MAPS INITIATIVE PROVIDER LESSON PLAN

v 1.24

MAPS Provider Lesson Plan
May 2010
Rev 1.24.4

Change History			
Date	**Name**	**Change Description**	**Source**
11/14/2008	Ron Yeaw	Created	Consolidation of MAPS Materials
12/18/2008	Ron Yeaw	Updated entire document with results of training verification activities. Reformatted layout.	Updated with input from MAPS Team, Nuance and MAMC users
2/10/2009	Ron Yeaw	Slight content updates. Added Appendix E: Completed Demo SF600.	MAPS Team, Steve Hill, EAMC, TAMC, WAMC
4/4/2009	Ron Yeaw	Added Appendix F: *MAPS Jump Start* curriculum example. Moved Dragon Dictation & Corrections Tips from Appendix B to Lesson 3. Added ILT slide deck references throughout.	TAMC, MAPS Team, Dr Brian Jones
6/9/2009	Ron Yeaw	Updated Section 7A and added Section 7B to cover new PDF Converter questions.	Nuance

Change History			
Date	**Name**	**Change Description**	**Source**
7/21/2009	Ron Yeaw	Added Section 4B to cover using Dragon outside of AHLTA. Updated ILT slide #'s throughout. Slight updates to sample documentation on pages 46. *<Moved to Advanced & Follow-up Training Curriculum>*	Nuance, WRAMC
3/10/2010	Ron Yeaw	Removed 5 modules and abbreviated 2. More focus put on core MAPS concepts. Expanded AHLTA Core Competencies and Dragon corrections sections. Removed modules added to Advanced Curriculum, see Appendix F	MAPS Team
5/13/2010	Ron Yeaw & Michele Murray	Moved AHLTA Core Competencies and VMC portal to the beginning of the Lesson Plan.	MAPS Team, Deloitte

Table of Contents

How to Use this Curriculum

This lesson plan is designed to teach the MEDCOM AHLTA Provider Satisfaction (MAPS) curriculum to Providers. Please note that MAPS is most effective when taught in a one-on-one setting. Prior AHLTA knowledge and experience is assumed.

In update 1.24 of the MAPS curriculum, substantial changes have been made to focus more attention on the MAPS and AHLTA core competencies and making dictation corrections properly within Dragon. This streamlined version of the curriculum provides the students with a stronger baseline of core skills, while still allowing for the enhancement of these skills in the, newly defined, *Advanced & Follow-up Training* curriculum.

Please note: This curriculum represents four hours of MAPS core concepts. These lessons can be taught sequentially in one session, or within modules across multiple sessions. Providers are officially trained, for metric purposes, after they have completed each of the modules within this Lesson Plan. However, it is imperative that the Provider receive at least TWO follow-up training sessions to ensure a core MAPS competency and to verify that the provider's profile is at least 96% accurate. The Providers accuracy will not likely be above 90% within the first week of training.

See Appendix E for the Lesson Plan modules for the *Advanced & Follow-up Training* curriculum as well as the *Refresher* and *Resident* training curriculum module listings, which are currently being piloted.

Materials Needed (available on VMC portal)
- MAPS Provider Lesson Plan
- MAPS Quick Reference Guide
- Access to MAPS Macros
- Access to Usability FM AIMs forms
- Link to Training Evaluation forms
- Military Vocabulary files

Tasks to be Completed Prior to Training
- Determine which version of AHLTA is being used, 838.x or 3.3
- Verify that Dragon, Asutype, MS OneNote, and PDF Professional are loaded and operational

- Verify user has a headset
- Verify user's system has had an audio check completed
- Determine wireless vs. non-wireless environment
- Determine static vs. roaming profiles
- Load/Verify Usability AIM FM (Enterprise form)
- Load Military vocabulary for import to Dragon (Ranks US Army, and MHS terms)
- Provide MAPS Quick Reference Guide
- Reset AHLTA Training Database (use Encounter Data option only)
- Set up MAPS demo
- Verify/Change Dragon Medical 'Options' and 'Formatting' settings (see Appendix B)

Tasks to be Completed by the end of Training

- Verify that the Provider has:
  - Dragon Profile
  - Shortcut (Macro) in DM or AUT
  - Order Set
  - Favorites Lists
  - Usability AIM FM Form imported
- Verify that the Provider can access MAPS Portal and it is bookmarked
- Verify that the Provider knows how to get help
- Verify that the Provider has completed the evaluation forms

Format for the MAPS Curriculum

The following table outlines the course structure, estimated time for each section, key information to be communicated in class, and instructor notes.

Duration	Training Activities	Instructor Notes
MAPS Overview		
5 Minutes	**What is MAPS?** MAPS is a collection of tools and best practices requested and created by Providers, for Providers to help document faster, more accurately and produce a readable note. MAPS tools include: • Tablet PCs • Dragon Medical 10 software • Asutype software • MS OneNote & PDF Professional	
10 Minutes	**System Demo** Go to Appendix D	**Explain:** Instructor needs to have set up a complete encounter using Usability AIM form to be used for the Copy Forward demo.

Course Goal

The goal of this one-on-one training is to enable Providers to immediately utilize MAPS tools, and, in time, begin to implement all of the tools and best practices presented in the MAPS initiative into their everyday practice. The course is designed to be taught within 4 hours, including 3 ten minute breaks. This course assumes prior AHLTA knowledge and experience.

