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DICTATION GUIDE FOR CLINICIANS

PLEASE READ FOR DICTATION GUIDELINES AND TIPS!

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WELCOME

Welcome to iMedX Australia’s dictation and transcription service! If you are reading this, you have been given log-in credentials to allow you dictating straight away! Please read the following guide to better understand how the process works, and how best to get the most out of your dictation service.

DICTIONATION TIPS

Please take care when dictating to be as clear as possible:

- Try to keep your telephone, recorder or smartphone at the same distance from your mouth as you would when talking on the phone.
- Please dictate/spell names that may be difficult to understand or uncommon.
- To avoid confusion, try not to converse outside the dictation – simply pause the recording then resume when ready.
- Please do not eat while dictating.
- If possible, please do not dictate in a noisy environment or in an area like a corridor where your voice can echo, this can distort the audio.
- When dictating, speak in a normal speaking voice and please enunciate clearly. Speaking quietly, very quickly or even very loudly, can distort the audio.
- Avoid banging doors, file cabinets etc when dictating.

COMMENTS

You can also dictate comments to be left for staff with details of special instructions or attachments, eg “Please enclose most recent EEG report”

LETTER FORMATTING TIPS

Our typists will do their best to format as per standard AAMT guidelines, but you can also instruct the typist to format as per your layout and intentions!

Formatting Request	Dictate
New Paragraph (very important)	At the end of your sentence dictate “New paragraph”
Inserting Headings eg DIAGNOSIS	“New heading: DIAGNOSIS”
Bold, Underline or Italicize a word/sentence	“Please bold/underline/italicize this next word/sentence”
Inserting Numbered Lists	“Please number list the following paragraph under heading Medications.. Panadol.. // please END the number list”

Are we doing something wrong? Are we doing something right? Send feedback to support@ozescribe.com.au

