## Nuance<sup>®</sup> PowerScribe<sup>®</sup> One

PowerScribe One End User Training Guide

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### Chapter 1

# Provider Training— Introduction and Pre-Enrollment

## **Objectives**

In this chapter you will:

- Demonstrate using the microphone and its proper positioning.
- Define the purpose of audio setup and reason for re-running it.
- Set expectations for reading the training screens
  - Do not dictate punctuation marks or paragraph breaks
  - Do not dictate capital for acronyms.
  - Do not dictate slashes or dashes for dates (Demonstrate all methodologies)

## **Using Your Microphone**

You can use *PowerScribe One* with either a headset or a hand-held microphone. A headset is more practical if you dictate for long periods of time, or if you are in an environment that is not conducive to holding a microphone in your hand, such as pathology.



*Note:* If you use more than one microphone, you must perform the audio setup and general training steps (shown later in this section) for each device.

## **Types of Microphone Supported**

- Nuance PowerMic
- Philips SpeechMike



*Note:* The Philips SpeechMike requires a driver that **must be installed before** you plug the microphone into your computer. Either install the driver from the CD that came with the Philips microphone, or download it from the Philips Web site.

## **Connecting the Headset or Handheld Microphone**

### **USB Microphones**

USB microphones do not connect to a sound card. If you have a USB microphone, plug it into one of your computer's USB ports. If you experience trouble plugging in your USB device, follow the instructions that came with it.

### **Microphone Jacks**

Microphone jacks are located on your computer, sound

card, or monitor. Consult your computer documentation if you need help locating your microphone jack.



## **Positioning a Handheld Microphone**

## To position your handheld microphone correctly for optimal speech recognition:

- 1. Hold the microphone in a comfortable position. Be sure not to hold it in an awkward, tiring position.
- 2. Point the microphone head close to and directly in front of your mouth.
- 3. Hold the microphone consistently every time you use it.



- 4. Do not use a microphone stand or holder because it will be harder to keep a consistent position and the stand could conduct noise.
- 5. Do not dictate into the side of the microphone.

## Positioning a Headset Microphone

To position your headset microphone correctly and consistently for optimal speech recognition:

1. Adjust the headset so that it fits comfortably on your head.



- 2. Move the microphone element to the side of your mouth to avoid noise from breathing (about a thumb's width from the side of your mouth).
- 3. Confirm that the front of the microphone points toward the side of your mouth. The front of the microphone might be indicated by a colored dot, or some other label.

### Using a Headset with the PowerMic II Microphone

Nuance sells the VXi TalkPro USB1 Computer USB Headset - Monaural for use with *PowerScribe One*.

MFG. P/N	Nuance P/N	Description
VXI 203008	5000078-001	HEADSET WITH MICROPHONE, USB1

The above headset will work as an input device for *PowerScribe One* when used either standalone or in conjunction with a PowerMic II microphone.

Any headset attached to the VXi x100 or x200 audio adapter will support the PowerMic II/Headset combination.

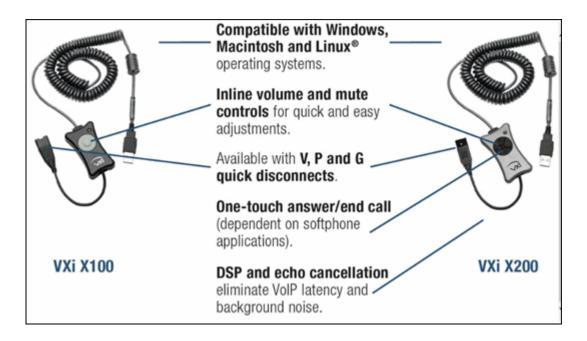
Regarding the VXi X100 or X200 USB adapters, the V, P, and G series refer to the type of quick disconnect that attaches to the different headsets.

#### X100 USB Adapters

X100-V USB Adapter (202926) - Compatible with VXi V-series, TalkPro SP or TuffSet headsets
X100-P USB Adapter (202927) - Compatible with VXi P-series or Plantronics headsets
X100-G USB Adapter (202928) - Compatible with VXi G-series or GN Netcom/Jabra headsets

#### X200 USB Adapters

X200-V USB Adapter (202930) - Compatible with VXi V-series, TalkPro SP or TuffSet headsets
X200-P USB Adapter (202931) - Compatible with VXi P-series or Plantronics headsets
X200-G USB Adapter (202932) - Compatible with VXi G-series or GN Netcom/Jabra headsets



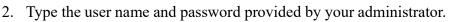
PowerScribe One Client

## Logging On and Logging Off

You can start the *PowerScribe One* application from an icon on your desktop, or in some installations, from within a PACS system.

