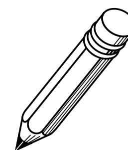
Editing: Rediscovering the Dialogue



by Ellen Drake, CMT

"Editing and transcription practices are the single most important area of concern to medical transcriptionists," wrote Sally C. Pitman, then editor of *Journal of the American Association for Medical Transcription*, in the Fall 1983 issue. Ten years later, these are still important issues that are brought up at every gathering of transcriptionists and, as two recent seminars revealed, medical transcription educators. To those educators, equally important issues include how best to prepare transcription students to edit and how to teach students editing practices and when not to edit. This and future articles will address these issues.

Rationales for Editing

Physicians do not dictate as they would write (neither would we, if we had to dictate). Most editing is done so unobtrusively that the majority of dictators never suspect that their dictation has undergone revision, or that it needed it. Those who do discover that dictation has been edited appreciate the improvement.

Vera Pyle tells this story:

> I was transcribing the manuscript of a textbook by a physician for whom I had worked in the past. He is a well-educated, extremely literate person. He is a published poet, a musician, a composer, a teacher—a real Renaissance man. So it was with some trepidation that I presumed to suggest changes. I transcribed the page the way he dictated it, and then I gave him my version as well. He read it and beamed. "This is a tremendous improvement," he said. "You know, Vera, together we could rule the world!"
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> Quoted in *The SUM Program Beginning Medical Transcription*, p. 5

Of course, physicians will not appreciate tampering, altering medical content incorrectly, or obliterating their style, but most, like the physician in the story above, appreciate being made to look good.

The goal of medical transcription is, or should be, the communication of medical information about a patient as clearly, concisely, and accurately as possible. On the most basic level, this requires constant decision-making regarding syntax, punctuation, and grammar. At the phonetic level, producing an accurate document involves discriminating among sounds which convey meaning and those that don't (background noises, asides, and the like), analyzing dialects and accents, and constantly choosing between various soundalikes and near-soundalikes. Producing a quality medical document becomes most difficult when dictation is garbled, unclear, incomplete, or medically inaccurate. And it is this latter area that creates the greatest controversy in editing.

It is nearly impossible to transcribe dictation without inadvertent editing. The omission or addition of articles, prepositions, and other minor words represents only a small part of the unconscious editing that takes place everywhere at all times. Recognizing the necessity and inevitability of altering the dictated document makes thoughtful, purposeful editing much more logical and desirable.

The number of variations heard (several of which may be acceptable) for a given dictated expression is directly proportional to the number of pairs of ears listening. How many times have you asked one or more co-workers to listen, and everyone heard something different? Did the dictator say "adnexa were thickened, nodular" or "thick and nodular." Some may hear, "She has some dorsal asymmetry in the nose." Others hear "There was some dorsal . . ." These examples illustrate variations that make little or no difference in meaning. On the other hand, how many times have you transcribed something that sounded okay but listened again only to hear something different that also sounded okay but significantly changed the meaning? For example, on the recent certification exam, one transcriptionist heard the phrase "I wondered if . . ." but on listening again during proofreading heard, "I warned her that if . . . ."

It is shocking that there are still supervisors, attorneys, and risk management personnel who direct transcriptionists to "type exactly what the doctor says." Editing is necessary to good risk management. An attorney speaking at an AAMT chapter meeting wanted to emphasize how important quality transcription is. She held up a large posterboard with an excerpt from a medical report that contained a typo magnified in eight-inch letters and said, "When you make a mistake, this is what we make it look like in court." Indeed, attorneys for the plaintiff in a suit make as big an issue as possible of anything that will make the defendant look bad. If typos can influ-

ence a jury in a malpractice or liability case, grammar errors, garbled sentences, and, most damaging of all, medical content errors should be avoided at all costs.

