

e-Perspectives

on the Medical Transcription Profession

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A Plea for Silent Editing

We just finished developing *Interpreting Medical Dictation, Acute*

Care #2: Operative Reports, the fifth in the HPI Career Development Series, and it reaffirmed our need for silent editing of physician dictation to achieve greater accuracy and clarity. I know. Editing flies in the face of the widespread cry for verbatim transcription among a certain segment of the medical transcription industry. Not only is verbatim transcription not desirable if clear communication and medical accuracy are our goals, it just isn't possible to achieve.

To quote Ellen Drake in the guidelines for transcription: "We think it's asking too much of experienced, conscientious MTs to transcribe verbatim and that verbatim transcription communicates misinformation." HPI transcripts "represent the natural and often unconscious editing done by experienced MTs in that articles, pronouns, prepositions, and verbs have been added or edited . . . Grammar and minor syntax edits have also been made, as have formatting decisions (the insertion of headings, for example), . . ." She goes on to say that "medical errors . . . obvious misspeaks and discrepancies" have been corrected and footnotes have been added to suggest more extensive editing and/or flagging where appropriate." What physicians wouldn't want slips of the tongue corrected, like "The patient smokes two beers a day and drinks two packs," or references to surgery on the left leg in one paragraph and the right in the next. Dictating physicians are counting on the medical transcriptionist to be alert and, when necessary, to correct their mistakes.

Most highly skilled and experienced medical transcriptionists are natural editors. Lea Sims calls them *error capture specialists*. They even edit when they look in a mirror, and they compulsively edit when they read novels, newspapers, magazines, billboards, and other people's e-mails. Knowing when and how to edit medical dictation is an art and a science.

Speaking of the word "people's," last week I read a newspaper editorial that quoted the text of a politician's press release and placed (sic) after the word "people's." Who was well served by a (sic) after a careless or ignorant error? I was so annoyed with the shortsightedness of the copy editor (although I frequently wonder if the newspaper staff even employs a copy editor when I see headlines with blatant errors in 24 point type) that I totally lost the point of the entire editorial. A silent correction would have better served the reader as well as the author. Word to the wise—"a little learning is a dangerous thing" in a pretentious editor.

In the distant past a physician in our hospital practically had apoplexy when an inexperienced English major trainee typed a doctor's misspeak and then put (sic) after the wrong word used. When the physician read the report, he was livid! He tracked down the offending transcriptionist and yelled, "Don't you ever ever sic me again! Just fix the @#%\$% error!" It was a lesson I never forgot and I don't "sic."

It's a well known fact that no dictation is perfect, and medical documentation specialists silently and competently correct misspeaks, wrong word choices, and incorrect punctuation all the time, if they are doing their job properly. Easy fixes show respect for the physician while ensuring that the finished transcripts better reflect the high quality of medical care the patient received. We are all better served by silent editing appropriately applied.

This 59th issue of *e-Perspectives* is an outstanding mix of original articles by some of our favorite writers. Sidney Moormeister, Ph.D., provides a reflective piece: "The Chaos of Change: Some Thoughts on Our Industry, 2010," and Brenda Hurley updates MT business owners with "Red Alert to HIPAA Business Associates: HITECH Is Here!" Dr. John Dirckx's article focuses on the World Health Organization's surgical safety checklist. Rich Lederer, Ph.D., entertains and informs with two columns of Looking at Language. Four pages of new, difficult, or hard-to-find medical terms by Ellen Drake round out this issue in What's New in Medicine.



Sally C. Pitman

INTERPRETING ACUTE CARE DICTATION #1

Discharge Summaries • H&Ps • Consults
ED reports • HBO reports

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- Articles:
 - Editing
 - Research
 - Abbreviations
 - Slang & Jargon
 - Managing Risks
 - QA Best Practices
- Guidelines
- Quick-Reference List
- Prior-approved by AHDI for CECs



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- Autopsy reports
- Gross & microscopic reports in 9 specialties
- Guidelines, Exercises
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 - Contrast Radiography
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 - Computed Tomography
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 - Nuclear Imaging
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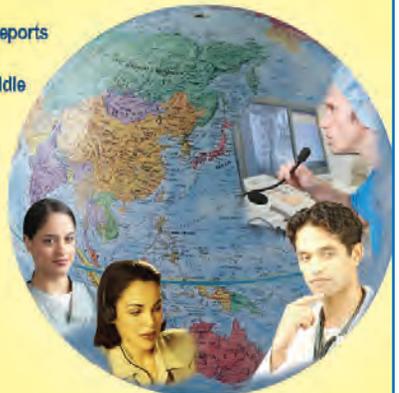
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