Quality Medical Editing for the Healthcare Documentation Specialist 1st edition Ireland Solutions Manual

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STUDENT EXIT OBJECTIVES BY CHAPTER

UNIT 1: CAREER DEVELOPMENT

Chapter 1: Professional Development

1. Understand the difference between traditional transcription and speech recognition editing.
2. Explain the difference between front-end versus back-end speech recognition.
3. Learn ways in which building knowledge is beneficial to job performance outcomes.
4. Define what a professional association is and the role it plays.
5. Learn about the Association for Healthcare Documentation Integrity and how professional associations can work together.
6. Understand what credentials are and why they are important.
7. Discover what credentials are available in healthcare documentation and how to become credentialed.

Chapter 2: Medical Editing as a Career

1. List the main differences between the HDS skill set and the medical editor skill set.
2. Give four potential areas of employment for the experienced HDS. How are they similar? How do they differ?
3. By what process do schools become "AHDI approved"?
4. How would attending an "AHDI approved" school benefit a student? Why would it matter?
5. What kind of password is the most effective?
6. List three ways to gain experience as a medical editor.
7. Review the 10 tips for job searching and interviewing. Which ones would work best for you? Which ones do you feel might not be helpful?

UNIT 2: LISTENING SKILLS

Chapter 3: Deciphering Accents

1. Assess your temperament for English-as-a-second-language (ESL) speakers.
2. Identify the components that make up an accent.
3. Learn to differentiate sounds and syllables.
4. Understand how to assess dictation appropriateness for inclusion in the record.

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Chapter 4: Medications: Usage, Idiosyncrasies, and Sound-alikes

1. Examine why correct medication and dosage identification is critical.
2. Name the various routes and methods of administering medications.
3. Classify medications by type and give examples.

Chapter 5: Front-End Versus Back-End Speech Recognition

1. Understand what speech recognition is and the difference between front-end and back-end.
2. Name at least three reasons speech recognition is helpful.
3. Identify at least three causes of speech recognition errors.
4. Recite at least three skills required of speech recognition editors.

UNIT 3: ELEMENTS OF MEDICAL EDITING

Chapter 6: Building Editing Skills

1. Identify at least three benefits of using speech recognition.
2. Name the three skills used in the medical editor role and how they work together.
3. Restate what types of tools are used in medical editing and how they or their use may differ from traditional transcription.
4. Summarize the meaning of using "active listening skills" and provide several examples.
5. Analyze how accuracy and clarity should be maintained in edited speech-recognized documents.
6. Define "contextual content" and provide examples of the three different types noted.
7. Show three types of edits that *should* be made against three types of superfluous edits.

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FEATURES OF THE TEXT

Designed to be taught in one semester, the core text features the following:

UNIT 1: CAREER DEVELOPMENT

Chapter 1: Professional Development

"Knowledge is Power" emphasizes how the healthcare documentation specialist (HDS) or medical editor must refrain from depending too heavily on electronic tools. These are handy time savers, to be sure, but the instructor must remind students that they can make our brains lazy. For example, we cannot recall phone numbers we used to know by heart because they are now stored digitally in cell phones, accessible to dial with the touch of just *one* button. This "digital dementia" can happen with medical terms, anatomy terms, laboratory data, drugs, spelling, grammar/punctuation, etc.—all of which are examples of critical information needed to accurately complete a job with the attention to detail the defines the HDS professionally.

"Professional Organizations" explains and defines the purpose of key organizations found in the medical field, how they work in tandem, and how they can be of benefit to their members and the public at large.

"Credentialing" reviews the credentialing process for healthcare documentation specialists, available only through AHDI—what it is, why it is important, and how to become credentialed. This section should be taught at the beginning of the semester; however, it would also be helpful to review these details at the end of the semester so students have a fresh reminder of the impact credentialing can have on their future job search.

Chapter 2: Medical Editing as a Career

All facets of the education of an HDS or medical editor, including online versus brick and mortar schools, are featured. Accented dictation, medication usage, and a thorough explanation of front-end versus back-end speech recognition are found in this chapter.

The section on gaining experience explains that completing QME gives students their first experience in medical editing. Emphasize this fact when explaining what is important to list on a resume. (Note to instructor: QME is designed to be completed in one semester.)