Lesson Plan

- Introduction: What is MAPS (15 minutes)

- Lesson 1: Reviewing AHLTA Core Competencies (55 minutes)

- Lesson 2: Introduction to the VMC Portal (15 minutes)

- Lesson 3: Asutype (30 minutes)

- Lesson 4: Introduction to Dragon Medical 10 (75 minutes)

- Lesson 5: Introduction to Dragon Medical 10 Macros (40 minutes)

- Lesson 6: Reviewing the MAPS Quick Reference Guide (5 minutes)

- Course Summary (5 minutes)

Lesson 1: Reviewing AHLTA Core Competencies

Duration	Training Activities	Instructor Notes
Total Lesson Time: 55m *(including a 10 min break)*	**Lesson Goal** The goal of this lesson is for the user to utilize core functionalities within AHLTA to complete a patient encounter, as well as understand the key elements of coding and key AHLTA best clinical practices. **Learning Objectives** Upon completion of this lesson, the user will be able to: • Create a Personal Favorite List of Diagnoses • Create a Personal Favorite List of Procedures • Create Order Sets in A/P (838 and 3.3) or in Template Mgt (3.3) • Use Copy Forward • Use DX Prompt • Select E&M Codes	

45 Minutes	**AHLTA Core Competencies**
	
	Explain: AHLTA Core Competencies provides you with AHLTA best practices. These modules and workflow practices will help you document more quickly and accurately.
	
	1. Review core AHLTA modules and skills
	
	    a. Create a **Personal Favorite List** of Diagnoses
	
	    b. Create a **Personal Favorite List** of Procedures
	
	    c. Create an Order Set
	
	        • In 3.3, create in Template Management & A/P
		Explain: Mention examples of Clinical best practices
		
		• Team Based Documentation ("*techs aren't just vitals junkies*")
		• Patient folders (w/ Med and Problems reconciliation)
		• Pre-Appointment

- In 838, create in A/P - Add to Standalone Order sets d. Use the Copy Forward e. Use **DX Prompt** f. Describe how to manually enter an E&M code - In **Disposition** module, click **Selection Tab** - Choose E&M code (check with Coders)	- questionnaires - Screening Macros - Posting Macro cheat sheets in rooms. **Explain:** Have Coders review your Favorites Lists to be in line with the clinic and MTF's lists.
Exercises	**Explain:** If using free text, the Provider has to manually enter E&M check codes. It is *important* that Providers check with Coders to ensure correct E&M.
Execute the following exercises: - Add Diagnosis to **Favorite List** - Add Procedure to **Favorites list** - Use **Dx Prompt** - Add an **Order Set** - Use **Copy Forward**	**Explain:** When using NHP PC Generic or Usability AIM form, entering history allows you to copy forward in subsequent encounters.
Summary	
In summary, we covered the following topics: - Managing Diagnosis and Procedure Favorites Lists - Creating/Modifying Order Sets - Creating a Personal Favorite List of Procedures - Using Copy Forward - Using DX Prompt - Selecting E&M Codes	

10 Minute Break

Lesson 2: Introduction to the VMC Portal		
Duration	**Training Activities**	**Instructor Notes**
Total Lesson Time: 15m	**Lesson Goal** The goal of this lesson is to explain the additional resources and training opportunities available to the Provider. **Learning Objectives** Upon completion of this lesson the user will be able to: • Access the **Virtual MAPS Community** (VMC) **Portal** and • Schedule additional MAPS training.	
5 Minutes	**MAPS Portal** **Explain**: The **VMC Portal** has additional information and resources • Macros/Shortcuts • Macro Forum for requesting/sharing information • Training Resources including Quick Reference Guides • How to Videos • AMEDD Clinical Information Systems Resources • Training Surveys Connect to the **VMC Portal**: 1. Connect to the **VMC Portal** at https://vmc.amedd.army.mil 2. Review capabilities of the VMC portal	**Explain:** Be sure to save the **MAPS Portal** as a shortcut on the Providers computer.

	- Review posted videos - Review discussion board - Search discussion board using query tool - Download Dr Brian Jones Top 10 Asutype and Dragon macros - Download Dragon military vocabulary terms - Review other posted materials on VMC - Bookmark the VMC portal for easy access	**Explain:** Providers can begin using MAPS tools slowly, perhaps at the beginning and end of the day, or before lunch. **Trainer Tip:** Follow up support is critical to MAPS effectiveness. Find time to check in with Provider a day or so after training to see what questions he or she has.

Additional Training

Additional training is provided at:

- VMC portal at https://vmc.amedd.army.mil
- Nuance Webinars: www.nuance.com/mhs

Explain: MAPS points-of-contacts:

- Sustainment Trainer
- MAPS Trainer
- Help Desk contact information

Exercises

Execute the exercise: Connect to **VMC Portal.** Download at least one macro, and review one video.

Summary

In summary, we covered the following topics:

- The **Virtual MAPS Community (VMC) Portal**.
- Provider MAPS POCs.
- Additional training options.

Lesson 3: Asutype		
Duration	**Training Activities**	**Instructor Notes**
Total Lesson Time: 30m *(including a 10 min break)*	**Lesson Goal** The goal of this lesson is to familiarize the user with Asutype. **Learning Objectives** Upon completion of this lesson, the user will be able to: • Open AUT • Explain the two main functions of AUT, which are **Speller** & **Expander** • Create Asutype shortcuts • Demonstrate using AUT in AHLTA • Perform AUT spell checks; and AUT Word corrections • Export AUT Shortcuts (macros)	**Explain:** Asutype is commonly abbreviated as AUT.

5 Minutes	**Asutype Overview**
	
	Explain: Asutype allows you to check spelling and automate repetitive text into shortcuts that will save you, and your team, time documenting
	
	1. Overview to Asutype
	
	    a. Introduce key functionality of Asutype
	
	    b. Explain the functions of Expander and Speller
	
	2. Open/Close Asutype
		Explain: Shortcuts let you use a few keystrokes to enter frequently used phrases. Demonstrate the sfs (Single Female Smoker).
		Explain: Techs can pre-populate notes for Providers, particularly in the HPI and PFSH sections.

	a. Open: **Desktop Icon** or **Start Menu->Programs** b. Close: Right click the **Asutype icon** in system tray, click **Exit**	

15 Minutes	**Asutype Shortcuts**
	
	1. Create Shortcuts/Macros
	
	    a. Click the **Asutype icon** on the task bar
	
	    b. Click to select the **Expander** function
	
	    c. Click the **Shortcut Lists** button
	
	    d. Enter a meaningful name for the shortcut in the **Hot Text** field
	
	    e. Copy Dr. Walker's document – **Questionnaire for female non-smoker** into the content for the shortcut
	
	    f. Click **Add>Save>OK**
	
	2. Use Shortcuts (Macros) in AHLTA or Other Documents
	
	    a. Open **PC-Generic AIM form**
	
	    b. Position the cursor in a free text box where the shortcut will be inserted
	
	    c. Enter the **Hot Text** assigned to the shortcut and press the **Space Bar**
	
	    d. Modify the text, as appropriate
	
	    e. Press **Enter** key to keep text
	
	    f. Explain the **Option Menu**
		Tools: Verify female non-smoker macro is loaded onto desktop
		
		Explain: Be sure to explain that the term 'shortcuts' and 'macros' are interchangeable within Asutype.
		
