PROFESSIONAL PRACTICE/CLINICAL PRACTICUM GUIDE: STUDENT INFORMATION

The professional practice experience is the hands-on application of the program coursework. The clinical practice will provide the student with experience in the technical aspects of cancer registry operations and compliment the knowledge gained during the academic portion of their education.

IMPORTANT:
For students enrolled in NCRA-accredited degree or certificate programs through a state accredited college system: the program, titled Cancer Registry Management (CRM), Cancer Information Management (CIM), or Cancer Data Management (CDM), will place students in clinical facilities for the clinical practicum portion of the program.
For students enrolled in the NCRA/AHIMA self-directed Cancer Registry Management Certificate Program: students are responsible for securing their own clinical practicum facility for the final requirement of the program.

To qualify for the Certified Tumor Registrars (CTR) certification exam under Eligibility Routes A, Path 1& 2, students are required to complete 160 hours of work experience at a cancer registry after successfully completing an NCRA-accredited Formal Education Degree Program or an NCRA-accredited Formal Education Certificate Program. During the clinical practice, students must be under the supervision of a Certified Tumor Registrar (CTR).

When you should begin the Professional Practice/Clinical Practicum requirement:

Students will not begin the Clinical Practicum until they have completed all the courses in the CRM/CIM program. The theoretical foundation provided in the NCRA

Accredited Formal Education Program courses are essential to understanding the general concepts and principles of cancer registry functions and operations. Additionally, about half of the 160 hours of work experience will focus on abstracting, coding, and staging, which is a large part of a registrar's educational training. The clinical supervisor will expect the student to have basic knowledge and skills in all areas of the cancer registry when beginning the clinical practicum.

According to the NCRA Formal Education Accreditation standards, NCRA accredited programs must have affiliation agreements with facilities where students can do the Clinical Practicum hours as required by the program. Any agreement for the clinical practice should be viewed as an arrangement between the program (in the case of college/university-based programs), on behalf of the student, and the healthcare facility. In the case of a student from the NCRA/AHIMA Cancer Registry Management Certificate Program (CRM), the student will secure a facility independently. NCRA may serve as the program Administrator and negotiate an affiliation agreement with a facility on behalf of students, if necessary. Facilities affiliated with NCRA are listed on the NCRA Job Bank under the position title, *Clinical Student*.

Locate Clinical Host Sites in addition to those contracted by the Program:

1. To increase chances of being able to begin the clinical practicum as soon as coursework is complete, students should begin contacting people in networks and potential sites before completing the program. The clinical practicum does not have to be four, forty-hour work weeks. Clinical practicum activities are varied and assigned a certain number of hours. By being proactive and networking in their area, students can develop relationships at multiple facilities and have more opportunities to complete practicum the activities. In addition, certain times of the year may be more feasible than others due to surveys and data submission requirements. More options will make it easier for the student.

2. Use the NCRA job listings and search on Clinical Student to identify the official NCRA Affiliated Partners for clinical students. The list is national, but there may be a facility in your area. The list is located on the NCRA Job Bank.

3. Contact cancer registries in the area and make appointments to do informational interviews with the CTR supervisor. Ask for recommendations of other facilities in in the area that may have space for a clinical student. The Commission on Cancer (CoC) has a list of CoC accredited cancer programs that is accessible through a search function. Search the list for facilities in the local area and begin making contacts. The list is on the Commission on Cancer website.

4. Contact the state cancer registrars' association and join as a student, if possible. The network of registrars in the local area will prove to be a valuable

asset in the future. A list of state association contacts can be found on the NCRA web site.

5. Contact the state's central cancer registry to see if they are available to host students for some of the activities listed in the Clinical Practicum list of tasks. A list of National Program of Cancer Registries (NPCR) central cancer registries can be found on the Center for Disease Control (CDC NPCR website) and the Surveillance Epidemiology and Ends Results Program (SEER) central cancer registries list is on the SEER web site.

