MAPS INITIATIVE PROVIDER LESSON PLAN

AHLTA

Tablet PCs
lenovo
FUJITSU

DRAGON
MEDICAL

MAPS
MEDCOM AHLTA Provider Satisfaction

MS OneNote

As-U-Type

MAPS Provider Lesson Plan

Jun 2009

Rev 1.22

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. See pages 1, 10, 11, 30, 32, 33, 34, and 46 for all changes.	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. See ** UPDATES ** notes on pages 1 (*Jump Start*) and 9 (AUT and common drives)	TAMC, MAPS Team, Dr Brian Jones

Change History			
Date	**Name**	**Change Description**	**Source**
6/9/2009	Ron Yeaw	Updated Section 7A and added Section 7B to cover new PDF Converter questions. See **** NEW **** notes on pages 25, 27 and 28.	Nuance

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.

Note - There have been several suggestions for ways to alter the layout of the curriculum such that all non-Dragon areas can be taught upfront. In this manner, the Dragon lesson can be extended and training can easily slide into on-the-job training without having to break for the other lessons plans first. Additionally, there have been suggestions for making some aspects of this curriculum classroom based. Now, training will still be done in a 1-on-1 format, but in some clinics it is very difficult for a Provider to remain in his or her office and still maintain the necessary peace & quiet to complete the training. In these instances, the Providers Dragon profile was set up and the MAPS portal demoed initially, or at a previous time, in the office and the rest of the training was completed remotely. It is important, though, to remind the Provider to complete the Training Eval once he or she returns to the office.

** **UPDATED** ** - See Appendix F for an example of a condensed *MAPS Jump Start* training curriculum. This one hour overview can be completed in a classroom setting and will provide students the ability to create Dragon Profiles, complete basic profile and vocabulary corrections, and gain an awareness of the MAPS tools.

Materials Needed
- MAPS Provider Lesson Plan
- MAPs Quick Reference Guide
- Access to MAPS Macros
- Access to AIMs forms ("NHP PC-Generic", "Usability AIM FM", "Usability AIM FM Procedures")
- Link to Training Evaluation form
- Military Terms file
- Access to a JPG consent form
- Access to CTS/ATS
- Back-up CD for IMD with AUT & DM Macros
- Hardcopy of Anna Wunderlich's SF600 (for Demo)

Tasks to be Completed Prior to Training
- Verify that Dragon, Asutype, MS OneNote, and PDF Professional are loaded and operational.

- Load Military vocabulary (ranks and installations – MHS terms on Dragon).
- Provide MAPS Quick Reference Guide.
- Load/Verify free text AIM form ("NHP PC-Generic" or "Usability Form").
- Reset AHLTA Training Database (use *Encounter Data option only*).
- Determine wireless vs. non-wireless environment.
- Determine static vs. roaming profiles.
- Verify Dragon Medical 'Options' settings (see Appendix B).
- Verify user has headset.
- Verify user system has had an audio check completed.

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, and
  - AIM Form Loaded.
- 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 form.

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.

MAPS Overview		
Duration	**Training Activities**	**Instructor Notes**
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, and • MS OneNote & PDF Professional.	❑ **Slide 4: What is MAPS?**
10 Minutes	**System Demo** Go to Appendix A	**Explain:** Instructor needs to have set up a complete encounter using PC Generic to be used for the Copy Forward demo.

Course Goal

The goal of this one-on-one training is to enable Providers to begin utilizing MAPS tools immediately, and, in time, to begin to implement all of the tools and best practices presented in the MAPS initiative. The course is designed to be teachable within 4 hours, including three 10 minute breaks. This course assumes prior AHLTA knowledge and experience.