		Explain: Additional shortcuts (macros) are available on the MAPS portal
		
		Superuser Tip: Advanced Shortcuts can be created using variables.
		
		Explain: Explain advantages of using the same AIM form within the same clinic.
		
		Explain: You can select **Note View** within any AIM form to get a

1) From the main menu, select **Options** to change preferences

2) Set AUT to launch automatically at startup

    g. Explain using **Asutype Help**

1) Click the **Asutype icon** on the task bar

2) Click **Help** on the upper left right of the Asutype window that pops-out

3) Set **Left Click Icon** will "Activate the Shortcut List Editor"

Exercises

Execute the following exercise to create a shortcut to automatically enter the current date and time.

1. Right click on the **Asutype icon** in the system tray

2. Select **Shortcut Lists**

3. Enter "**datetime"** in the **Hot Text** box

4. Select **Hot Code** button

5. Select **Preset Date and Time**

6. Select the appropriate format for date (e.g. **12/15/08**)

7. Select **Preset Date and Time**

8. Select the appropriate format for time (e.g. **20:39**)

preview of what it will look like in note form**.**

Explain: If AHLTA is located on a remote server, AUT will need to be loaded in the same location to work with AHLTA. This will require the use of a common drive to store user specific AUT shortcuts. Check the VMC Portal for specific work instructions, and AUT settings relating to this functionality.

10 Minute Break

Lesson 4: Introduction to Dragon Medical 10		
Duration	**Training Activities**	**Instructor Notes**
Total Lesson Time: 75m *(including a 10 min break)*	**Lesson Goal** The goal of this lesson is to teach the purpose and core functionalities of Dragon Medical 10. **Learning Objectives** Upon completion of this lesson, the user will be able to: • Launch Dragon Medical • Perform the Dragon audio volume and audio quality checks • Create individual voice profiles using Dragon wizard • Identify the DragonBar • Apply key Dragon options and settings • Turn the microphone on and off • Put the Dragon microphone in sleep and awake modes • Use Dictation and Correction • Use the Vocabulary • Export Dragon Medical Profile	
10 Minutes	**Introduction** 1. Overview of Dragon Medical 2. Review the training objectives 3. Coach users on how to plug in headset or handheld microphone 4. Coach users on how to properly position a headset or handheld microphone 5. Coach users on how to open/close Dragon Medical	**Explain:** Performing just a 5 minute training tutorial session will increase accuracy by 20%.

20 Minutes	**Create a New User Profile**	**Explain:** Perform training in normal working space so Dragon can adjust for that environment.
	Before using Dragon, a user must create a profile adapted to his/her unique speech and pronunciation.	
	1. Coach user through the process of creating profile using New User Wizard	**Explain:** Skip the "vocabulary optimizer" step because it can take 30 minutes.
	2. Coach user in selecting the correct vocabulary. This is very important for developing Dragon Accuracy	
	3. Coach user on how to add a dictation source	**Trainer Tip:** If user has very pronounced accent, have them read Radiology Reports.
	4. Use the "**Talking to your computer**" choice in general training to begin creating the profile. This option conveys important information about how voice dictation software works and is easy to read. Explain importance of reading exactly as is written, use Pause/Redo to "reread" misstated words	**Trainer Tip:** Standard Default Dragon User Settings are located in Appendix B.
	5. Set best practice **Options** and **Formatting** for user profile	
5 Minutes	**The DragonBar**	
	The following provides information on the **DragonBar**:	**Superuser Tip:** Offer to explain the entire DragonBar if time permits.
	1. Identify **DragonBar**	
	2. The **DragonBar** can be placed in the system tray (in bottom right corner)	**Explain:** It is easy to forget you are wearing your headset. Be careful when walking away from your Table PC that you are not 'attached' to it via your headset.
	a. Select the **DragonBar>Tools>Options >View**	
	b. Select **Tray Icon Only** in the **Mode** section	
	3. Coach Provider on Microphone awareness (icon/sleep/on/off). Be aware that Dragon can have a delay turning off the microphone if it is still processing	

text. It keeps listening until the microphone icon turns yellow or red.

4. Explain the Colored circle in **DragonBar**—the "**Select and Say Indicator**"

    a. Green – Dragon enabled in open window

    b. Gray – Dragon not enabled

    c. Orange – hidden dictation box – you are dictating but not into shown window

5. Explain Oval shaped "Volume Display Indicator"

    a. Yellow – low volume

    b. Green – normal volume

    c. Red – high volume

| 10 Minutes | **Dictating/Correcting Reports**

Introduce dictation and voice corrections:

1. Coach users on how to dictate using **DragonPad**

2. Help users understand the purpose of the **Results** box

3. Coach users on how to perform basic navigation commands

4. Coach users on how to use the **Selection & Correction** features

5. Coach users on how to use the **Spell** dialog | **Trainer Tip:** Dragon Dictation & Correction tips are located in Appendix B.