6. It is not required to have all clinical practicum activities completed at one facility. Students may use a combination of registries and online activities to complete the requirements. Students may complete the casefinding requirements and a portion of the abstracting requirement on the SEER*Educate website while under the supervision of a CTR or a volunteer from the Independent Clinical Advisor (ICA) Program. The Formal Education Program Review Committee (FEPRC) has approved the completion of up to 15 abstracts on the SEER*Educate web site.

Basic Guidelines for Students:

1. Review this packet and the Professional Practice/Clinical Practicum requirements.

2. Use the Clinical Site Fact Sheet to help gather general information about the clinical site.

3. Complete the Introductory Letter for Professional Practice (optional) and share with clinical supervisor as soon as they have agreed to host the clinical.

4. !! Important:
   Contact the clinical supervisor at least two weeks prior to the start date. If possible, arrange for a personal visit. When making a personal visit, call the clinical supervisor for an appointment. Confirm that you are prepared to provide the facility with the following:

* Up-to-Date record of immunizations – the facility will provide a list of immunizations that are required.
* Recent background check.
* Recent drug test.
* Professional liability insurance - check with the facility regarding the amounts required. Information about professional liability insurance is available on the NCRA web site, Member Benefits section.
* Documentation that of program completion: degree program or certificate program.

The facility will provide the following information prior to the start date:

* Start date and time, and location to which a student should report.
* Dress code
* Identification
* Parking
* Any materials that student is required to bring

5. Students will be required to sign a confidentiality statement and may receive HIPAA training prior to starting. This HIPAA training will fulfill the requirement of your practicum. Maintain strict confidentiality of any and all information encountered. This includes cancer patient information, health record information and cancer center/facility operation information.

   Confidentiality and HIPAA regulations are a very serious matter. It is very important that you maintain strict confidentiality of all information encountered. This includes cancer patient information, health record information and cancer center/facility operations. Under no documentation or information should be discussed or removed from the facility. Failure to abide by the confidentiality policies of the facility could result in termination of the clinical practice.

6. Discuss a schedule with the supervisor: work hours, cancer conference meetings, etc.

7. Review and adhere to the *NCRA Code of Ethics*.

8. Report promptly every day. It is **IMPERATIVE** to notify the clinical supervisor of an absence as soon as possible. Absences should be avoided unless there is an illness or emergency.

9. If possible, schedule a closing interview on the last day with the CTR supervisor. Ask the supervisor to provide feedback of your time in the facility. Discuss with the CTR supervisor the CTR exam application and the necessity of having them sign off on the clinical hours in the facility. A copy of the CTR Exam Application is available in the *CTR Exam Candidate's Handbook* on the CTR Examination web page.

10. Promptly send separate thank you notes to the clinical supervisor and all associated staff members.

Optional forms and letters are included in this guide to help organize the experience.

PROFESSIONAL PRACTICE/CLINICAL PRACTICUM
Clinical Site Fact Sheet

Student Name:

_____

Facility Name:

_____

Address:

_____

Supervisor: _____

Credential: _____

☐ I certify that I am an active CTR

Email: _____ Phone: _____

COC Approval Category: _____ Last COC Survey: _____

Annual Analytic Caseload: _____

Registry's Reference Date: _____

Cancer Committee Frequency: _____

Cancer Conference Frequency: _____

Medical Records (Electronic/Paper): _____

Cancer Registry Software System: _____

How many full time employees (FTEs) are in the Cancer Registry?

_____

How many Cancer Registrars have the following specific credentials?

CTR? _____RHIA? _____ RHIT? _____CCA? _____ CCS? _____

[Sample letter of introduction for student to present to facility-Optional]

Dear _____;

This letter is to introduce _, a student who has completed the coursework in the NCRA-accredited Formal Education Program in Cancer Registry Management at [……] college. This student is interested in utilizing your facility to obtain professional practice experience in all areas of cancer registry operations and management.

The professional practice experience is the hands-on application of the program coursework. The clinical practice will provide the student with experience in the technical aspects of cancer registry operations and compliment the knowledge gained during the academic portion of their education. The student must complete 160 hours of cancer registry activities in the clinical experience. Clinical Practicum activities may be completed at different facilities and as online options are available. During the clinical practice, students must be under the direct supervision of an active Certified Tumor Registrar (CTR).