Lesson Plan

- Introduction: What is MAPS (15 minutes)

- Lesson 1: Basic Tablet Overview (15 minutes)

- Lesson 2: Asutype (30 minutes)

- Lesson 3: Introduction to Dragon Medical 10 (65 minutes)

- Lesson 4: Introduction to Dragon Medical 10 Macros (40 minutes)

- Lesson 5: Reviewing AHLTA Core Competencies (15 minutes)

- Lesson 6: Introduction to MS OneNote (10 minutes)

- Lesson 7: Exporting MS OneNote using PDF Professional (5 minutes)

- Lesson 8: Reviewing the MAPS Quick Reference Guide (5 minutes)

- Lesson 9: Additional Training & Resources (5 minutes)

- Course Summary (5 minutes)

Lesson 1: Basic Tablet Overview		
Duration	**Training Activities**	**Instructor Notes**
Total Lesson Time: 15 Min	**Lesson Goal** The goal of this lesson is to enable the user to use the basic functionality of the Tablet PC. **Learning Objectives** Upon completion of this lesson, the user will be able to: • Identify the main tablet PC parts, • Demonstrate Undocking and Docking the Tablet PC, and • Use the Stylus Pen and Tablet Mode.	❑ **Slide 7: Basic Tablet Overview** **Explain:** Information is available on Lenovo and Fujitsu Tablet PC.
5 Minutes	**Basic Navigation** **Explain:** General layout of the Tablet PC • Battery • Docking Connector • Headset Jacks • Wireless Switch • Landscape/Portrait Buttons.	**Explain:** Location of wireless button on the front of the tablet.
10 Minutes	**Docking & Undocking the Tablet PC** **Demonstrate:** How to dock and undock Tablet PC **Explain:** • Undocking Procedures (green light for Lenovo), and • Docking Procedures.	**Explain:** The Tablet PC **Input Panel** can be used to enhance the Provider's coordination with the stylus. **Explain:** IMD can help

	Using the Tablet PC Stylus Pen	Providers set up roaming Dragon Medical profiles.
	Explain: A stylus can be used like a pen, like a keyboard, and like a mouse, all at once.	
	- Writing with the Pen - Writing pad, character pad, keyboard buttons - Erasing with Pen - Securing the Pen to the tablet - Using the Pen like a mouse - Demonstrate right click feature.	**Explain:** Becoming familiar with the Tablet PC will go a long way in helping the Provider begin using it as a wireless "chart."
	Tablet Workstations	
	Explain: A Tablet PC is designed to be used wirelessly. However, it can be used in "wired" environments. Clinic workflow can be enhanced by setting up strategic 'stations' in your clinic with power cords and by providing access points for connectivity (for non-wireless).	
	Summary	
	In summary, we covered the following topics: - Key Tablet Parts, - Docking and Undocking the Tablet, - Using the Stylus Pen, and - Wireless vs. non-wireless environments.	

Lesson 2: As-U-Type		
Duration	**Training Activities**	**Instructor Notes**
Total Lesson Time: 40m *(including a 10 min break)*	**Lesson Goal** The goal of this lesson is to enable the user to use As-U-Type. **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 basic knowledge of skills at operating and abilities in using AUT application in conjunction with AHLTA during practical; • Perform AUT spell checks; and • Perform AUT Word corrections.	❑ **Slide 38: Intro to As-U-Type** **Explain:** Asutype is commonly abbreviated as AUT.

15 Minutes	**Asutype Overview**
	
	 Explain: Asutype allows you to replace large blocks of text and can even create templates for you, saving you, and your team, time documenting.
	
	 1. Overview to Asutype
	
	     a. Introduce the key functionality of Asutype
	
	     b. Explain the functions of Expander and Speller
		Explain: Shortcuts are just another way of "re-spelling" a word. Explain how the SFS (Single Female Smoker) shortcut works.
		
		 Explain: Techs can use Asutype to pre-populate notes for Providers,

2. Open/Close Asutype/
 	
   a. Open: **Desktop Icon** or **Start Menu->Programs**
 	
   b. Click the **OK** button on the quick tip message if it appears.
 	
   c. Close: Right click the **Asutype icon** in system tray, click **Exit**.
	particularly in the Screening and HPI sections.
	
	Superuser Tip: Offer to explain Tabs of Asutype if time is available.

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.
	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 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.

e. Press **Enter** key to keep text.
 	
f. Explain the **Option Menu**
 	
    1) From the main menu, select **Options** to make any preference changes
 	
g. Explain using **Asutype Help**
 	
    1) Click the **Asutype icon** on the task bar.
 	
