<td>1952</td>
<td>1</td>
<td>1970</td>
<td>2</td>
</tr>
<tr>
<td>1954</td>
<td>2</td>
<td>1971</td>
<td>8</td>
</tr>
<tr>
<td>1955</td>
<td>1</td>
<td>1972</td>
<td>2</td>
</tr>
<tr>
<td>1956</td>
<td>1</td>
<td>1973</td>
<td>4</td>
</tr>
</tbody>
</table>
Table 2 Continued

<table>
<thead>
<tr>
<th>Year</th>
<th>Graduates</th>
<th>Year</th>
<th>Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1959</td>
<td>1</td>
<td>1974</td>
<td>6</td>
</tr>
<tr>
<td>1960</td>
<td>1</td>
<td>1975</td>
<td>5</td>
</tr>
<tr>
<td>1962</td>
<td>3</td>
<td>1976</td>
<td>2</td>
</tr>
</tbody>
</table>

Almost all of the respondents were presently active in the medical record profession (66 or 94.3 percent) are reported in Table 3.

Table 3

Present Activity in the Medical Record Profession

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently employed in medical record field</td>
<td>66</td>
<td>94.3%</td>
</tr>
<tr>
<td>Not currently employed in medical record field</td>
<td>4</td>
<td>5.7%</td>
</tr>
</tbody>
</table>

Although seven persons did not respond to the question concerning the category of health care facility in which they were currently employed, the majority were working in an acute care facility as reported in Table 4. The only other facility employing a sizeable number of the respondents was skilled or long term care.
Table 4
Category of Health Care Facility in Which Respondents are Currently Employed

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute care facility</td>
<td>38</td>
<td>54.3%</td>
</tr>
<tr>
<td>Skilled or long term care facility</td>
<td>10</td>
<td>14.3%</td>
</tr>
<tr>
<td>Educational institution</td>
<td>6</td>
<td>8.6%</td>
</tr>
<tr>
<td>Clinic or physician's office</td>
<td>2</td>
<td>2.8%</td>
</tr>
<tr>
<td>PSRO*</td>
<td>2</td>
<td>2.8%</td>
</tr>
<tr>
<td>Other governmental agency</td>
<td>3</td>
<td>4.3%</td>
</tr>
<tr>
<td>Other, not specified</td>
<td>2</td>
<td>2.8%</td>
</tr>
<tr>
<td>No response to question</td>
<td>7</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

*PSRO = Professional Standards Review Organization, PL 92-603, Organized to review appropriateness, necessity and quality of care.

A majority of the respondents were employed at the managerial level (55.7 percent), and another 17.1 percent were serving as consultants.
Table 5

Title or Level of Employment

<table>
<thead>
<tr>
<th>Title</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department director</td>
<td>39</td>
<td>55.7%</td>
</tr>
<tr>
<td>Assistant director</td>
<td>5</td>
<td>7.1%</td>
</tr>
<tr>
<td>Data analyst</td>
<td>5</td>
<td>7.1%</td>
</tr>
<tr>
<td>Instructor</td>
<td>3</td>
<td>4.3%</td>
</tr>
<tr>
<td>Consultant</td>
<td>12</td>
<td>17.1%</td>
</tr>
<tr>
<td>Other, not specified</td>
<td>3</td>
<td>4.3%</td>
</tr>
<tr>
<td>No response to question</td>
<td>3</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

TEACHING INVOLVEMENT AND PREPARATION

Although 85.7 percent of the respondents reported that teaching was involved in their employment position (See Table 6), most of them did not teach formally according to the data reported in Table 7. Since persons responded to more than one item in this table (e.g., they may have taught both formally and informally) the total does not equal 100 percent. Teaching had also been involved in the past professional experience of 60 percent of the respondents as indicated in Table 8.
Table 6

Teaching Activity Involved in Employment Position

<table>
<thead>
<tr>
<th>Teaching Activity</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching is involved in position</td>
<td>60</td>
<td>85.7%</td>
</tr>
<tr>
<td>Teaching is not involved in position</td>
<td>9</td>
<td>12.9%</td>
</tr>
<tr>
<td>No response to question</td>
<td>1</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Table 7

Structure of the Teaching Situation

<table>
<thead>
<tr>
<th>Structure of Situation</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teach formally (a)</td>
<td>13</td>
<td>18.6%</td>
</tr>
<tr>
<td>Do not teach formally</td>
<td>56</td>
<td>80.0%</td>
</tr>
<tr>
<td>Teach informally (b)</td>
<td>62</td>
<td>88.6%</td>
</tr>
<tr>
<td>Do not teach informally</td>
<td>6</td>
<td>8.6%</td>
</tr>
<tr>
<td>No response to question</td>
<td>3</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

