



## *2 MINUTE PEARLS*

# **Dragon NaturallySpeaking™ (Basics)**



- Voice recognition software allows you to dictate directly into an application.
- Several applications allow direct voice dictation into AHLTA. This includes Dragon Naturally Speaking (DNS) and the native voice recognition software on a TabletPC.
- The accuracy of dictation (what you read is equal to what you said) depends on multiple factors. Most users find DNS with its medial vocabulary to be more accurate earlier in use than other software.
- Dictation may work for you or with the way you work.
- AIM forms have been developed to facilitate dictation into AHLTA while still capturing NEEDED data.

# Creating a User File

- Before using Dragon Naturally Speaking, you must use the “**New User Wizard**” to train Dragon to recognize your voice.
- This is a one time event, but more training can increase how well (accurately) Dragon works.
- This training is saved in a user file that is identified with the user’s name.

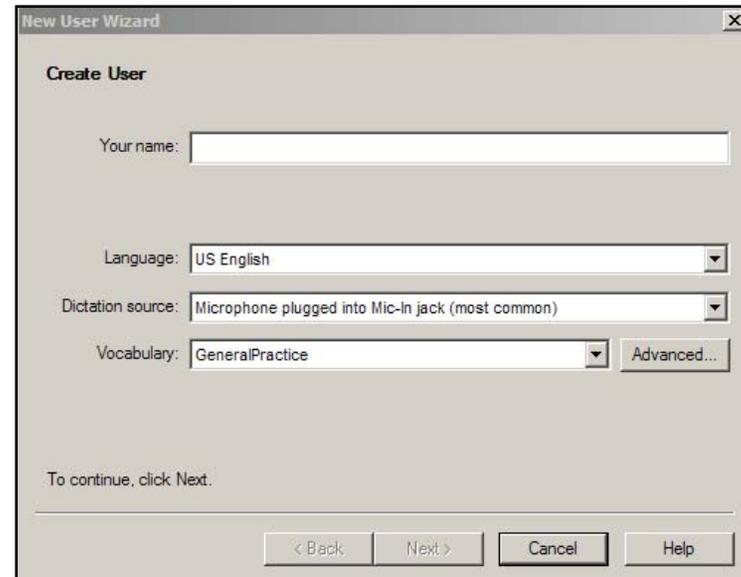
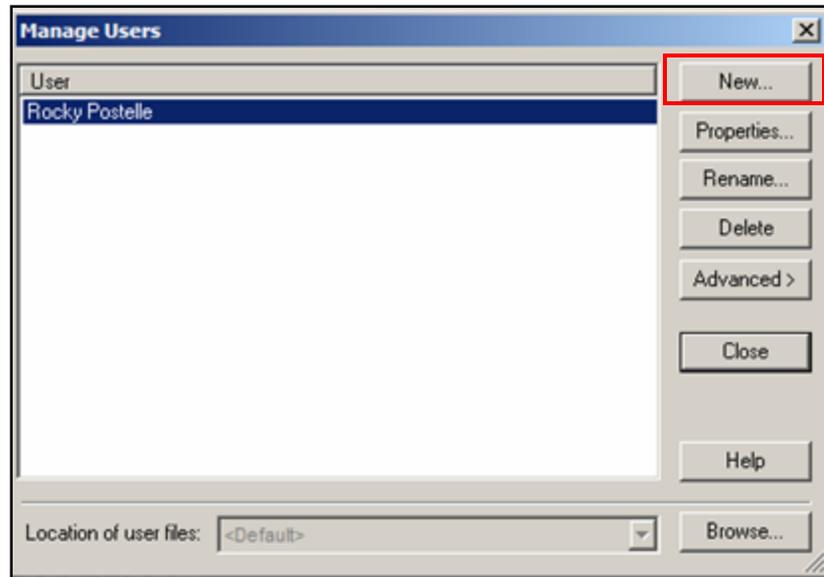
# Creating a User File

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- Go to the Dragon tool bar and open the NaturallySpeaking menu
- Click on Manage Users

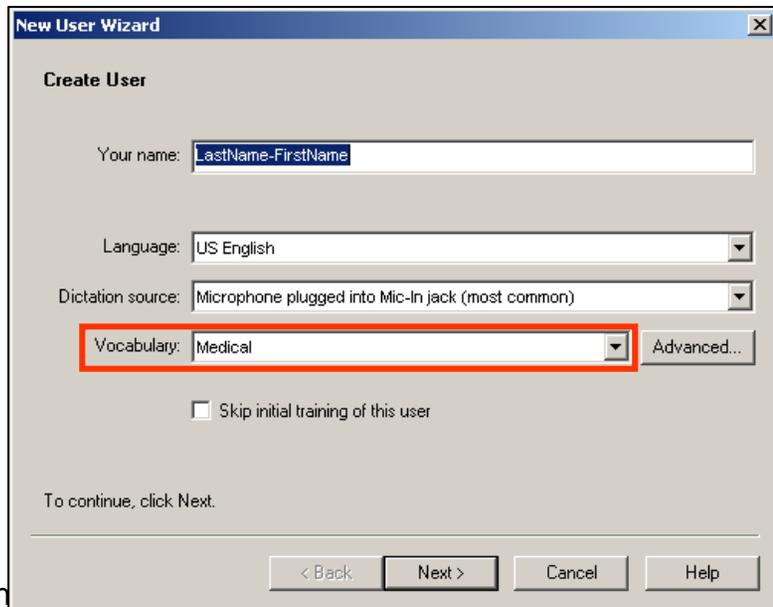
# Creating a User File



- Click on the “New” button to open the New User Wizard

# Creating a User File

- Enter your name
- Choose the Dictation Source (microphone). You can use a head set, handheld, or even the microphone on your laptop. Depending on your speech, you may benefit from a higher quality microphone
- Choose the Vocabulary from the drop down menu



← **Note:** Try to name your profile with standard “Last name-First name” (Smith-John)

This will make it easier to find if you load Dragon on a machine that is used by multiple providers.

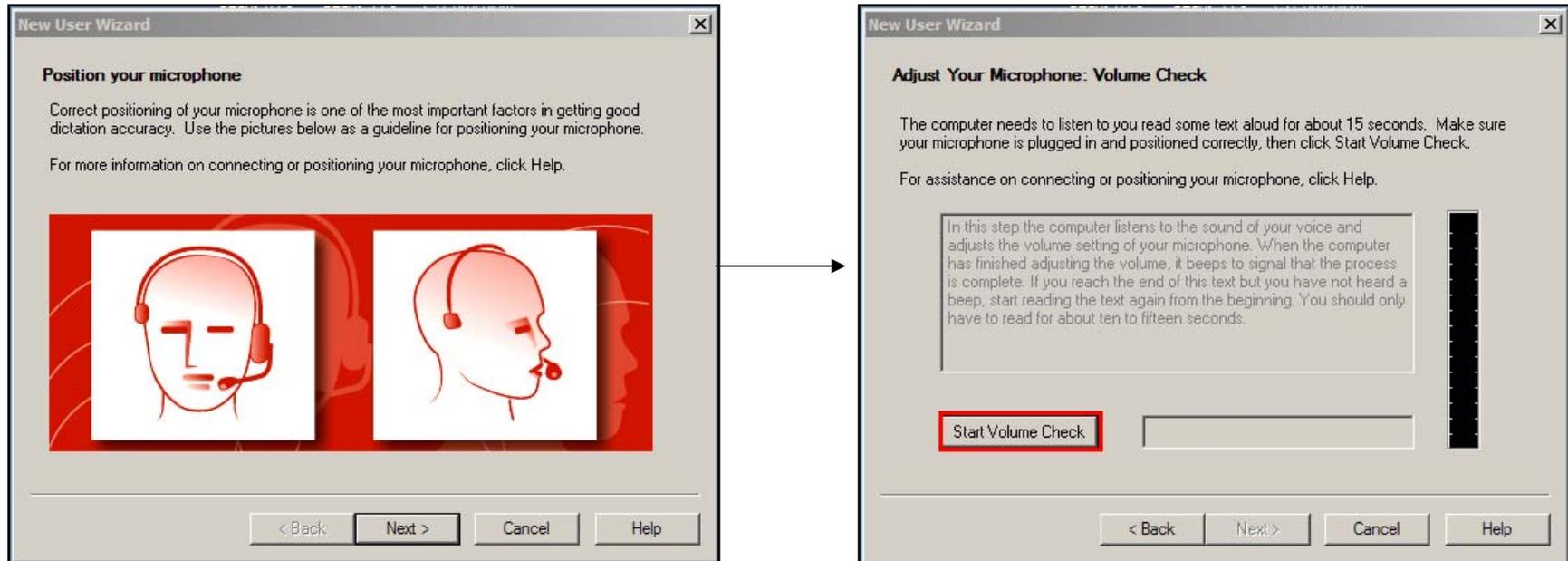
# Choose Appropriate Vocabulary

- During Profile creation, make sure to choose appropriate vocabulary.
  - For most primary care providers, this will be the “Medical” or “General Practice” vocabulary...but there are specialty specific vocabularies as well.