    2) Click **Help** on the upper left corner of the Asutype window that pops-out.
	Explain: PC Generic creates a readable form. You can select **Note View** within any AIM form to get a preview of what it will look like in note form**.**
	
	** UPDATED ** - If the site has AHLTA located on a remote server, AUT will needed 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.

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**)

15 Minutes	**Asutype Speller**	**Explain:** Phlegm is intentionally misspelled here.
	Explain: Asutype can be used to make spelling corrections shortcuts/macros.	
	1. Correct word mistakes with Asutype	
	2. Open WordPad and type a word, misspelling it, e.g. "**phlem"**	**Example Words for Asutype Lessons**:
	3. A drop down list provides the following correction recommendations:	• Angioedema
	a. Press 0 to add the word and make this a default correction	• Dysmennoreah • Coloposcopy
	b. Or, select the number corresponding correct spelling	• Myalgia • Dyspnea
	4. Verify that the updated word is correct.	• Dyslipidemia • Metorraghia
	Adding Words to the Dictionary	• Immunologic
		• Hemoptysis
	1. Type **MYALGIA.**	• Cellulitis
	a. Press **F2** to add word into dictionary.	• Infarction
	b. Check the **Spelling Dictionary** to see if new word was added.	• Cardiomyopathy • Epidural
	2. Select **Asutype>Spelling Dictionary**. Type new word to add it to the dictionary.	• Acroosteolysis
	Importing Words into Asutype	
	1. Open **Spelling Dictionary**.	
	2. Select **User Tab>Import.**	**Explain**: The advantages of enabling/disabling Asutype (i.e., interfering with other applications)
	3. Browse and add .txt file.	
	** UPDATED ** - There is a medical spelling dictionary available from Fanix that is free and makes the spelling functionality of AUT easier for Providers. See	

the Fanix AUT homepage link: http://www.fanix.com/files/medical.spelling for more information relating to this.

Disable/Enable Asutype

1. Right click the **Asutype icon** in system tray, click **Disable** or **Enable** (Note: when in **Disabled mode** the **Asutype icon** in the system tray has an X)

2. Modify the text as appropriate.

Note - Please highlight to the Providers that you can disable this spell check function while still using Expander.

Exercises

Execute the following exercises:

- Correcting words, and
- Adding words to dictionary.

SUMMARY

In summary, we covered the following topics:
- AUT overview,
- Opening/Closing Asutype,
- Practicing creating and inserting shortcuts,
- Practicing inserting the HPI:URI Form for within AHLTA,
- Importing words into AUT,
- Explaining the two main functions of AUT,
- Creating Asutype Shortcuts, and
- Performing AUT spell checks.

10 Minute Break

Lesson 3: Introduction to Dragon Medical 10

Duration	Training Activities	Instructor Notes
Total Lesson Time: 85m *(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, you 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, and • Use the Vocabulary.	❑ **Slide 49: Intro to Dragon Medical 10**
5 Minutes	**Introduction** 1. Overview of Dragon Medical. 2. Review the training objectives. 3. Coach users how to plug in headset or handheld microphone. 4. Coach users how to properly position a headset or handheld microphone. Coach users how to start/stop Dragon Medical.	**Explain:** Performing just a 5 minute training tutorial session will increase accuracy by 20%.

20 Minutes	**Creating a New User Profile**	**Explain**: Perform your microphone check in your normal working environment such that Dragon can adjust for the same background noise. **Explain:** Skip the "vocabulary optimizer" step because it can take 30 minutes. **Trainer Tip:** Standard Default Dragon User Settings are located in Appendix B.
	The following provides instructions for completing the New User Wizard: 1. Coach users how to create a user and select from a list. 2. Coach users to select the correct vocabulary. This is very important for developing Dragon Accuracy. 3. Coach users how to add a dictation source. 4. Coach users during the enrollment process. 5. Set best practice options for user profile. 6. Use the "**Talking to your computer**" dictation choice when completing the verbal profile. This option is easier to read and conveys important information about how voice dictation software works.	
5 Minutes	**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 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.	

5 Minutes	**The DragonBar**
	
	The following provides information on the **DragonBar**:
	
	1. Identify **DragonBa**r.
	
	2. The **DragonBar** can be placed in the system tray (in bottom right corner).
	
	   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.
		Explain: Colored circle in **DragonBar** – "<u>Select and Say Indicator</u>"
		• Green – Dragon enabled in open window
		• Gray – Dragon not enabled
		• Orange – hidden dictation box – you are dictating but not into shown window.
		