Dr. John Dirckx, in his article "Dictation and Transcription: Adventures in Thought Transference," writes:

> By choosing to dictate a document rather than write it out, the dictator not only sidesteps many of the mechanical tasks associated with composition but implicitly delegates these tasks to the transcriptionist. No dictators have such perfect powers of concentration that they never accidentally repeat themselves, never inadvertently substitute one word for another, never leave a sentence unfinished. Sooner or later, the most alert and cautious dictator makes each of these mistakes, and others besides. Clearly, these normal human lapses ought not to be reproduced in the transcript, and just as clearly the duty of identifying and correcting them devolves on the transcriptionist.
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> The transcriptionist performs various analytic and interpretive functions and modifies the record by a complex series of deletions, additions, and alterations. . . . The editing process is done with a constant mental awareness based upon a solid foundation of medical and grammatical/stylistic knowledge. As such, medical transcription is both an art and a science.
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> *Perspectives* (Summer 1990), p. 36

Let's look at some of the less controversial editing practices of most quality-minded transcriptionists: choosing and manipulating format, recognition and interpretation of sounds, supplying punctuation and correcting grammar and style, and minor editing of content.

Choosing and Manipulating Format

Physicians rarely specify format. Sometimes, those that do are overruled by an institution's preferences. It is up to the transcriptionist to choose the appropriate format for a report, using the guidelines established by the institution or department. The transcriptionist is usually the one who decides what dictated information goes with which headings and when to paragraph.

Recognition and Interpretation of Sounds

The phonetic rendering of the sounds the transcriptionist hears is based on the recognition and interpretation of those sounds. This is editing and requires that the transcriptionist:

- select those sounds that have meaning from those that don't
- insert silent letters
- analyze dialects and accents to select appropriate spellings
- recognize and correctly transcribe mispronounced words
- differentiate between preferred and less preferred spellings
- remember medical words that change spelling as they change form
- choose the appropriate spelling from among soundalike words

Soundalikes cause many of the errors made by experienced and inexperienced transcriptionists alike. Choosing the wrong word is not editing; it's a transcription error and should be studiously avoided. Is it *peroneal* or *perineal*, *breech* or *breach*, *Buerger's disease* or *Berger's disease*? When the physician dictated *malignment* (libel), was *malalignment* (out of alignment) intended?

A transcriptionist should never type a word whose meaning is unfamiliar, even if certain of the spelling. One inexperienced transcriptionist had to be threatened with being fired before she would give up her favorite word book. The book listed many soundalikes as well as less preferred spellings, and she was forever choosing the wrong word or the less preferred spelling because she was too lazy or in too much of a hurry to check unfamiliar words in the dictionary. Naturally, the wrong word or less preferred spelling seemed to be the one that appeared first alphabetically.

Even these routine functions, often undertaken unconsciously by the transcriptionist, may have significant impact on the meaning of the report. Physicians sometimes dictate nonwords, especially by using an incorrect prefix or suffix. For example, a physician who dictates *nonsensible* may mean *nonsensical* or *insensible* (a major difference in meaning). If *varicoces* is dictated, the physician might mean *varicocele* or *varices*. The transcriptionist must use the context of the report to determine which word is intended. A common dictation error of this type is the dictation of a word like *nonavoidable* (not in any dictionary) for *unavoidable*. Some nonwords are actually mispronounced words, such as *reoccur* (recur), *reoccurence* (recurrence), *recannulization* (recanalization). The words in parentheses are the correct choice.

Supplying Punctuation and Correcting Grammar and Style

Punctuation. Although some physicians dictate punctuation, most do not. The transcriptionist must determine if dictated punctuation is correct and alter it if it is not. Punctuation not dictated must be supplied. There are times when it may be difficult to tell if a clause or phrase belongs at the end of a preceding sentence or the beginning of the next one. The transcriptionist must analyze the context of the report and determine the position and punctuation associated with that phrase.

Look at the following sentences about trusted sources: "Dictionaries are a very good source, but I have found errors in even the most respected. Next are textbooks, although I am

finding that they too often have errors." How is the meaning changed by merely adding a comma before and after *too*?