Job skills, knowledge, and responsibilities required of an HDS are listed along with a thorough discussion on the differences between an independent contractor and an employee.

Continuing education and career advancement are discussed. Tips on writing a resume are included as well as a sample resume and thank-you letter.

UNIT 2: LISTENING SKILLS

Chapter 3: Deciphering Accents

Accented dictation including foreign accents, regional accents, and congenital anomalies are discussed along with the HDS's use of good judgment in transcribing difficult dictation.

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Chapter 4: Medications: Usage, Idiosyncrasies, and Sound-alikes

This chapter continues the discussion of accented dictation. The importance of the HDS being able to transcribe medications, their dosages, and their proper routes of administration is explained along with the difficulty of medications that sound alike on dictation.
Three tables are included in Chapter 4:

- 4-1: Routes of Medication Administration
- 4-2: Generic Medication Stems, Categories, and Examples
- 4-3: Common Medication Sound-alikes

Chapter 5: Front-End Versus Back-End Speech Recognition

The text goes through front-end and back-end speech recognition, explaining the differences in approach for each, plus the challenges encountered for both the dictating physician and the medical editor.

UNIT 3: ELEMENTS OF MEDICAL EDITING

Chapter 6: Building Editing Skills

The text in this chapter gets into the specifics of medical editing, the benefits of speech recognition, and the mechanics of transitioning to this skill from straight transcription. Listening skills, the power of suggestion, when to edit, and the concept of "over-editing" are covered. Proofreading skills are added as well as style and formatting tips. Quality Assurance is discussed in this chapter.

UNIT 4: REPORT TYPES

Chapter 7: Correspondence

Samples of a memoranda and a followup letter are provided along with a discussion of styles, standards, and formatting. Two critical thinking exercises are included. An index with patient names for the 30 correspondence reports to be edited for accuracy and clarity is provided to the students.

Chapter 8: Radiology

A definition of radiology as a specialty, plus five Model Reports are included. A discussion of styles, standards, and formatting plus further definitions of several specialties within radiology are given. Two critical thinking exercises are provided plus an index with patient names for the 66 radiology reports to be edited for accuracy and clarity.

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Chapter 9: Acute Care

Acute care is defined, plus eight Model Reports are included. A discussion of styles, standards, and formatting, plus further definitions of the reports most often used in acute care are given. Two critical thinking exercises are provided plus an index with patient names for the 50 acute care reports to be edited for accuracy and clarity.

Chapter 10: Chronic Care

Chronic care is defined, plus seven Model Reports are included. A discussion of styles, standards, and formatting plus further definitions of the reports most often used in chronic care are given. Two critical thinking exercises are provided plus an index with patient names for the 50 chronic care reports to be edited for accuracy and clarity.

Glossary of Key Terms

Alphabetic listing of key terms from each chapter with definitions.

Appendices

Appendices A through H provide a wealth of information for students and instructors, both in *Quality Medical Editing* and on the job.

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TEACHING SUGGESTIONS

In planning strategies for teaching QME, all instructor materials are online; therefore, plan accordingly. Classwork and homework can be developed from any of the materials provided in the text. For example:

- Key Terms
- Learning Objectives
- Model Reports
- Styles and Standards (including formatting information as found in Chapters 7, 8, 9, and 10)
- Critical Thinking Exercises (with class discussion)
- Appendices B, C, D, E, and F

Special Materials

- A PowerPoint presentation is provided to instructors as a refresher on key grammar and punctuation rules, important in speech recognition editing.
- A&P Brain Drain throughout the text—these boxed questions are good discussion starters; they could also be assigned as homework.
- Dictation Snippets, provided to instructors under Student Activities, are designed for use as homework, classwork, testing material, or any combination thereof. The instructor is encouraged to be flexible in the use of these dictated sentences and phrases.

Section Overview

Unit 1: **Career Development** is intended to be taught first. Students should go through all the information contained in Chapters 1 and 2 as both explanatory and motivational for their career choice. The instructor should be prepared to discuss these issues, answer questions, and direct students to pertinent resources.