The screenshot shows a 'New User Wizard' dialog box with the following fields and options:

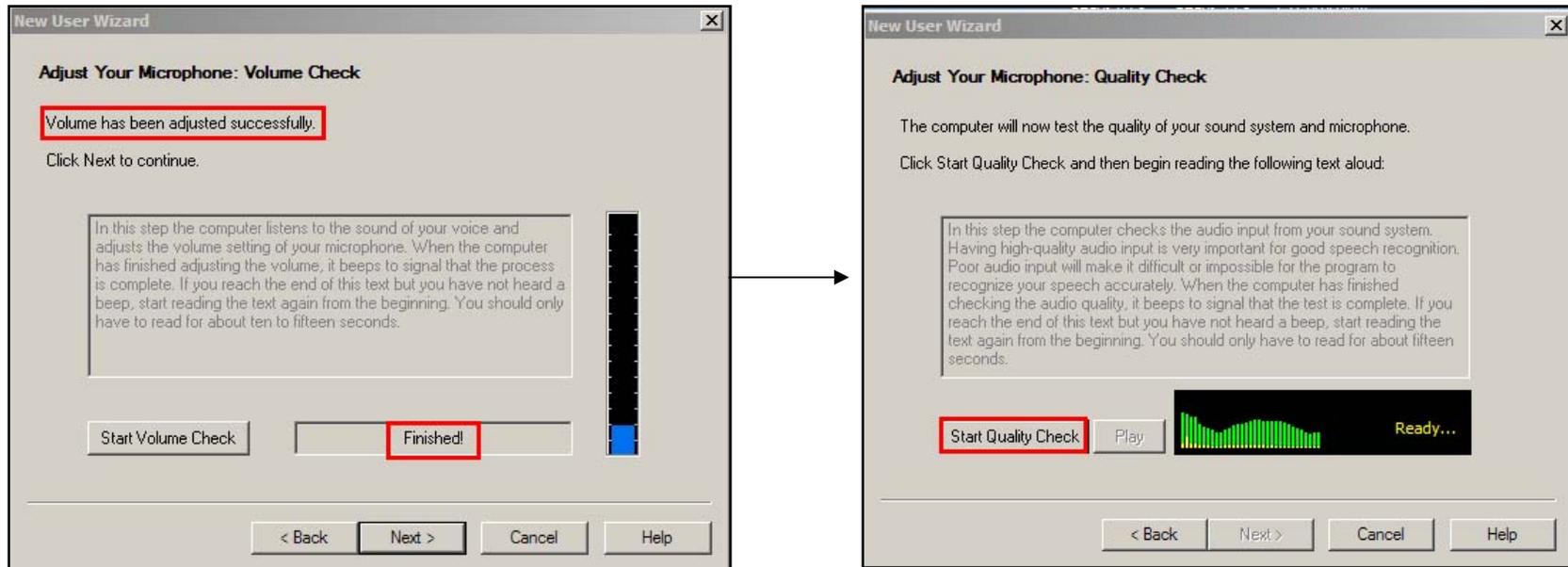
- Your name:** A text input field containing 'LastName-FirstName'.
- Language:** A dropdown menu set to 'US English'.
- Dictation source:** A dropdown menu set to 'Microphone plugged into Mic-In jack (most common)'.
- Vocabulary:** A dropdown menu set to 'Medical', which is highlighted with a red rectangular box.
- Advanced...:** A button next to the Vocabulary dropdown.
- Skip initial training of this user**
- To continue, click Next.**
- Navigation buttons:** '< Back', 'Next >', 'Cancel', and 'Help'.

# Creating a User File



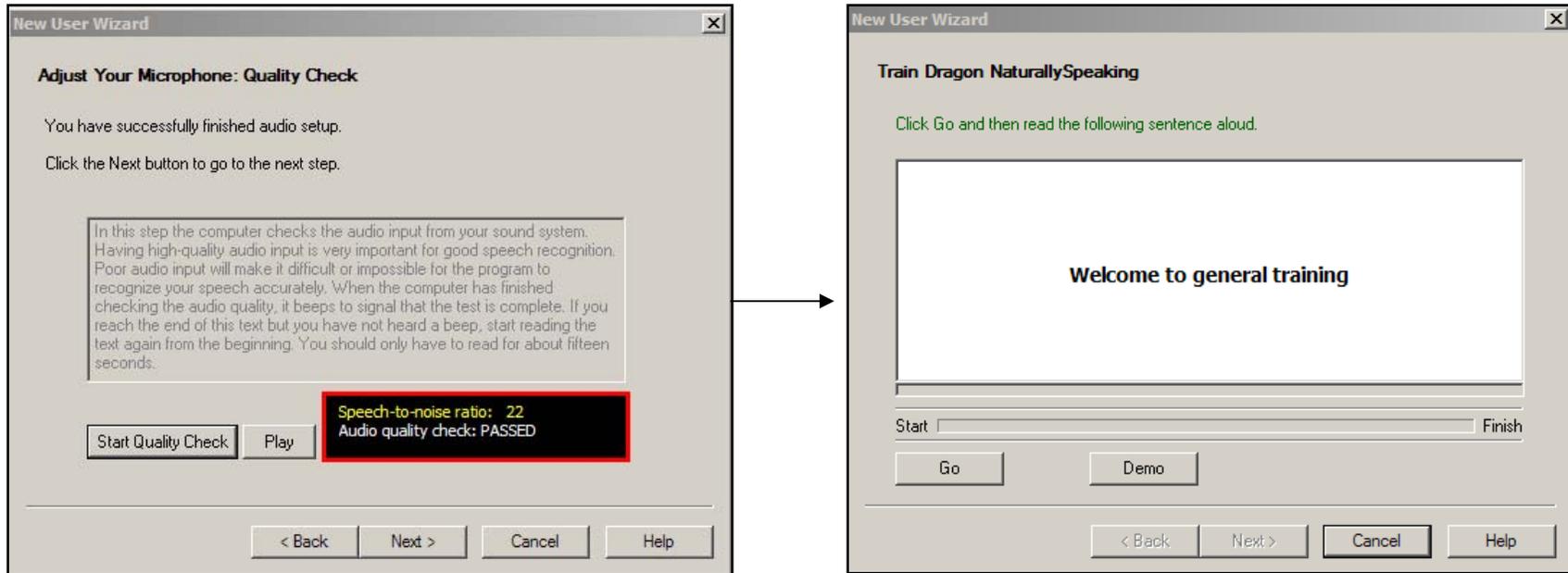
- Once your microphone is set up click on the “Start Volume Check” button and start reading.

# Creating a User File



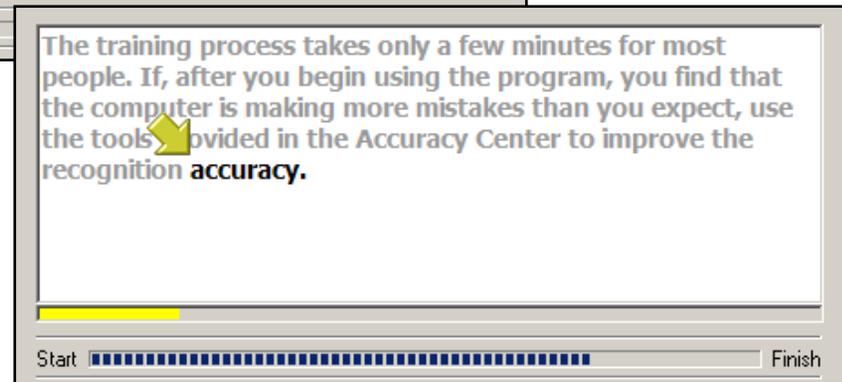
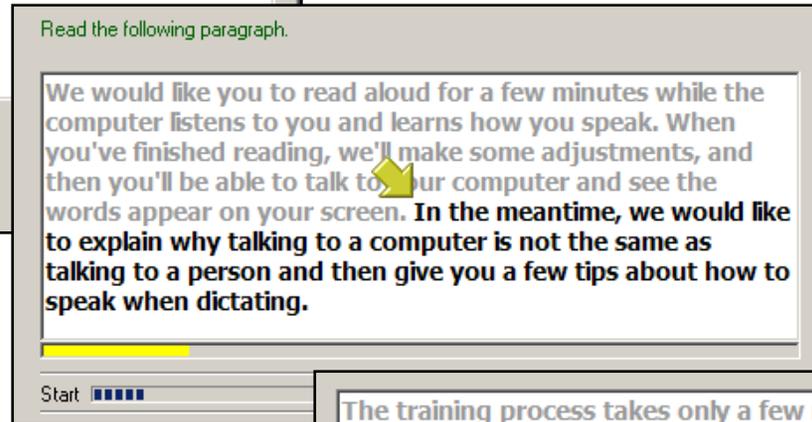
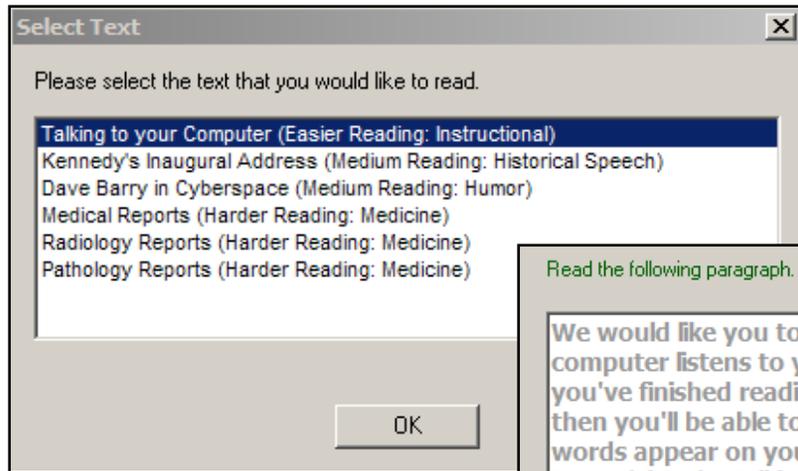
- Once you finish the Volume Check, the Wizard will have you perform a Quality Check
- Click on the “Start Quality Check” button and read the text into the microphone

# Creating a User File



- Once the user passes the sound quality check (a score of at least 15), he or she can begin training