		Explain: Oval shaped

		"Volume Display Indicator"
		- Yellow – low volume. - Green – normal volume. - Red – high volume. **Superuser Tip:** Offer to explain the entire DragonBar if time permits.
10 Minutes	**Dictating/Correcting Reports** The following provides an introduction to dictation and voice corrections: 1. Coach users how to dictate using **DragonPad**. 2. Help users understand the purpose of the **Results** box. 3. Coach users how to perform basic navigation commands. 4. Coach users how to use the **Selection & Correction** features. 5. Coach users how to use the **Spell** dialog. 6. Coach users how to perform basic navigation commands. 7. Coach users how to perform basic formatting commands.	**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. **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.

5 Minutes	**Correction Tips**	
	Explain: When Dragon misrecognizes a word, do not overtype it or respeak it. Use one of the Dragon correction methods below. Dragon is always learning and this will improve its 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. You can delete or train 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.	
15 Minutes	**Building and Importing Vocabulary**	**Explain:** While macros are saved immediately, custom words and corrections are saved manually or at close.
	The following provides an introduction to the **Dragon Vocabulary Editor**:	
	1. Give them a tour of the **Vocabulary Editor**.	
	2. Coach users how to add word.	
	3. Coach users how to train words.	
	4. Coach users how to add spoken forms.	
	5. Coach users how to edit and delete words.	

10 Minute Break

Lesson 4: Introduction to Dragon Medical 10 Macros		
Duration	**Training Activities**	**Instructor Notes**
Total Lesson Time: 50m *(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, and • Save and import a macro.	❑ **Slide 95: Dragon Medical Macros**
25 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. **Superuser Tip:** Advanced macros using user keystroke, mouse

| | | movement, and mouse click memorization tools can be built within Dragon.

Superuser Tip: Advanced macros using embedded variables and commands can be built within Dragon.

Superuser Tip: Dragon Macros and Advanced Scripting Tips are located in Appendix C. |
|---|---|---|
| **10 Minutes** | **Practice with AHLTA** | |
| | 1. Coach user how to dictate, select, correct, and edit in AHLTA or other application.

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.

        1) Dictate using Dragon.

        2) When using existing macro, say the command name.

3. Use Dragon in the AP section.

    a. Select Plan/Comments to open free text box. | **Trainer Tip:** Use the sample medical dictation text in Appendix D.

Explain: Remind the user to say punctuation while dictating.

Explain: DO NOT use the "Undo That" command. It closes AHLTA. |

	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. 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.**	**Explain:** Check the MAPS portal for FAQ for Dragon.

Lesson 5: Reviewing AHLTA Core Competencies

Duration	Training Activities	Instructor Notes
Total Lesson Time: 15m	**Lesson Goal** The goal of this lesson is to enable the user to utilize the 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 an Order Set, • Use the Copy Forward feature of AHLTA, • Use DX Prompt, and • How to select E&M Codes.	❑ **Slide 119: AHLTA Core Competencies**

15 Minutes	**AHLTA Core Competencies**
	
	Explain: This list of AHLTA Core Competencies provides you with the proven winners in AHLTA. The best of the best modules and workflow practices to get your encounter documented 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.
		Explain: Mention examples of Clinical best practices
		
		• Team Based Documentation (“*techs aren't just vitals junkies*”)
		• Patient folders (w/ Med and Problems reconciliation)

	c. Create an **Order Set**. d. Use the **Copy Forward** feature of AHLTA. e. Use **DX Prompt**. 2. Describe how to manually enter an E&M code. a. In **Disposition** module, click **Selection Tab**. 3. Choose E&M code (check with coders).	• Pre-Appointment 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 Daignosis to **Favorite List**, • Add Procedure to **Favorites list**, • Use **Dx Prompt**, • Add an **Order Set**, and • Use **Copy Forward**.	
	Summary	**Explain:** When using NHP PC Generic or Usability AIM form, entering history allows you to copy forward in subsequent encounters.
	In summary, we covered the following topics: • Used an Encounter Template, • Customized an Encounter Template, and • Created an Order Set in A/P.	