(a) Formal was defined as teaching done in a classroom with regularly scheduled classes.
(b) Informal teaching was defined as teaching as the need arises.
Table 8
Past Professional Experience Involving Teaching

<table>
<thead>
<tr>
<th>Past Experience</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involved teaching</td>
<td>42</td>
<td>60.0%</td>
</tr>
<tr>
<td>Did not involve teaching</td>
<td>28</td>
<td>40.0%</td>
</tr>
</tbody>
</table>

In spite of the fact that teaching was an integral part of the job of record administrators, only slightly more than one-fourth of them (28.6 percent) had received any academic preparation for teaching as revealed by the data in Table 9. Of those who had received preparation for teaching, slightly more than half felt that their training was adequate as reported in Table 10. Half of the twenty who received some preparation for teaching, got it through a course, frequently taught in the medical record curriculum. (See Table 11) Others got their training in a portion of a course, in a mini-course or through workshops. Table 12 indicates that in half of the cases where teacher preparation was included it was required for graduation. Even though few record administrators had been prepared for teaching, not many (32.9 percent) had received any training for teaching after graduation as shown in Table 13. Workshops were the most common method of providing training, although Table 14 indicates that a variety of methods were utilized, including college courses and in-service education.
### Table 9
**Academic Preparation for Teaching**

<table>
<thead>
<tr>
<th>Preparation for Teaching</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had received teacher preparation</td>
<td>20</td>
<td>28.6%</td>
</tr>
<tr>
<td>Had received no teacher preparation</td>
<td>50</td>
<td>71.4%</td>
</tr>
</tbody>
</table>

### Table 10
**Adequacy of Preparation for Teaching**
*For Those Who Had Received It*

<table>
<thead>
<tr>
<th>Adequacy</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too much preparation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adequate amount of preparation</td>
<td>11</td>
<td>55.0%</td>
</tr>
<tr>
<td>Too little preparation</td>
<td>8</td>
<td>40.0%</td>
</tr>
<tr>
<td>No response to question</td>
<td>1</td>
<td>5.0%</td>
</tr>
</tbody>
</table>
### Table 11
Method of Obtaining Teacher Preparation

<table>
<thead>
<tr>
<th>Method</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course in medical record curriculum</td>
<td>6</td>
<td>30.0%</td>
</tr>
<tr>
<td>Course in education curriculum</td>
<td>4</td>
<td>20.0%</td>
</tr>
<tr>
<td>A portion of a course</td>
<td>5</td>
<td>25.0%</td>
</tr>
<tr>
<td>Mini-course</td>
<td>1</td>
<td>5.0%</td>
</tr>
<tr>
<td>Workshop</td>
<td>2</td>
<td>10.0%</td>
</tr>
<tr>
<td>Other method, not specified</td>
<td>2</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

### Table 12
Position of the Teaching Preparation in Over-all Curriculum

<table>
<thead>
<tr>
<th>Place in Curriculum</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation was required for graduation</td>
<td>10</td>
<td>50.0%</td>
</tr>
<tr>
<td>Preparation was not required for graduation</td>
<td>9</td>
<td>45.0%</td>
</tr>
<tr>
<td>No response to question</td>
<td>1</td>
<td>5.0%</td>
</tr>
</tbody>
</table>
Table 13
Teaching Preparation Obtained After Graduation

<table>
<thead>
<tr>
<th>Post Degree Preparation</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some preparation obtained after graduation</td>
<td>23</td>
<td>32.9%</td>
</tr>
<tr>
<td>No preparation obtained after graduation</td>
<td>42</td>
<td>60.0%</td>
</tr>
<tr>
<td>No response to question</td>
<td>5</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

Table 14
Method of Obtaining Post Graduation Teaching Preparation

<table>
<thead>
<tr>
<th>Method</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular college course</td>
<td>5</td>
<td>7.1%</td>
</tr>
<tr>
<td>College summer course</td>
<td>3</td>
<td>4.3%</td>
</tr>
<tr>
<td>Workshop</td>
<td>16</td>
<td>22.9%</td>
</tr>
<tr>
<td>Mini-course</td>
<td>6</td>
<td>8.6%</td>
</tr>
<tr>
<td>In-service education</td>
<td>4</td>
<td>5.7%</td>
</tr>
<tr>
<td>Other method, not specified</td>
<td>1</td>
<td>1.4%</td>
</tr>
</tbody>
</table>