Explain: In some situations you may need to delete a word from the Dragon vocabulary to train it to effectively recognize some words. |

10 Minutes	**Correction Tips**	
	Explain: When Dragon misrecognizes a word, do not overtype it or respeak it. Use one of the Dragon correction methods below to teach Dragon the word it should have used. Dragon is always learning and using these techniques will improve its accuracy.	**Instructor Note:** Stress the importance of learning to make accurate, consistent corrections in order to maximize dictation accuracy.
	These are five options (in order of suggested sequence) for making corrections within Dragon:	

	1. Using the Correction Menu:
	   a. Say "Select" *<word>*
	   b. (If you see correct word) Say "Choose" *<number>*
	2. Using the Spell and Train Words Dialog Boxes:
	   a. Say "Select" *<word>*
	   b. Say "Spell That"
	   c. Spell the word
	   d. Press OK
	3. Using the Train Words Dialog Boxes:
	   a. Say "Select" *<word>*
	   b. Click "Train That"
	   c. Say "Go"
	   d. Say the word
	   e. Say "Done"
	4. Using the Vocabulary Editor:
	   a. On the DragonBar click Words -> View/Edit and the *Vocabulary Editor* will	

	appear	
	b. Type the word in the *Written Form* field	
	c. Type the phonetic pronunciation of the word in the *Spoken Form* field	
	Note: The word will now appear twice, once without a spoke form and once with. Delete the word without the unspoken form	
	5. Using the Word in a Phrase:	
	a. If word is still misrecognized, add a phrase that contains the word	
	b. For example the word "MAPS" could be trained as "MAPS initiative" for context	
10 Minutes	**Corrections Exercises** Practice dictating and making corrections in DragonPad. Utilize the sample medical texts in Appendix C to force errors. Ask the provider to introduce themselves and say where they work. This will typically invoke at least one error in which a correction will need to made, or a word will need to be added to the Dragon vocabulary. Important: Selecting the word and saying it again is a CHANGE—Dragon will not learn from its mistake with a CHANGE. Train Dragon to use the correct word by utilizing the CORRECTION menu. Dragon will only improve its accuracy when the user makes CORRECTIONS, not changes.	

10 Minute Break

Lesson 5: Introduction to Dragon Medical 10 Macros		
Duration	**Training Activities**	**Instructor Notes**
Total Lesson Time: 40m *(including a 10 min break)*	**Lesson Goals** The goal of this lesson is to create, save, and import Macros within Dragon Medical 10. **Learning Objectives** Upon completion of this lesson, the user will be able to: - Understand the similarities between macros and AUT shortcuts - Create a basic macro within Dragon Medical 10 - Save and import a macro	
15 Minutes	**Custom Commands & Macros** The following provides an beginners overview of Macros: 1. Coach user how to create a basic **Text** and **Graphics Command** 2. Identify the **MyCommands** window in the **Command Browser** 3. Coach user to edit and delete a basic **Text** and **Graphics Command**	**Explain:** Within Dragon the terms "Custom Command" and "Macro" are interchangeable. **Explain:** You will use the URI Macro as an example; however, if the Provider has a clinic-specific Macro, then that can be used instead.

10 Minutes	**Practice with AHLTA**	
	1. Coach user on how to dictate, select, correct, and edit in AHLTA or other application	**Trainer Tip:** Use the sample medical dictation text in Appendix C and review the Dictation tips in Appendix A
	2. Use Dragon in the SO section with List Temp and/or AIM form	
	a. Load Template or AIM form	
	b. Click in Free Text field	**Explain:** Remind the user to say punctuation while dictating.
	1) Dictate using Dragon	
	2) When using existing macro, say the command name	**Explain**: DO NOT use the "Undo That" command. It closes AHLTA.
	3. Use Dragon in the AP section	
	a. Select Plan/Comments to open free text box	
	1) Dictate using Dragon	
	2) When using existing macro, say the command name	
	b. Select E&M codes within Disposition screen	
	4. Use AMEDD E&M coding cheat sheet in **MAPS Quick Reference Guide**	
	Macro exercise in AHLTA	
	Practice using these sample URI Macros for AHLTA Utilize Dr. Walker's URI MACROS: HPI URI, ROS URI, PE URI, Assessment and Plan URI.	

5 Minutes	**Dragon Medical Help**	
	1. Refer to **DragonBar>Help** for answers to common questions	**Explain:** Check the MAPS portal for FAQ for Dragon.
	2. Should Dragon have a serious error capture the Dragon Log, select **Start>All Programs>Dragon Medical 10>Show Dragon Log**	
	3. Should Dragon have to be shut down through Task Manger, then select **Ctrl-Alt-Del>Task Manager>Process Tab>** Select "**NatSpeak.exe**" >**End Process**	

Lesson 6: Reviewing the MAPS Quick Reference Guide		
Duration	**Training Activities**	**Instructor Notes**
Total Lesson Time: 5m	**Lesson Goal** The goal of this lesson is to step through the materials made available in hardcopy to each Provider via the MAPS toolkit. **Learning Objective** Upon completion of this lesson, the user will be able to identify the elements of the MAPS toolkit.	
5 Minutes	**MAPS Quick Reference Guide** **Explain**: The **MAPS Quick Reference Guide** provides you with the essential materials to get you running with the MAPS suite of tools and best practices. 1. Cheat Sheet for Dragon Commands 2. Cheat Sheet to Build/Import Macro Instructions for Dragon Medical 3. Dragon AHLTA Tips 4. Cheat Sheet for Asutype Usage and Building/Downloading a Shortcut macro 5. Coding Cheat Sheet 6. AHLTA Core Competencies 7. How to Find and Download an AHLTA Template **Summary** In summary we reviewed the contents of the MAPS Quick Reference Guide.	**Explain:** The MAPS Quick Reference Guide is only a temporary solution. The MAPS portal has all the latest versions of these documents as well as countless others.