Unit 2: **Listening Skills** are essential to medical editing, and Chapters 3, 4, and 5 detail the experiences an HDS or medical editor will have on the job. These chapters are useful not only for the QME semester but as resource material to carry into the workplace.

Unit 3: **Elements of Medical Editing** gets to the essentials of what each HDS and medical editor must know and practice on the job every day. Chapter 6 prepares the student for the actual speech recognition that is coming in Chapters 7, 8, 9, and 10.

Before students begin their medical editing, alert students to possible problem areas in the online SRE reports—most of the problems have been footnoted for the instructor. Remind students:

- To review the model reports.
- To use the indices provided in the text, which list patient names.
- To keep their resource material handy and organized: dictionary, drug book, abbreviation book, Internet links.

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- That *The Book of Style for Medical Transcription* is the standard in medical transcription and medical editing. However, not all clients/employees use this resource. They may have additional site-specific or client-specific guidelines and preferences; therefore, students should remain flexible on the job.

Chapter 7: Correspondence: Thirty letters and memoranda. Do not be discouraged if your students have little to no knowledge of letters and memos. It is important they learn how these are constructed. Depending on where they are employed and the type of work performed, these may be part of their routine. Emphasize that the HDS must be prepared to edit whatever reports their employer dictates. As independent contractors, healthcare documentation specialists must be able to assure potential clients that they are prepared for any and all work assignments.

- Instructors can choose final exam correspondence and memoranda from the 30 reports provided in Chapter 7.

Chapter 8: Radiology: Seventy radiology reports of varying specialties and subspecialties are provided. Students can be allowed to edit all of these reports, or the instructor may choose to pick certain reports out of the 70 in Chapter 8, depending upon student needs or time constraints. Remind students that, on the job, x-ray films are usually dictated, transcribed, and charted within 24 hours.

Chapter 9: Acute Care: The fifty acute care reports in this chapter include surgery and emergency treatment records of varying specialties and styles. Students can be allowed to edit all of these reports or the instructor may choose to pick certain reports out of the 50 in Chapter 9, depending upon student needs or time constraints.

- Turnaround times should be discussed in this chapter, as The Joint Commission has specific requirements for admitting and preoperative History and Physical Examinations as well as Operative Procedures.
    - Consultation Reports usually have a TAT of 24 to 48 hours, but this can vary depending upon circumstances.
    - Discharge Reports usually must be completed and signed within 30 days of patient discharge, but this also can vary depending upon circumstances.
    - As far as the TAT for the HDS's work to be completed and delivered, that will be established and well known to the employee. Any breach of the HDS's TAT could be considered a breach of employment contract.

Chapter 10: Chronic Care: Fifty chronic care reports of varying specialties and styles are provided. Students can be allowed to edit all of these reports or the instructor may choose to pick certain reports out of the 50 in Chapter 10, depending on student needs or time constraints. Turnaround times for clinics and private practices vary; however, each working HDS has an established TAT for work to be delivered. This is included in the employment contract.

Student Activities, Quizzes and Test Bank

A&P Brain Drain (12)
Scattered throughout the text, these questions are designed to stimulate students in anatomy and medical terminology as they prepare for medical editing.

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Critical Thinking Exercises (11)
Spaced throughout Chapters 7, 8, 9, and 10 in the core text. Designed to be discussion questions regarding ethics and best practices, these do not always have "right" or "wrong" answers.

Dictation Snippets (60)
This activity is suitable for classroom, homework, testing, or some combination of the above, as the instructor desires.

PowerPoint presentation (1)
A grammar and punctuation refresher presentation intended for students prior to beginning Unit 3 in the core text. Instructors should plan for students to see this material in either Unit 1 or Unit 2.

Test Bank (36)
Contains 36 total reports, including 12 Radiology, 12 Acute Care, and 12 Chronic Care. These can be administered as the instructor chooses. Test Bank reports are no more difficult technically than those in the main body of work. They could be assigned at the end of each respective chapter, used as final exams, as homework, or as a combination thereof. Each report should be graded individually using the grading scale provided. Self-grading of these reports is an option as well. The instructor can choose which reports to use for testing depending on student needs and time constraints. These reports can also be used for homework, as the instructor desires.