A physician at one hospital who did dictate punctuation was especially fond of semicolons. Almost every sentence he dictated included at least one and many included two, three, and sometimes more. Transcribing the punctuation as dictated made his reports difficult to read and understand, often requiring the re-reading of a sentence several times. Changing many of his dictated semicolons to periods contributed to the clarity of his reports.

Agreement errors frequently cause problems, particularly for the foreign dictator, and subject-verb agreement errors are probably the most common dictation error corrected by transcriptionists. These errors are often due to separation of the subject from the verb by prepositional phrases or intervening clauses. The transcriptionist must catch in real-time proofreading what the ear of the dictator does not catch as he talks. When the physician dictates, "The edema in both legs have not yet responded to diuretics," the transcriptionist should correct the verb to *has*. Another example: "There do not appear to have been any associated eye blinking or other automatisms" should be edited to "There does not appear" to make the verb agree in number with the subject "eye blinking."

Another common dictation error is the lack of agreement between pronouns and their antecedents and the failure to have an easily identifiable antecedent for a pronoun. For example, a physician dictated, "The dog was removed from the house with no change in his symptoms." Is it the dog's symptoms the physician is concerned with or the patient's? "His" should be edited to "the patient's" for clarity. A more subtle case of agreement appears in this sentence: "Neutrophils have several different names, all derived from the fact that their cell nucleus is lobulated into segments." Multiple neutrophils have multiple nuclei, so "cell nucleus is" should be edited to "cell nuclei are."

Foreign physicians sometimes misplace modifiers by putting them in the position they would occupy in the physician's native language. For example, "The patient tolerated well the procedure." While the meaning of this sentence is abundantly clear, the physician looks much more knowledgeable (and to some, competent) if the transcriptionist moves the adverb to the end of the sentence.

In summary, the editing of grammar, punctuation, and syntax requires that the transcriptionist have excellent English skills and knowledge. Mistakenly editing grammar or punctuation that is already correct results in edicts like "no editing, ever."

Minor Editing of Content

Minor editing decisions made by transcriptionists that do not affect meaning include the following:

- deleting redundancies
- differentiating between brief forms and slang
- translating slang forms
- investigating and correcting inconsistencies

These types of changes are necessary for clarity and conciseness. Slang, especially, should be translated into acceptable forms, as slang may make the dictating physician appear careless, sloppy, and unprofessional. Differentiating between brief forms and slang may include some gray areas, but in general, acceptable brief forms are taken from the beginning of the word they represent and are easily recognizable; slang forms, while sometimes taken from the beginning of a word, may also be taken from the middle or end of a word and are not easily recognizable.

Inconsistencies, such as left/right discrepancies, gender discrepancies, and inconsistencies in lab results or medication dosages, should be investigated. If it is possible to determine what is correct, that is what should be transcribed. If the discrepancy cannot be resolved, or if it constitutes a major problem, the report should be flagged and a note written to the dictator.

Major Editing of Medical Content

While most practitioners accept the kinds of editing described above (even when they say they don't), controversy continues over editing changes that alter medical content or produce major revisions in structure, grammar, or style. Substantial editing of a dictation may need to be discussed with a supervisor, should always be done with great care, and should be flagged for the dictator's approval. A later article will illustrate when such editing is necessary and suggest appropriate changes. The issue is briefly discussed below.

The greatest controversy in editing involves the substitution of a different word based on contextual meaning and the substantial editing of medical content. Following are examples of word substitution:

Dictated: Vitamins are given to supply a deficiency.
Transcribed: Vitamins are given to correct a deficiency.

Dictated: In lieu of the patient's high fever, antibiotics were continued.
Transcribed: In view of the patient's high fever, antibiotics were continued.

Editing medical content requires a superior fund of knowledge in the areas of medical terminology, anatomy and physiology, pharmacology, laboratory medicine, surgery, and pathology. Editing of medical information should be done only when the transcriptionist can give a sound explanation of the reasoning behind the changes and support that reasoning in medical reference books. For example, if "forced ventilatory capacity" is dictated, editing to "forced vital capacity" could be justified because that is the name of the test. However, if there is any doubt as to the exact intended meaning, no editing should be attempted, and the dictation in question should be brought to the attention of the supervisor or dictator for clarification.