Course Summary

Duration	Training Activities	Instructor Notes
5 Minutes	Briefly summarize the course and open to questions and answers • Reviewing AHLTA Core Competencies • Introduction to the VMC Portal • Introduction to Asutype and Asutype macros/shortcuts • Introduction to Dragon Medical 10 and Dragon Medical 10 macros • Reviewing the MAPS Toolkit • Additional Training & Resources **Training Evaluation** Complete outline course evaluation MAPS portal at https://vmc.amedd.army.mil. Note - Some Providers have requested waiting to complete the course evaluation for a few days/weeks such that he or she could get more comfortable with the MAPS tools. This is fine, but please follow-up to make sure this evaluation is eventually completed.	**Tip:** Connect to MAPS Portal to complete course evaluation at this point as well.

Appendix A: Dragon Medical Dictation & Macro Tips

Dragon Medical Dictation Tips

Use the following tips for dictation:

1. Speak clearly and enunciate

2. Pause to prepare dictation mentally prior to speaking

3. Speed is not an issue

4. Dictate punctuation

5. Don't look at the screen when dictating

6. Know correct microphone position – 2" from mouth

7. Know how to turn microphone on/off – awareness of when the microphone is on and off. Be aware that Dragon can have a delay turning off the microphone if it is still processing text. **Note:** It keeps listening until the microphone icon turns yellow or red.

8. Set-up voice profile in actual environment (simulates actual background noise)

9. When Dragon misrecognizes a word, do not overtype it or respeak it. Use Dragon to correct it. Dragon is always learning and this will improve its accuracy

10. Users need to add the "general" vocabulary to their profile if they want to use Dragon for non-medical purpose (like email).

11. Users should create their default verbal profile using the Dragon headset for accuracy. They can "add a new source" to their profile using their own headset/mic at a later time.

12. Practice, Practice, Practice.

Dragon Medical Macros Tips

Use the following Dragon Medical Macro Tips:

1. When editing or creating macros, create a custom name for the "User-Defined Group" folder for organization purposes

2. Dragon does not allow the user to 'Save' a macro with errors

3. Macros created in Dragon 9 will not import into Dragon Medical (i.e., Dragon 10)

4. When naming macro use multiple words and be consistent with naming conventions, e.g., use 'insert URI HPI'

5. Check the Plain Text box to maintain current formatting.

6. Dictate the name for the Macro rather than type it

7. Do not make one word macro names

8. Group your macros functionally and use a consistent naming convention to keep macros organized and easily available

9. When dictating a word that is also a command or macro name be sure to say it fluidly with the rest of the sentence, otherwise the macro will be triggered

10. If the macro or shortcut contains an extensive amount of text, test it in AHLTA to be sure it will not exceed text character limits

Appendix B: Dragon Default Options

Default Dragon Option
Correction tab: • Enable double-click to correct • Show no more than 5 choices • Automatically add words to vocabulary View tab: • Auto Hide delay: 3 seconds Hot Keys tab: • Microphone on/off. The default is the "+" key on the numeric pad Text-to-speech tab: • Move Speed setting 3 clicks to the right Miscellaneous tab: • Automatically save user files Commands tab: • Uncheck Enable HTML Support Dictation Box tab: • Keep transferred text in clipboard when the Dictation box is closed • Check box to show character count (AHLTA free text has character limits) Data tab: • Save recorded dictation with document: Never • Disk space reserved for playback: 100 MB General tab: • Date format: Date as Spoken • Numbers, if greater than or equal to 0 • Insert two spaces after period Numbers, Units, and Dates tab: • Rewrite "cc" after a number as "mL"

Appendix C: Sample Medical Dictations

Sample Medical Text 1

John is a very pleasant 30-year-old man with a history of coronary disease with 3 vessel involvement. He has had Class II angina pectoris with some exacerbations in the past, which has come under control with medical therapy. He has had no unstable or poor prognostic symptoms.

Mental Status Examination, General Appearance: The patient is a 38 year old male who appears his stated age. There was no psychomotor retardation or agitation. There were no abnormal movements or posturing. He was sociable, maintained good eye contact and gave relevant answers to questions. He was cooperative throughout the interview.

Degenerative osteoarthritis, right knee, varus aligned knee, radiculopathy, right leg and discogenic facet degenerative changes. Continue trial of anti-inflammatories, continue physical therapeutic measures and structured aquatic therapy.

Sample Medical Text 2

The patient has been a smoker of two packs per day for 24 years and is known to be hypertensive since age 20. He has elevated cholesterol LDL and triglycerides in company with reduced HDL level. On examination he appears as a plethoric man who presents older than his stated age of 55.

The patient received three stitches and was given care instructions. He was sent home accompanied by his wife and told to return in one week to have the stitches removed.

History of Drug and Alcohol Abuse: The patient has history of cocaine use. He began using cocaine in 1975 and used it three times a week. He quit in 1992 and has no history at present. He drank socially in the past but does not drink at present.

Explain: Copy this into a separate document with increased font size and spacing for readability.

Explain: The point of this dictation exercise is to force a mistake for correction purposes.

Sample Medical Text 3

Mr. Thibodeaux is a very pleasant 30-year-old man with a history of coronary disease with 3 vessel involvement. He has had Class 2 angina pectoris with some exacerbations in the past, which have come under control with medical therapy. He has had no unstable or poor prognostic symptoms.

Sample Medical Text 4

Colonel Wilkinson is a 57 year-old Caucasian female, well-known to me, who presents for a follow-up visit for high blood pressure. Patient denies any complaints or problems. She has had around a 6 to 7 pound weight loss since the last time I saw her and says she has been very careful about her diet. She denies any chest pain, shortness of breath, diarrhea, constipation, vomiting, nausea, dysuria. No other complaints at all. Last mammogram June 6, 2007 which showed no evidence of malignancy. Last sigmoidoscopy was done one year ago. At that time it was recommended that she repeat in one year secondary to some redundancy of the colon and some internal hemorrhoids, although no masses were noted at that time. Patient also with hysterectomy and currently on Premarin, doing well. Has a history of glaucoma for which she is followed by ophthalmology.