This student has completed courses in anatomy and physiology, pathophysiology and pharmacology, medical terminology, computers in healthcare, cancer registry operations, cancer registry structure and management, cancer disease coding and staging, abstracting methods, oncology treatment and coding, and follow-up, data quality and utilization. This student is well prepared to obtain an entry-level position as a cancer registrar and may be a source for a qualified employee in this position following program completion.

By agreeing to accept this student for professional practice experience you are agreeing to:

A. Provide an opportunity for the student to complete all or part of the Clinical Practicum Activity requirements.
B. Provide an opportunity for the student to complete all or part of the abstracting requirement.
D. Complete, discuss and provide a copy of an evaluation to the student at the conclusion of the clinical practice.
F. Review and sign the *Supervisor Verification* section on the student's CTR exam application.

In addition, the Clinical Practicum Matrix is a guideline that will afford the student a well-rounded experience in the facility. However, the final decision as to the required assignments and what the student is allowed to copy and take with them is at the

discretion of the clinical supervisor. Ideally, the clinical experience should start with a general orientation to the facility and cancer center.

This student has been informed that the facility may require that the student provide proof of immunizations, liability insurance, background checks, drug tests, etc. The student has been advised of privacy and confidentiality strictures regarding health information. The student understands that they may have to complete HIPAA training and may be required to sign a confidentiality statement prior to the start of the clinical practice.

Accepting a student from an NCRA-accredited Formal Education Program should be viewed as an arrangement between your organization and the student. NCRA assumes no responsibility for the student's actions; however, NCRA does appreciate your willingness to advance the professional skills of this student and contribute to the profession through mentoring.

Thank you for your consideration.

Confidentiality Statement and Affiliation Agreement for Professional Practice

I, _____, understand that gaining access to patient records in order to collect data, analyze, and abstract information and assign clinical codes for my own professional practice purposes is a serious matter.
As a student cancer registry professional allowed to view records from the facility _____, I agree to fully respect the rules of confidentiality for both the patient and the healthcare provider. No information will be shared with anyone outside your organization from this experience, including any acknowledgment of the presence of a patient or his/her record in your facility.

Student Signature _____

Facility Representative Signature _____

Both parties should sign this form and each should retain a copy.

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Weekly Time Record

Name of Student: _____

Name of Facility: _____

You will need to have this form printed and signed by the clinical supervisor (one per week).

WEEKLY TIME RECORD				
Date	Hours Worked		Total Hours	Comments
	From	To		
HOURS WORKED:				

This is a correct record of the time worked this week.

_____ _____

Student Signature Date

Suggested Abstracting Assignments:

1. A minimum of 30 abstracts must be completed, this includes: ICD-O-3 Coding, Staging (AJCC TNM, SEER Summary), and Treatment
   84 of the 160 hours must be spent on data collection and coding
   A minimum of 30 abstracts must be completed even if more than 160 hours are needed in order to complete them.

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2. Review the facility's list of required data items to be collected.

3. I addition to the five major anatomical sites of breast, lung, prostate, bladder, and colon, suggested sites to be considered for abstracts in order to meet the 30 abstract minimum include:
   Head and Neck
   Digestive Tract
   Melanoma
   Musculoskeletal System
   Gynecological
   Genitourinary
   Lymphoma
   Leukemia
   Brain
   Unknown/Ill-defined Sites

4. Entering the case into the cancer registry software is preferred, but if not possible, a worksheet may be used.

5. Abstracts should have at least a 90% accuracy rate (or higher as specified by the supervisor) and should be above 95% by the end of the clinical.

CLINICAL PRACTICUM

Suggested Assignments for the Hospital Registry Clinical:

The following is a list of recommended assignments that could be completed during the clinical experience. Other assignments may be assigned by the clinical supervisor. All copies and summaries must be typed and clearly labeled. All summaries and copies should be shared and discussed with the clinical supervisor.