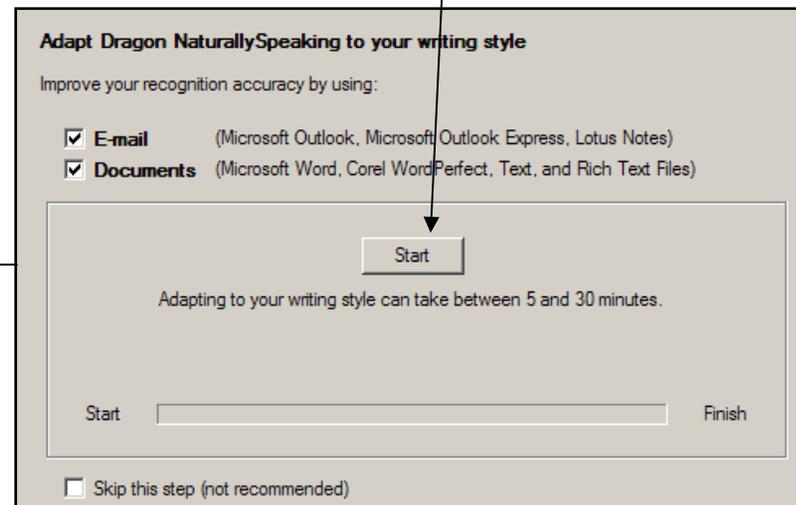
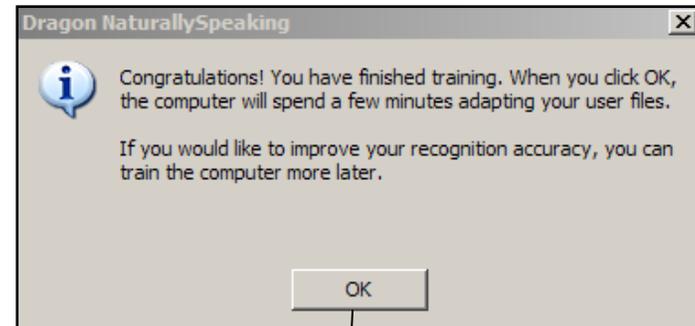
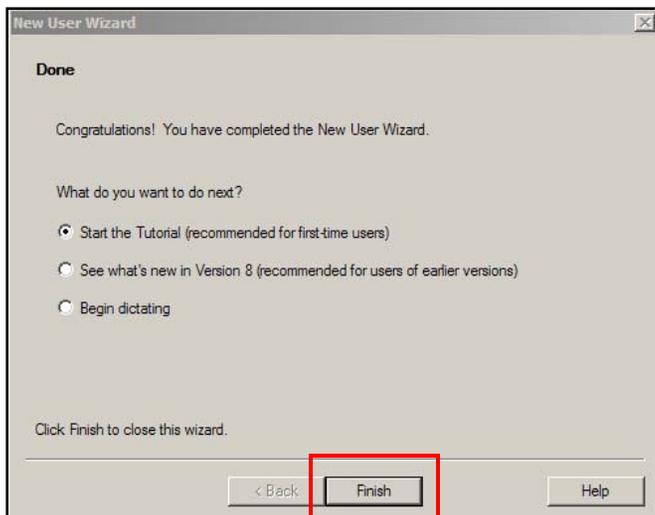
# Creating a User File



- The user will be prompted to select text and read into the microphone

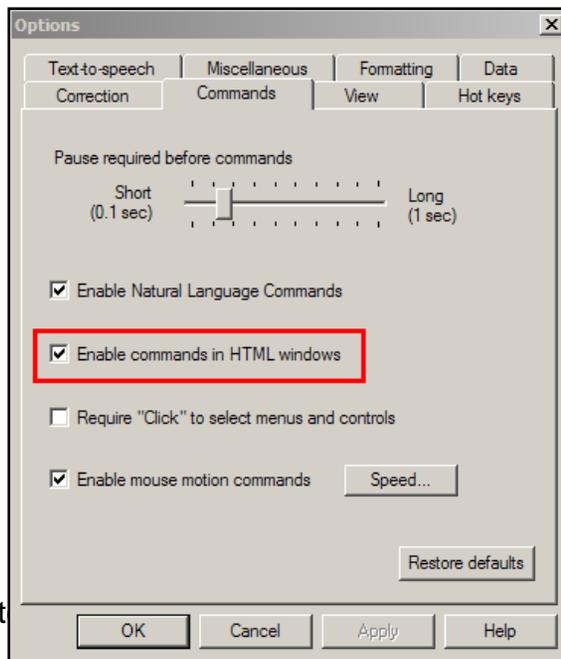
# Creating a User File

- Once the training is complete you will Adapt DNS to your writing style
- Click the “Start” button and then “Finish”

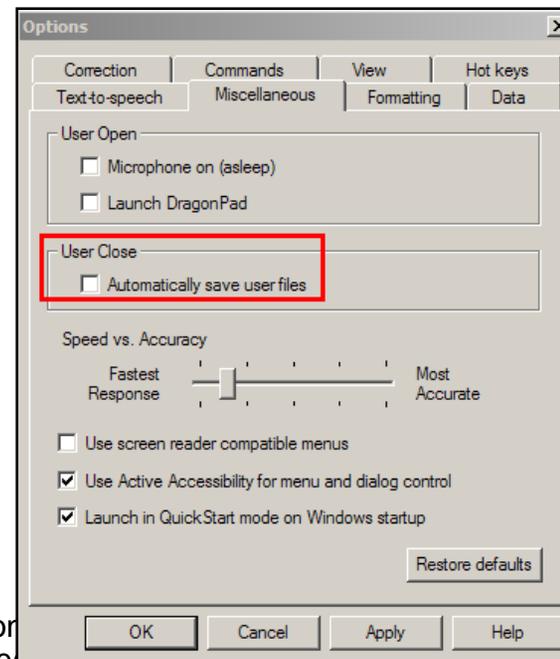


# Recommended Settings

- Go to the Dragon tool bar, click on Tools and then Options
- Uncheck the “Enable commands in HTML windows” box
- Check the “Automatically save user files” box
- Click on “Apply” and “OK” to save the settings
- Dragon has other features, but it is recommended that you start with the basics and advance slowly to limit frustration
- Remember: use and training yield improved efficiency and satisfaction



2 Minut



Dragon™ Dictation  
August 2006

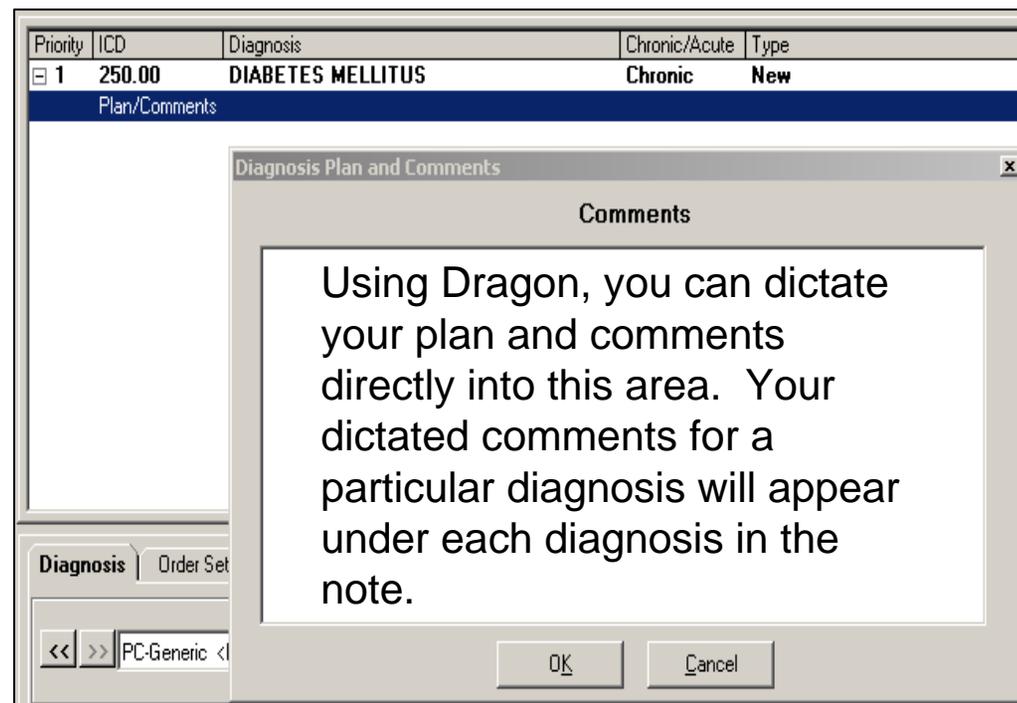
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# Dictating Text Into AHLTA

1. Select a patient encounter.
2. Navigate to a field in which you can enter free text, such as:
  - Add Note (found on main note screen)
  - Free-Text fields of AIM form in **S/O** module
  - Free-Text fields of MEDCIN® terms in **S/O** module
  - Comments/Plan section of **A/P** module

# Note

The Comments/Plan section of the **A/P** module is an ideal area for use of dictation or macro typing. DNS works well here.



# Dictating text into AHLTA

## 3. Turn on the microphone.

**Note:** In Dragon NaturallySpeaking (DNS), the key stroke (*hotkey*) that turns the microphone on and off is the plus (+) key on the numeric key pad of a full-sized key board, and the correction hotkey is the minus (-) key on the numeric key pad. If you are using a laptop or tablet computer, consider changing these hotkeys to ones that are easier to use.

## 4. Speak your text into the microphone using the same type of speaking pattern that you used during training.

# Dictating text into AHLTA

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5. If you are in a free text area in the MEDCIN pane, press the Enter key (or say press enter) to enter the text into the record.
6. If you are in a free-text area in the MEDCIN pane, say “tilde” to enter a paragraph break character (~) into the record.
7. If you are in a pop-up window, click the OK button or say “OK” to enter the text into the record.
8. Turn off the microphone.

# Key Dictation Points to Keep in Mind

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- You do not need to capitalize the beginning of sentences. DNS automatically capitalizes after colons and periods.
- Dictate punctuation marks (**period, comma, colon**), **new-line**, and **new-paragraph**.
- Dictate acronyms, units of measure, blood pressures, dosages, etc., as you normally would.

# Key Dictation Points to Keep in Mind

- Speak in continuous phrases. This provides contextual clues about what you said and thus helps the software choose between homophones, such as “colon” and “:.”
- Your very first dictated words may take a few moments to appear on the screen. This is normal.

