Credentialing Candidate Guide

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1 Introduction

1.1 About AHDI

The Association for Healthcare Documentation Integrity (AHDI) is a not-for-profit professional association incorporated in California in February 1978 with headquarters in Modesto, California. AHDI offers information about the profession of healthcare documentation (also called medical transcription), provides continuing education for healthcare documentation specialists (also called medical transcriptionists), and enhances communication among those allied with the profession of healthcare documentation. Over time the industry has evolved, and with it, new titles, roles, and duties have emerged. Although different titles are used, such as medical transcriptionist (MT), auditor, speech recognition editor (SRE), medical language specialist, abstractor, and others, please note that AHDI uses the title "healthcare documentation specialists" to reflect the broad and extensive responsibilities and services they provide in the creation of accurate and comprehensive patient care records. The terms *healthcare documentation* and *medical transcription, auditing, SR editing,* etc., as well as *healthcare documentation specialists* and *medical transcriptionists, auditors, SR editors, etc.,* may be used interchangeably in this guide.

Find out more about AHDI by visiting our website – www.ahdionline.org.

1.2 Why Credentials?

When considering the potential implications, risks, and benefits of a credentialing requirement in any profession, it must be determined if ultimately the industry is better served by the adoption of regulations that restrict entry to practice and access to the public sector than if those regulations did not exist. In some cases, it could be argued that an industry is hindered by such regulations. Where credentialing healthcare documentation specialists is concerned, however, attention must turn to what is ultimately in the best interests of patient care delivery. In what measurable ways would restricting entry to practice healthcare documentation potentially protect patients, enhance the delivery of patient care services, and create operational efficiencies in healthcare delivery? These are the questions that should be at the center of any discussion of credentialing of healthcare documentation specialists or speech-recognition editors.

While certainly there is much that has and can be said about protecting the privacy and security of patient records, it cannot be overlooked here that an unregulated, unmonitored healthcare documentation workforce creates an access point to patient records that is incongruent with the intent of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). It might be tempting to stop at the access point and argue that healthcare documentation specialists do not need to be credentialed in order for their unique access to patient records to be tracked and monitored. However, of more critical concern than their access to patient records is the ability of healthcare documentation specialists to modify and alter the patient record. Safeguarding patient records does not just involve protecting the access points. It should likewise involve protecting patient record outcomes by ensuring that only skilled, qualified, and *accountable* individuals have access to patient records for the purpose of creating, modifying, and formatting the clinical care record.

Healthcare documentation involves a highly interpretive skill set where medical language specialists partner with providers to create an accurate reflection of a patient care encounter.

Healthcare documentation demands the application of informed judgment and interpretive skill that extends beyond what is heard. It requires a foundational understanding of the diagnostic process, clinical medicine, treatment, and care to be interpreted accurately and applied within the context of complex narrative dictation. In addition to the complexities inherent in the medical document, dictating authors for whom English is not their first language, those with disjointed and rambling narrative, and/or those who dictate unclearly or at accelerated speeds continue to require that healthcare documentation specialists bring yet another strong interpretive skill set to the transcription process.

Healthcare documentation specialists cannot bring that interpretive skill set to the table without a significant foundation of knowledge and training. The pace at which healthcare delivery is moving does not allow for training or mentoring on the job. Unfortunately, an unregulated or informal training scenario creates unpredictable and dangerous gaps in knowledge and understanding that impact the interpretive process and limit the ability of the healthcare documentation specialist to identify errors and inconsistencies in the dictated narrative – a role that is critical for risk management. Flagging inconsistencies and discrepancies in the health record is the guardian role of the HDS, and providers rely on the keen eyes, ears, and interpretive mind of the HDS to ensure that health data is captured and recorded accurately, that inconsistencies are addressed, and that the amended record is authenticated by the provider.

Promoting a credentialing requirement for the profession will send a clear message that healthcare documentation specialists have met minimum standards to engage in this risk management role. Given the vital role that health encounter documentation plays in continuity of care and accurate, timely reimbursement, healthcare providers and facilities would be well served to understand and recognize the pivotal difference a *skilled, credentialed* HDS can make to that process. An HDS with questionable or marginal skills, at the very least, is going to be limited in his/her ability to play a contributory role in risk management and health record error analysis. But beyond that, healthcare providers and facilities need to consider the fiscal impact to the system of an unregulated and questionably prepared healthcare documentation workforce.

Every time a report is documented by an HDS with a low level of knowledge and interpretive skill, the healthcare system as a whole takes the risk that the HDS will:

- Misinterpret key clinical data being dictated, resulting in the potential for this to be overlooked by the provider at the authentication point and for the error to become part of the patient's permanent record, upon which ongoing care decisions are based.
- Miss or fail to hear critical information, resulting in omitted words or phrases that the provider may not recognize are missing at the authentication point.
- Fail to recognize dictated errors and inconsistencies and therefore neglect to flag them for the dictator's attention, again with the potential of those errors becoming part of the patient's permanent record.
- Struggle with challenging dictation or unfamiliar terminology, leaving blanks in the record that must be routed back to and filled in by the provider or forwarded to a quality assurance (QA) department for review and correction – processes that suspend the forward progress of that record.

All of the above scenarios represent widespread impact and immeasurable cost to healthcare on a daily basis.

In a study conducted by the AHDI (then AAMT) in 2004 involving error analysis and quality review of a random sampling of acute care records across multiple US facilities, 63% of the

errors found in those records were deemed to be critical and major errors; i.e., those defined by the study as having a potential impact on patient safety. Of that 63%, errors specifically attributed to the *dictator* totaled 27%.[1] This study draws into sharp relief the role an HDS plays in both accurate capture and interpretation of what is being dictated *and* being able to recognize, correct, and/or flag dictator errors and inconsistencies.

The study, in which 73% of critical errors were attributable to HDS practitioners, also underlines the importance of standardizing and certifying HDS skills and restricting access to the practice of healthcare documentation through credentialing. Thus, while providers bear responsibility in this scenario for ensuring that they are providing the kind of high-quality dictation that facilitates accurate capture and documentation, it must be stressed that healthcare facilities and providers across the nation are incurring hidden costs and risk on a daily basis by failing to set the same kind of credentialing and best practice standards for healthcare documentation specialists as they do for all other members of the allied health team. Whether they are physician assistants, nurses, radiographic technologists, or healthcare documentation specialists, any worker with marginal or substandard skills and preparation is a potential risk and cost to healthcare delivery and the facility that employs them. While healthcare documentation specialists do not provide hands-on patient care, they are part of the critical process of creating an accurate record of that care and, if unprepared, carry the potential for adversely affecting that process and/or hindering operational efficiency. At a time when healthcare delivery desperately needs processes and procedures that create *greater* operational efficiencies and reduced costs, tightening the restrictions around this sector of healthcare administration could serve to eliminate an ongoing drain on resources.

An HDS already working in a contributory, risk-management-impacting role through highly skilled and informed interpretive judgment has little to fear from mandatory credentialing and everything to gain by stepping across the line of accountability set by the standard. Healthcare providers likewise have much to gain and little to lose by drawing a line in the sand that will ensure our workforce is capable of performing their tasks accurately and with a measurable impact on healthcare's fiscal bottom line.

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[1] AAMT Quality Assurance Report: A Survey of Error Trends." 8 March 2007. <http://ahdionline.site-ym.com/?QA_Position>

2   AHDI Credentials

2.1 Credentials Overview

AHDI offers two voluntary credentials for healthcare documentation practitioners:

- Registered Healthcare Documentation Specialist (RHDS) – Level 1
- Certified Healthcare Documentation Specialist (CHDS) – Level 2

AHDI offers voluntary credentialing exams to individuals who wish to demonstrate job readiness and level-specific competency to prospective employers, clients, and industry colleagues. In offering credentialing exams for healthcare documentation specialists, AHDI is protecting the public interest by promoting professional standards, improving the practice of medical transcription, and recognizing those professionals who demonstrate competency through the fulfillment of stated requirements.

2.2 Test Development & Delivery

AHDI credentialing exams are developed with the Credentialing Commission for Healthcare Documentation (CCHD), who develops the tests, interprets psychometric data, completes domain analysis, item writing and editing, and technical review.

AHDI has overall responsibility for test development and administration; however, the CCHD provides guidance for the testing program. AHDI's CCHD, a representative group of CHDS content experts, has been trained to develop and review test questions and materials before these materials are used on exams to ensure relevancy and accuracy. The team also helps provide the job-related perspective that underlies valid exams. Each question is evaluated prior to its acceptance as a valid test item. The CCHD maintains responsibility for determining the exam content outline and test specifications, maintains an item bank of approved test items, approves the individual tests for administration, and, with psychometric guidance, sets the passing score for successful achievement.

AHDI exams are delivered by Examroom.ai, a test development and delivery company that provides secure online testing technology, integrating item banking, test delivery, and reports. Examroom.ai provides live Online Proctoring (OLP) integrated with advanced AI technology, which uses remote video monitoring to observe test takers where they live, learn, or work.

The credentialing department at AHDI determines individual eligibility for exam admission. Based on test specifications developed by AHDI, Examroom.ai prepares and administers the individual tests approved by AHDI. Examroom.ai is also responsible for overseeing online proctoring, test security, test administration, and related functions.