Test Your Knowledge Quizzes
The four quiz types provided under Test Your Knowledge can be administered in class, online, as homework, or in a combination thereof. The quizzes will be graded online. The weight carried by the grades of each quiz and test report should be determined by the instructor.

- Choosing Correct Words (20)
- Discussion Questions (4)
- Defining Terms and Word Origins (24)
- Matching Quiz (24)

May be graded online or instructors may choose to assign no grades to these discussion questions.Passing grades for quizzes will be set by the computer at ____% [*instructor to decide*]. Quizzes can be redone up to three times each, as the instructor desires.

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EVALUATION SUGGESTIONS

Prior to Evaluation

Discuss with students exactly what is considered an error when editing grammar, punctuation, spelling, and sentence structure—both English and medical errors. Explain why over-editing must be avoided (refer to Unit 3, Chapter 6). Emphasize that in medical editing, what is not an error is just as important as what is an error.

As for style and formatting, explain to students that they must stay flexible on these issues as each client or employer is likely to have their own standards. On the job, students will maintain files with information on style and formatting instructions from each client or employer—hard copy or computer files.

Explain that neither report headers and footers nor boilerplate information is to be edited. If errors exist within these sections of a report, bring that information to the attention of the client or employer so that it may be corrected at the management level.

N.B.: Boilerplate information involves the standardization of language, which leads to quicker and more efficient dissemination of that information—preprinted on letters, reports, and forms. For example, at the bottom of a letter giving mammography results, a radiology practice might have information preprinted giving the benefits of self-exam of breasts. Also, "This document has been dictated but not read and is subject to transcription variation" is boilerplate information.

How and What to Grade

Each instructor chooses how to grade and exactly what to grade. Some may assign a grade to everything including homework, classwork, class discussions, medical editing, testing, or even attendance. Others may choose to assign grades only to medical editing and testing. This decision is made by each individual instructor based on student needs and time constraints.

Difficulty Level

Some instructors would prefer each SRE report to be evaluated as to beginning, intermediate, and advanced levels. The authors feel this is too subjective for *Quality Medical Editing*, as students come to this work from different perspectives. The needs of beginning HDS students versus more experienced HDS students will differ. Obviously, acute care surgical reports are more difficult than chronic care clinic reports. Some radiology reports are considered routine compared to an ultrasound of the pelvis containing precise measurements, as dictated by a radiologist with a heavy accent. Correspondence may be the most difficult of all, as many students are typically not taught proper letter formatting. Most do not write letters or receive letters of any consequence and might be flummoxed if required to transcribe one. Instructors are encouraged to evaluate the difficulty level of each report in QME, including the test reports, according to student needs and time constraints. What is easy for one could be difficult for another.

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Grading SRE Reports

Suggested Grading Scale for SRE Reports:

95 to 100% = A
94 to 90% = B
89% or below = redo

Types of Errors	**Points Deducted***
Misspelled medical word, wrong word used	1 point/word
Misspelled English word, words/phrases omitted	1 point/word
Grammar, punctuation, style, format error	0.5 point/occurrence

***Points deducted can be changed up or down according to the instructor's preference. Consider points to be deducted for the type of information students should edit that is not dictated; e.g., signatures, titles, sign-off blocks with dates, and so on.*

No Student Fails

Each report is redone by the student until it is within passing range. An HDS doing traditional transcription or editing is held to a 98% or higher accuracy rate in most companies. Instructors should keep this in mind. Devising a grading system that will orient students to real-world expectations will help them strive to meet that goal.

For grading reports, click on the Review Tab in Microsoft Word 2010 or 2013 to use the "compare" feature. Students can be given access to the solutions for grading their own reports. This can be quite successful for a *targeted* group of reports. These reports can be considered either homework or classwork.

Using the Compare Feature

You can use the files of correctly transcribed reports to correct errors in student transcribed reports by using the Compare feature in Microsoft Word.

If using Office 1997-2003:

1. Open the student's document.
2. On the Tools menu, click Compare and Merge Documents.
3. Then select the corresponding correct report from the Instructor Companion Website.