# Correcting Recognition Errors

1. Look for the first “misrecognition” and say “**Select**” and the **text/word** that is incorrect. The Correction menu appears with a number of alternatives
2. If one alternative is correct, say “**Choose**” and the number of that alternative. For example, “**Choose Two**”
3. If none of the alternatives is correct, say “**Spell That.**”  
**S**pell the correct word or words into the Spell dialog box, and then say “**OK**”
4. Verify that the correct text appears in the document in place of the “misrecognized” text and continue to the next “misrecognition”

# Example of Correcting Recognition Errors

- In this example, you said "extraocular", but DNS misrecognized it as "extra ocular."
- You now say **select extraocular**
- The Quick Correct Menu opens, displaying what was transcribed, as well as alternate choices
- If the word(s) you said is listed among the choices: say **choose** (whatever number corresponds to the correct choice: in this case, you would say **choose 5**).

Eyes: Pupils equal, round and reactive to light and accommodation, extra ocular muscles intact, fundi normal and sclera clear.

Eyes: Pupils equal, round and reactive to light and accommodation, **extra ocular** muscles intact, fundi normal and sclera clear.

**select extra ocular**

Correction: Say 'Choose 1' for example, or just ignore this box

- "choose 1" **extras** ocular
- "choose 2" extra **ocularly**
- "choose 3" **Extra** ocular
- "choose 4" **Extra Ocular**
- "choose 5" **extraocular**

Spell That...  
Play That Back  
Cap That  
Unselect That

Correction Options...

# Correcting Recognition Errors

- **Note:** You can also highlight the correct choice by mouse or by pressing the down arrow on your keyboard.
- The next few slides are examples of DNS used in AHLTA.

NaturallySpeaking Tools Words Sound Help Microphone is off  
 MARSHALL, ROBERT C: Military Clinical Desktop - S/D (Privacy Act of 1974/FOUO)  
 File Edit View Go Tools Actions Help  
 Appointments Search CHCS-I Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close  
 QQAATEST, SPOUSENHOF 30/860-06-7401 37yo F FM: DOB:24 Feb 1969 Options X

Folder List: Co-signs, Sign Orders, New Results, Reports, Tools, Web Browser, CHCS-I, Immunizations Ad, QQAATEST, SPOU, Demographics, Health History, Problems, Meds, Allergy, Wellness, Immunizations, Vital Signs Re, PKC Couplers, Readiness, Patient Quest, Lab, Radiology, Clinical Notes, Previous Encount, Flowsheets, Current Encounte, Screening, Vital Signs En, S/D, A/P

FamMed-Adult-AIM-plusD AutoNeg Undo Details Browse Shift Browse Note View  
 HPI ROS Physical Exam Well Woman Colposcopy/Laryngoscopy Vasectomy Misc Minor Procedures PFTs/ECG Help Outline View

**Documentation recommendations:**  
 Under HPI document the reason for the visit with attention to the elements of duration, onset, and alleviating/exacerbating factors using free text if structured items can not be found easily.  
 Include pertinent positives and negatives under ROS.

This is a new consult visit  
 Referred by:   
**NOTE: Change "Service Type" to "Consult" in Disposition Module**

**History of Present Illness**  
 Pain  Cough  
 Headache  Skin Sx  
 Vertigo  Feeling ill  
 Medication refill  Visit for a Physical

**HPI (con"t) -- Military/Background Info**  
  This Visit is Deployment-related  
 Branch of Service:  USA  USN  USAF  USMC  
 Source of information:  Patient  
 Reliability of source of patient information:

**Past Medical / Surgical History**  
 Reviewed Past Medical Hx  
 Reviewed Past Surgical Hx  
 Reviewed Medication Hx  
 Reported Recent Immunization  
 Reviewed Allergy Hx (N indicates no known drug allergies)  
 Reviewed Dietary Hx  
 Prior Tests  
 Complete Colonoscopy  
 Previous Hospitalizations  
 Previous ER Visits  
 Cardiac Risk Factors  
 Exposure To Secondhand Smoke

**Personal History**  
 Reviewed Social Hx  
  Tobacco Use  
  Alcohol Use  
  Caffeine Use  
  Herbal Medicines  
  Drug Use  
  Regular Exercise  
  Reviewed Sleep Habits

**Disability**  
  Mental Disability:  
  Physical Disability:

**Significant Co-Morbid Conditions**  
  Hx of Hypertension (systemic)  
  Hx of Coronary Artery Disease  
  Hx of Congestive Heart Failure  
  Hx of Diabetes Mellitus  
  Hx of Osteoporosis  
  Hx of Depression

**Family History**  
 Reviewed Family History

Additional problems:   
 Other concerns/Subjective information:

AMEDD Medci FP-G Here is the typical opening page on a general AIM form. You can dictate into the text boxes with Dragon.

File Edit View Go Tools Actions Help  
 Appointments Search CHCS-I  
 Save SaveAs Template Mgt Dx.Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close  
 QQQAATEST, SPOUSENHOF 30/860-06-7401 37yo F FM: DOB:24 Feb 1969

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 Vital Signs Re  
 PKC Couplers  
 Readiness  
 Patient Quest  
 Lab  
 Radiology  
 Clinical Notes  
 Previous Encount  
 Flowsheets  
 Current Encounte  
 Screening  
 Vital Signs En  
 S/D  
 A/P

Review of Systems  
 REMINDER: Include p  
 ROS Unobtainable  
 Constitutional Sx  
 Fever  
 Gen pain  
 Wt loss (lbs)  
 Chills  
 Fatigue  
 Head-Related Sx  
 Headache  
 Sinus pain  
 Eye Sx  
 Eyesight proble  
 Foreign body sensation  
 Dry eyes  
 Pus discharge  
 ENT Sx  
 Ear  
 Nasal  
 Throat  
 Throat pain  
 Neck Sx  
 Stiffness  
 Swollen glands  
 Cardiovascular Sx  
 Palpitations  
 Chest pain  
 Gastrointestinal Sx  
 Abdominal pain  
 Lesions  
 Nails  
 Breast Sx  
 Discharge  
 Warmth  
 Lump  
 Musculoskeletal Sx  
 Neurological Sx  
 Cough  
 Wheezing  
 Difficulty breathing  
 Night sweats  
 Psychological Sx  
 Depression  
 Loss of Pleasure  
 Sleep disturbances  
 Hematologic Sx  
 Easy bruising tendency  
 Endocrine Sx  
 Additional Review of Systems Information:

FP--General--AMEDD  
 Has had lower abdominal pain intermittently for about 2 weeks. Worse after meals. Radiates to her lower back. Some nausea, no vomiting. No change in bowel habits.

Close The Note Dialog  
 Insert Text

ADVISORY: Only use the ROS button if absolutely sure the information has to be under HPI.

Can select the textboxes to open one for Dragon dictation or typing. The open square is the textbox & the arrow is the MEDCIN tree.

File Edit View Go Tools Actions Help  
 Appointments Search CHCS-I Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close

QQQAATEST, SPOUSENHOF 30/860-06-7401 37yo F FM: DOB:24 Feb 1969

Folder List: Co-signs, Sign Orders, New Results, Reports, Tools, Web Browser, CHCS-I, Immunizations Ad, QQQAATEST, SPOU, Demographics, Health History, Problems, Meds, Allergy, Wellness, Immunizations, Vital Signs Re, PKC Couplers, Readiness, Patient Quest, Lab, Radiology, Clinical Notes, Previous Encount, Flowsheets, Current Encount, Screening, Vital Signs En, S/D, A/P

HPI ROS Physical Exam Well Woman Colposcopy/Laryngoscopy Vasectomy Misc Minor Procedures PFTs/ECG Help Outline View

**FP--General--AMEDD**  
 ABDOMEN WAS SOFT, BOWEL SOUNDS WERE EXAGGERATED W/HIGH PITCHED SOUNDS; A MASS WAS FELT IN THE RIGHT LOWER QUADRANT OVER THE ADNEXA. THERE WAS DIFFUSE +TTP OVER THE RLQ TO RUQ.

Close The Note Dialog ABC Insert Text

|                                 |                                       |  |   |                                       |  |  |                                     |  |   |   |  |   |  |  |                                       |                                       |  |  |  |  |   |  |  |                                       |
|---------------------------------|---------------------------------------|--|---|---------------------------------------|--|--|-------------------------------------|--|---|---|--|---|--|--|---------------------------------------|---------------------------------------|--|--|--|--|---|--|--|---------------------------------------|
| <input type="checkbox"/> PERRLA | <input type="checkbox"/> External Eye | <input type="checkbox"/> Conjunctiva Discharge | <input type="checkbox"/> Icteric Sclera | <input type="checkbox"/> Nasal Mucosa | <input type="checkbox"/> Flaring of the Nostrils | <input type="checkbox"/> Buccal Mucosa | <input type="checkbox"/> Oropharynx | <input type="checkbox"/> Tympanic Membrane | <input type="checkbox"/> Erythema Present | <input type="checkbox"/> Loss of Light Reflex | <input type="checkbox"/> Loss of Landmarks | <input type="checkbox"/> Mobility Decreased | <input type="checkbox"/> Breath Sounds | <input type="checkbox"/> Rate and Rhythm | <input type="checkbox"/> Heart Sounds | <input type="checkbox"/> Murmur heard | <input type="checkbox"/> Arterial Pulses | <input type="checkbox"/> Abdomen Rigid | <input checked="" type="checkbox"/> Abdomen Tender | <input type="checkbox"/> Mass Palpated | <input type="checkbox"/> Liver Enlarged | <input type="checkbox"/> Spleen Enlarged | <input type="checkbox"/> Hernia discovered | <input type="checkbox"/> Bowel Sounds |
|---------------------------------|---------------------------------------|--|---|---------------------------------------|--|--|-------------------------------------|--|---|---|--|---|--|--|---------------------------------------|---------------------------------------|--|--|--|--|---|--|--|---------------------------------------|