3 Registered Healthcare Documentation Specialist (RHDS)

3.1 Purpose and Description

The Registered Healthcare Documentation Specialist (RHDS) exam is based on the Level 1 AHDI Medical Transcriptionist Job Description and the competencies outlined in the AHDI Core Competencies and the [AHDI Model Curriculum](#). It is a voluntary credentialing exam for individuals who wish to become Registered Healthcare Documentation Specialists. The RHDS exam is designed to assess competency in medical transcription by determining if a candidate has the core knowledge and skills needed to practice medical transcription effectively in today's healthcare environment.

AHDI recommends that candidates possess the knowledge and skills identified as Level 1 in AHDI's Medical Transcriptionist Job Descriptions and outlined in the RHDS Exam Blueprint before attempting to take the exam. The RHDS Exam Blueprint is detailed later in this chapter. Potential candidates for the exam are advised to review the outlines and assess their knowledge and skills to determine their readiness for the exam.

Individuals who successfully complete this AHDI credentialing process are recognized as Registered Healthcare Documentation Specialists and are entitled to use the RHDS designation. The credential is valid for **3 years**. RHDSs are required to recredential by earning a minimum of 20 continuing education credits (CECs). Upon passing the exam, each RHDS receives a wall certificate that shows the date the credential was obtained and the date through which the credential is valid (renewal date).

The RHDS exam consists of multiple-choice questions, fill-in-the-blank transcription against audio, and SRT editing against audio. These assessment types are used to test candidate knowledge and applied interpretive judgment in all knowledge domains represented on the RHDS Exam Blueprint, including *Documentation Standards and Style, Clinical Medicine, Health Information Technology,* and *Privacy and Security.*

The transcription performance portion of the exam consists of short items employing medical dictation and/or transcription that must be transcribed, proofread, and/or edited. It consists of dictation that is realistic and representative of that encountered under actual working conditions. The content areas and issues tested are listed in Sections 3.3 and 3.4 of this chapter. Dictation is selected for its appropriate medical content. The practical portion of the exam is designed to test a candidate's knowledge, skill, and ability to practice medical transcription effectively in today's healthcare environment. Emphasis in the practical portion of the exam is more on critical thinking skills rather than keyboarding, research, or other technical skills.

3.2 Eligibility and Requirements

Candidates may sit for the RHDS exam solely for the intent and purpose of seeking an AHDI credential and for no other purpose. NOTE: Individuals who already possess the RHDS or CHDS credential are not eligible to take the examination.

Who should take this exam?
- HDSs who are recent graduates of healthcare documentation/medical transcription education programs

- HDSs with fewer than 2 years' experience in acute care
- HDSs working in a single-specialty environment (i.e., private practice, clinic, radiology, pathology, etc.); *see also paragraph two under Section 3.3 Content Focus*
- CHDS candidates who do not already possess an RHDS credential

HDSs who want to take the CHDS exam but have not earned an RHDS credential are required to demonstrate competency at the RHDS Level 1 prior to being eligible to sit for the Level 2 CHDS exam. Therefore, one must have earned the RHDS credential prior to taking the CHDS exam.

The RHDS exam targets the Level 1 medical transcriptionist/healthcare documentation specialists as defined in the MT Model Job Descriptions:

> *A medical language specialist transcribes dictation or edits speech-recognized reports by physicians and other healthcare providers in order to document patient care. The incumbent will likely need assistance to interpret dictation that is unclear or inconsistent or make use of professional reference materials. The nature of the work performed (type of report or correspondence, medical specialty, originator) is repetitive or patterned, not requiring extensive depth and/or breadth of experience.*

Candidates are advised to first assess their skills and knowledge of the content areas outlined in the RHDS Exam Blueprint of this Candidate Guide and prepare accordingly before registering to take the exam.

3.3 Content Focus

As described above, the RHDS exam is designed to assess the knowledge, skill, and interpretive ability of industry candidates seeking entry to practice. It is set up to test the key concepts, vocabularies, processes, systems, and standards outlined under the AHDI Model Curriculum and taught to students in MT/HDS classrooms. The goal is to ensure that candidates coming out of MT/HDS programs have a sound grasp of fundamental domains necessary to step into industry documentation and editing roles.

It is important to note that specialty HDSs (i.e., transcriptionists who work for a specialty private practice or clinic) who sit for the RHDS exam will encounter questions relating to basic acute-care concepts and document types, even though they are discouraged from taking the CHDS exam because of its acute-care focus.

The knowledge and skill of RHDS candidates will be assessed through two question types:

- **Multiple-choice.** Most objectives involve assessment via a multiple-choice question type whereby the candidate will be asked to select an appropriate answer from a choice of 3-4 options, depending on the nature and scope of content.

- **Transcription with Audio.** Some objectives require assessment via practical application. Candidates will be given an audio clip with transcribed text containing "blank" fields that must be filled in by the candidate. Excerpts may contain one or more blanks, and each blank will be scored individually.

RHDS candidates will be given <u>120 questions</u> distributed by predetermined weight and scope within the following three content domains:

- **Documentation Standards and Style** – Questions in this section will assess the candidate's understanding of the sections addressed in *The Book of Style & Standards*

for *Clinical Documentation, 4th edition,* deemed to be <u>level 1 concepts</u> necessary for job readiness:

> ➢ Medical record types and formats
> ➢ Rules and standards for editing
> ➢ Punctuation
> ➢ Capitalization
> ➢ Plurals and possessives
> ➢ Abbreviations
> ➢ Numbers
> ➢ Percents, proportions, ratios, and ranges
> ➢ Units of measure
> ➢ Error-prone abbreviations

- **Clinical Medicine** – Questions in this section will assess the candidate's understanding of clinical terms, definitions, standards, and processes deemed to be <u>level 1 concepts</u> necessary for job readiness:

> ➢ Medical terminology
> ➢ Anatomy
> ➢ Physiology
> ➢ Disease processes
> ➢ Diagnostics – *laboratory medicine, imaging, classification systems*
> ➢ Treatment – *pharmacology, surgery*
> ➢ Classification systems

- **Health Information Technology** – Questions in this section will assess the candidate's understanding of technology terms and definitions deemed to be <u>level 1 concepts</u> necessary for job readiness:

> ➢ Healthcare technology – *abbreviations, definitions, and terms*
> ➢ Documentation technology – *abbreviations, definitions*
> ➢ Health record privacy & security
> ➢ Speech recognition technology – *editing*

3.4 RHDS Exam Blueprint

All items written by the AHDI Credentialing Development item-writers are written to fulfill the objectives outlined on the RHDS Exam Blueprint. These objectives were determined by Job Task Analysis (industry and employer survey) to be the most critical to job readiness for the HDS program graduate or specialty HDS seeking entry-level credentialing.

Clinical medicine questions will be limited to the following clinical specialties:

Alternative Medicine	*Neurology*
Cardiovascular	*OB/Gyn*
Chiropractic	*Orthopedics*
Dermatology	*Otorhinolaryngology*
Endocrinology	*Pediatrics*
Gastroenterology	*Physical/ Rehab Medicine*
Hepatology	*Psychiatry/Psychology*
General Surgery	*Pulmonary Medicine*
Hematology/Oncology	*Urology*
Infectious Disease	*Ophthalmology*

The RHDS Blueprint

Section 1	Documentation Standards and Style
1.1	Given sample report content or a subheading, identify the report type (*autopsy, consultation, correspondence, discharge summary, history and physical examination, operative report, pathology report, or SOAP note*) that the information would be documented under.
1.2	Given sample report content, identify the correctly expressed report headings or subheadings.
1.3	Identify the role/purpose of time and date stamping in documentation.
1.4	Given dictated sentences, identify the one that contains an incorrectly used term, transposed terms or values, slang term or back formation.
1.5	Given an audio excerpt containing a slang term, back formation, incorrectly used term, or transposed terms or values, fill in the blank(s) representing omitted information.
1.6	Given a scenario of encountering a contextual inconsistency or irreconcilable word or phrase, identify the proper procedure for correction and/or notification.
1.7	Identify documentation authentication practices considered dangerous by the Joint Commission.
1.8	Given sentences containing English words commonly confused for other words, identify the correct sentence.
1.9	Given an audio excerpt containing an incorrectly used English term, fill in the blank(s) representing omitted information.
1.10	Given sentences or phrases, select the one that represents correct use of punctuation.
1.11	Given words or sentences, identify the one that represents correct expression of capitalization.
1.12	Given words or sentences, identify the one that reflects correct expression of a plural; or given a Latin singular form, identify the correct plural form; or given a Latin plural form, identify the correct singular form.
1.13	Given words or sentences, identify the one that reflects correct expression of a possessive.
1.14	Given a definition, identify the correct Latin abbreviation, or given a Latin abbreviation, identify the correct definition.
1.15	Given sentences containing dictated abbreviations, identify the one that requires expansion under DIAGNOSIS and OPERATIVE TITLE headings.
1.16	Identify the abbreviations found on the AMA or ISMP's error-prone abbreviations list or the Joint Commission's Do Not Use list of dangerous abbreviations.
1.17	Given an audio excerpt containing an incorrectly used abbreviation, fill in the blank(s) representing omitted information.
1.18	Given numeric values or sentences containing numeric values, identify the one that reflects correct expression of a number or numbers.