1. If possible, obtain copies of the following organizational charts: Positions (including job titles) in the Cancer Registry and Cancer Center and the reporting structure of the Cancer Registry: to whom does the Registry report?

2. Research information on the salary range for cancer registry positions in different parts of the country (Indeed.com, etc).

3. Attend and/or assist in the preparation of the following meetings (agenda schedule, attendees requirements by title):
   Cancer Committee (should attend at least one)
   Cancer Conference (should attend at least one)

4. Review each section of the facility Cancer Registry Policy and Procedure Manual. Discuss, with the CTR supervisor, any areas that were unclear and any areas that needed updating. Review the following:
   -Manual's table of contents
   -Reportable and non-reportable lists
   -Eligibility requirements including central cancer registry and reportable-by agreement.

5. Review the documentation related to the last CoC survey. Discuss the survey experience including successes, obstacles, and areas needing improvement with the CTR supervisor.

6. If possible, obtain copies of letters used by the registry, including follow-up and further treatment letters.

7. Review a copy of the most recent annual report for the cancer program.

8. Review the *Release of Information* policy. If possible, assist in the running of reports in the cancer registry software. Discuss reports, along with a summary of your findings with the CTR supervisor.

CLINICAL PRACTICUM ACTIVITIES

ACTIVITY	HRS
DOMAIN I: CASEFINDING A. Review source documents for potentially reportable cases to enter into a suspense file. B. Determine single versus multiple primaries.	**9**
DOMAIN II: ABSTRACTING/CODING – STAGING A. Patient Identification: 1. Verify and enter demographic information at diagnosis. 2. Identify primary payor. 3. Collect information on comorbidities. 4. Assign accession and sequence numbers. B. Cancer Identification: 1. Analyze medical record source documents to code primary cancer characteristics (e.g., primary site, histology) 2. Analyze medical record source documents to interpret and code facility-specific information (e.g., date of first contact, class of case, and managing physician). 3. Record pertinent information from source documents in text format to support all coded data items. 4. Clarify conflicting, ambiguous, or incomplete documentation. C. Staging: 1. Determine the stage of primary cancer. a. TNM b. Summary Stage c. Specialty staging d. Other Staging: 2. Code other stage related elements a. Site-specific factors b. Mets at diagnosis	**45** **15**
ABSTRACTING/CODING – TREATMENT D. Treatment: 1. Use standard of care treatment guidelines to identify expected care. 2. Analyze source documents to interpret and code first course of treatment. 3. Determine first course of treatment vs. subsequent treatment.	**15**

ABSTRACTING/CODING – CASE VALIDATION & FINALIZATION E. Case Validation and Finalization: 1. Interpret and resolve single-field, inter-field and inter-record edit errors. 2. Update or correct cases as necessary from a quality control review e.g., internal or external review, including central registry).	**12**
DOMAIN III: FOLLOW-UP A. Obtain follow-up information from physicians, patients, and/or other sources. B. Enter follow-up information, such as: vital status, cancer status, date of last contact, first recurrence, progression of disease, and subsequent treatment. C. Determine the need to submit additional information to central registries for previously reported patients.	**10**
DOMAIN IV: DATA QUALITY ASSURANCE A. Develop and maintain the quality control plan. B. Analyze the use of unknown and NOS data values. C. Respond to inquiries from central registries D. Conduct casefinding audits to assess completeness of case reporting. E. Conduct re-abstracting audits to assess accuracy of data. F. Perform visual review of text fields to assess accuracy of coded data G. Review edit reports from external sources (e.g., NCDB, central registries) to improve the quality of facility data. H. Identify education and training needs based on results of quality reviews. I. Communicate results of quality assurance activities to appropriate entities. J. Participate in quality studies conducted by standard setters (e.g., reliability studies). K. Conduct follow-back activities.	**12**
DOMAIN V: ANALYSIS AND DATA USAGE A. Recommend data selection criteria for study requests. B. Provide data for the evaluation of treatment, patient outcomes, and quality of life. C. Prepare reports to document research results and satisfy requests for data. D. Process data requests according to privacy standards and institutional policy. E. Provide information to support strategic planning, education, research, and marketing. F. Monitor program adherence to evidence-based clinical practice guidelines. G. Use benchmarking techniques to identify areas for improvement. H. Generate data to identify the need for screening, prevention, or educational programs. I. Conduct statistical analyses. J. Maintain data request log.	**12**