**Genital M**  
 Penis  
 Scrotum  
 Cryptorchism observed

**Genital F**  
 External Genitalia  
 Vaginal Discharge  
 Bloody Discharge

Use Well Woman tab for comprehensive female evaluation

**Rectum**  
 Rectum  
 Prostate

**Skin**  
 Color/Pig  
 Clubbing  
 Cyanosis  
 Edema  
 Lesions

**Breast**  
 Right Br  
 Left Br

**Musculoskeletal**  
 Thoracolumbar Spine  
 Cervical Spine Abnormal  
 Lumbar/lumbosacral Spine  
 Grossly normal movement  
 Shoulders  
 Elbows  
 Wrists  
 Hands  
 Fingers  
 Hips  
 Knees

**In the physical exam section, you can use text boxes to document any positive physical findings. Can use All-Caps or Cap-That commands to capitalize all the text or just the first letters to help it stick out for the reader.**

Slide 24 of 48

MARSHALL, ROBERT C in Bremerton Family Pract at MAMC Tacoma

NaturallySpeaking Tools Words Sound Help Microphone is off

MARSHALL, ROBERT C: Military Clinical Desktop - S/D (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Appointments Search CHCS-I Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close

QQQAATEST, SPOUSENHOF 30/860-06-7401 37yo F FM: DOB:24 Feb 1969 Options X

Folder List

- Co-signs
- Sign Orders
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- Immunizations
- Vital Signs Re
- PKC Couplers
- Readiness
- Patient Quest
- Lab
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- Clinical Notes
- Previous Encount
- Flowsheets
- Current Encounte
- Screening
- Vital Signs En
- S/D
- A/P

Entry details for current selection

Visit for:

Duration (numeric) Onset Modifier

Value Unit

HPI

Templates (Symptoms)

- Visit For:
- review of systems [use for free text]

Once the dictation or typing has been performed & closed, here is the emoted dictation. Here is the HPI dictation (upper) & the physical exam (lower-all caps).

Generalized pain • Fever • Chills • Recent weight loss

Nausea • Abdominal swelling /bloating • Abdominal pain Has had lower abdominal pain intermittently for about 2 weeks. Worse after meals. Radiates to her lower back. Some nausea, no vomiting. No change in bowel habits

**Physical findings**

**Vital signs:**

- Pain level (0-10): Reviewed
- Current vital signs reviewed

**General appearance:**

- Alert
- Oriented to time, place, and person
- Healthy appearing

**Abdomen:**

Auscultation: • Bowel sounds were abnormal

Palpation: • Abdominal tenderness ABDOMEN WAS SOFT, BOWEL SOUNDS WERE EXAGGERATED W/HIGH PITCHED SOUNDS; A MASS WAS FELT IN THE RIGHT LOWER QUADRANT OVER THE ADNEXA. THERE WAS DIFFUSE +TTP OVER THE RLQ TO RUQ • A mass was palpated in the abdomen

Hepatic Findings: • Liver was not enlarged

Splenic Findings: • Spleen was not enlarged

Hernia: • No hernia was discovered

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MARSHALL, ROBERT C in Bremerton Family Pract at MAMC Tacoma

NaturallySpeaking Tools Words Sound Help Microphone is off

MARSHALL, ROBERT C: Military Clinical Desktop - Previous Encounters (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Appointments Search CHCS-I Append Narrative Amend Encounter Sign Encounter Copy Forward New Template Close

NKA Options

Folder List

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- Telephone Consultations
- Search
- Patient List
- Consult Log
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- PKC Couplers
- Readiness
- Patient Questionnaire
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- Clinical Notes
- Previous Encounters
- Flowsheets

Previous Encounters View last four View All

| Date             | Status   | Primary Diagnosis               | Clinic                 |
|------------------|----------|---------------------------------|------------------------|
| 01 Sep 2006 1425 | Complete | VULVOVAGINITIS CANDIDA ALBICANS | B FAMILY PRACT         |
| 10 Aug 2006 1010 | Complete | CANDIDIASIS VAGINAL             | Bremerton Family Pract |
| 07 Jul 2006 1355 | Complete | ATYPICAL CHEST PAIN             | Bremerton Family Pract |
| 06 Jul 2006 1430 | Complete | ESOPHAGITIS CHRONIC REFLUX      | Bremerton Gen Surgery  |

Signed Encounter Documents: 07 Jul 2006 1905 signed by MARSHALL, ROBERT C (1 documents found)

BP: 108/72 Adult Cuff, Right Arm, HR: 64, RR: 20, HT: 59 in, Wt: 101 lbs, BMI: 20.4, BSA: 1.379 square meters, Tobacco Use: No, Alcohol Use: No, Pain Scale: 0 Pain Free

**SO Note** Written by MARSHALL, ROBERT C @ 07 Jul 2006 1841 PDT

**History of present illness**

- The Patient is a 41 year old female.
- Past medical history reviewed: Reviewed Autocite Content
- Chest pain or discomfort She complains of left-sided chest pain that is sharp and radiates directly through to the back. She denies any shortness of breath with this. She also has no diaphoresis or feeling of impending doom. She states that she's not having any anxiety associated with this chest pain
- Heartburn She continues to have GERD symptoms although they are much less on her current medications. She also has some moderate swelling and bloating that are most likely due to a mild dumping syndrome status post her cholecystectomy
- Abdominal swelling /bloating
- Musculoskeletal symptoms She still continues to have marked lower extremity edema on intermittent basis. She states that when she is quite active she will get marked edema and pain in her lower extremities which restrict her activities. All evaluations up to this point have been negative

**Allergies**

No allergies: Reviewed Allergy Information in CHCS

**Past medical/surgical history**

**Reported History:**

Reported prior tests: Prior tests were performed She has had a prior echocardiogram that was also normal  
An ECG was normal, a treadmill test was normal, and an ANA was not high.

Reported medications: Medication history: Reviewed Autocite Content

Surgical /procedures: Surgical /procedures history: Reviewed

**Here is an example of using dictation or typing for the HPI & ROS boxes as the HPI. This is the HPI & is much more readable than pure MEDCIN.**

No osteoporosis

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MARSHALL, ROBERT C in Bremerton Family Pract at MAMC Tacoma

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Previous Encounters View last four View All

| Date             | Status   | Primary Diagnosis               | Clinic                 |
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Signed Encounter Documents: 07 Jul 2006 1905 signed by MARSHALL, ROBERT C (1 documents found)

\* No tenderness. \* Demonstrated no decrease in suppleness. \* No cervical mass was seen.

**Lymph Nodes:**  
\* Cervical lymph nodes were not enlarged.

**Lungs:**  
\* Lungs: She has moderate chest wall tenderness along the left costochondral border. She states this is similar but somewhat different than her pain that causes her to come in. She has no evidence of a pleural or pericardial rub  
\* Exaggerated use of accessory muscles for inspiration was not observed. \* Clear to auscultation.

**Cardiovascular system**  
Heart Rate And Rhythm: \* Normal.  
Heart Sounds: \* Normal.  
Murmurs: \* No murmurs were heard.  
Arterial Pulses: \* Normal.

**Abdomen:**  
Auscultation: \* Bowel sounds were normal. \* A bruit was not heard in the abdomen.  
Palpation: \* Abdomen was soft. \* No abdominal tenderness. \* No mass was palpated in the abdomen.  
Hepatic Findings: \* Liver was not enlarged.  
Splenic Findings: \* Spleen was not enlarged.  
Hernia: \* No hernia was discovered.

**Skin:**  
\* Color and pigmentation were normal. \* No cyanosis. \* No skin lesions:

**Nails:**  
\* No clubbing of the fingernails.

**Musculoskeletal system:**  
General/bilateral: \* Normal movement of all extremities  
Cervical: \* Normal range of motion  
Thoracic: \* Normal range of motion  
Lumbar: \* Normal range of motion

**Neurological:**  
Motor: \* A motor exam demonstrated no dysfunction.  
Balance: \* Normal.  
Gait And Stance: \* Normal.

Here is an example of a physical exam that was dictated or typed. Simple, 1-to-2 sentence narrative that helps readability. Here, the All-Caps/Cap-That command was not used.

Slide 27 of 48

MARSHALL, ROBERT C in Bremerton Family Pract at MAMC Tacoma

NaturallySpeaking Tools Words Sound Help Microphone is off

MARSHALL, ROBERT C: Military Clinical Desktop - Previous Encounters (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Appointments Search CHCS-I Append Narrative Amend Encounter Sign Encounter Copy Forward New Template Close

NKA Options

Folder List

- Appointments
- Telephone Consu
- Search
- Patient List
- Consult Log
- Co-signs
- Sign Orders
- New Results
- Reports
- Tools
- Web Browser
- CHCS-I
- Immunizations Ad
- Demographics
- Health History
- Problems
- Meds
- Allergy
- Wellness
- Immunizations
- Vital Signs Re
- PKC Couplers
- Readiness
- Patient Quest
- Lab
- Radiology
- Clinical Notes
- Previous Encount
- Flowsheets

Previous Encounters View last four View All

Here is a summary of care in this A/P module "Comments" section. This can be accomplished briefly with Dragon or typing. Makes much more readable note.

Signed Encounter Documents: 21 Jul 2006 1626 signed by MARSHALL, ROBERT C (1 documents found)

Neurological:  
 Motor: \* A motor exam demonstrated no dysfunction.  
 Balance: \* Normal.  
 Gait And Stance: \* Normal.  
 Reflexes: \* Normal.

A/P Written by MARSHALL, ROBERT C @ 21 Jul 2006 1625 PDT

**1. ATHEROSCLEROSIS EXTREMITIES WITH INTERMITTENT CLAUDICATION:** His MRA showed significant involvement of the right vascular distribution from the iliac vessels distally. He has opted to try Trental at three times a day. He is also going to see Dr. Bernstein, who is a local vascular surgeon. His visit is for next Wednesday. Was in the visit today was involved with discussing his various options for treating his peripheral vascular disease and counseling him about those options. He will follow-up after his visit with Dr. Bernstein.

**2. Allergic rhinitis:** He is doing well with his current medication list. The Atrovent nasal spray and the oral antihistamines are working to control his allergic rhinitis. I did give him a prescription for Singulair, but he desires not to take that at this time. I will refill his Atrovent, and he will continue on his other current medications.