1.19	Given a sentence where the numeric value is a blank, identify the correct numeric expression to fill in the blank, or given a dictated word, phrase, or sentence containing a numeric value, identify the correctly expressed numeric value.
1.20	Given military time, identify the equivalent standard time, or given a standard time, identify the equivalent military time.
1.21	Given numeric expressions, identify whether a roman numeral or an arabic numeral is required.
1.22	Given an audio excerpt containing a numeric value, fill in the blank(s) representing omitted information.
1.23	Given sentences, identify the one containing the correct expression of a percent, proportion, ratio, or numeric range, or given a dictated excerpt containing an underlined proportion or range, identify the correctly documented expression.
1.24	Given an audio excerpt containing a percent, proportion, ratio, or range, fill in the blank(s) representing omitted information.
1.25	Given a metric unit, identify the property it measures; or given a property, identify the metric unit by which it is measured; or given sentences, identify the one that represents correct expression of a metric or standard unit of measure.
1.26	Given a sentence where the unit of measure is blank, identify the correct unit of measure.
1.27	Given an audio excerpt containing a unit of measure, fill in the blank(s) representing omitted information.
Section 2	**Clinical Medicine**
2.1	Given the meaning of a word, identify the correct prefix, suffix, combining word, or root word, or given a prefix, suffix, or combining form and a definition, identify what is needed to create another given word.
2.2	Given a medical term, identify the definition, or given a definition, identify the correct medical term.
2.3	Given sentences, identify the correct use of a medical term commonly confused for another.
2.4	Given a directional term, an anatomical position term, or a body plane term, identify the correct definition, or given a definition, identify the correct directional term, the correct anatomical position term, or the correct body plane term.
2.5	Given an audio excerpt containing a clinical term, fill in the blank(s) representing omitted information.
2.6	Given a laboratory panel, identify the tests associated with that panel or identify the tests that are part of a laboratory panel.
2.7	Given a laboratory test, identify the normal values, or given a laboratory result, identify if the value is low, high, or normal.
2.8	Given an audio excerpt containing a laboratory term, fill in the blank(s) representing omitted information.
2.9	Given a diagnostic test including laboratory studies, identify what is being measured.
2.10	Given an audio excerpt containing a diagnostic test, fill in the blank(s) representing omitted information.

2.11	Given an imaging study type, identify the use or definition of that study type.
2.12	Given an imaging study, identify common abbreviations and terminology associated with that study.
2.13	Given an audio excerpt containing an imaging term, fill in the blank(s) representing omitted information.
2.14	Given a drug or drug type, identify the route or form of administration, <u>or</u> given a route or form of administration, identify the drug or drug type.
2.15	Given a drug term, identify the definition, <u>or</u> given a definition of a drug term, identify the term.
2.16	Given a drug's generic name, identify the brand name, <u>or</u> given a drug's brand name, identify the generic name.
2.17	Given a drug, identify the pharmacological category.
2.18	Given an audio excerpt containing a pharmacology term, fill in the blank(s) representing omitted information.
2.19	Given a medication, identify the symptom or disease for which it is prescribed, <u>or</u> given a symptom or disease, identify the medication that is prescribed.
2.20	Given a clinical term, identify the correct definition, <u>or</u> given a definition, identify the correct clinical term.
2.21	Given a clinical specialty and abbreviation, identify the correct term, <u>or</u> given a term, identify the correct clinical specialty or abbreviation.
2.22	Given an audio excerpt containing any clinical term or abbreviation from a medical specialty, fill in the blank(s) representing omitted information.
2.23	Given a graphic showing anatomy or systems, identify the anatomy or system involved.
2.24	Given a position or location, identify the anatomical part of the human body.
2.25	Given a physiologic process, identify steps or functions related to that process.
2.26	Given a sign or symptom, identify the disease or syndrome.
2.27	Given a disease or syndrome, identify the treatment course.
2.28	Given a classification system, identify the expressed score or grade, or given a classification system result, identify the disease or affected anatomical part.
2.29	Given an audio excerpt containing a classification system or treatment term, fill in the blank(s) representing omitted information.
Section 3	**Health Information Technology, Privacy, and Security**
3.1	Given the abbreviation of a health information technology term, identify the correct expanded form.
3.2	Given a health information technology term, identify the correct definition, <u>or</u> given a definition, identify the correct term.
3.3	Given a term or abbreviation related to documentation technology, identify the correct definition, <u>or</u> given a definition related to documentation technology, identify the term or abbreviation.

3.4	Given abbreviations related to health record privacy, identify the correct expanded form.
3.5	Identify appropriate examples of PHI and/or disclosure of PHI under the HIPAA privacy rule.
3.6	Identify the individuals and/or organizations that are defined as covered entities or business associates under the HIPAA rule.
3.7	Identify appropriate security measures for protecting PHI.
3.8	Identify the recommended encryption standard of healthcare records under the HIPAA security rule.
3.9	Given audio and SRT draft text, identify area(s) that require editing or modification for accuracy.

3.5 RHDS Sample Questions

1. **Which refers to a "blue" condition?**
   - o erythema
   - o **cyanosis ***
   - o melanoma
   - o jaundice

2. **Which sentence correctly expresses a plural Latin or Greek form?**
   - o **The sclerae were slightly icteric.***
   - o Examination showed both conjunctiva to be injected.
   - o Multiple pterygium may require surgical intervention.
   - o Both posterior and anterior fossa are clearly seen

3. **Family history is a section of what type of medical report?**
   - o Discharge Summary
   - o **History and Physical ***
   - o Operative Report
   - o Pathology Report

4. **What is a combining form for mucus?**
   - o mi/o
   - o myc/o
   - o my/o
   - o **myx/o ***

5. **Which of these abdominopelvic regions is located lowest in the body?**
   - o epigastric
   - o hypochondriac
   - o **hypogastric ***
   - o umbilical

6. **Which plane divides the body into upper and lower portions?**
   - o coronal
   - o frontal
   - o sagittal
   - o **transverse ***

7. **What is the term for inflammation of the intestines?**
   - **enteritis ***
   - nephritis
   - stomatitis
   - peritonitis

8. **Which is the plural of bronchus?**
   - **bronchi ***
   - bronchii
   - bronchuses
   - bronchae

9. **What is another word for deglutition?**
   - biting
   - chewing
   - salivating
   - **swallowing ***

10. **What is the tiny ball of capillaries in the cortex of a kidney called?**
    - **glomerulus ***
    - meatus
    - medulla
    - tubule

3.6 Transcription Against Audio

In this section, you will be asked to listen to a dictated excerpt and compare it to transcribed text in which one or more blanks are present. Your task will be to fill in these blanks with the missing information based on what is dictated in the audio file.

Keep in mind that the exam will be evaluating two critical skills in this section: (1) your ability to accurately interpret the word or phrase being dictated, and (2) your ability to express that word or phrase according to industry standards for grammar and style. Some items are specifically written to assess your ability to recognize a dictated error and edit appropriately, but do not make unnecessary edits (those that relate to preference of expression) – make only those changes that would be required to edit for clarity.

To be successful with transcribing in this section, please keep these notifications and instructions in mind:

- *Do not* include words or phrases already provided in the text. Transcribe <u>only</u> the missing information.
- *Do not* add commas or semicolons to your transcribed responses, even if you think they should be included; all punctuation (commas, semicolons, and terminal periods) has been provided for you. If a period follows the blank, do not repeat it in your blank. <u>*Do* use periods for abbreviations, if appropriate, and for decimal points</u>. Use of punctuation already provided will result in a mismatch against the answer key, and the item will be marked wrong.

- *Do not* include a space, tab, indent, or other visible or hidden character at the end of your response, as this will result in a mismatch against the answer key, and the item will be marked wrong.
- *Do not* use short-cut keys; this results in immediate termination of the exam.
- *Do* include hyphens, percent signs, virgules (/), and other symbols as necessary.
  Do capitalize the first word of your response if it represents the first word of a sentence or is a word that would require capitalization within the sentence.

Navigate from one blank field to the next by using either your mouse or the Tab key on your keyboard.

All blank fields are scored individually, so each blank correctly answered will receive a point. For example, if an item contains 3 blanks, and you only correctly fill in 2 of the 3, you will receive points for those 2 items. Questions not answered will be automatically marked wrong, so answer all items as best you can and mark for review if needed.

The media player, located below the DIRECTIONS and above the transcribed text, will not play automatically. It appears as shown below when it is idle and not in use:

Use your mouse to select Play [►]. While playing, the player appears as below:

The music note figure to the far right is the VOLUME control. You can increase or decrease the volume on each file by clicking the music note and sliding the bar up or down. The double-bar figure to the far left is the PAUSE control. Click this at any time to pause audio play.

As the audio plays, the black progress bar will move from left to right in the center area of the player. The progress counter at the far right of the center field will tell you how many seconds into the excerpt you are at any time. FAST FORWARD or REWIND the audio by using your mouse to slide the black progress bar to the left or right as far forward or backward you want to go. The audio file can be played repeatedly without restrictions and manipulated as often as you require. Use your mouse to navigate between the audio player functions and the transcription blank fields in the excerpt draft.