DOMAIN VI: REGISTRY ORGANIZATION AND OPERATIONS A. Maintain knowledge of current trends, standards, and developments in oncology, cancer registry, and cancer program management. B. Establish liaisons with peer professionals and organizations and encourage their utilization of data derived from the registry. C. Ensure program compliance with state/provincial and national registry rules, regulations and standards. D. Prepare and submit data to a central cancer registry. E. Process registry software upgrades or data conversions. F. Comply with applicable laws, regulations and policies regarding confidentiality, release of information, use of medical records, and research. G. Maintain up-to-date policies and procedures. H. Participate in the development of outcomes analyses and annual reports for dissemination. I. Define staff roles and responsibilities. J. Establish staff productivity and quality metrics. K. Manage work assignments to meet project goals. L. Provide training, education, and development to staff and peers. M. Monitor staff for compliance with applicable policies and procedures. N. Define and document operational requirements. O. Share information for reportable cases with other cancer registrars within the institutional confidentiality guidelines.	**15**
DOMAIN VII: CANCER PROGRAM ACCREDITATION A. Collaborate with committees (e.g., cancer committee, breast program leadership) to plan and schedule committee activities. B. Coordinate and participate in committee meetings. C. Prepare data and reports for presentation at committee meetings. D. Document cancer program activities in committee meeting minutes. E. Maintain supporting documentation necessary for accreditation. F. Participate in accreditation survey site visits. G. Coordinate resolution of deficiencies identified during accreditation surveys. H. Participate in the application, approval, and evaluation processes for maintaining continuing education credits for cancer conferences (i.e., tumor boards). I. Coordinate cancer conference activities. J. Document cancer conference activities. K. Facilitate discussion of NCCN guidelines, prognostic indicators, and options for clinical trial participation.	**15**
Total:	**160**

Students must complete a minimum of 30 abstracts. *This is required regardless of whether the student uses all the hours in the practicum or not. If extra time is needed to complete 30 abstracts, the time is not to be deducted from the hours accumulated. Sites to be emphasized in abstracts are lung, breast, colon, prostate, bladder, and the site(s) most common to the facility in which the student is practicing. Students may complete up to 15 abstracts at the SEER*Educate website, under the supervision of an Independent Clinical Advisor (ICA)/CTR Mentor.*

*In addition, students may complete the nine hours of casefinding activity on the SEER*Educate website under the supervision of an Independent Clinical Advisor (ICA).* Students may complete the NCRA online HIPAA course for Cancer Registrars course to fulfill partial credit in Domain VI. (See your ICA).

Students who do not complete the full 160 hour clinical rotation will not receive their degree or certificate of completion and will not be eligible to sit for the Certified Tumor Registrars Examination. Students should track clinical activities that will be available to the clinical supervisor who will sign off on the CTR exam application in the 'Experience Verification' section.

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Evaluation of the Student

(Optional, to be shared with student)

The following student evaluation and assessment information document may be used as the basis for feedback to the student by a sponsoring facility. The student may elect to use this document as a job reference document for future employment.

1. Did the student seem to understand and correctly apply ICD-O coding conventions and principles for diagnoses?

   If not, what were the concerns or suggestions for correcting deficiencies?

2. Did the student seem to understand and correctly apply case finding conventions and principles for procedure reporting?

3. Was the student's knowledge of data collection methods what you expected for an entry level professional?

If not, what were the concerns or suggestions for correcting deficiencies?

4. Did the student appear to be committed to the profession, conducting him or herself in a professional manner while in your facility?

   If not, what were the concerns or suggestions for correcting deficiencies?

5. What suggestions would you give this student for enhancing success as a cancer registry management professional?

Date _____

Supervisor Signature_____

Date_____

Student Signature_____