10 Minute Break

Lesson 6: Introduction to MS OneNote		
Duration	**Training Activities**	**Instructor Notes**
Total Lesson Time: 10m	**Lesson Goal** The goal of this lesson is to enable the user to use the key features of MS OneNote. **Learning Objectives** Upon completion of these modules, the user will be able to: • Open MS OneNote, • Create an MS OneNote notebook, • Import a .jpg file (consent form) into a MS OneNote page, • Annotate a .jpg file in MS OneNote, and • Print to PDF Professional.	❑ **Slide 136: Intro to MS OneNote**
10 Minutes	**MS OneNote** **Demonstrate**: How to use MS OneNote to save encounter information and then copy it into AHLTA. 1. Open MS OneNote. 2. Create an MS OneNote notebook. 3. Create an MS OneNote section. 4. Create an MS OneNote page.	**Explain:** MS OneNote has numerous, simple note taking functions and has powerful organizing capabilities. **Explain:** MS OneNote is your go-to tool if AHLTA goes down.

	5. Import a .jpg file into an MS OneNote page. 6. Annotate a jpg file in MS OneNote.	**Explain:** MS OneNote can be used to sign consent forms. **Tools:** Use Blank Consent form .jpg
	Exercises	**Explain:** You can use the **Windows** + **S** keystroke to highlight your text. Your screen will turn grey and you can use your mouse to select the area you want put into the clipboard. An MS OneNote page is also created. This area can now be pasted in the Add Note of AHLTA.
	Execute the following exercises: • Practice capturing encounter information into MS OneNote and • Check for understanding and answer participant questions.	
	Summary	
	In summary, we covered the following topics: • Display a previous patient encounter, • Append a narrative to a completed encounter, and • Amend a completed encounter.	

Lesson 7A: Exporting MS OneNote using PDF Professional

Duration	Training Activities	Instructor Notes
Total Lesson Time: 3m	**Lesson Goals** The goal of this lesson is to enable the user to export items into AHLTA using PDF Professional. **Learning Objectives** Upon completion of this lesson, the user will be able to: • Save an annotated .jpg file to PDF Professional or PDF Creator and • Insert a PDF file into AHLTA.	❑ **Slide 143: Exporting to PDF & AHLTA** **Explain:** How PDF Professional can export images into AHLTA ** **NEW** ** **Explain**: PDF Converter Professional is also called PDF Pro and PDF Converter.
3 Minutes	**PDF Professional** **Demonstrate**: Explain how any file saved to PDF can be converted to a sizable image that can be included in the Add Note section of an AHLTA encounter. 1. Print a file into PDF Professional. 2. Open this file using PDF Professional. 3. Use **Selection icon** from standard tool bar. 4. Highlight the area of the PDF to be copied. 5. Open up the **Add Note** section of the desired patient.	**Explain:** AHLTA Add Note has size limitations which PDF Professional can account for with its sizing tool ** **NEW** ** **Super user Tip:** You can use Dragon to create a macro to automatically copy files from MS OneNote into Add Note. Explain: If a PDF printer is not available on the

	6. Paste image and save.	Provider machine, you can pull the .jpg file into MS Paint, sign the note, copy and paste it into Add Note.

Exercises

Execute the exercise: Export a *.jpg into **Add Note** using PDF Professional into the CTS.

Summary

In summary we learned that PDF Professional can copy images into AHLTA **Add Note**.

Lesson 7B: Setting a Default PDF Viewer		
Duration	**Training Activities**	**Instructor Notes**

Total Lesson Time: 2m	**** NEW ** - Lesson Goals**
	
	The goal of this lesson is to enable the user to change the default PDF Viewer on their table to be Adobe, should they choose.
	
	Be certain that
	
	    1. That PDF Converter is already installed on the Provider's tablet
	
	    2. PDF Converter is, in fact, their default viewer
	
	** NEW ** - Learning Objectives
	
	Upon completion of this lesson, the user will be able to:
	
	• Change a default PDF viewer
		❑ **Slide 160: Setting a Default PDF Viewer**
		
		Explain: How Installing PDF Converter can chance the default PDF viewer on the Tablet.
		