INTEREST IN ADDITIONAL PREPARATION FOR TEACHING

According to the data in Table 15, approximately two-thirds of the respondents felt that preparation for teaching would be helpful in their present employment, with 40 percent indicating it would be most helpful.
Table 15
Usefulness of Teaching Preparation for Present Employment

<table>
<thead>
<tr>
<th>Usefulness</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation would be most helpful</td>
<td>28</td>
<td>40.0%</td>
</tr>
<tr>
<td>Preparation would be moderately helpful</td>
<td>16</td>
<td>22.9%</td>
</tr>
<tr>
<td>Preparation would not be helpful</td>
<td>7</td>
<td>10.0%</td>
</tr>
<tr>
<td>No response (had already obtained preparation)</td>
<td>19</td>
<td>17.1%</td>
</tr>
</tbody>
</table>

Table 16
Teaching Areas Which Would Be Helpful to Record Administrators

<table>
<thead>
<tr>
<th>Teaching Areas</th>
<th>Number Who Responded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Course or lesson planning</td>
<td>14 N 28.0%</td>
</tr>
<tr>
<td>Methods of teaching</td>
<td>22 N 44.0%</td>
</tr>
<tr>
<td>Use of A/V Aids</td>
<td>5 N 10.0%</td>
</tr>
<tr>
<td>Methods of evaluation</td>
<td>9 N 16.1%</td>
</tr>
</tbody>
</table>

a) 1 = most helpful, 4 = least helpful. In some instances, as few as 50 responded to this question.

From Table 16 it is clear that the areas of teacher training which were seen to be most helpful by record administrators were methods of teaching and course or lesson planning. Four-fifths of those surveyed saw training in methods of teaching as helpful or most
helpful, while three-fifths of them similarly reviewed course or lesson planning. Almost three-fourths of the respondents did not see training in audio-visual aids or methods of evaluation as being very helpful.

Seventy percent of the record administrators indicated that they would be willing to attend a teacher preparation session if one were available according to the data reported in Table 17. The most desirable way for them to obtain this training was through workshops (67.1 percent selected that method), although almost half (47.1 percent) favored regular or summer college courses. (See Table 18)

Table 17
Opinions as to the Respondents' Willingness to Attend A Teacher Preparation Session if One Were Available

<table>
<thead>
<tr>
<th>Opinion</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willing to attend</td>
<td>49</td>
<td>70.0%</td>
</tr>
<tr>
<td>Not willing to attend</td>
<td>17</td>
<td>24.3%</td>
</tr>
<tr>
<td>No response to question</td>
<td>4</td>
<td>5.7%</td>
</tr>
</tbody>
</table>
Table 18

Most Desirable Method of Obtaining Teacher Preparation

<table>
<thead>
<tr>
<th>Method</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular college course</td>
<td>16</td>
<td>22.9%</td>
</tr>
<tr>
<td>College summer course</td>
<td>17</td>
<td>24.3%</td>
</tr>
<tr>
<td>Workshop</td>
<td>47</td>
<td>67.1%</td>
</tr>
<tr>
<td>Mini-course</td>
<td>25</td>
<td>35.7%</td>
</tr>
<tr>
<td>In-service</td>
<td>22</td>
<td>31.4%</td>
</tr>
<tr>
<td>No response to question</td>
<td>15</td>
<td>21.4%</td>
</tr>
</tbody>
</table>

SUMMARY

The medical record administrators represented in the study indicated that they teach in the practice of their profession; that they were not prepared academically for their teaching role; that preparation would be helpful particularly in teaching methods and course and lesson planning; and that a workshop is probably the most suitable method of obtaining the preparation after graduation.
Chapter 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

The study was undertaken to solicit opinions from professionally active registered record administrators with regard to teaching aspects of their job performance and their academic preparation for such teaching. The investigator was interested in obtaining the opinions from the RRA's as to the actual teaching practice involved in performing their jobs within the medical record field; the amount and source of their preparation for teaching; their interest in obtaining teaching skill instruction at this point in their professional careers; what skill areas would be most useful to them; what method of obtaining the teaching preparation would be appropriate to the needs of the professional record practitioners; and how desirable such a program would be to them, if one were available.

A review of literature, both of health professions in general and the medical record field specifically, indicates growing national and international concern regarding the lack of adequate teacher preparation in the health professions. As the public becomes more sophisticated in its knowledge of health and health care and as it becomes more vocal and active in demanding quality care for all citizens; and as the government becomes more involved in providing payment for health care, the greater the need will be for qualified health practitioners and therefore qualified instructors for these
practitioners. Medical record administration is central to the assessment of the quality of medical care because the medical record is the only source of care-documentation. Medical record administration is a health-related profession in which the need for qualified practitioners is acutely felt and the demand is growing. There is a parallel need to prepare record practitioners who are technically able to teach the skills of medical information management to those in need of such skills.