3.7 RHDS FAQs

What will the RHDS credential do for me as a new graduate?
Ultimately, industry employers are looking for workforce candidates with the ability to adapt quickly to the rigors of new proprietary technologies, account specifications, and variable complexities in dictation and document types. Industry graduates, no matter how well-prepared, will struggle with these challenges in the first year of employment. For that reason, industry employers know that a significant amount of time and fiscal resources will have to be invested in an industry graduate before that new HDS becomes a productive, revenue-generating member of their employment team. *Any* advantage a new graduate can demonstrate to a cautious industry employer will be critical, and credentialing is no exception. The RHDS

credential will tell potential employers that you have met the industry's minimum benchmarks for entry to practice and are able to demonstrate competencies contained in an established industry blueprint. A credential is no guarantee that a person is well-suited for the demands and rigors of this niche market, but it can give an employer confidence in a candidate's core knowledge.

Why should a specialty or private practice HDS consider taking the RHDS?
HDSs who spend many years working in a single-specialty (private practice or clinic) setting will find themselves at a significant disadvantage in the job market if a change in job setting becomes desirable and/or required. Being pigeon-holed in a single specialty can make it difficult for an HDS to secure employment in a different specialty or with a transcription service or hospital that will require that HDS to have a multispecialty skill set. Successful completion of the RHDS can demonstrate to potential employers that a specialty HDS also possesses knowledge and skill in a broader domain of clinical specialties and advanced document types.

Do I have to be a member of AHDI to take the exam?
No, you do not have to be a member of AHDI to take the exam. However, a sizable discount on the exam is given to members of AHDI, so we do suggest that you consider membership prior to completing the exam application. Visit the AHDI website for more information about membership.

May I use reference materials during the exam?
No. Reference materials are not allowed for online proctoring exams. Electronic aids such as spellcheckers and abbreviation expanders will not be permitted. However, the exam has been designed to test core knowledge, which should not require reference materials.

Is it true that there will be no foot pedal?
Ensuring the compatibility of foot pedal hardware and software is impossible in both an online testing environment as well as with multi-site testing centers around the world. You will be required to access audio files for this exam via the use of an audio player and your mouse. Audio excerpts for this exam do not exceed 2-3 sentences in length, making use of a foot pedal unnecessary for this process. You will have the ability to manipulate the audio player with your mouse for "Play," "Stop," and "Pause" functions, as well as the ability to move the position indicator slide bar to any point in the audio file for playback. *See Section 6.2 – Technical Requirements & Specifications for more information about the audio player.*

Can keyboard shortcuts be used instead of the mouse?
No. Although HDSs rely on keyboard shortcuts for efficiency in their jobs, keyboard shortcuts are not integrated into the exam platform, nor are candidates tested on their knowledge of keyboard shortcuts. *The use of shortcut keys results in immediate termination of the exam.* <u>Candidates must use the mouse</u> to navigate through their exam as well as to play audio files.

When will I receive my results?
The results will be available immediately upon completion of the exam. All candidates will receive a pass/fail report both on screen at the end of the exam and by email 30 minutes after completing the exam. If you pass the exam, you will receive a certificate in the mail 10 to 14 days after you earned your credential.

Will I see what items I got wrong?
You will receive only a "pass" or "fail" result and will not receive a score or breakdown of exam section results. It is prevailing practice with high-stakes credentialing exams to provide a pass/fail result *only*. AHDI does not publish its exam cut scores, nor do we provide candidates with specific feedback about performance. Our exams are designed to measure skill and competency and should not be used as a diagnostic indicator of exam readiness.

What if I pass only part of the exam?
You must pass the entire exam to become registered. If you do not pass the exam in its entirety, you will need to retake the entire exam.

How soon may I retake the exam?
If you do not pass the exam, there is a 4-month waiting period before you are eligible to take it again.

If I fail my exam, do I have to pay again to retake it?
Yes. The prices listed for the RHDS and CHDS exams cover the cost of only <u>one</u> exam. If you fail an exam, you'll need to wait the required 4 months before you can reapply for eligibility. Upon receiving your Authorization-to-Test letter, you will need to follow the instructions outlined in the letter to purchase and schedule a new exam.

Can I contest my exam results?
The only grounds for *contesting* an exam result is in the event of unforeseen technical or logistical difficulties that may have compromised your exam session. If you feel this has been the case for your exam session, you should file a complaint with AHDI directly, and the technical log of your exam session will be reviewed to determine if your exam was in fact compromised. If your session was deemed to have been compromised by a significant technical or logistical problem (this does not include internet connectivity issues, which are the responsibility of the candidate), AHDI may opt to refund your exam fees. Given your exposure to the exam, you would still not be eligible to reschedule for 4 months.

AHDI will not review <u>for any reason</u> the exam results of a first-time candidate. We will <u>not</u> respond to complaints or inquiries about failed exams on a first attempt. If you have failed an AHDI exam *more than once*, you may request a review of your exam file and general feedback on areas for improvement.

4   Certified Healthcare Documentation Specialist (CHDS)

4.1 Purpose and Description

The Certified Healthcare Documentation Specialist (CHDS) exam is based on the Level 2 AHDI Medical Transcriptionist Job Description and the competencies outlined in the AHDI Core Competencies. It is a voluntary credentialing exam for individuals who wish to become Certified Healthcare Documentation Specialists. The CHDS exam is designed to assess competency in medical transcription by determining if a candidate has the core knowledge and skills needed to practice medical transcription effectively in a multispecialty acute-care facility where variable specialties, document types, and difficulty of dictation necessitate an advanced level of clinical knowledge and interpretive ability.

AHDI recommends that candidates possess the knowledge and skills identified as Level 2 in AHDI's Medical Transcriptionist Job Description and outlined in the CHDS Exam Blueprint before attempting to take the exam. The CHDS Exam Blueprint is detailed later in this chapter. Potential candidates for the exam are advised to review the outlines and assess their knowledge and skills to determine their readiness for the exam.

Individuals who successfully complete this AHDI credentialing process are recognized as Certified Healthcare Documentation Specialists and are entitled to use the CHDS designation. The credential is valid for **3 years**. CHDSs are currently required to recredential by earning 30 continuing education credits (CECs) over their 3-year cycle. Upon passing the exam, each CHDS receives a wall certificate that shows the date the credential was obtained and the date through which the credential is valid (renewal date).

The CHDS exam consists of multiple-choice questions, fill-in-the-blank transcription against audio, and SRT editing against audio. These assessment types are used to test candidate knowledge and applied interpretive judgment in all knowledge domains represented on the CHDS Exam Blueprint, including *Clinical Medicine* and *Health Information Technology.*

The transcription performance portion of the exam consists of short items employing medical dictation and/or transcription that must be transcribed, proofread, and/or edited. It consists of dictation that is realistic and representative of that encountered under actual working conditions. The content areas and issues tested are listed in Sections 4.3 and 4.4 of this chapter. Dictation is selected for its appropriate medical content. The practical portion of the exam is designed to test a candidate's knowledge, skill, and ability to practice medical transcription effectively in today's healthcare environment. Emphasis in the practical portion of the exam is more on critical thinking skills rather than keyboarding, research, or other technical skills.

4.2 Eligibility and Requirements

Candidates may sit for the AHDI CHDS exam solely for the intent and purpose of seeking an AHDI credential and for no other purpose. Individuals who already possess the CHDS credential are not eligible to take the examination.

Who should take this exam?

- Registered Healthcare Documentation Specialists (RHDSs) with a <u>minimum</u> of 2 years' experience in acute-care transcription or multispecialty equivalent.
- Current Certified Medical Transcriptionists (CMTs)

Students, new graduates, and specialty HDSs are strongly discouraged from taking the CHDS exam unless or until the candidate has acquired the acute-care experience or exposure necessary to demonstrate competency in the domains evaluated on this exam. HDSs who are eligible to take the CHDS examination but have not earned an RHDS credential are required to demonstrate competency at the RHDS Level 1 prior to being eligible to sit for the Level 2 CHDS exam. CHDS candidates may choose to take the RHDS exam first and come back later to take the CHDS exam.

The CHDS exam targets Level 2 medical transcriptionist/healthcare documentation specialists as defined in the MT Model Job Descriptions. This document describes the Level 2 HDS as:

> *A medical language specialist who transcribes and interprets dictation by physicians and other healthcare providers in order to document patient care. The position is also routinely involved in research of questions and in the education of others involved with patient care documentation. The incumbent in this position is given assignments that require a seasoned depth of knowledge in a medical specialty (or specialties) or regularly given assignments that vary in report or correspondence type, originator, and specialty. Incumbents at this level are able to resolve non-routine problems independently or to assist in resolving complex or highly unusual problems.*

Candidates are advised to first assess their skills and knowledge of the content areas outlined in the CHDS Exam Blueprint of this Candidate Guide and prepare accordingly before registering to take the exam.

4.3 Content Focus

As described above, the CHDS exam is designed to assess the knowledge, skill, and interpretive ability of industry Level 2 HDSs in an acute-care setting. It is set up to test the key concepts, vocabularies, processes, systems, and standards outlined under the AHDI Model Curriculum and taught to students in HDS classrooms.