Sample Medical Text 5

I was asked by Dr. Sutaria to speak with Mrs. Melko to discuss issues regarding preterm delivery at 23 weeks gestation. I visited with her in her room for approximately 15 minutes, and discussed multiple issues regarding complications of premature delivery. Mrs. Melko was told that the infant was at risk for developing intraventricular hemorrhage, and that the gestational age and the infant's degree of illness would factor into the risk of bleeding. She was told that all premature infants have a higher risk of neurologic problems compared to term infants, and that a small bleed would not increase the risk beyond this elevated baseline, but that a large bleed would increase the chance that the baby could have severe neurologic handicaps, and mental retardation and cerebral palsy were specifically mentioned. Mrs. Melko was also told about retinopathy of prematurity. She was told that the infant would likely need to be hospitalized until about the due date, but could be

earlier or later than this, depending on the clinical course of the infant. All of her questions at this time were answered, but she was told that we would be available to speak with her again anytime she would like.

Sample Unusual Names

The patient will follow up with Dr. Paderofsky. Fusilev was administered intravenously.

The patient will follow up with Dr. Balorama. Cleviprex was administered intravenously.

Sample New Drugs

Tapentadol Tablets:

Tapentadol is a centrally acting oral analgesic indicated for the relief of moderate to severe acute pain.

Banzel (rufinamide) Tablets

Treatment for: Lennox-Gastaut Syndrome

Banzel (rufinamide) is a triazole derivative antiepileptic drug for the adjunctive treatment of seizures associated with Lennox-Gastaut syndrome

Sample Military Text

The M998 High Mobility Multipurpose Wheeled Vehicle (HMMWV, pronounced "Humvee", also dubbed "Hummer") is the most commonly deployed tactical vehicle used by the Armed forces of the USA and its allies. The original vehicle offers excellent road and cross-country mobility. It was designed in a variety of configurations; primarily for utility, logistical and scout missions. Where active combat role was considered, the Humvee was selected for its excellent cross country and road, air and helicopter mobility and load capacity.

Appendix D: MAPS System Demonstration		
Duration	**Training Activities**	**Instructor Notes**
10 Minutes	**Pre-Demo Setup**	**Explain:** The CTS has been renamed the ATS in AHLTA 3.3.
	1. Turn on Dragon	
	2. Turn on AUT	
	3. Have access to following artifacts:	
	a. *Usability AIM FM.txt*	
	b. *Anna Wunderlich SF600*	
	c. A list of your shortcuts & macros	
	4. Turn on ATS	
	5. Set Change Selections to Today plus Incomplete	
	6. Co-Sign note for Anna Wunderlich	
	7. Have created a previous signed appt for Anna Wunderlich (*see next section*)	
	8. Set up CTS Options	
	a. Turn off Reminders	
	b. Turn off Active Medications for Options for SF600	
	c. Uncheck both S/O defaults	
	9. Have access to the following Macros (based on *Questionnaire female nonsmoker.doc and Complete URI.doc*)	
	a. Female Non-Smoker Shortcut (*nsfemale*)	
	b. "Insert HPI URI"	
	c. "Insert ROS URI"	

  d. "Insert PE URI"

  e. "Insert AP URI"

Steps for Creating Previous Encounter for Anna Wunderlich

1. Open SO and use Usability AIM FM form

2. Dictate or enter the following Current Meds:

- ZYRTEC PO 10 MG 1 TAB EACH DAY AS NEEDED

- FLONASE NAS 0.05% SPRAY 2 SPRAYS EACH NOSTRIL EACH DAY

Note - Meds available in AHLTA 3.3.3.2 may differ slightly

3. Chief complaint: URI

4. Social History: non-smoking female (using Asutype)

5. HPI: Use Dragon to Dictate:

> HPI:
> Patient with several day history of upper respiratory infection symptoms to include nasal congestion, non-productive cough, mild malaise and myalgias. Patient denies fever or chills, no shortness of breath or chest pain.
> Patient is healthy with no major medical problems.
> No recent travel or unusual exposure.
> No history of reactive airway disease.

6. ROS: URI macro using Dragon (Name: "Insert ROS URI")

> ROS:
> Generalized malaise, mild myalgias, nasal congestion, sneezing and non productive cough. No headache, no visual symptoms, no neck stiffness, no ear pain, no shortness of breath, no chest pain, no palpitations, no wheezing. No abdominal pain, mild decreased appetite but taking po fluids well, no nausea or vomiting, no diarrhea or constipation, urinating normally, no dysuria, no frequency. Patient denies any joint pain or rashes.

7. PE: URI macro using Dragon (Name: "Insert PE URI").

	Physical Exam: General: no apparent distress, alert, non-toxic appearing HEENT: sclera non-icteric, mild conjunctival injection, TM's: normal, non-erythematous, good light reflex. Nares: congested Sinuses: non-tender Pharynx: membranes moist, non- erythematous, no exudate, uvula non-swollen and midline Neck: supple, no adenopathy, no masses Chest: non labored and not tachypnic, no accessory muscle usage, no wheezing or rhonchi CV: regular rate and rhythm, no murmur Abdomen: soft, non-tender Extremities: no joint tenderness Skin: good turgor, no jaundice, no rash, no lesions Neuro: grossly intact, no obvious sensory or motor deficits noted, normal gait	
	8. A/P: Insert diagnosis of Upper Respiratory Infection from Copy Forward Template	
	9. Insert assessment URI macro using Dragon (Name: "Insert AP URI")	
	Assessment and Plan: Viral upper respiratory infection: no evidence of invasive bacterial infection, non toxic and well hydrated. Most likely patient has a self limiting viral infection. Do not see where any further testing or imaging is necessary at this time. 1. Treatment Supportive care, rest, good hygiene, encourage to take oral fluids. 2. Tylenol 325mg two tablets every four hours as needed for fever or pain 3. Afrin 2 puffs in each nostril every 12 hours for no more than three days 4. Sudafed 30mg one tablet by mouth every six hours as needed for congestion 5. Patient is to return to the clinic or Emergency Room if symptoms worsen or change significantly. The patient verbalized understanding and agreement of treatment plan.	
	10. Sign & Save SF600	
	Completed SF600 should appear as shown below	
	Completed SF600 for Anna Wunderlich	
	Patient: **WUNDERLICH, ANNA W** Date: **02 Jan 2009 0807 MST** Appt Type: **ACUT$** Treatment Facility: **CHCSII ITT** Clinic: **CHCSII Test Clinic** Provider: **USER, TEST** **Facility**	