		Explain: A *Default Viewer* is the software correlated with a file extension, such as MS Word for all ".doc" files and MS Excel for all ".xls" Files

2 Minutes	**PDF Professional** **Demonstrate**: How double clicking on a PDF file will bring up PDF Converter. Explain how this setting can be easily changed back to Adobe Acrobat/Reader should the Provider prefer it. This activity does not uninstall PODF Converter, nor remove the print driver it provides. It just allows the user to view PDFs using a software other than PDF Converter. The user will still be able to open PDF Converter manually and then open any PDF they choose. 1. While in your file explorer window 'Right Click' on any PDF file. This will bring up a file options window. Select '**Open With…**'.	**Tip:** Use the ILT slides here (164-171) to clearly illustrate how these steps are performed. **Super user Tip:** Show the Provider some of the advanced conversion capabilities of PDF Converter. Explain to them the advantages of

2. Select '**Adobe Reader'** and check the box below for '**Always use this the selected program to open this kind of file'**. PDFs will now always open into Adobe.

3. When installing PDF Converter, be sure to uncheck the box for 'Set PDF Converter as your default…', to prevent this default being changed. Paste image and save. Depending on how PDF Converter is installed, though, IMD may have to do this prior to the SMS push**.**

Exercises
** **NEW** ** - Double click on other PDF files and note that they now open up in the default viewer program.
Summary
In summary we learned that how to set up a new default PDF Viewer.

PDF Converter over Adobe or PDF Creator. Getting Providers comfortable with the new software will make them more likely to try it out.

Lesson 8: 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.	❑ **Slide 164: MAPS Quick Reference Guide**
5 Minutes	**MAPS Quick Reference Guide** **Explain**: The **MAPS Quick Reference Guide** provides you with the very essentials to get you up and 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.	**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.

	7. How to Find and Download an AHLTA Template.	
	Summary	
	In summary we reviewed the contents of the MAPS Quick Reference Guide.	

Lesson 9: Additional Training & Resources		
Duration	**Training Activities**	**Instructor Notes**
Total Lesson Time: 5m	**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.	❑ **Slide 172: Additional Training & Resources**
5 Minutes	**MAPS Portal** **Explain**: The **VMC Portal** has additional information and resources • Shortcuts, • Macros, • Answers to Questions, • Cheat sheets & Quick Reference Guide, and • Videos. To access the **VMC Portal**: 1. Connect to the **VMC Portal** at https://vmc.amedd.army.mil. 2. Review available resources.	**Explain:** Be sure to save the **MAPS Portal** as a shortcut on the Providers computer.

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
- IMD POC
- Help Desk contact information.

Exercises

Execute the exercise: Connect to **VMC Portal.**

Summary

In summary, we covered the following topics:

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

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.

Course Summary		
Duration	**Training Activities**	**Instructor Notes**
5 Minutes	Briefly summarize the course and open to questions and answers • Basic Tablet Overview • Introduction to Asutype and Asutype macros/shortcuts • Introduction to Dragon Medical 10 and Dragon Medical 10 macros • Reviewing AHLTA Core Competencies • Providing Examples of other clinical best practices & team based documentation • Introduction to MS OneNote • Exporting MS OneNote using PDF Professional • 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 eval is eventually completed.	❑ **Slide 176: Course Summary** **Tip:** Connect to MAPS Portal to complete course evaluation at this point as well.

Appendix A: 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. *NHP PC-Generic.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 PC-Generic.

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.

Note - See Appendix E for sample SF600

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 As-U-Type"*
- *"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 *NHP PC-Generic*.

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.

   a. Click Selection tab to manually select E&M code.

Appendix B: Dragon Default Options

Default Dragon Option

Tools->Options Recommended Default Settings changes
Correction tab:
   • Enable double-click to correct
   • Show no more than 5 choices
   • Automatically add words to vocabulary.
 	
Commands tab:
   • Require "Click" to select hyperlinks in HTML windows.
 	
View tab:
   • Auto Hide delay: 5 seconds.
 	
Hot Keys tab:
   • Microphone on/off. It is recommended that a hotkey be set, however it is important to verify that this key will not conflict with CHCS (F10 is a popular choice). 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.
 	