The knowledge and skill of CHDS candidates will be assessed through three question types:

- **Multiple-choice.** Most objectives involve assessment via a multiple-choice question type whereby the candidate will be asked to select an appropriate answer from a choice of 3-4 options, depending on the nature and scope of content.
- **Transcription with Audio.** Some objectives require assessment via practical application. Candidates will be given an audio clip with transcribed text containing "blank" fields that must be filled in by the candidate. Excerpts may contain one or more blanks, and each blank will be scored individually.
- **SRT Editing Against Audio.** For this section of the exam, candidates will be provided with a speech-recognized draft of text and the accompanying dictated audio. The candidate will need to identify the word or phrase captured in error by the SRT engine and transcribe the correct word or phrase in the field provided.

CHDS candidates will be given <u>120 questions</u> distributed by predetermined weight and scope within the following two content domains:

- **Clinical Medicine** – Questions in this section will assess the candidate's understanding of clinical terms, definitions, standards, and processes deemed to be <u>level 2 concepts</u>; i.e., those common to the transcription experience of an acute-care transcriptionist or editor, including:

  - ➢ Medical terminology
  - ➢ Anatomy
  - ➢ Physiology
  - ➢ Disease processes
  - ➢ Diagnostics – *laboratory medicine, imaging, classification systems*
  - ➢ Treatment – *pharmacology, surgery, special procedures*
  - ➢ Equipment and instruments

- **Health Information Technology** – Questions in this section will assess the candidate's understanding of technology terms and definitions deemed to be <u>level 2 concepts</u>; i.e., those that reflect the HDS's understanding of trends, drivers, and standards in the health information management domain, including:

  - ➢ Healthcare technology – *abbreviations, definitions, & best practices*
  - ➢ Electronic health record – *abbreviations, definitions*
  - ➢ Speech recognition technology – *abbreviations, definitions, & editing*
  - ➢ Standards, nomenclatures, and measurement systems – *abbreviations, definitions*
  - ➢ Content importing technologies – *definitions, terminology, & usage*
  - ➢ Gender identification – *definitions, terminology, & usage*

4.4 CHDS Exam Blueprint

All items written by the AHDI Credentialing Development item-writers are written to fulfill the objectives outlined on the CHDS Exam Blueprint. These objectives were determined by Job Task Analysis (industry and employer survey) to be the most critical to an HDS working in the dynamic, fast-paced environment of acute-care transcription.

Clinical medicine questions will be limited to the following clinical specialties, where the majority of content will come from the major specialties and a smaller percentage from the ancillary specialties:

Major specialties: *Cardiovascular, Dermatology, Endocrinology, Ophthalmology, Gastroenterology, Hepatology, Genetics, General Surgery, Hematology/Oncology, Infectious Disease, Neurology, OB/Gyn, Orthopedics, Otorhinolaryngology, Pain Management, Pediatrics, Plastic Surgery, Psychiatry/Psychology, Pulmonary Medicine, Rheumatology, and Urology.*

Ancillary specialties: *Allergy/Immunology, Dentistry/Oral Surgery, and Nutrition/Dietetics*

The CHDS Blueprint

Section 1	Clinical Medicine
1.1	Given a sentence, identify the correct use of a commonly confused medical term.
1.2	Given an audio excerpt containing a clinical term, correctly transcribe the excerpt, or given an excerpt with transcribed text, fill in the blank(s) representing omitted information.
1.3	Given a laboratory result, identify if the value is low, high, or normal.
1.4	Given an audio excerpt containing a laboratory term, correctly transcribe the excerpt, or given an excerpt with transcribed text, fill in the blank(s) representing omitted information.
1.5	Given an imaging study, identify processes, technologies, and patient positions used in that study.
1.6	Given an imaging study, identify common contrast media used in that study.
1.7	Given imaging study results or values, identify the associated disease or diagnosis, or given a disease or diagnosis, identify the associated imaging study results or values.
1.8	Given unique imaging study values, identify the correct expression or definition of the values.
1.9	Given an audio excerpt containing an imaging term, correctly transcribe the excerpt, or given an excerpt with transcribed text, fill in the blank(s) representing omitted information.
1.10	Given an audio excerpt containing a pharmacology term, correctly transcribe the excerpt, or given an excerpt with transcribed text, fill in the blank(s) representing omitted information.
1.11	Given an abbreviation, identify the correct term, or given a term, identify the correct abbreviation.
1.12	Given an audio excerpt containing any clinical term or abbreviation from a medical specialty, fill in the blank(s) representing omitted information.
1.13	Given a graphic showing anatomy or systems, identify the anatomy or system.
1.14	Given a position or location, identify the anatomical part of the human body.
1.15	Given a physiologic process, identify the steps or functions related to that process.
1.16	Given a sign or symptom, identify the disease or syndrome, or given a disease or syndrome, identify the sign or symptom.
1.17	Given a disease or syndrome, identify the treatment course.
1.18	Given a diagnostic test including laboratory studies, identify what is being measured.
1.19	Given laboratory test results or values, identify the associated disease or diagnosis, or given a disease or diagnosis, identify the associated laboratory test results or values.
1.20	Given an audio excerpt containing a diagnostic test, fill in the blank(s) representing omitted information.

1.21	Given a medication, identify the symptom or disease for which it is prescribed, <u>or</u> given a symptom or disease, identify the medication that is prescribed.
1.22	Given a diagnostic scenario that could include signs/symptoms, physical exam findings, diagnostic test results, and diagnosis, identify information about the signs/symptoms, physical exam findings, diagnostics test results, and diagnosis.
1.23	Given a classification system, identify the expressed score or grade.
1.24	Given a classification system result, identify the disease or affected anatomical part.
1.25	Given a surgical approach or technique (anesthesia, positions, incisions, suture techniques, etc.), identify the procedure with which it is associated.
1.26	Given surgical equipment or a surgical instrument, identify the procedure with which it is associated.
1.27	Given an excerpt from an operative report, identify the procedure that was conducted.
1.28	Given an audio excerpt containing a classification system or treatment term, fill in the blank(s) representing omitted information.
Section 2	**Health Information Technology**
2.1	Given an abbreviation, identify the correctly expanded form.
2.2	Given an EHR technology term, identify the correct definition, <u>or</u> given a definition, identify the correct EHR technology term.
2.3	Given scenarios, identify the correct application of Book of Style & Standards for Clinical Documentation (4th ed.) for resolving style conflicts in an SRT editing environment.
2.4	Given audio and SRT draft text, identify area(s) that require editing or modification for accuracy.
2.5	Given a term or concept related to nomenclatures or measurement systems, identify the correct definition.
2.6	Given a term or concept related to the use of a normal, standard text, or a template, identify the correct definition.
2.7	Given an example of a normal, standard text, or a template, identify the risk to patient care.
2.8	Given examples of technology or human-factor workflow problems, identify recommended best practices.
2.9	Given a definition related to content importing technologies, identify the correct term.
2.10	Given a scenario, identify acceptable and unacceptable uses of content importing technologies.
2.11	Given a term or concept related to gender identification, identify the correct definition.
2.12	Given a scenario, identify the appropriate policy recommendation for gender usage.

4.5 CHDS Sample Questions

1. Which of the following drugs is a cardiac medication?
   o **nifedipine ***
   o Flexeril
   o lithium
   o Proventil

2. Examination revealed an obese, white female in obvious respiratory distress and sweating _____.

   Which is the most likely term for the blank above?
   o perfusely
   o purposely
   o precipitously
   o **profusely ***

3. What is exophthalmos a symptom of?
   o exotropia
   o **hyperthyroidism ***
   o Addison disease
   o glaucoma

4. *The cavity was thoroughly irrigated with Bacitracin solution, and a 10 mm _____ was placed in the cavity and brought out through the intact skin lateral to the incision.*

   Which is the most likely term for the blank above?
   o **Jackson-Pratt drain ***
   o Foley catheter
   o Hickman catheter
   o Freer elevator

5. A patient who has been given a *FAB M1* classification has which disease or disorder?
   o adenocarcinoma of the colon
   o **acute nonlymphoid leukemia ***
   o malignant melanoma
   o hepatitis C

6. In what clinical setting is the phrase *-1 station* typically used?
   o visual acuity testing
   o cardiopulmonary stress testing
   o **labor and delivery ***
   o angiography

7. *Red blood cells are normochromic and range from microcytic to normocytic. There is occasional polychromasia. A few scattered teardrop forms are identified. Platelets are normal in number with occasional large and hypogranular forms.*

   The above excerpt represents which type of laboratory assessment?
   o **Peripheral blood smear ***
   o Complete blood count (CBC)

- o   Bone marrow biopsy
- o   Flow cytometry

8. **Which is given to treat hepatitis C?**
- o   Remeron
- o   **interferon ***
- o   acyclovir
- o   Retrovir

9. **The phrase *cup-disc ratio* refers to a measurement of which anatomical structure?**
- o   ear
- o   shoulder
- o   **eye ***
- o   spine

10 **If the patient is having surgery on his abdomen, he would be placed on the operating table in which position?**
- o   decubitus
- o   lithotomy
- o   prone
- o   **supine ***

4.6 Transcription Against Audio

In this section, you will be asked to listen to a dictated excerpt and compare it to transcribed text in which one or more blanks are present. Your task will be to fill in these blanks with the missing information based on what is dictated in the audio file.

Keep in mind that the exam will be evaluating two critical skills in this section: (1) your ability to accurately interpret the word or phrase being dictated, and (2) your ability to express that word or phrase according to industry standards for grammar and style. Some items are specifically written to assess your ability to recognize a dictated error and edit appropriately, but do not make unnecessary edits (those that relate to preference of expression) – make only those that would be required to edit for clarity.