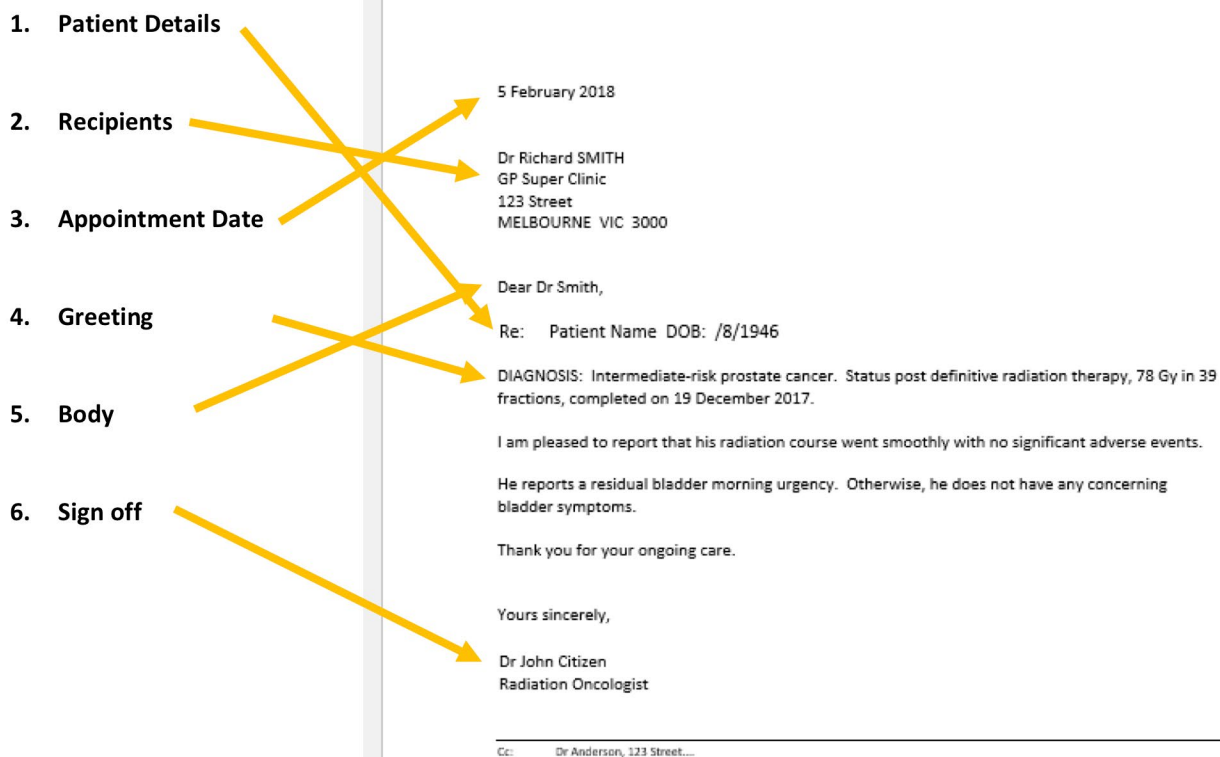
ORDER OF DICTATION

If unsure of what order to dictate a letter or report, simply think about the most important components of the letter i.e. Who is it about? Who is it going to? When was the episode? What was it about?

1. **Patient Details** – Dictate Name, UR and DOB
2. **Primary recipient name and address** – Dictate the recipient name, clinic name or street. **You can also dictate copies to CCs.** If you would like to send a copy to the patient or the patient’s family, simply dictate “copy to patient” or “copy to family”
3. Appointment date – date, month and year. **We will confirm this with the appointment in the database.**
4. Greeting eg “Dear John” **You may use Dear “Doctor, Dr Smith, or John” – we will transcribe as dictated for the Greeting – if “Dear Doctor” we will use “Dr Surname”**
5. Body of letter
6. Signoff

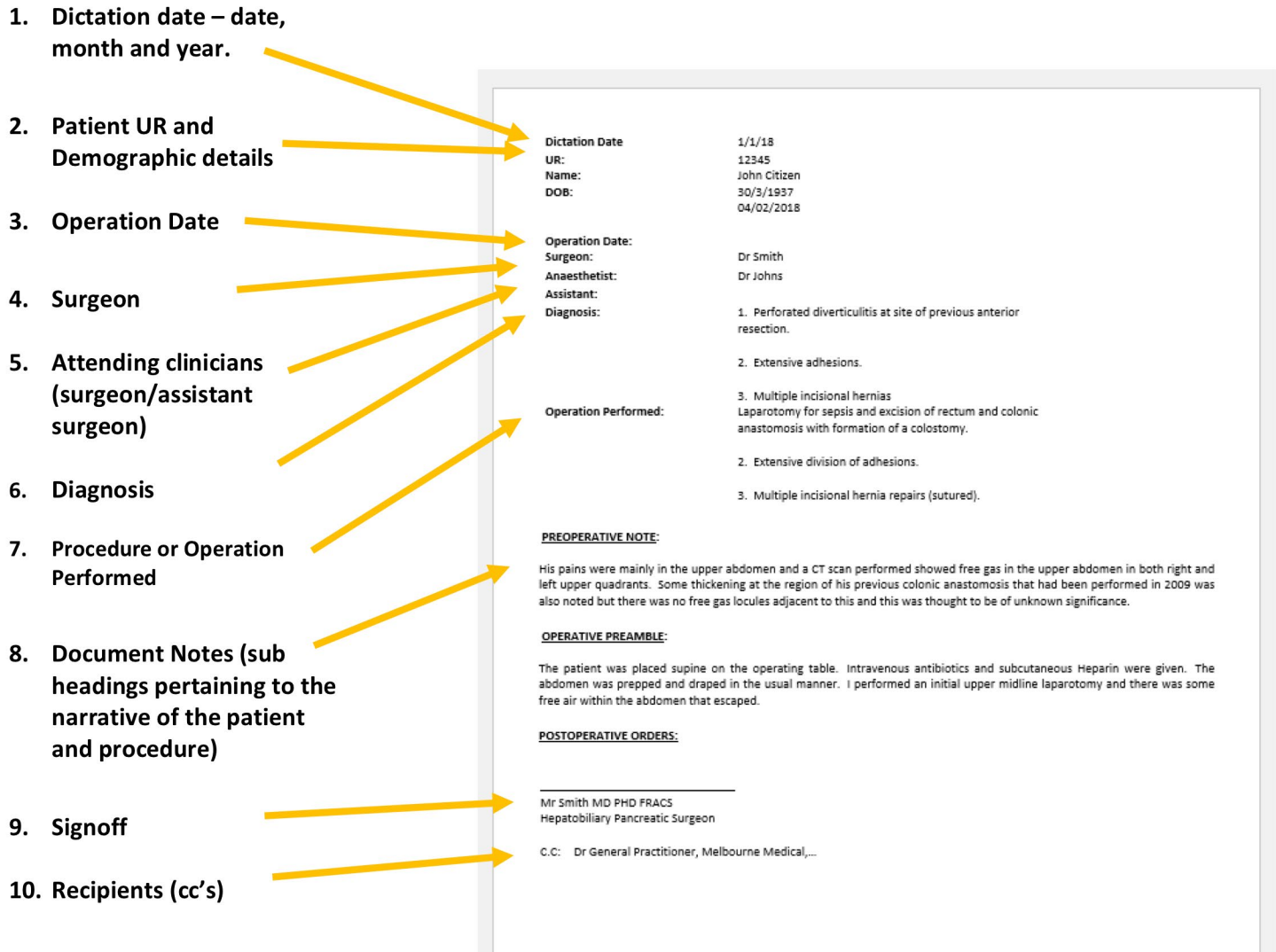
Giving more information in your dictation will result in faster, more accurate and easier processing from both Medical Transcription Team, and your Administration time – it will reduce the number of comments and queries!