Patient Status: **Outpatient**

Reason for Appointment: PC GENERIC DEMO

AutoCites Refreshed by USER, TEST @ 02 Jan 2009 0809 MST

Problems	Allergies
Chronic:	• No Known Allergies
• Allergic rhinitis	

Vitals
Vitals Written by USER, TEST @ 02 Jan 2009 0855 MST
BP: 120/75, HR: 72, RR: 12, T: 98.7 °F, WT: 125 lbs

SO Note Written by USER, TEST @ 02 Jan 2009 0854 MST
Chief complaint
The Chief Complaint is: URI.
History of present illness
     The Patient is a 25 year old female.

Patient with several day history of upper respiratory infection symptoms to include nasal congestion, nonproductive cough, mild malaise and myalgias. Patient denies fever, chills, no shortness of breath or chest pain.
Patient is healthy with no major medical problems.
No recent travel or unusual exposure.
No history of reactive airway disease.
Current medication
Zyrtec P.O. 10 Mg One Tab Each Day As Needed Next Is Flonase NAS 0.05% Spray 2 Sprays Each Nostril Each Day.
Personal history
This visit is not deployment related. Patient not late on menses, not trying to become pregnant and is not breast feeding. Patient has not expressed any depressive symptoms, no problems with activities of daily living, no concerns over domestic violence, and no dietary concerns. Patient is a non smoker and occasionally consumes alcohol on a social basis. No communication barriers, no barriers to learning, and no conflicts with religious practices identified.
Review of systems
Generalized malaise, mild myalgias, nasal congestion, sneezing and non productive cough. No headache, no visual symptoms, no neck stiffness, no ear pain, no shortness of breath, no chest pain, no palpitations, no wheezing. No abdominal pain, mild decreased appetite but taking po fluids well, no nausea or vomiting, no diarrhea or constipation, urinating normally, no dysuria, no frequency. Patient denies any joint pain or rashes.

Physical findings
General: no apparent distress, alert, non-toxic appearing
HEENT: PERRLA, sclera non-icteric, mild conjunctival injection, TM's: normal, non-erythematous, good light reflex. Nares: congested Sinuses: non-tender Pharynx: membranes moist, non-erythematous, no

exudate, uvula non-swollen and midline
Neck: supple, no adenopathy, no masses
Chest: non labored breathing, no accessory muscle usage, no wheezing or rhonchi, no dullness to percussion
CV: regular rate and rhythm, normal S1, physiologic split S2, no murmur or rub, no S3
Abdomen: normal contour, normal bowel sounds, non-tender, no guard or rebound, no organomegally or masses
Extremities: full range of motion, no joint tenderness or calor
Skin: good turgor, no jaundice, no lesions
Neuro: grossly intact, no obvious sensory or motor deficits noted, normal gait

A/P Written by USER, TEST @ 02 Jan 2009 0906 MST
1. UPPER RESPIRATORY INFECTION: Viral upper respiratory infection: no evidence of invasive bacterial infection, non toxic and well hydrated. Most likely patient has a self limiting viral infection. Do not see where any further testing or imaging is necessary at this time.

Treatment:
1.   Supportive care, rest, good hygiene, encourage to take oral fluids.
2.   Tylenol 325mg two tablets every four hours as needed for fever or pain
3.   Afrin 2 puffs in each nostril every 12 hours for no more than three days
4.   Sudafed 30mg one tablet by mouth every six hours as needed for congestion
5.   Patient is to return to the clinic or Emergency Room if symptoms worsen or change significantly.
The patient verbalized understanding and agreement of treatment plan.

Disposition Written by USER, TEST @ 02 Jan 2009 0908 MST
Released w/o Limitations
Follow up: with PCM.

Signed By USER, TEST (Training Tool Application, CHCSII ITT Facility) @ 02 Jan 2009 0909

Setting the Scene for the Demo

Sir, I would like to show a brief demonstration of the suite of MAPS tools we are going to go over today while using AHLTA.

Note - Please make it clear as you go through the Demo when MAPS tools are being used. Providers have given feedback that they were not able to tell from the demo what new functionality was being featured. As the demo is given, point out where

MAPS tools are being used. For example:

- *"Now watch what happens when I enter the letters 'nsfemale' into the social history section, do you see how the text came up? This is an example of Asutype"*
- *"I am going to use the microphone to dictate my note, notice how what I say appears in this free text window. This is done using Dragon Medical 10".*
- *"I will now give an example of a Dragon macro, notice what happens in the URI box when I say "insert URI"*
- *"I am going to use the copy forward command to bring Anna Wunderlich's previous SF600 forward. Now you are already familiar with Copy Forward, but I'd like you to notice what happens when I bring it into an AIM form. I am going to use the same AIM form this previous SF600 was originally created in, and notice how these text boxes automatically populate".*

MAPS Demo

1. Create new appt for AW.

2. Open Appt for AW.

3. Go to previous encounters for Anna.

4. Find your signed encounter and click copy forward.

5. Open SO.

6. Copy Forward Template should be showing.

7. Click on PMH Tab – click both Medications and Social History (make active).

8. Go to template drop down Box and select *Usability AIM FM*.

9. When PC Generic comes, you should see medications and your social history.

10. Show the medication box – explain you can make corrections typing or dictating.

11. Show the social history and explain that this can be done by tech or nurse.

12. Show how easy it is to put in the social history w/ Asutype.

    a. Delete the current social history.

    b. Use Asutype shortcut *NSFemale* to insert standard text for a non smoking female. Explain that that text can be edited.