To be successful with transcribing in this section, please keep these notifications and instructions in mind:

- *Do not* include words or phrases already provided in the text. Transcribe <u>only</u> the missing information.
- *Do not* add commas or semicolons to your transcribed responses, even if you think they should be included; all punctuation (commas, semicolons, and terminal periods) has been provided for you. If a period follows the blank, do not repeat it in your blank. <u>*Do* use periods for abbreviations, if appropriate, and for decimal points</u>. Use of punctuation already provided will result in a mismatch against the answer key, and the item will be marked wrong.
- *Do not* include a space, tab, indent, or other visible or hidden character at the end of your response, as this will result in a mismatch against the answer key, and the item will be marked wrong.
- *Do not* use short-cut keys; this results in immediate termination of the exam.

- *Do* include hyphens, percent signs, virgules (/), and other symbols as necessary.
- *Do* capitalize the first word of your response if it represents the first word of a sentence or is a word that would require capitalization within the sentence.

Navigate from one blank field to the next by using either your mouse or the Tab key on your keyboard.

All blank fields are scored individually, so each blank correctly answered will receive a point. For example, if an item contains 3 blanks, and you only correctly fill in 2 of the 3, you will receive points for those 2 items. Questions not answered will be automatically marked wrong, so answer all items as best you can and mark for review if needed.

The media player, located below the DIRECTIONS and above the transcribed text, will not play automatically. It appears as shown below when it is idle and not in use:

You will need to use your mouse to select Play [▶]. While playing, the player appears as below:

The music note figure to the far right is the VOLUME control. You can increase or decrease the volume on each file by clicking the music note and sliding the bar up or down. The double-bar figure to the far left is the PAUSE control. Click this at any time to pause audio play.

As the audio plays, you will note the black progress bar moving from left to right in the center area of the player. The progress counter at the far right of the center field will tell you how many seconds into the excerpt you are at any time. FAST FORWARD or REWIND the audio at any time by using your mouse to slide the black progress bar to the left or right as far forward or backward you want to go. The audio file can be played repeatedly without restrictions and manipulated as often as you require. Use your mouse to navigate between the audio player functions and the transcription blank fields in the excerpt draft.

4.7 Speech Recognition Editing

In this section, you will be asked to listen to a dictated excerpt and compare it to a speech-recognized draft that contains a word or phrase captured in error by the speech recognition engine. Your task will be to identify the word or phrase in error and provide the right word or phrase in the blank provided.

To be successful with editing in this section, please keep these notifications and instructions in mind:
- Your response should contain only the word or phrase replacing the wrong word or phrase in the transcribed text. Do not add words before or after your response that represent correct words already indicated in the text.
  - Example: In the sentence, *"The patient had blue stools,"* the word captured in error is *blue* and should be replaced by the word *loose*. In the answer field, type only the word *loose*, not *loose stools* or *had loose stools* or any other combination. Do not re-transcribe the entire excerpt.

- *Do not* add punctuation to your transcribed responses.
- *Do not* include a space, tab, indent, or other visible or hidden character at the end of your response, as this will result in a mismatch against the answer key, and the item will be marked wrong.

The media player, located below the DIRECTIONS and above the transcribed text, will not play automatically. You will need to use your mouse to select Play [▶]. There are volume controls as well as fast-forward and rewind functions, should you choose to use those options. The excerpts are short, so your use of those buttons should be minimal.

4.8 CHDS FAQs

Do I have to be a member of AHDI to take the exam?
No, you do not have to be a member of AHDI to take the exam. However, a sizable discount on the exam is given to members of AHDI, so we do suggest that you consider membership prior to completing the exam application. Visit the AHDI website for more information about membership.

May I use reference materials during the exam?
No. Reference materials are not allowed for online proctoring exams. Electronic aids such as spellcheckers and abbreviation expanders will not be permitted. However, the exam has been designed to test core knowledge, which should not require reference materials.

Is it true that there will be no foot pedal?
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Can keyboard shortcuts be used instead of the mouse?
No. Although HDSs rely on keyboard shortcuts for efficiency in their jobs, keyboard shortcuts are not integrated into the exam platform, nor are candidates tested on their knowledge of keyboard shortcuts. *The use of shortcut keys results in immediate termination of the exam.* Candidates must use the mouse to navigate through their exam as well as to play audio files.

When will I receive my results?
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What if I pass only part of the exam?
You must pass the entire exam to become certified. If you do not pass the exam in its entirety, you will need to retake the entire exam.

How soon may I retake the exam?
If you do not pass the exam, there is a 4-month waiting period before you are eligible to take it again.

If I fail my exam, do I have to pay again to retake it?
Yes. The prices listed for the RHDS and CHDS exams cover the cost of only <u>one</u> exam. If you fail an exam, you'll need to wait the required 4 months before you can reapply for eligibility. Upon receiving your Authorization-to-Test letter, you will need to follow the instructions outlined in the letter to purchase and schedule a new exam.

Can I contest my exam results?
The only grounds for *contesting* an exam result is in the event of unforeseen technical or logistical difficulties that may have compromised your exam session. If you feel that has been the case for your exam session, you should file a complaint with AHDI directly, and the technical log of your exam session will be reviewed to determine if your exam was in fact compromised. If your session was deemed to have been compromised by a significant technical or logistical problem (this does not include internet connectivity issues, which are the responsibility of the candidate), AHDI may opt to refund your exam fees. Given your exposure to the exam, you would still not be eligible to reschedule for 4 months.

AHDI will not review <u>for any reason</u> the exam results of a first-time candidate. We will <u>not</u> respond to complaints or inquiries about failed exams on a first attempt. If you have failed an AHDI exam *more than once*, you may request a review of your exam file and general feedback on areas for improvement.

5 When You Are Ready to Test

5.1 Submitting Your Eligibility Fee

Congratulations! You are now ready to apply for exam eligibility. By submitting an eligibility fee and requesting an authorization to test, you are confirming that you have:

1. Read and accepted the terms and policies outlined in this guide.
2. Reviewed the applicable exam blueprints and understand the competencies against which you will be evaluated on examination.
3. Understand the restrictions for determining which exam you will be deemed eligible to take based on prerequisite requirements.

Submission of the eligibility fee will constitute a request for authorization to test, and once granted, your exam eligibility will be valid for a period of 180 days from the date of processing. You will receive your Authorization-to-Test email within 5 days of eligibility fee submission. Once you receive your Authorization-to-Test letter, it is your responsibility to purchase your exam from the AHDI website. Once you have purchased your exam, a user profile will automatically be created for you with our test administrator, Examroom.ai, so that you can log in and schedule your online proctored exam on a date and time convenient for you. **If you do not register and take your exam within the 180-day eligibility window, your eligibility will expire, and you will forfeit your exam fees. You will need to reapply for eligibility.** Again, you pay your eligibility fee to AHDI first, and then you pay for your exam.

To submit your eligibility fee, go to the "Certification" tab on the AHDI home page and select "Sign Up for an Exam." Follow the instructions for adding the eligibility fee to your shopping cart. Submission of the fee is considered an online store purchase and requires you to be a registered user and logged in at the time of purchase.

5.2 AHDI Membership Discount

Membership in AHDI is not required to take AHDI's credentialing examinations. However, AHDI members do receive a significant discount on the credentialing exams as well as other valuable resources and benefits. Your eligibility and exam fees are paid directly to AHDI, then you schedule your exam with Examroom.ai. The price points offered to you on the Exam Fee webpage will be based on the membership type. Take advantage of the significant savings (reflected below) and myriad benefits of AHDI membership by purchasing membership before you submit your exam eligibility fee.

5.3 Exam Fees

Candidates seeking access to AHDI credentialing exams can find the pricing for these exams, based on membership status, outlined below:

RHDS Pricing (3-hour exam session)
Online proctored (OLP) exam, member: $100
Online proctored (OLP) exam, nonmember: $180

CHDS Pricing (3-hour exam session)
Online proctored (OLP) exam, member: $150
Online proctored (OLP) exam, nonmember: $230

Employers can participate in AHDI's bulk discount program as an affordable option for transitioning current workforce candidates through the exams and moving toward the goal of having a fully credentialed workforce for our industry.

6 Examroom.ai – Online Proctoring (OLP)

6.1 How it Works

Exam candidates will take their exams remotely via the Examroom.ai online proctoring (OLP) platform. Candidates will launch their exams from a compatible computer using Google Chrome and are monitored live throughout the exam session by proctors. This is made possible using webcam video feed, whereby proctors can monitor the test taker to ensure a secure exam session.

During a webcam-monitored session, exam candidates are asked to use a webcam such that the face of the candidate can always be viewed by the proctor. The session proctor will watch the candidate throughout the session to ensure the candidate is engaging in a high-integrity, secure exam interface. Candidates are required to take the exam in an isolated location to prevent interruptions (i.e., no other individuals can be in the room or testing area), are not allowed to access or use any resources or ancillary materials, and are restricted from accessing any other software or programs on their computers while the test session is in launch mode. Proctors communicate via on-screen chat messaging to alert candidates to conditions or concerns the proctors may have with the test session, and sessions will be terminated if a proctor feels that a candidate is engaging in any activity, including talking (even to themselves), that could compromise the integrity of the exam session.