Because of limited funds and time, the investigator reduced the population of the study to the 332 active registered record administrators practicing in seven northwestern states: Idaho, Montana, Oregon, North Dakota, South Dakota, Washington and Wyoming. A sample of 100 RRA's was selected at random from this population. A mailed, anonymous questionnaire was sent to the 100 RRA's in the sample. Seventy usable, completed questionnaires provided the data for the findings of the study. The results of the study, as presented in tabular form with narrative interpretations in Chapter 4, allowed the investigator to reach the following conclusions and make the following recommendations.

CONCLUSIONS

The results of the opinion questionnaire mailed to 100 registered record administrators indicate:
1. Medical record administrators teach in the regular practice of their profession.

2. They are not prepared to teach.

3. A small percentage of the RRA's have obtained teacher preparation, primarily in workshop settings.

4. Registered record administrators would find teacher preparation helpful.

5. Most would be willing to attend a teacher preparation session.

6. Workshops would be the most acceptable and suitable method of obtaining teacher preparation.

RECOMMENDATIONS

From the results of the study and the conclusions reached, the following actions are recommended:

1. A similar study should be conducted on a larger scale, utilizing the total professional membership of the American Medical Record Association.

2. Curriculum changes should be considered by the accrediting bodies (AMRA and AMA) and college programs to meet the teaching needs of future RRA's, as indicated by the RRA's who are practicing the profession at this time.

3. Continuing education programs should be designed and
implemented, utilizing workshop settings, to provide teacher preparation for RRA's who are away from the academic setting, practicing the profession of Medical Record Administration.
REFERENCES
REFERENCES

American Medical Record Association Membership Roster, 1976, American Medical Record Association, Chicago, Illinois.


Handbook for Medical Record Administration Programs, American Medical Record Association, Chicago, Illinois, 1976.


APPENDIX

QUESTIONNAIRE

1. Education: 4 Year Bachelors Program ___
   5th Year Program ___
   Diploma Program ___
   Graduate Program (Masters/Ph.D.) ___

2. Year of Graduation: ______________________________

3. Are you currently employed in the Medical Record Field?
   Yes ___  No ___

4. Employed in: Acute care facility ___
   Skilled or long term care ___
   Educational institution ___
   Clinic or physician's office ___
   PSRO ___
   Other governmental agency ___
   Other ___

5. Employed as: Department director ___
   Assistant director ___
   Data analyst ___
   Instructor ___
   Consultant ___
   Other ___

6. In your present position, do you teach during the regular performance of your professional duties? Yes ___  No ___
7. Is the teaching formal (in a classroom with regularly scheduled classes)? _____

OR

Is the teaching informal (as the need arises)? _____

8. Have you held other medical records positions in the past which involved teaching? Yes _____ No _____

9. During your formal professional education, did you receive any preparation for your teaching role as a medical record administrator? Yes _____ No _____

10. If you did receive teaching preparation, was it:
    
    Too much _____
    Adequate _____
    Too little _____

11. If you did receive teaching preparation, was it:
    
    A course in the medical record curriculum _____
    A course in the education curriculum _____
    A portion of a course _____
    A mini course _____
    A workshop _____
    Other _____

12. If you did receive teaching preparation, was it:
    
    Required for graduation _____
    Not required for graduation _____

13. Have you obtained any teaching preparation after completing your formal education? Yes _____ No _____
14. If you have obtained such preparation, was it:

A regular college course ___
A college summer course ___
A mini course ___
A workshop ___
Inservice education ___
Other ___

15. If you have had no teaching preparation, do you feel some form of teacher preparation would be:

Most helpful ___
Moderately helpful ___
Not helpful ___

16. What teaching areas would be helpful to you now: (Please rank the choices in order of their usefulness to you. 1 = most helpful, 4 = least helpful)

Course or lesson planning ___
Methods of teaching ___
Use of audio-visual aids ___
Methods of evaluation ___

17. Would you attend a session on teaching preparation if one were available to you? Yes ___ No ___

18. Would you attend: A regular college course ___

A college summer course ___
A mini course ___
A workshop ___
Inservice Education
Other

* * *

THANK YOU FOR SPENDING THE TIME TO COMPLETE THIS QUESTIONNAIRE