Dictation Box tab:
   • Keep transferred text in clipboard when the Dictation box is closed.
 	
Data tab:
   • Save recorded dictation with document: Never.
   • Disk space reserved for playback: 100 MB.

| | Tools->Formatting Recommended Default Settings changes
General tab:
• Date format: DD/MMM//YY
• Insert two spaces after period
• Numbers, if greater than or equal to 0.

Numbers, Units, and Dates tab:
• Rewrite "cc" after a number as "mL". | |

Appendix C: Dragon Medical Macros & Advanced Scripting Tips

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 is an extensive amount of text, practice writing in AHLTA so you can be aware of formatting and text character limits.

Superuser Tip: Advanced macros using keystroke, mouse movement and mouselick memorization tools can be built within Dragon.

Superuser Tip: Advanced macros using embedded variables and commands can be built within Dragon.

Advanced Scripting Tips

Explain: See *Scripting for Dragon NaturallySpeaking 10*, by Larry V. Allen, for a good book on Dragon scripting.

Basic Scripting Terms include:
- ALT = %
- CTL = ^
- SHIFT = +
- F10 = {F10}
- ENTER = {ENTER}
- WAIT .5 = wait 1/2 second
- SENDKEYS "^A", 1 = This command does not allow the macro to begin next command until previous step completed. Use this instead of WAIT . The "1" equals TRUE in this statement
- BEEP = makes beep (good audio cue that macro is done)
- Single quote in front to make a comment.

Appendix D: 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 her husband 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.

Sample Dragon Template with Variables

Insert headache history

Patient presents who complains of headaches for the past []. Patient reports that the headaches are mainly located in the [] part of the head. Duration of individual headaches is []. The usual frequency is every []. Associated symptoms are generally []. Patient has been taking for pain relief: [] Precipitating factors include []. Patient denies a history of recent head injury.

Sample Dragon Template with Fill-Ins

Patient presents who complains of headaches for the past *6 months*. Patient reports that the headaches are mainly located in the *left* part of the head. Duration of individual headaches is *24 to 36 hours*. The usual frequency is every week. Associated symptoms are generally *nausea and sensitivity to light*. Patient has been taking for pain relief: *Excedrin, Motrin, naproxen*. Precipitating factors include *red wine* and *beer*. Patient denies a history of recent head injury.

Appendix E: Completed Demo SF600

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

Appendix F: *MAPS Jump Start* Curriculum

1. Introduce concept of Dragon and MAPS initiative.
    a. Show Dr Walker's video
    b. Show Dr Steffensen's example of dictate into generic AIM form
    c. Provide clinicians with realistic expectations of support that will be provided with the following information:

"It is extremely important that you understand that Technical support assets were not provided with the MAPS initiative. Each site has been asked to provide this support within the framework of their normal business so technical support may not be readily available. Voice profiles are stored on our servers which allow you to use Dragon from any computer within the facility as long as that computer has Dragon loaded. We do not know how such a mass activation of so many voice profiles will affect the servers where these profiles are stored. There may be unforeseen technical glitches that could slow the deployment process. This is an ambitious plan, so we beg your indulgence as we push forward."

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

3. Show users how to find Dragon icon and create user profile
    a. Launch   Dragon
    b. Demonstrate how to place microphone correctly, ensuring that white dot points towards mouth
    c. Perform audio and quality checks
    d. Create profile (ensure that naming convention of FIRST NAME, SPACE, LAST NAME is explained)
    e. Briefly show Dragon bar, microphone colors and how to open profile
    f. Demonstrate how to turn microphone on and off (NO explanation of how to set keys for this)

4. Demonstrate effective dictation using basic voice commands
    a. New Line
    b. New paragraph
    c. Choose (word or number) - Spell that (or double click on word)
    d. Unselect that
    e. Delete that (NOTE: Ensure users understand that removing text will DECREASE accuracy in Dragon if they are removing text because Dragon made an error in transcribing. The words MUST be trained if Dragon is to maintain accuracy of around 99%.
    f. Cap that, All Caps that
    g. Bold <word or phrase>
    h. Open quote " , close quote "
    i. Open paren (, close paren)
    j. Spell that
    k. Train that