DICTATING LETTERS – ORDER & LAYOUT



DICTATING OPERATION REPORTS – ORDER & LAYOUT

If your account has Operation Reports as a selectable document type, you must conform to a slightly different order of field dictation to ensure fast and accurate transcription is maintained.



1. Dictation date – date, month and year.
2. Patient UR and Demographic details
3. Operation Date
4. Surgeon
5. Attending clinicians (surgeon/assistant surgeon)
6. Diagnosis
7. Procedure or Operation Performed
8. Document Notes (sub headings pertaining to the narrative of the patient and procedure)
9. Signoff
10. Recipients (cc's)

<p>Dictation Date</p> <p>UR: 12345</p> <p>Name: John Citizen</p> <p>DOB: 30/3/1937</p>	<p>1/1/18</p> <p>12345</p> <p>John Citizen</p> <p>30/3/1937</p> <p>04/02/2018</p>
<p>Operation Date:</p> <p>Surgeon:</p> <p>Anaesthetist:</p> <p>Assistant:</p> <p>Diagnosis:</p>	<p>04/02/2018</p> <p>Dr Smith</p> <p>Dr Johns</p> <p>Dr Johns</p> <p>1. Perforated diverticulitis at site of previous anterior resection.</p> <p>2. Extensive adhesions.</p> <p>3. Multiple incisional hernias</p>
<p>Operation Performed:</p>	<p>Laparotomy for sepsis and excision of rectum and colonic anastomosis with formation of a colostomy.</p> <p>2. Extensive division of adhesions.</p> <p>3. Multiple incisional hernia repairs (sutured).</p>
<p>PREOPERATIVE NOTE:</p> <p>His pains were mainly in the upper abdomen and a CT scan performed showed free gas in the upper abdomen in both right and left upper quadrants. Some thickening at the region of his previous colonic anastomosis that had been performed in 2009 was also noted but there was no free gas locules adjacent to this and this was thought to be of unknown significance.</p>	
<p>OPERATIVE PREAMBLE:</p> <p>The patient was placed supine on the operating table. Intravenous antibiotics and subcutaneous Heparin were given. The abdomen was prepped and draped in the usual manner. I performed an initial upper midline laparotomy and there was some free air within the abdomen that escaped.</p>	
<p>POSTOPERATIVE ORDERS:</p>	
<p>_____ Mr Smith MD PHD FRACS Hepatobiliary Pancreatic Surgeon</p>	
<p>C.C: Dr General Practitioner, Melbourne Medical,...</p>	

FORMATTING TIPS

It is far more critical when dictating procedure reports to clearly and succinctly dictate the different fields as your progress through your report. Ie “Assistant Surgeon: Dr Bloggs” “Diagnosis...”

This will reduce the editing work required by you when reviewing the letters.

Unsure of what headings are available for your procedure or operation report? Contact your HIM department or support@ozescribe.com.au