Muddled sentences, dangling modifiers, and other awkward phrasing should be rearranged or rephrased. Consider this sentence: "Visual acuity in her right eye was light per-

Acceptable Brief Forms

bands	banded neutrophils
basos	basophils
eos	eosinophils
exam	examination
lab	laboratory
lymphs	lymphocytes
monos	monocytes
Pap	Papanicolaou
polys	polymorphonuclear leukocytes
prepped	prepared
pro time	prothrombin time
segs	segmented neutrophils

Unacceptable Medical Slang

appy	appendectomy
bili	bilirubin
CA, ca	carcinoma
cabbage	CABG (coronary artery bypass graft)
cath, cath'd	catheter, catheterized
coags	coagulation studies
crit	hematocrit
cysto	cystoscopy
D/C, D/C'd	discontinue(d)
diff	differential
dig ("dij")	digitalis
echo	echocardiogram
fib	fibula, fibrillation
fluoro	fluoroscopy
H. flu	H. (*Haemophilus*) *influenzae*
H&H	hemoglobin and hematocrit
lap	laparotomy
lytes	electrolytes
meds	medications
mets	metastases
Metz	Metzenbaum scissors
multip	multipara
nitro	nitroglycerin
peds	pediatrics
primip	primipara
procto	proctoscopy
retic	reticulocyte
romied	a verb form of ROMI (rule out myocardial infarction)
Rx	prescription
script	prescription
tabby	therapeutic abortion
temp	temperature
tib	tibia
tib-fib	tibia-fibula
tic	diverticulum
trach(e)	tracheostomy
V fib	ventricular fibrillation
V tach	ventricular tachycardia

ception only and improved to at least 20/40+ in the left eye with correction." At a first reading, it may appear that the physician is saying, "Visual acuity in the right eye . . . was improved to at least 20/40+ in the left eye" which, of course, makes no sense. Moving the prepositional phrase "in her right eye" to follow "light perception only" probably accurately reveals the intended meaning. Thus, "Visual acuity was light perception only in the right eye and improved to at least 20/40+ in the left eye with correction." Is this change necessary? Some would say not; others would insist that it is. Still others would insist that it is impossible to be sure what the physician meant and that the statement should be flagged for clarification by the dictator.

To quote Vera Pyle again:

> In editing dictation, we do not go charging in, doctoring up reports in an aggressive way, in an intrusional way. It has to be done so subtly, so delicately, so carefully, that we get a favorable response from the dictator. . . . We must be so involved with what we are transcribing that we know what is going on and can detect something that is dictated that does not make sense, that does not flow, that does not add up. We must listen with an educated ear, with an intelligent ear, so that we can produce an accurate, intelligent, clear document, always remembering the fine line between editing and tampering.

That fine line, unfortunately, is a moving target. It is unlikely that there will ever be unanimous agreement on what is or is not tampering. Perhaps that's good, because as long as people disagree, they can never become complacent. Editing will never be a routine, mindless task as long as the discussion about what's right and what's wrong, what's proper or not, is open.

Future articles will address tips and techniques for teaching and improving editing skills and specific editing questions. If you have comments, illustrations, or questions regarding any aspect of editing, please send them to us. We welcome your input.

Ellen Drake, CMT, is a noted author, speaker, teacher, and educational consultant, with more than 30 years in the medical transcription industry. She is coauthor with husband Randy Drake of *Saunders Pharmaceutical Word Book* and its companion volume *Pharmaceutical Xref Book,* and author of *Sloane's Medical Word Book* (W. B. Saunders). She is coauthor of *The Medical Transcription Workbook* (Health Professions Institute) and was coauthor of the first edition of *Medical Transcription Fundamentals and Practice* (Prentice Hall).