Medication(s): -IPRATROPIUM (ATROVENT NASAL)-NAS 0.03% -INSTILL 2 SPRAYS IN EACH NOSTRIL 2-3 TIMES PER DAY Qt: 1 Rf: 3  
 Comment: NKDA P46

**3. CHRONIC MARGINAL BLEPHARITIS:** This seems to be under very good control with his erythromycin ointment. I will refill that, which he will use nightly.

Medication(s): -ERYTHROMYCIN (ILOTYCIN)--OPT 5MG/GM OINT - APPLY A THIN RIBBON 1CM IN LENGTH TO EYE TID TILL CLEAR FOR 48 H #1 Rf: 5  
 Comment: NKDA. P29

Disposition Written by MARSHALL, ROBERT C @ 21 Jul 2006 1625 PDT

**Released w/o Limitations**

**Follow up:** as needed in 2 to 4 week(s) with PCM and/or in the B FAMILY PRACT clinic or sooner if there are problems.

**Discussed:** Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. 25 minutes face-to-face/floor time. >50% of appointment time spent counseling and/or coordinating care.

Signed By MARSHALL, ROBERT C (Physician, NHB Bremerton) @ 21 Jul 2006 1626

Blood Pressure Screen

MARSHALL, ROBERT C in Bremerton Family Pract at MAMC Tacoma

Slide 28 of 48

MARSHALL, ROBERT C: Military Clinical Desktop - S/O (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Appointments Search CHCS-I Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close

QQQAATEST, SPOUSENHOLE 30860 06 7404 37yo F EM: DOB: 24 Feb 1969

**FP--General--AMEDD**

Has had lower abdominal pain intermittently for about 2 weeks. Worse after meals. Radiates to her lower back. Some nausea, no vomiting. No change in bowel habits. She denies any symptoms that would be consistent with

symptoms that would be consistent with

positives and negatives as related to HPI/Purpose of visit here

**Head-Related Sx**  
 Fatigue  
 Headache  
 Sinus pain

**Eye Sx**  
 Eyesight problems  
 Foreign body sensation  
 Dry eyes  
 Pus discharge

**ENT Sx**  
 Ear  
 Nasal  
 Throat  
 Throat pain

**Sx**  
 Abdominal pain  
 Blood in stool  
 Nausea  
 Vomiting  
 Diarrhea  
 Swelling/Bloating  
 Constipation  
 Decrease in appetite  
 Heartburn

**Genitourinary Sx**  
 Dysuria

**Breast Sx**  
 Discharge  
 Warmth  
 Lump

**Musculoskeletal Sx**  
 Lesions  
 Nails

**Neurological Sx**  
 Dizziness  
 Memory lapses or loss  
 Sensory disturbances  
 Poor coordination  
 Frequently becoming lost  
 Freq. questions about recent events  
 Frequent falls while walking

**Pulmonary Sx**  
 Cough  
 Wheezing  
 Difficulty breathing

Night sweats

**Psychological Sx**  
 Depression  
 Loss of Pleasure  
 Sleep disturbances

**Hematologic Sx**  
 Easy bruising tendency

**Endocrine Sx**

Additional Review of Systems Information:

sure the

**Here is an example of the dictation as it emotes into the AHLTA text box. While Dragon is pretty accurate, we do recommend proofreading the text prior to accepting and closing it.**

MARSHALL, ROBERT C: Military Clinical Desktop - 5/0 (Privacy Act of 1974/FOUO)  
 File Edit View Go Tools Actions Help  
 Appointments Search CHCS-I Save SaveAs Template Mgt Dx Prompt FindTerm Browse From Here A/P Disposition Sign Cancel Close  
 QQAATEST, SPOUSENHOF 30/860-06-7401 37yo F FM: DOB:24 Feb 1969 Options X

Folder List: Patient List, Consult Log, Co-signs, Sign Orders, New Results, Reports, Tools, Web Browser, CHCS-I, Immunizations Ad, QQAATEST, SPOU, Demographics, Health History, Problems, Meds, Allergy, Wellness, Immunizations, Vital Signs Re, PKC Couplers, Readiness, Patient Quest, Lab, Radiology, Clinical Notes, Previous Encount, Flowsheets, Current Encount, Screening, Vital Signs En, S/D

HPI ROS Physical Exam Well Woman Colposcopy/Laryngoscopy Vasectomy Misc Minor Procedures PFTs/ECG Help Outline View

**FP--General--AMEDD**  
 The abdomen was soft. Bowel sounds were normal with some evidence of high pitched tinkling in the left lower quadrant. A 4 x 5 cm mass was palpated in the left lower quadrant. This was mildly tender to palpation. It appeared fixed and immovable. No other abnormalities were noted on the rest of the exam.

no other abnormalities were noted on the rest of the exam period

Use Well Woman tab for comprehensive female evaluation

**Genital M**  
 Penis  
 Scrotum  
 Cryptorchism observed

**Genital F**  
 External Genitalia  
 Vaginal Discharge  
 Bloody Discharge

**Musculoskeletal**  
 Thoracolumbar Spine  
 Cervical Spine Abnormal  
 Lumbar/lumbosacral Spine  
 Grossly normal movement  
 Shoulders  
 Elbows  
 Wrists  
 Hands  
 Fingers  
 Hips  
 Knees  
 Ankles  
 Feet

**Rectum**  
 Rectum  
 Prostate

**Skin**  
 Color/Pigment  
 Clubbing of Nails  
 Cyanosis  
 Edema present  
 Lesions present

**Breast**  
 Right Breast

**Cardiovascular**  
 Rate and Rhythm  
 Heart Sounds  
 Murmur heard  
 Arterial Pulses

**Abdominal**  
 Abdomen Rigid  
 Abdomen Tender

**ENT**  
 Nasal Mucosa  
 Flaring of the Nostrils  
 Buccal Mucosa  
 Oropharynx

PERRLA  
 External Eye  
 Conjunctiva Discharge  
 Icteric Sclera  
 Breath Sounds  
 Cardiovascular  
 Skin  
 Breast  
 Neurological  
 Motor Dysfunction  
 Balance Impaired  
 Gait\_Stance  
 Reflexes

Close The Note Dialog ABC Insert Text

**In order to apply the All-Caps or Cap-That command to the text within the box, you must first highlight the text with the mouse.**

Reminders

NaturallySpeaking Tools Words Sound Help Normal mode  
 MARSHALL, ROBERT C: Military Clinical Desktop - Encounters (Privacy Act of 1974/FOUO)  
 File Edit View Go Tools Actions Help  
 Appointments Search CHCS-I Refresh Add Note Providers Templates Sign Save As Template Close  
 QQAATEST, SPOUSENHOF 30/860-06-7401 37yo F FM: DOB:24 Feb 1969 Options

Date: 03 Sep 2006 1049 PST Status: In Progress Treatment Facility: NH BREMERTON  
 Primary Provider: MARSHALL, ROBERT C (BREM) Type: ROUT Clinic: B FAMILY PRACT  
 Patient Status: Outpatient  
 No Questionnaires Found.

**SO Note** Written by MARSHALL, ROBERT C (BREM) @ 06 Dec 2006 1232 PST  
**History of present illness**  
 The Patient is a 37 year old female.  
 ▪ Generalized pain ▪ Fever ▪ Chills ▪ Recent weight loss  
 ▪ Nausea ▪ Abdominal swelling/bloating ▪ Abdominal pain Has had lower abdominal pain intermittently for about 2 weeks. Worse after meals. Radiates to her lower back. Some nausea, no vomiting. No change in bowel habits. She denies any symptoms that would be consistent with dyspepsia or peptic ulcer disease  
**Physical findings**  
**Vital signs:**  
 ▪ Pain level (0-10): Reviewed  
 ▪ Current vital signs reviewed  
**General appearance:**  
 ▪ Alert ▪ Oriented to time, place, and person ▪ Healthy appearing  
**Abdomen:**  
 Auscultation: ▪ Bowel sounds were abnormal  
 Palpation: ▪ Abdominal tenderness The Abdomen Was Soft. Bowel Sounds Were Normal with Some Evidence of High Pitched Tinkling in the Left Lower Quadrant. A 4 X 5 Cm Mass Was Palpated in the Left Lower Quadrant. This Was Mildly Tender to Palpation. It Appeared Fixed and Immovable. No Other Abnormalities Were Noted on the Rest of the Exam ▪ A mass was palpated in the abdomen  
 Hepatic Findings: ▪ Liver was not enlarged  
 Splenic Findings: ▪ Spleen was not enlarged  
 Hernia: ▪ No hernia was discovered

A/P **A/P** Written by MARSHALL, ROBERT C @ 28 Nov 2006 0827 PST  
**1. NORMAL PELVIC EXAM WITH CERVICAL PAP SMEAR**  
 Patient Instruction(s) -Anticipatory Guidance: Unsafe Sexual Practices  
 --> Unassociated orders and procedures <--  
 SCREENING PAP OBTAIN, PREP, CONVEY CERV/VAG SMEAR TO LAB x 1

Disposition **Disposition** Written by MARSHALL, ROBERT C @ 07 Sep 2006 1403 PST

**Here is the output from the dictated text boxes. The HPI/ROS text box dictation goes into the HPI section. The PE text box dictation goes into the appropriate area of the physical exam.**

Reminders  
 Encounter 100044860 SO Note was saved. MARSHALL, ROBERT C in Bremerton Family Pract at MAMC Tacoma Slide 31 of 48

MARSHALL, ROBERT C: Military Clinical Desktop - A/P (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Appointments Search CHCS-I Preview Save Delete Templates S/D Disposition Sign Modifiers Submit All Close

