

e-Perspectives

on the Medical Transcription Profession

Published by
Health Professions Institute
Modesto, California

September 2009
Issue 58

Editor & Publisher
Sally Crenshaw Pitman, M.A.

John H. Dirckx, M.D.
Ellen Drake, CMT, AHDI-F
Laraine Sookhoo

Circulation
Debbie A. Cook
Carmen Trammell

Cover Art
Sunset at GrandView, Cayamuca
Woods, California
Photo by Ellen Drake

e-PERSPECTIVES on the Medical Transcription Profession, an electronic magazine, is published periodically by Health Professions Institute, P.O. Box 801, Modesto, CA 95353-0801. Phone 209-551-2112, fax 209-551-0404. Send e-mail to hpi@hpisum.com. Copyright ©2009, Health Professions Institute.

Address changes and updates may be made on-line at <http://www.hpisum.com/register.ihtml>, or by mail or fax to Health Professions Institute, P.O. Box 801, Modesto, CA 95353-0801, fax 209-551-0404.

This electronic magazine is available to the public on-line at the Health Professions Institute Web sites: <http://www.hpisum.com> and www.SUMprogram.com. Correspondence should be sent to hpi@hpisum.com, and manuscripts to Editor, *e-Perspectives*. E-mail: spitman@hpisum.com.

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Everything Exists All at Once

As a member of the medical transcription industry for the past forty years, I've come to believe that everything exists all at once. That is, over the years we've enjoyed and suffered through many predictions of what the industry was going to be like in the future. And the future would sometimes be portrayed in very scary terms for those who were comfortable with the status quo. We were told in the late 1970s and throughout the 1980s that our jobs would soon be passé as speech recognition technology replaced us in the workforce. In the late 1970s we were still using IBM Selectric typewriters for medical transcription, and the automatic MTST machines and word processors were just beginning to take hold. The future seemed distant indeed.

Over the years the technology has greatly changed and everyone has long used computers of various levels of sophistication. The workplace has changed a great deal and fewer transcriptionists are working in medical facilities where the dictation originates. Thousands of medical transcriptionists are home-based, working for international companies using the most sophisticated technology and high-speed telecommunications. At the same time freelance transcriptionists are often home-based and work for solo medical practitioners and medical group practices in their geographic area. In the latter case, the work is usually done on the individual transcriptionist's personal computer, with electronic transmission of completed work. In many cases the dictation is still physically "picked up" and transcribed reports are "delivered" back to the medical office in various forms. And everything exists all at once.

That's why I marvel that so many news releases and reports attempt to describe the industry and its future in monolithic terms as if the electronic medical record is here and now. It isn't, as much as we would like it to be for optimal patient care. My own primary care physician (an internal medical specialist) doesn't even dictate office notes and initial office H&Ps. Instead she handwrites—yes, handwrites—detailed reports into the medical charts in her office, and my husband's neurologist does the same thing. These medical offices and thousands of others are a long way from computerization.

Speaking of computerization, this issue of *e-Perspectives* features an article by Laura Bryan on "Formatting and Character Restrictions in Healthcare Documentation" in which she clearly describes the technologies and limitations that influence the application of formatting and style guidelines in medical documentation. We need to know this because in many settings technology is changing not just HOW we do our work but WHAT work is to be done. Not only are we editing dictation transcribed by others or generated by speech recognition machines instead of recording the healthcare narrative ourselves, we're having to become even more computer literate. HIPAA, EHR, HL7, ARRA, HI-TECH—the mind boggles with acronyms relating to healthcare technologies and government regulations concerning healthcare.

Dr. John Dirckx describes and explains hyperbaric oxygen therapy to provide an understanding and context for transcribing HBO therapy reports. In "Do You Speak Medlish?" Linda Campbell provides examples and discusses errors and misperceptions of students in medical transcription. Rich Lederer entertains and enlightens us about American dialects and slang in two columns of Looking at Language. A full four pages of What's New in Medicine rounds out the 58th issue of *e-Perspectives* magazine.

All this information seeks to familiarize us with new technologies or old technologies being used in a new way. These articles ground us and remind us that we don't have to abandon the familiar and the comforting as we embrace the new.



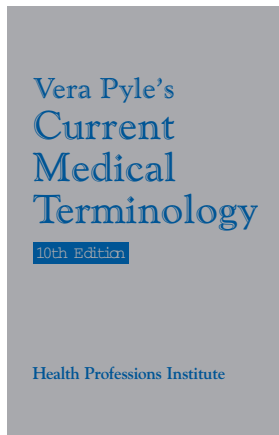
Sally C. Pitman

Vera Pyle's Current Medical Terminology, 11th ed.

****Electronic****

Transcriptionists have had “Vera’s silver book” on their desk for decades.

Now you can put it on your computer!



SMASH (simultaneous acquisition of spatial harmonics) method—used in MRI procedures.

anvil dunk—a procedure used in laparoscopically performed gastric bypass to construct a gastrojejunostomy. The head of a stapling anvil is used to invaginate the stomach wall in order to bring the surgically created openings in the stomach and jejunum into apposition and stabilize them while they are being sutured together. See also *dunked end-to-end anastomosis*.

bird-beak sign (Radiol)—abrupt, smooth tapering of the distal esophagus on barium swallow, an indication of achalasia.

black knee prosthesis—a femoral component consisting of zirconium metal that has been heated and cooled in oxygen. This oxidizes the surface 5 microns of the metal and turns it into a black ceramic finish.

capillary isotachopheresis (cITP)—a modification of electrophoresis in which the use of two electrolytes with different chemical properties permits more rapid and more complete separation of analytes. It is a more sensitive means of measuring LDL subfractions in plasma.

8-to-S-plasty—a modified technique for closing a skin defect shaped like an 8 (two adjoining round lesions). The traditional method of repair by creating a single elliptical defect sacrifices healthy skin. In the Burow 8-to-S plasty, one triangle of skin with its apex at the constriction in the figure 8 is advanced to close one of the circular defects, and the other triangle of skin is advanced to close the other. No incisions are required and no skin is sacrificed. The suture line after closing resembles an “S”.

odd facet of the patella—the 7th facet of the articular surface of the patella, being the most medial portion. Only at 135 degrees of flexion does the odd facet contact the medial femoral condyles. Therefore, in most patients, it is a very underused part of the articular surface. Underuse has been incriminated as a cause of damage to the articular surface, an example being chondromalacia.

rendezvous laparoendoscopic technique—a technique used in endoscopic sphincterotomy to facilitate the identification and cannulation of the papilla. Using this technique, a guidewire is inserted through the cystic duct, caught with an endoscopic polypectomy loop, extracted from the operative channel and cannulized with a sphincterotome. This is then pulled through the papilla in the common bile duct, thus completing the

This 11th edition of
Vera Pyle's Current Medical Terminology
is available **only** in electronic format!

Features of electronic version:

- Glossary format: Definitions, explanations, and examples of usage in dictation.
- New, difficult, and “odd-ball” terms that are hard to find or verify.
- More phonetic entries than ever.
- Researched and compiled *by* transcriptionists *for* transcriptionists.
- Numerous bookmarks and major category headings make browsing easier.
- Convenient search capability instantly takes you to all uses of your word.

System Requirements:

- Windows 2000, 2003, XP, or Vista
- LockLizard Safeguard PDF Viewer (free)

*“Vera on my computer?
I'm in heaven!”*

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