

# DICTATION 101

Start with the elements of good dictation

1. Hardware/software involved (your equipment)
2. People involved (you, patient, MT)
3. The medicolegal document you create

## Management of Dictation Equipment

Rationale: Know your equipment. Different systems use different methods of reaching the dictation portion of the system. It is important to understand that how you enter the system may affect the correct patient identifiers and your signature line. Don't assume that you know how to use the system. Even if you have used the same company product before, it can be programmed to meet the specifics of an organization, i.e., entering medical record number or account number brings in the demographics. Ask to be trained.

Recommendation #1: Depending on the training environment, either:

1. Provide time and equipment for medical students to participate in tutorials (Can this be provided by the vendor?)
2. Provide a PowerPoint presentation or even a computer-based simulation environment that students would be able to manipulate.

Recommendation #2: Provide examples of "good" demographics and "bad" demographics, for example, if your facility's system is programmed to populate the demographics based on the account number and you dictate a medical record number, you could end up with a very different person's information.

## Basic Elements of Good Dictation

Rationale: There are many things that doctors can do to ensure a quality document as the end result of their dictation. Here are some of the basic elements that have been identified:

- Organize your data before dictating.
- Dictate in a secure, quiet area.
- Speak clearly and loudly.
- Always state your name and the name of the patient you are documenting care for. Include at least one other identifier (i.e., birth date). Take care to spell the patient's name – especially important with common names or unusual names.

- Clearly state the work type. Remember that facility work types change from organization to organization.
- Do not rush. Dictate at an even pace throughout the report so the MT can hear every nuance of a vowel or consonant in a word.
- Give hints in areas that could be misunderstood, such as ABduction or ADduction, hyPER and hyPO tension, one-five for 15, five-O for 50.
- Never use abbreviations unless stating what it stands for at least once in the report. Make sure the abbreviations you use are approved by the facility you are working in. Most approved abbreviations are facility-specific.
- When listing medications, never abbreviate. Spell any uncommon drugs. Many drugs sound alike, so be very clear (i.e., Endal, Inderal, MiraSept, Mircette). Try to dictate dosage instructions consistently (in the same sequence) throughout. If you rush anywhere, this is NOT the place to do it. Medicine errors cause deaths.
- Delineate lab values. While you are reading them and they make perfect sense to you, it can be very confusing to sort out what part of a number goes with what when you are just listening to a bunch of numbers. The transcriptionist cannot always tell where one value stops and the other begins. For example, the value "133.6" could be a single value, but it could also represent two separate values where a dictator fails to indicate a new lab test. Thus, a sodium of 130 and a potassium of 3.6 can sound like "133.6" if the dictator merely provides back-to-back values without a test indicator by dictating "130, 3.6...." and so on.

Recommendation: Lead students, residents and new trainees through a brainstorming exercise that highlights these issues of good dictation habits.

## Dictation Show and Tell

Rationale: Reinforce the above by using self-critique and group critique processes.

Recommendation #1: Use actual or studio created dictation on DVD or video. Have the dictator critique what they hear.

Recommendation #2: Have the trainer play a short snippet of dictation, have each student write down what they think it is, and then display the answer in a PowerPoint slide.