If using Office 2007 or later:

4. Open the student's document.
5. On the Review menu, select Compare. Choose to compare two versions of a document.
6. Select the file name for the student's document from the pull down menu under "Original Document."
7. Under "Revised Document," browse for the corresponding correct report from the Instructor Companion Site.
8. Click OK.

By following these steps, Word will show you the differences between the two documents. Keep in mind that *all* differences, including any differences in formatting, will be identified by this feature.

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Detailed Instructions for Student Self-grading of QME Reports Online

1. Instructor chooses reports from Chapters 7, 8, 9, and 10 and assigns them to students for editing and self-grading.
2. Once the first drafts of these targeted reports are complete, student forwards them to the instructor.
3. Instructor saves the first drafts and then sends to student the solutions to these first drafts.
4. Student creates final drafts by correcting first-draft reports according to the solutions. Students can use the Track Changes functionality within Microsoft Word when correcting first-draft reports.
5. Once final drafts have been completed, student forwards final drafts to instructor who saves them. Final-draft reports are intended to be ready for signature and charting.
6. Instructor reviews the students' final drafts, making corrections as necessary and adding explanatory comments. Track Changes or highlighting and footnotes may be used. If grading is to be assigned, it would be done now.
7. Final drafts are returned to student who reviews instructor's corrections and comments.
8. Question and answer period can follow until instructor and student are both satisfied that concepts have been understood.

N.B.: This method of student self-grading has been used with success for both student and instructor. Further grading of these *targeted* reports is not necessary but can be done if the instructor desires.

The balance of the reports from Chapters 7, 8, 9, and 10 as well as any test reports can be graded online using Track Changes. Some instructors use assistants to help with grading, others prefer to grade student work themselves, as time permits.

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Using Track Changes

Quickly and easily create and view edits in a document by using Track Changes in Microsoft Word.

Insert Track Changes:

1. Open the document.
2. On the Review menu, turn on Track Changes by clicking the icon.
3. Change settings as desired in Track Changes by clicking the dropdown menu (arrow) on the Track Changes icon.
4. Where an error or change occurs, begin typing or using function keys (such as the space bar, delete button, etc.) as usual. You will note colored markings in the document.

Track Changes can easily be reviewed and corrections or deletions made. It is recommended to turn off Track Changes before accepting or rejecting changes to ensure further markups are not included.

Review, Accept, and Reject Track Changes:

1. Open the document.
2. On the Review menu, turn off Track Changes by clicking the icon.
3. Ensure the cursor is at the top of the page, and then under the "Changes" section, use the *Next* and *Previous* arrows to move through the document changes one by one.
4. Click *Accept* to retain the change and *Reject* to delete the change and retain the original text.

Alternately, you can scroll through an entire document to review changes and either accept or reject all changes at one time by clicking the down arrows underneath the *Accept* and *Reject* icons and selecting "Accept all changes in document" and "Reject all changes in document," respectively.

Comments

Add notes or questions to words, phrases, sentences, or paragraphs to communicate your thoughts to others or as reminders for yourself.

While in the document, use the mouse or arrow keys to highlight text you want to draw attention to, and then click the New Comment icon. A text bubble will appear where you can begin typing. Some but not all font features of Word (such as italics and bold) are retained when using Comments.

Quickly move through Comments in a document by using the *Previous* and *Next* arrow icons under the "Comments" section.

Reply to a comment by clicking the existing Comment bubble in the document to highlight it and then click the New Comment icon. A new comment bubble will appear under the original, with the associated dotted lines mapping to each other for ease of clarity.

Delete a comment simply by clicking the *Delete* icon under the "Comments" section.

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ESTIMATED TIME TO COMPLETE QUALITY MEDICAL EDITING

Unit 1 (with discussion)	25 hours
Unit 2 (with discussion)	25 hours
Unit 3 (with discussion)	25 hours
Correspondence (30 reports)	20 hours
Radiology (66 reports)	40 hours
Acute Care (50 reports)	40 hours
Chronic Care (50 reports)	40 hours
PowerPoint Presentation (with discussion)	2 hours
Critical Thinking Exercises (11, with discussion)	2 hours
Student Activities and Test Bank	
Quizzes	3 hours
Radiology/Acute Care/Chronic Care (12 reports each, for a total of 36)	18 hours
Total for Semester: 240 hours	

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