6.2 Technical Requirements & Specifications

Candidates taking the online proctored exam should ensure compatibility with the recommended specifications for the testing computer, webcam, and microphone:

Computer & Internet Requirements
1. Windows or Macintosh Operating System**: Windows 8.1 or 10; Macintosh: Mac Catalina+ and Linux (Ubuntu 16.04 +).
2. Hard Drive – Minimum 256 Gb+ available space is recommended.
3. RAM – 4 Gb+.
4. Internet Access – Internet access of at least 3.0 Mbps upload speed and 25 Mbps download speed. Wireless/Wi-Fi connections are not recommended because of the likelihood of inconsistent connectivity and camera feed issues. If you opt to use a wireless connection and your exam is suspended due to poor connectivity, you will risk forfeiture of your exam seat and fees.
5. Webcam/Microphone – Must be in working condition and drivers must be up to date.
6. Installed Applications – Latest version of Google Chrome.
7. Screenshare – Must be enabled from system settings. Refer to this link if using Mac OS: https://docs.Examroom.ai/usermanual/mac-chrome/%23mac-screensharing.
8. Network Requirements – VPN or any firewall-enabled connection is not allowed.

Restrictions: Any scheduled or system resident software or hardware that has the capability to interrupt, intercept, or otherwise interfere with test delivery must be disabled during test sessions. This includes, but is not limited to:

- Software that has the capability to produce alerts, such as contact managers, calendars, email, etc.
- Screen and device capture utilities or anti-virus software
- Windows updates

> *NOTE: To avoid interruption during a test session, it is important that all test computer settings for Windows Update be set for manual updates. You can do this by going to the Control Panel and clicking Automatic Updates on the menu. Select the option Turn off Automatic Updates.*

6.3 What to Expect on Exam Day

Once you have submitted your eligibility fee, received your Authorization-to-Test email from AHDI, and paid your exam fees, you will log in to the Examroom.ai platform, where you will schedule your online exam. Once your exam is scheduled, you will be asked to go through several steps for biometric (identity) enrollment and technical setup, including capture and upload of a webcam-generated photo of yourself and typing DNA on exam day.

On the day of your exam session, you must log into Examroom.ai at least 10 minutes early and select the "Start Exam" button next to the exam reflected on your scheduling profile. To ensure a high-integrity exam process and limit the number of potential conflicts that could result in unexpected termination of your exam session, all candidates will be required to read and acknowledge the rules and restrictions noted below. Please read this list carefully and contact AHDI with any questions.

1. This is <u>not</u> an open book exam. Prior to logging into Examroom.ai, clear your desk of all books, reference materials, notes, and personal items.
2. Scratch paper is <u>not</u> allowed. Again, no notebooks, papers, or scratch pads can be on your desk.
3. No calculating devices, communication devices (e.g., pagers, cellular telephones), organizers, notes, reference book, dictionaries, or other aids are allowed.
4. Deactivate all pagers, cellular phones, and alarm-type watches until you have completed the examination and have disconnected from the test site. If you fail to do this and your phone or pager rings, you will be notified by the proctor that you have performed a disallowed act and you may forfeit your exam.
5. You will be asked 4 demographic questions prior to the start of the exam; these are required and are not optional. Please take the time to answer them honestly. Assessing your background and experience assists us in evaluating the performance of our exam items.
6. The examination has 120 questions, and a maximum of 3 hours is permitted. Your exam session will be terminated at that time, even if you are not finished. If you complete the exam sooner than 3 hours, you may submit your exam early. Your session is then completed.
7. Breaks are discouraged, but if absolutely necessary, you may take one 10-minute break. These are requested from the proctor during the exam. These should be used solely to use the bathroom, stretch your legs, or access food/drink. Failure to return to your desk and reinitiate your exam within the allotted break time frame will result in exam termination without refund.

8. You are permitted to have a drink on your desk during your exam, but it must be in a clear, unmarked container with no labels or writing on it. Food must be consumed during your break times and will not be allowed on your desk at any time.
9. Scoring is based on the total number of correct answers selected/entered. Since there is no penalty for choosing an incorrect response, you should answer all exam items.
10. For the multiple-choice items on this exam, each question has only one (1) correct answer. Read each question carefully before responding.
11. Do not read anything into the question that is not asked for. Be careful to make note of what the question is asking.
12. Instructions for the audio sections will be provided at the beginning of those sections. Please follow them very carefully to avoid formatting and keyboard errors.
13. You will have the option to mark items for review. Beneath each question, you will note a box you can check to mark an item for review. Before submitting your exam at the end, we strongly recommend you go back through your marked items on the left panel and review those completely. You can access these at any time by clicking the "Review items with the Flag" in the left panel. Once you submit your exam, you cannot return to these items, and they will be scored in whatever state you left them in, even if they are still marked for review; so if you choose to mark an item for review without answering it, remember to go back and select an answer or you will automatically be given zero points for each of those questions.
14. If you lose your connection while taking your exam (loss of video feed, interruption in internet connectivity, loss of electricity, etc.) or if your computer locks up/freezes, please log back into your exam immediately and connect with an onboarding agent or call Examroom.ai support immediately to notify the proctor and seek assistance from the tech support team.
15. If you do lose connection and need to relaunch your exam, the testing interface by default will take you to your first unanswered question. If this was an earlier item you skipped and you wish to get back to the question you were on at the time you lost connection, select "Review All" at the bottom of the item window. This will take you to a listing of all exam questions by number and enable you to go back to the question you were on. Those marked with an asterisk represent items you had marked for review.
16. When you have finished the exam, have reviewed all marked items, and are confident that you are finished, select "End Exam" in the bottom of your item window. Keep in mind that, once submitted, your exam session will terminate and you will have no further access to your items, so only select "End Exam" when you are sure you are ready to turn in your exam.
17. Do not use keyboard shortcuts during your exam. Although HDSs rely on keyboard shortcuts for efficiency in their jobs, keyboard shortcuts are not integrated into the Examroom.ai platform, nor are candidates tested on their knowledge of keyboard shortcuts. *The use of shortcut keys results in immediate termination of the exam*. <u>Candidates must use the mouse to navigate through their exam as well as to play audio files.</u>

6.4 Special Accommodations

Candidates seeking special accommodations for AHDI credentialing examinations for online proctored (OLP) exams need to request those accommodations and seek approval a *minimum of 30 days prior to testing*. Requests for accommodations related to test aids (reference books, foot pedals, scratch paper, calculators, and online resources) will not be accepted, as these items are prohibited for all candidates per the policies outlined in this guide (*See Section 6.3: What to Expect on Exam Day*), regardless of disability or special needs. For all other needs, particularly those related to visual or physical disability, medical condition/illness, etc., requests should be submitted via email to credentialing@ahdionline.org. Contact AHDI if you need assistance.

6.5 Online Proctoring FAQs

Can I use my foot pedal and headset?
Headsets are permitted, but foot pedals are not. Foot pedals are not compatible with the OLP testing software and audio player. However, the audio excerpts you will be asked to listen to and transcribe or edit are very short (2-3 sentences) and can be easily manipulated via the on-screen controls using your mouse.

Can I take the online proctored exam via my laptop?
If your laptop and operating system are fairly new and meet the specifications outlined in the Test Taker Manual, you should be fine, but it will be important to secure direct connection to the internet and *not* rely on a wireless/Wi-Fi connection.

What happens if I lose electricity or internet connection?
When there is a loss of power or a break in internet connectivity, you will automatically be logged out of the OLP exam, and your exam timer will pause until you log back in. If you lose electricity or internet connectivity, have a computer freeze-up, or your webcam stops working, you should attempt to log back in immediately. If you do not have the option to relaunch the exam, call Examroom.ai Technical Support right away (keep the number somewhere close by before you launch your exam) so that they can get you right back into your exam. You must log back in and finish your exam before close of business of your exam day or you will forfeit your exam seat and fees, and your exposure to the exam will mean having to wait 4 months before you can retake it.

How does Examroom.ai ensure my identity?
Part of your biometric enrollment process during registration will be to submit a webcam photo for your user profile. On exam day, you will be asked to take another picture of yourself so that the Examroom.ai proctor can match your exam-day photo with the one in your registration file. In addition, you will be asked to hold up your government-issued photo ID (or equivalent for countries where IDs are not issued) so that proctors can verify that the name on your ID matches the name of the candidate on file and capture an image of your photo ID. When prompted to show your photo ID, hold it 10 inches from your webcam for 10 seconds.

What happens if I need to cancel or reschedule my exam?
You can reschedule your OLP exam any time you want as long as it is prior to the 48-hour window **(2 business days)** just prior to your exam session. Prior to that 48-hour window **(2 business days)**, a candidate can log in to Examroom.ai and change the date/time of an exam. Once you are within the 48-hour window **(2 business days)**, you will be prohibited from changing your exam session date and time. No cancellations can be made, nor exams rescheduled beyond that point. If you choose to cancel your exam, a $30 administrative processing fee will be charged. If you fail to show up for your exam at the time originally scheduled, you will forfeit your exam seat and fees. In cases of emergent exception, Examroom.ai will allow a candidate to reschedule despite being within the 48-hour window **(2 business days)** or even after the fact, provided sufficient evidence can be provided to AHDI that an extreme circumstance was encountered. Rescheduling requests should be submitted to AHDI at credentialing@ahdionline.org.

