

APPENDIX B

DICTATION INSTRUCTIONS

All patients seen by trainees (medical students and residents) must have accompanying dictations to document each visit. Every staff has a preferred mode of dictating notes and format; please clarify with each staff you work with beforehand. Thanks.

PLEASE:

1. Send a copy of the dictation to the REFERRING PHYSICIAN
2. Send a copy of the dictation to the FAMILY PHYSICIAN
3. DO NOT REMOVE CHARTS FROM THE HOSPITAL
4. Use the Framework Provided Below when Dictating
5. ALL NEW CONSULTS ARE TO BE DICTATED AS "STAT" DICTATIONS PLEASE PRESS 6 AT THE END OF THE DICTATION.

ACCESSING THE DICTATION SYSTEM

To dictate please dial 66080 and wait for the beep, following the beep enter your dictation code followed by your dictation number. Then enter the site code (which is 3 for St. Joes) followed by the #.

Then enter the work-type followed by the #.

| Work Type | Dictation Code |
|-------------|----------------|
| New Consult | 34 |
| Follow-up | 42 |

Then enter the patients 7 digit ID number located on the top right corner of the stickers provided for each patient followed by the #.

Press "2" to dictate, "4" to pause, "5" to sign-off the system, "8" to end the dictation and dictate another record, and "6" for a "high priority" dictation.

DICTATING A CONSULT (06) LETTER

Part 1: SETTING THE LETTER UP

1. This is (Your Name) dictating a Note for Dr. (Consultants Name)
2. PATIENT NAME: Please SPELL the Name
3. CHART NUMBER: Please say the seven digit Chart Number
4. COPY OF THE DICTATION TO:
 - a. Dr. (Consultant's Name)
 - b. Referring Physician
 - c. The Hospital Chart
 - d. Any other Physicians involved in this patient's care
 - e. Allied Health (Physiotherapy etc)
5. Today's Date is: (Date Patient was Seen)

Part 2: INITIAL COMMENTS

Dear Dr. (Referring Doctor),

Thank-you for referring Mr./Mrs./Miss (Patient name) for assessment of (Reason for Referral). Mr./Mrs./Miss/ (Patient name) is a ____ year old married/single/separated/divorced/widowed man/woman with ____ children. Mr./Mrs/Miss (Patient name) is currently employed/not employed (describe their employment).

Part 3: PAST MEDICAL & SURGICAL HISTORY

Please list all relevant past medical and surgical history. For example:

1. Rheumatoid arthritis
2. Hypertension
3. Hypercholesterolemia
4. Previous right total knee replacement – 1997

Part 4: CURRENT MEDICATIONS

Please list all current medications. For example:

1. Methotrexate 20 mg PO qweekly
2. Celebrex 200 mg PO BID
3. Sulfasalazine 1 gram PO BID
4. Hydroxychloroquine 400 mg PO OD

Part 5: ALLERGIES

Please list all allergic reactions. For example

Allergy to penicillin resulting in a rash.

Part 6: HISTORY OF PRESENTING ILLNESS

The Rheumatology History of Presenting Illness Should include the Following:

1. Chronologic account of the history of the presenting illness
2. Associated morning stiffness, energy level, fatigue, sleep, appetite, weight, and fevers.
3. Functional History – Brief review of the HAQ with mild – moderate – severe disability
4. Previous Investigations – Describe all prior investigations and the results
5. Previous Treatments – Describe all prior treatments and how well they worked

Part 7: FAMILY MEDICAL HISTORY

Part 8: GENERAL AND RHEUMATOLOGIC REVIEW OF SYSTEMS

1. I like to talk about smoking and alcohol consumption in my initial review of systems.
2. Comment on general review of systems with pertinent positives and negatives
3. Comment on rheumatologic review of systems with pertinent positives and negatives.

Part 9: PHYSICAL EXAMINATION

Dictate a thorough yet concise report of the pertinent physical examination findings

Part 10: IMPRESSION

Dictate the impression of the patients problem after discussing with the staff Rheumatologist.

Dictate the differential diagnosis for the patient's condition.

Part 11: PLAN

The plan encompasses both an investigative and therapeutic strategy as follows:

1. All bloodwork
2. All other investigations (radiographs etc)
3. Referrals to other specialists
4. Non-Pharmacologic Treatment
5. Pharmacologic Treatment

Part 12: CONCLUSION

Thank-you for asking us to see this patient. The patient will be seen in the clinic in ____ weeks/months.

Sincerely,

(Your name) dictating for (consultants name)

DICTATING A FOLLOW-UP (10) LETTER

Part 1: SETTING THE LETTER UP

6. This is (Your Name) dictating a Note for Dr. (Consultants Name)
7. PATIENT NAME: Please SPELL the Name
8. CHART NUMBER: Please say the seven digit Chart Number
9. COPY OF THE DICTATION TO:
 - a. Dr. (Consultant's Name)
 - b. Referring Physician
 - c. The Hospital Chart
 - d. Any other Physicians involved in this patient's care
 - e. Allied Health (Physiotherapy etc)

10. Today's Date is: (Date Patient was Seen)

Part 2: INITIAL COMMENTS

Dear Dr. (Referring Doctor),

Mr./Mrs./Miss (Patient name) was seen in the rheumatology clinic for assessment of (Diagnosis).

Part 3: RHEUMATOLOGIC WORKING DIAGNOSIS

Rheumatologic Working Diagnosis: (Enter the patients current working diagnosis)

Part 3: PAST MEDICAL & SURGICAL HISTORY

Please list all relevant past medical and surgical history. For example:

1. Rheumatoid arthritis
2. Hypertension
3. Hypercholesterolemia
4. Previous right total knee replacement – 1997

Part 4: CURRENT MEDICATIONS

Please list all current medications. For example:

1. Methotrexate 20 mg PO q weekly
2. Celebrex 200 mg PO BID
3. Sulfasalazine 1 gram PO BID
4. Hydroxychloroquine 400 mg PO OD

Part 5: ALLERGIES

Please list all allergic reactions. For example

Allergy to penicillin resulting in a rash.

Part 6: INTERVAL HISTORY

Describe how the patient has done in the interim (since the last visit).

Part 7: GENERAL AND RHEUMATOLOGIC REVIEW OF SYSTEMS

May want to dictate a brief review of systems if necessary

Part 9: PHYSICAL EXAMINATION

Dictate a thorough yet concise report of the pertinent physical examination findings.

Part 10: IMPRESSION

Dictate the Impression of the patients problem after discussing with the staff Rheumatologist.

Part 11: PLAN

The plan encompasses both an investigative and therapeutic strategy as follows:

1. All bloodwork
2. All other investigations (radiographs etc)
3. Referrals to other specialists
4. Non-Pharmacologic Treatment
5. Pharmacologic Treatment

Part 12: CONCLUSION

Thank-you for asking us to see this patient. The patient will be seen in the clinic in ____ weeks/months.

Sincerely,

(Your name) dictating for (consultants name)