13. Demonstrate dictating the HPI (Use Dr. Walker HPI Text).

14. Demonstrate dragon macro in the ROS, and PE, explain that it can be edited.

    a. Click on 2nd patient tab for ROS and PE.

    b. *Insert ROS URI.*

    c. *Insert PE URI.*

15. Go to AP.

16. Enter diagnosis in the search box or dictate diagnosis (URI).

17. Click on second patient note tab.

18. Click on the Comments/Plan and use macro to enter Assessment and Treatment.

    a. *Insert AP URI.*

19. Close Note and notice overall readability of SF600.

20. Go to disposition and show how to select the E&M.

Click Selection tab to manually select E&M code.

Appendix E: Additional MAPS Curriculums

1. <u>Advanced & Follow-up MAPS Training Curriculum</u>: This curriculum is designed to be taught à la carte. The MAPS Trainer will periodically meet with Providers to determine which modules can help improve core MAPS skills. The goal of these iterative classes is to provide the Provider with skills that they can implement immediately, while also demoing concepts that can be taught in future sessions. The primary focus of these small twenty minute classes will be to maximize the Provider's Dragon accuracy.

    Module Listing for Advanced & Follow-up Training – Iterative 20-minute classes, 1-on-1
    A. Basic Tablet Overview
    B. Advanced AUT
       - Speller
       - Importing Vocabularies and Words
       - ASK and other commands
       - Getting the support staff involved
    C. Dragon Medical
       - Using Dragon Medical Outside AHLTA
       - Creating a Text & Graphics Command with Lists
       - Creating a Dragon Template
       - Creating an Application-Specific Step-by-Step Command
       - Assigning Voice Commands to PowerMic II Buttons
       - Adding a New Source
       - Choosing the Correct Vocabulary
       - Determining When to Add a Vocabulary

D. Overview of MS OneNote functionality
- Consent Forms
- Using OneNote in Clinical settings
- Exporting MS OneNote using PDF Professional

E. Advanced Core Competencies
- Core 3.3 features
  a. Turn off Reminder screen
  b. Cleaning up the problem list
  c. Mass Sign (Workflow suggestions)
  d. Labs/rads/appt for future appointments
  e. Health History slide
- Clinic Favorites List
- Order Sets
- Usability AIM FM form

F. Overview of PDF Pro
- Creating PDFs
- Converting PDFs to Data
- Setting a Default PDF Viewer

2. <u>MAPS Refresher Training Curriculum</u>: This class will only be available to providers who have already completed some form of MAPS training, and are looking to revisit the MAPS tools. Once again, this course will be taugh on-on-one in the provider's office with a senior MAPS trainer. This training can run anywhere from 20 minutes to an hour, depending on the level of the provider's need. This class will focus on the core concepts of the MAPS program, with particular focus on maximizing the user's accuracy when dictating, as well as tips and tricks relating to Dragon Medical. For providers who are proficient with Dragon dictation, this refresher class can also be tailored to focus on reviewing other areas of the MAPS curriculum such as creating Macros, Asutype, MS One Note and using the Virtual MAPS Community portal. As with all

MAPS classes, this training will be tailored to the specific needs of the students in order to maximize their MAPS experience.

Module Listing for Refresher Training – 1hr class, 1-on-1

A. Brief MAPS review and status check
- Provider Frustrations
- Current Provider workflow

B. Dragon Accuracy Assessment
- Accuracy Assessment
- Making Corrections properly

C. Check out Formatting & Options

D. Review AHLTA workflow

E. Validate Core Competency
- Create at least one Order Set
- Review advantages of consistent AIM form(copy forward)
- Clean up template list

F. Revisit Macros
- Create at least two Dragon & AUT macros
- Revisit getting Techs on board with AUT

G. OneNote Overview

H. The power of the VMC Portal
- Videos
- Macros
- Searchable Discussion Board

3. <u>Residency Students MAPS Curriculum:</u> This class will be two hours only open to Residents. It will be taught one-on-two. While a typical training is one-on-one in 4 hour blocks, this streamlined class is designed with tech savvy Residents in mind. Resident providers are often readily familiar with newer EMR technology, and have a faster rate of absorption with the MAPS tools and skill sets. This two hour one-on-two class will jumpstart allow the Resident's to immediately begin using the MAPS tools in their own respective clinics. Goals of this class are to develop a voice dictation profile, and to establish a working understanding of Dragon Medical, and Asutype. As with the typical 4 hour MAPS training block, students in this class will be eligible for additional follow up and on-the-job MAPS training to maximize their level of efficiency and effectiveness with the MAPS Tools.

Module Listing for Resident Training – 2hr class, 2-on-1
    A. Meeting with Resident Precept
- Precepts expectations
- What goals does the Precept have for each Resident
- How long will these residents be in this clinic?

    B. MAPS Demo
    C. Dragon Medical 10.1
- Create User Profile
- Export Profile
- Making Corrections

    D. Intro to Dragon Macros
    E. Spot Assessment Core Competencies
    F. Introduction to Asutype

4. <u>Sample Jump Start ILT Class:</u> This one hour overview can be completed in a classroom setting and will allow students to create Dragon Profiles, complete basic profile and vocabulary corrections, and gain an awareness of the MAPS tools.

Module Listing for Jumpstart Class – 1hr class, Group Class

A. Meeting with Resident Precept
- Show Dr Walker's Video
- Usability AIM FM
- Provide clinicians with realistic expectations of support that will be provided with the following information:

B. Describe and demonstrate steps to find and load Generic AIM form

C. Show users how to find Dragon icon and create user profile
- Launch Dragon
- Demonstrate how to place microphone correctly, ensuring that white dot points towards mouth
- Perform audio and quality checks
- Create profile (ensure that naming convention is explained)
- Briefly show Dragon bar, microphone colors and how to open profile
- Demonstrate how to turn microphone on and off

D. Demonstrate effective dictation using basic voice commands
- New Line
- New paragraph
- Choose (word or number) - Spell that (or double click on word)
- Unselect that
- Cap that, All Caps that
- Bold <word or phrase>

E. Making Corrections
- Spell that
- Train that