7 Exam Preparation

7.1 Strategies for Exam Success

Successful completion of AHDI credentialing exams will depend not only on training and experience but very often on focused exam preparation and study. A goal-oriented approach to competency preparation can make the difference between earning and not earning that coveted credential. Candidates should consider any or all of the following recommendations for exam prep, independent exercise, and/or collaborative group study:

1. Know and understand your exam blueprint. The 120 items on the RHDS exam and the 120 items on the CHDS exam come from specific core competency objectives outlined on the exam blueprints for each exam. Understanding what competency is going to be evaluated for each objective will assist a candidate in more focused and purposeful study. Blueprints for both exams along with sample assessment items and FAQs are housed in this candidate guide.

2. Invest in exam prep resources and materials, such as:
- The Book of Style & Standards for Clinical Documentation, 4th Edition
- The Book of Style & Standards for Clinical Documentation Workbook
- The RHDS Exam Guide: A Walk Through the Blue Print*
- The RHDS Exam Audio Objectives CD
- RHDS Practice Exam
- The CHDS Exam Guide: A Walk Through the Blueprint*
- The CHDS Exam Audio Objectives CD
- CHDS Practice Exam

3. Join an RHDS or CHDS study group. One of the best ways to prepare for any exam is to partner with other candidates to study, learn, and tackle exam prep collaboratively. AHDI industry employers are some of the best sources for study group organization. Check the AHDI Events Calendar for available study groups. If you don't have a group meeting in your area, consider joining an online study group or hosting one of your own.

NOTE: Visit the AHDI website to view new exam prep resources published for both exams.

7.2 Recommended Study Materials

The exam covers a broad spectrum of knowledge and skills related to healthcare documentation, and no single set of resources can completely encompass all the information. This list is a sampling of references corresponding to each of the major content areas in the certification exam. It does not include all resources that could be helpful in preparing for the exam, nor is it intended to be an endorsement. It is not necessary to use any of these resources in order to pass the exam, and conversely, using all of these books will not guarantee passing the exam. The internet and local libraries and bookstores are excellent sources for these and other

references. It is preferable to use the latest available edition. Ensure online resources used are reputable. No reference materials may be used during the exam itself.

Comprehensive English dictionary, for example:
- *The American Heritage Dictionary of the English Language*, Houghton Mifflin Co.
- *Merriam Webster's Collegiate Dictionary,* Merriam-Webster, Inc.

College-level business English, for example:
- *Effective English for Colleges* (Hubbert-Miller), South-Western Publishing Co.
- *The Gregg Reference Manual* (Sabin), Glencoe McGraw-Hill

Comprehensive medical dictionary, for example:
- *Dorland's Illustrated Medical Dictionary*, Elsevier Science
- *Stedman's Medical Dictionary*, Lippincott Williams & Wilkins

Comprehensive medical terminology, for example:
- *The Language of Medicine* (Chabner), Elsevier Science
- *Saunders Manual of Medical Transcription* (Sloane/Fordney), Elsevier Science
- *The Medical Transcription Workbook*, Health Professions Institute

New and/or hard-to-find terminology, for example:
- *Let's Talk Terms* columns in AHDI's Online Learning Library

Abbreviation references, for example:
- *Global RPH* (online) – https://globalrph.com/abbrev/abc/
- *Stedman's Medical Abbreviations, Acronyms, and Symbols* (online) – https://stedmansonline.com/public/LearnMore.aspx?resourceID=Abbreviations
- *Medical Abbreviations: 15,000 Conveniences at the Expense of Communications and Safety* (Davis), Neil M. Davis Publisher
- *Taber's Medical Dictionary (Taber's Online),* FA Davis – https://www.tabers.com/tabersonline/view/Tabers-Dictionary/767492/all/Medical_Abbreviations
- *Medical Abbreviations & Acronyms,* Open MD Dictionary – https://openmd.com/dictionary/medical-abbreviations

Anatomy and physiology, for example:
- *Essentials of Anatomy & Physiology* (Scanlon/Sanders), F.A. Davis Co.: Philadelphia
- *Understanding Human Anatomy & Physiology* (Solomon/Phillips) (Elsevier Science)

Disease processes, for example:
- *Diseases of the Human Body* (Warden et al.), F.A. Davis Co.
- *Essentials of Human Diseases and Conditions* (Frazier et al.), Elsevier Science
- *Human Diseases* (Dirckx), Health Professions Institute

Style/transcription practice reference manual, for example:
- *The Book of Style for Medical Transcription, 4th edition*, AHDI
- *American Medical Association Manual of Style*, AMA, Oxford University Press

Pharmacology, for example:
- *Quick Look Drug Book*, Stedman's
- *Understanding Pharmacology* (Turley), Regents/Prentice-Hall
- *Medications: A Guide for the Health Professions* (Lane), F.A. Davis Co.

Surgery, for example:
- *Surgical Technology, Principles and Practice* (Fuller), Elsevier Science

Laboratory/pathology, for example:
- *Laboratory Medicine: Essentials of Anatomic and Clinical Pathology* (Dirckx), Health
- Professions Institute
- Stedman's Online – www.stedmansonline.com
- *A Word Book in Pathology and Laboratory Medicine* (Sloane/Dusseau), Elsevier Science
- *Manual of Diagnostic and Laboratory Tests* (Mosby's), Pagana

Radiology, for example:
- *The Language of Medicine* (Chabner), Elsevier Science
- *Understanding Medical Terminology* (Frenay/Mahoney), Wm. C. Brown Publishers

Healthcare record, for example:
- *The Book of Style & Standards for Clinical Documentation, 4th* edition, AHDI
- *Getting Practical with Privacy & Security Resource Book*, AHIMA
- *Health Information Management: Concepts, Principles and Practice* (LaTour/Eichenwald), AHIMA

Health information technology, for example:
- *The Book of Style & Standards for Clinical Documentation, 4th* edition, AHDI
- *HIMSS Dictionary of Health Information and Technology Terms, Acronyms and Organizations*, 5th Edition, HIMSS
- *Technology for the Medical Transcriptionist* (Bryan), Stedman's
- *Microsoft Word for Healthcare Documentation* (Bryan), Stedman's

Critical thinking in healthcare documentation, for example:
- *Advanced Medical Transcription* (Bryan), Pearson

8 Recertification

8.1 RHDS Recredentialing

The RHDS credential is good for 3 years and expires on the last day of the month in which the credential was obtained. *Example*: A healthcare documentation specialist who successfully passed the RHDS exam on September 3, 2021, would need to recredential by September 30, 2024.

RHDSs maintain this credential through participation in continuing education activities relevant to healthcare documentation and paying a recredentialing fee. Recredentialing is required every 3 years. RHDSs maintain and build on their competency in the field of healthcare documentation with continuing education (CE) activities. This is necessary for the practitioner to function effectively in today's fast-paced healthcare environment. A minimum of **20 continuing education credits (CECs)** must be accrued during that 3-year cycle, with at least 18 of these in the core areas of *Clinical Medicine, Technology & Tools, Professional Development,* and *Medicolegal Issues*. The remaining 2 required CECs may be obtained in either the Core areas mentioned above or the Optional area of *Complementary Medicine*. All 20 credits must be completed prior to the expiration date of the credential. CECs are documented on the RHDS Summary Form. This form, along with the recredentialing fee, must be turned in to AHDI up to 3 months prior to but no later than the expiration date of their credential.

At any time, an RHDS may opt to sit for the CHDS exam. If they pass, they relinquish their RHDS credential in favor of the CHDS credential and begin a new recertification cycle for their CHDS. If they do not pass, they continue in their cycle as an RHDS but must meet the recredentialing requirements in order to maintain their RHDS status.

Membership in AHDI is not a requirement for the RHDS credential; however, it is encouraged because of the opportunities and benefits afforded members.

Current RHDSs can find further information about recredentialing, filing an extension, forms and procedures related to recredentialing, and end-of-cycle submissions and processes in the RHDS Recertification area of the AHDI website.

8.2 CHDS Recredentialing

The CHDS credential is good for 3 years and expires on the last day of the month in which the credential was obtained. *Example:* A healthcare documentation specialist who successfully passed the CHDS exam on September 3, 2021, would need to recredential by September 30, 2024.

CHDSs maintain this credential through participation in continuing education activities relevant to healthcare documentation and paying a recredentialing fee. Recertification is required every 3 years. CHDSs maintain and build on their competency in the field of healthcare documentation with continuing education (CE) activities. This is necessary for the practitioner to function effectively in today's fast-paced healthcare environment. A minimum of **30 continuing education credits (CECs)** must be accrued during that 3-year cycle, with at least 26 of these in the core areas of *Clinical Medicine, Technology & Tools, Professional Development,* and *Medicolegal*

Issues. The remaining 4 required CECs may be obtained in either the Core areas mentioned above or the Optional areas of *Complementary Medicine*.

Membership in AHDI is not a requirement for the CHDS credential; however, it is encouraged because of the opportunities and benefits afforded members.

Current CHDSs can find further information about recredentialing, filing an extension, forms and procedures related to recredentialing, and end-of-cycle submissions and processes in the CHDS/CMT Recertification area of the AHDI website.