

The Hip Bone's Connected to the Thigh Bone

by Renee M. Priest, CMT

“The dictation line’s connected to the transcriber’s ear.”

A simple concept to an MT, but some days I think the folks who actually decide where dictation stations are placed have no idea at all where the sound really goes.

Darth Vader strides confidently through the emergency room door, pointing here, there, and with rasping voice: “Maximum nursing traffic, high-volume patient pass-throughs, nice echo effect of the ambulance sirens. Put that phone set right here in the middle of the room.”

Try deciphering actual spoken words against the backdrop of those noises all day long and you quickly understand why my mental vision of what these folks look like is less than favorable. My imagination conjures up something along the lines of the Gestapo agent from the first *Indiana Jones* movie, with a little sprinkling of the warden from *Cool Hand Luke* thrown in for good measure: “What we have here is a failure to communicate.” It is obvious to me that somewhere in that placement process the all-important fact that MTs must be able to HEAR the dictation in order to transcribe it was zapped with the light saver!

I bet it is sort of like watching a swarm of ants armed with automatic roll-up tape measures and industrial-strength headphones that block out the merest whisper of sound. Clutching blueprints under their arms, the sound engineers probably only separate long enough to measure the distance of dictation station location to patient bed. Then, punching those coordinates into PDAs, they instantly uplink to some central data bank for “where to place dictation stations” maintained on the Internet. Once updated, it is a done deal. From then on, in every single hospital that is built, the dictation station will be in the exact same noisy place! Judging by the sounds coming from my headset, I don’t think that is such a far-fetched assumption.

It is just as obvious to me that these instructions were created when the hospital was utterly deserted. “Sound whispered in the microphone, against the background noise of a patient in pain is connected to . . .” Well, it sure is not connected to the transcriptionist’s ear because what I am hearing bears no relationship to words.

I suspect the hospital may have had a patient visitation day from Hooters on the day these folks were doing calculations because it is pretty evident that whoever was in charge of the measuring tape was a bit ... errr ... distracted the day the nurse’s station dictation line was mapped out. How else to explain the fact that I can hear the doctor and nurse discussing the lunch menu in the cafeteria, but absolutely nothing about the medications the patient is supposed to be receiving stat? How else to explain the sound of charts being slammed down on the desk; the clanging and clinking noises of desk drawers opening and shutting; the incessant ringing of the telephone that no one is answering. Somewhere in that cacophony of sound is a

dictator’s voice and I can’t shake the feeling that if I just listen hard enough, I will be able to discover it! Sort of like mining for gold, swirling the water and the mud around over and over again until the gold nugget falls out.

“The microphone is connected to the phone line ...” Somewhere in those PDA downloadable placement directions there must be an entire chapter on just how far from the dictator’s mouth the microphone should be placed and exactly where that sound is going when it is sent off-site. I am, however, beginning to think it is written in ancient Greek because many of the dictators I encounter seem to have skipped over that chapter entirely. I suspect that some of them really do think that a tiny person is sitting inside the Dictaphone waiting to spring into action the moment sound activates the machine! “Hello, hello,” BAM, BAM, BAM, the sound of a finger tapping on the microphone ... “just making sure this is turned on and someone is listening.”

The directions for “mouth is connected to microphone” placement must include detailed “how to’s” for everything from swallowing the word in mid syllable to throwing the words at the microphone like spit balls. I guess the theory is that the speed of trajectory will force that word to land on the microphone, ending up in the transcriptionist’s ear by default. These seem to be behavior patterns that the process of downloading stamps into the dictator’s mind permanently, sort of like the collective consciousness of the Borg from *Star Trek*, because these dictation patterns are inevitably cross-institutional!

“The cafeteria is connected to ...” Actually I don’t know why anyone could have thought the cafeteria was connected to the dictation system, but obviously someone did. Recently a newspaper in Seattle offered the useful advice (“Return the dictation untranscribed.”) to an MT who had written a letter to the help column, bemoaning the “mouth full of food connects to clearly spoken dictation” theory. “If you or your company calmly returned these tapes to physicians, they might fire you and find people more willing to be abused. They might also cooperate. If you know or believe you cannot afford to risk a job no matter how much abuse is involved, realize this job will entail transcribing through mealtimes.”

I am trying to track down the author of that advice and find out how he/she managed to tap into the “dictation station placement” PDA master file. I know a couple of MT hackers who would love to get hold of those placement files and do a little “sound is connected to ...” rewriting!

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