**QQQAATEST, SPOUSENHOF 30/860-06-7401 37yo F FM: DOB:24 Feb 1969**

**Folder List**

- Consult Log
- Co-signs
- Sign Orders
- New Results
- Reports
- Tools
- Web Browser
- CHCS-I
- Immunizations Ad
- QQQAATEST, SPOU
- Demographics
- Health History
  - Problems
  - Meds
  - Allergy
  - Wellness
  - Immunizations
  - Vital Signs Re
  - PKC Couplers
  - Readiness
  - Patient Quest
- Lab
- Radiology
- Clinical Notes
- Previous Encount
- Flowsheets
- Current Encounte
  - Screening
  - Vital Signs En
  - S/O
  - A/P

| Priority | ICD    | Diagnosis                        | Chronic/Acute | Type |
|----------|--------|----------------------------------|---------------|------|
| 1        | V72.31 | NORMAL PELVIC EXAM WITH CERVICAL | Chronic       | New  |

Plan/Comments  
 Patient Anticipatory Guidance: Unsafe Sexual Practices

**Diagnosis Plan and Comments**

**Comments**

Other than the mass in her left lower quadrant, she had a normal pelvic exam cervical Pap smear completed. Because of the pain and and mass in her left lower quadrant, I will refer her for pelvic ultrasound and GYN for evaluation.

for evaluation period

OK Cancel

**Diagnosis**

- ICD
- V70.0
- V72.31
- 401.9
- 724.2 LUMBAGO
- 311 DEPRESSION
- 465.9 UPPER RESPIRATORY INFECTION ACUTE
- 477.9 ALLERGIC RHINITIS
- 272.4 HYPERLIPIDEMIA
- 493.90
- 250.00
- 530.81
- 307.81

Orders & Procedures  
 SCREENING PAP OBTAIN, PRE  
 Anticipatory Guidance: Unsafe Sexual

Med Other Therapies Find Now

Add to Encounter Add to Favorite List

**Here is the text box (Plan/Comments) where one can type or Dragon dictate a brief summary of the findings, plan and follow-up.**

Reminders

Slide 32 of 48

MARSHALL, ROBERT C in Bremerton Family Pract at MAMC Tacoma

MARSHALL, ROBERT C: Military Clinical Desktop - A/P (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Appointments Search CHCS-I Preview Save Delete Templates S/D Disposition Sign Modifiers Submit All Close

**QQQAATEST, SPOUSENHOF 30/860-06-7401 37yo F FM: DOB:24 Feb 1969**

**Folder List**

- Consult Log
- Co-signs
- Sign Orders
- New Results
- Reports
- Tools
- Web Browser
- CHCS-I
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  - Allergy
  - Wellness
  - Immunizations
  - Vital Signs Re
  - PKC Couplers
  - Readiness
  - Patient Quest
- Lab
- Radiology
- Clinical Notes
- Previous Encount
- Flowsheets
- Current Encounte
  - Screening
  - Vital Signs En
  - S/O
  - A/P

| Priority | ICD    | Diagnosis                        | Chronic/Acute | Type |
|----------|--------|----------------------------------|---------------|------|
| 1        | V72.31 | NORMAL PELVIC EXAM WITH CERVICAL | Chronic       | New  |

Plan/Comments  
 Patient Anticipatory Guidance: Unsafe Sexual Practices

**Diagnosis Plan and Comments**

**Comments**

Other than the mass in her left lower quadrant, she had a normal pelvic exam cervical Pap smear completed. Because of the pain and and mass in her left lower quadrant, I will refer her for pelvic ultrasound and GYN for evaluation. I will also draw a series of labs to make sure that she is okay from physiological perspective. She will follow-up after her labs and after her ultrasound. The ultrasound is negative then I will order your pelvic CT or pelvic MRI.

We spent 20 minutes of a 30 minute appointment discussing the risks benefits and alternatives of investigating her left lower quadrant mass versus leaving it alone.

leaving it alone period

OK Cancel

**Diagnosis**

- V70.0
- V72.31
- 401.9
- 724.2 LUMBAGO
- 311 DEPRESSION
- 465.9 UPPER RESPIRATORY INFECTION ACUTE
- 477.9 ALLERGIC RHINITIS
- 272.4 HYPERLIPIDEMIA
- 493.90 ASTHMA

**Orders & Procedures**  
 SCREENING PAP OBTAIN, PRE  
 Anticipatory Guidance: Unsafe Sexual

Med Other Therapies Find Now

**When documenting counseling, it is very easy to dictate or type the amount of time counseled and the total amount of time for the visit in order to use that in the coding section.**

Reminders

NaturallySpeaking Tools Words Sound Help Normal mode

MARSHALL, ROBERT C: Military Clinical Desktop - Encounters (Privacy Act of 1974/FOUO)

File Edit View Go Tools Actions Help

Appointments Search CHCS-I Refresh Add Note Providers Templates Sign Save As Template Close

QQQAATEST, SPOUSENHOF 30/860-06-7401 37yo F FM: DOB:24 Feb 1969

Options

Folder List

- Consult Log
- Co-signs
- Sign Orders
- New Results
- Reports
- Tools
- Web Browser
- CHCS-I
- Immunizations Ad
- QQQAATEST, SPOU
- Demographics
- Health History
  - Problems
  - Meds
  - Allergy
  - Wellness
  - Immunizations
  - Vital Signs Re
  - PKC Couplers
  - Readiness
  - Patient Quest
  - Lab
  - Radiology
  - Clinical Notes
  - Previous Encount
  - Flowsheets
  - Current Encounte
  - Screening
  - Vital Signs En
  - S/O
  - A/P

Reminders

Discussion

**Here is what the final note looks like with the dictated or typed text in the HPI, physical exam and A/P Module Plan/Comments section.**

vitals

S/O **Questionnaire AutoCites** Refreshed by MARSHALL, ROBERT C @ 06 Nov 2006 1023 PST

**Questionnaires**  
No Questionnaires Found.

**SO Note** Written by MARSHALL, ROBERT C (BREM) @ 06 Dec 2006 1232 PST

**History of present illness**  
The Patient is a 37 year old female.  

- Generalized pain
- Fever
- Chills
- Recent weight loss
- Nausea
- Abdominal swelling /bloating
- Abdominal pain Has had lower abdominal pain intermittently for about 2 weeks. Worse after meals. Radiates to her lower back. Some nausea, no vomiting. No change in bowel habits. She denies any symptoms that would be consistent with dyspepsia or peptic ulcer disease

**Physical findings**

**Vital signs:**  

- Pain level (0-10): Reviewed
- Current vital signs reviewed

**General appearance:**  

- Alert
- Oriented to time, place, and person
- Healthy appearing

**Abdomen:**  
 Auscultation: 

- Bowel sounds were abnormal

 Palpation: 

- Abdominal tenderness The Abdomen Was Soft. Bowel Sounds Were Normal with Some Evidence of High Pitched Tinkling in the Left Lower Quadrant. A 4 X 5 Cm Mass Was Palpated in the Left Lower Quadrant. This Was Mildly Tender to Palpation. It Appeared Fixed and Immovable. No Other Abnormalities Were Noted on the Rest of the Exam
- A mass was palpated in the abdomen

 Hepatic Findings: 

- Liver was not enlarged

 Splenic Findings: 

- Spleen was not enlarged

 Hernia: 

- No hernia was discovered

A/P **A/P** Written by MARSHALL, ROBERT C @ 06 Dec 2006 1242 PST

**1. NORMAL PELVIC EXAM WITH CERVICAL PAP SMEAR:** Other than the mass in her left lower quadrant, she had a normal pelvic exam cervical Pap smear completed. Because of the pain and and mass in her left lower quadrant, I will refer her for pelvic ultrasound and GYN for evaluation. I will also draw a series of labs to make sure that she is okay from physiological perspective. She will follow-up after her labs and after her ultrasound. The ultrasound is negative then I will order your pelvic CT or pelvic MRI .

We spent 20 minutes of a 30 minute appointment discussing the risks benefits and alternatives of investigating her left lower quadrant mass versus leaving it alone.

Procedure(s) -SCREENING PAP OBTAIN, PREP, CONVEY CER VVAG SMEAR TO LAB x1

Patient Instruction(s) -Anticipatory Guidance: Unsafe Sexual Practices

Disposition **Disposition** Written by MARSHALL, ROBERT C @ 07 Sep 2006 1403 PST

Encounter 100044860 A/P section was saved. MARSHALL, ROBERT C in Bremerton Family Pract at MAMC Tacoma

# Reasons Users Don't Continue Dragon Use (No particular order)

---

1. Users Don't like the Microphone (If you have a TabletPC, try the built it mike. Often it is not the mike, but learning how to use it during the workday.
2. Not enough RAM (recommend at least 2GB)  
Sub-Item: No Roaming profile (assumes enough PCs are available with 2 GB to allow roaming)
3. No environment to use dictation, constant changing environment, and/or noisy environment
4. Failure to train the system.
5. Inability to fit its use into the way you work. Other tools are available such as macro typing.

# Problem 1: Users Don't Like the Microphone

- A “headset” microphone ships with Dragon NaturallySpeaking.
- Some users prefer this microphone to allow their hands to type and use the mouse.
- Others do not like the microphone because it has to be worn as a headset and they prefer “handheld” microphones.
- Don't forget the TabletPC microphone as an option

# Andrea ANC 300



The Andrea-300 handheld microphone (with stand) features a “mute” switch for rapid on/off functionality during dictation.

This is a favorite for affordable handheld microphones (i.e. if you don't like the headset).

**Andrea ANC300 company webpage:** (cost \$29.95)

<http://www.andraelectronics.com/Buy/ProductDesc/ANC300.htm>

**Other places to purchase:**

VoiceRecognition.com (cost \$24.95)

<http://shop.voicerecognition.com/s.nl/it.A/id.82/f>

CDW (cost \$29.99) – is a GSA contractor

[http://www.cdw.com/shop/products/default.aspx?edc=858262&cm\\_ven=RKG&cm\\_cat=adwords&cm\\_pla=Multimedia&cm\\_ite=cyber\\_acoustics\\_ac-850](http://www.cdw.com/shop/products/default.aspx?edc=858262&cm_ven=RKG&cm_cat=adwords&cm_pla=Multimedia&cm_ite=cyber_acoustics_ac-850)

## Problem 2: Not enough RAM

- *Recommended* RAM for DNS at least 2 **GB**
- RAM is part of the reason DNS is being deployed with the TabletPC, all of which have at least 2GB
- Roaming Profile (can be established, but all PCs that you would use need adequate RAM) (Note that the more RAM used with Dragon can slow AHLTA)
  - When you first “train” DNS you create a personal profile. Ideally, this profile should be created once and stored centrally – otherwise, you would have to “train” each machine where you use DNS.  
**Solution:** Create a “Roaming” profile that is stored on the network drive (i.e., My Documents).

## Problem 3: No Environment to Use Dictation

- Chaotic environment and excessive background noise can interfere with accuracy. Try to find a stable environment (i.e. Dictate after patient leaves room or in your office)
- DNS works best in certain areas of AHLTA and can be effectively used with MEDCIN. Several AIM forms are designed to make this easier. It is best to use a defined template or AIM form so that you capture data you need to allow for coding while being able to liberally use free text (dictation)

### Solution:

Use DNS to dictate into “Add Note” section, Comment boxes, and AIM forms

## Problem 4: Failure to Train

- Take time to train the system in an unrushed manner. Dictate the same way.
- Review self-paced training.
- Keep a “cheat sheet” available when you first start using DNS
  
- **Solution:** Take advantage of self training, local training, and web training
- After you (your clinic) have used DNS, have a few brown bag working lunches with local super users to continue learning

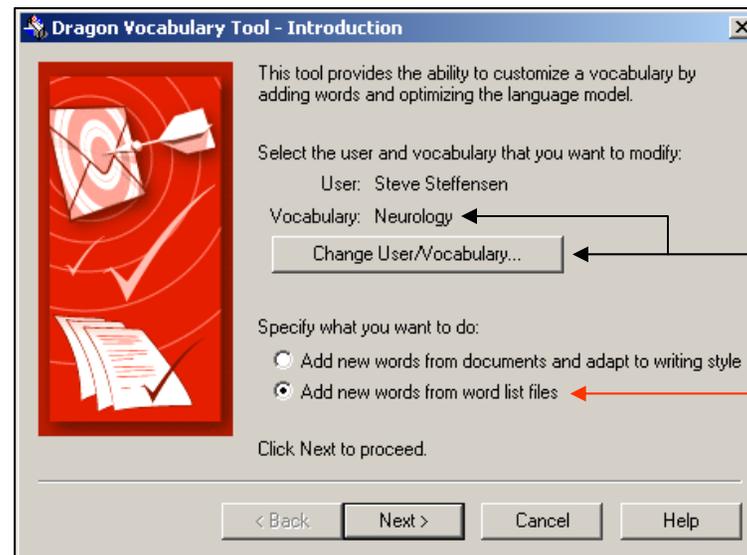
# How to Import New Words

- Two methods...use the Dragon menus:
  - select “**Words**” then “**Import**” from main Dragon menu.
- Or use the following file:



Usually found in the following directory:

C:\Program Files\Nuance\NaturallySpeaking9\Program\



**Side Note:** You can also see which vocabulary your are using (and change it).

Import new words by selecting this option.  
**Be careful what you use to add as many military document contain large amounts of acronyms.**

# “Export” (not backup) Your Profile Regularly

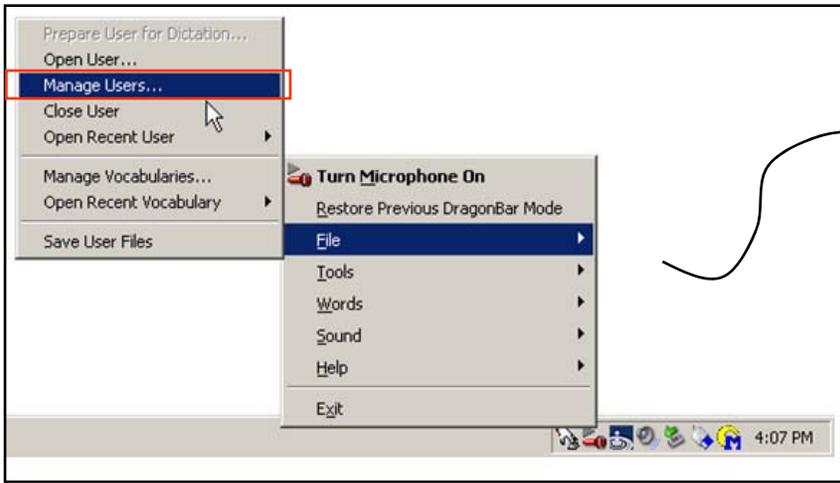
---

- Learn how to “export” your profile to a safe location (e.g., thumb drive or shared drive).
- If AHLTA crashes with Dragon running, it may corrupt your profile. This forces you to have to “recreate” your profile and all voice shortcuts (painful).
- Learn to backup your profile after first creation and every time you make significant additions/deletions.

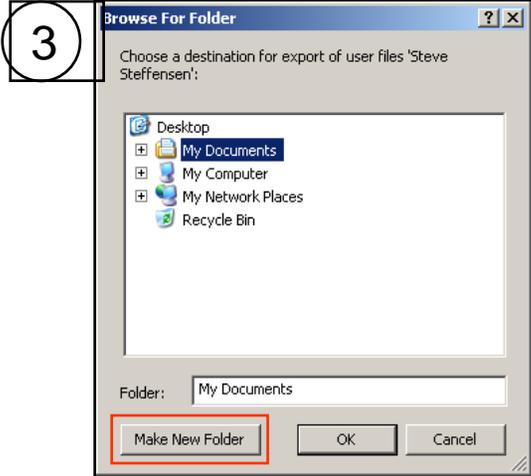
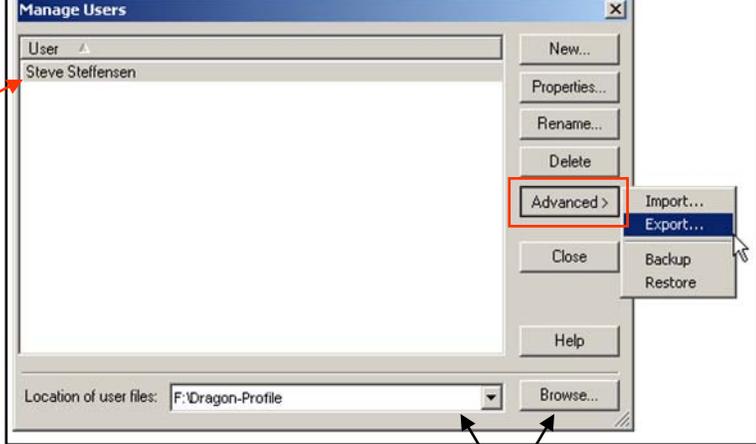
See next slide for a “How to Export Your Profile” demo.

# How to Export Your Profile

1 Right-click the microphone.  
Select "Files → Manage Users"



2 Select appropriate profile.  
Select "Advanced → Export"



I typically recommend making a new folder in the "My Documents" area called "Dragon Backup". This standardizes the backup location for a given MTF.

**Side note:** Notice that this is the area that you can specify the default location for files. It can be a thumb drive or network share drive.

**NOTE:** "Import" is done the same way if you ever have to import your profile.

# Import Military Terms from Nuance website

---

- Nuance® has been working with the military (MHS) to create the following website:

<http://www.nuance.com/mhs>

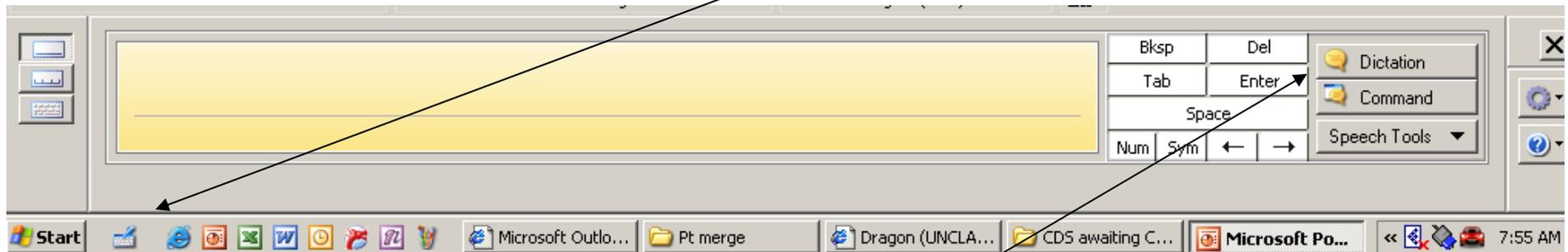
Military terms to import:

<http://www.nuance.com/terms.asp>



# TabletPC Dictation- Native Feature (Other Dictation Options)

1. Access from TabletPC Input Icon on Toolbar.



2. Click dictation.
3. You will need to do initial system training.
4. Once, Trained you click to activate dictation

# Any PC with WindowXP™ or MS-Vista™

---

- Dictation can be turned on, but will only work in Microsoft Programs
- Can be useful for those who always use the same PC. A minimum of 1GB RAM is recommended.
- Workflows:
  - Dictate into MS-Word™, then paste into AHLTA
  - Dictate in Word then use dictation to create a macro for typing or personal electronic file cabinet.
- Also provides a drawing capability
- Contact your local IMD Help Desk
- You can use this with your home PC.



## For More Information...



- AMEDD AHLTA Homepage
  - <https://www.us.army.mil/suite/page/406> (AKO password required)
- AHLTA Video Tutorials
  - <https://www.us.army.mil/suite/page/406> (AKO password required)
- 3.3 Web based training
  - [www.navyahlta.com](http://www.navyahlta.com)

I would appreciate any feedback or suggestions you have for future **AHLTA 2 Minute Pearls**. Please contact me at the following:

**COL Ron Moody, MD**  
**Enterprise Integration Office, USAMITC**  
Email: [Ron.Moody@us.army.mil](mailto:Ron.Moody@us.army.mil)

If you found this useful share with a colleague.