#### To log on to PowerScribe One:

1. Double-click the Nuance PowerScribe One Client desktop icon (shown at right).



- 3. If this is your first login:
  - Depending on your system configuration, you might be prompted to change your password on your first login. Type the new password in both fields and then click **OK**.
  - You are prompted run the Audio Setup Wizard to create your speech files (shown later in this section)
- 4. If you have more than one role at this site (for example, if you are both a resident and an attending physician), you are prompted to specify the role you want to use for this session. Select the role and click **OK**.

There is a short delay while the speech files are loaded onto your workstation. Once they have been loaded, the **Nuance PowerScribe One** window opens.

### To log off:

To log out and close the application completely, click on the X (close window icon), in the upper right corner of the application, or select File > Exit from the menu bar.

OR

• To log off and return to the logon window, click File > Log Off.

## **Initial Voice Training**

Before you can begin dictating in *PowerScribe One*, you must perform two voice training tasks:

- Audio Setup
- General Training

## **General Training Dictation Guidelines**

- Read the training screens in the environment in which you will be working.
- Do not dictate punctuation.
- You do not need to dictate dashes or slashes when dictating dates with those types of formats.
- Dictate acronyms, units of measure, blood pressures, dosages, and so on as you normally would.
- Speak in continuous phrases. Using this approach provides contextual clues about what you said and helps the software choose between homophones like ":" the punctuation mark, and "colon" the body part.
- Speak naturally at your normal rate, not too quickly or too slowly.
- Do not Dictate. Only. One. Word. At. A. Time.
- Fast dictation is acceptable as long as the words are spoken clearly and not slurred.
- Avoid clearing your throat and yawning while you are dictating. Do not talk through a yawn or when you clear your throat; please stop dictating.
- Eliminate utterances (urs, ahs, coughing) and similar sounds.
- Do not chew gum or eat while dictating.

### **Audio Setup**

Audio Setup automatically adjusts the volume level of your microphone to its optimal setting, providing the *PowerScribe One* system with the best possible audio input, which in turn improves your speech recognition results.

Running **Audio Setup** is a very important first step in ensuring the best possible speech recognition by the system.

You must run **Audio Setup** the first time you log in to the system. In addition, if the microphone has been unplugged from the system (and then plugged back in) you must rerun the wizard.

Audio Setup is a two-step process:

- Volume Check: Adjusts the volume level of your microphone based on the loudness or softness of your voice as well as the dictation room's ambient noise levels.
- **Quality Check**: Ensures that you have a high quality sound available from your microphone.

*Note:* If necessary, you can run *Audio Setup* by clicking *Speech* > *Audio Setup* on the menu bar once you are logged into the PowerScribe One client.

### To use Audio Setup (at your first login):

- 1. Log into the *PowerScribe One* client application. In a few seconds, the **Check Microphone** window opens.
- 2. Review the text in this dialog box, adjust your microphone position if necessary, and click **Next**.



3. Click the **Start Volume Check** button and begin dictating the text in the box (**"While you are reading this ..."**). The system is adjusting your microphone volume while you are dictating this text.

* Check Microphone	×
Dragon will adjust your volume	7
Dragon needs to listen to you read some text aloud for 10 seconds. Make sure your microphone is plugged in and positioned correctly, then select the Start Volume Check button. While you are reading this, the computer will adjust your microphone volume settings and then beep to signal that the process is complete. Speak into the microphone as if you were talking to a friend in person. It should only take about ten seconds to complete this step. If you do not hear the beep, start reading again from the beginning until you do.	
Start Volume Check Finished!	
< Back Next >	Cancel

4. When you hear a beep and see the word **Finished!**, click **Next**.

5. In the next window, click the **Start Quality Check** button and begin dictating the text in the box (**"For Dragon to recognize your voice accurately..."**).

Seck Microphone	×
Check Microphone is complete	2
For Dragon to recognize your voice accurately, it needs to check the quality of your audio system and your microphone. Speak into the microphone as clearly and naturally as you did in the previous step. While reading this, Dragon is listening to you and examining the quality of your audio. Once Dragon has enough information, you will hear a beep to signal that the process is complete. This should take about fifteen seconds. If you do not hear the beep, start reading again from the beginning until you do.	
Start Quality Check Microphone: Passed	
< Back Finish	Cancel

6. When you see the **Check Microphone Passed** message (in the black text box) click **Finish** to complete the audio setup.

## **General Training**

Immediately after running **Audio Setup** the first time, you must go through a process called **general training**, which is the initial voice training for the system, before you can access the application. This training can last anywhere from 10 to 15 minutes.

The purpose of general training is to give the system an opportunity to listen to the way that you pronounce the sounds that make up your words. For example, for the word *radiology*, the system hears *ray-dee-awl-u-gee* or something close to that. When you choose a general training script, you can choose any of the scripts available. The system is listening to the *sounds that make up the word*, not the word itself.

The dialog boxes for this training appear automatically on the first login, right after you complete **Audio Setup**.



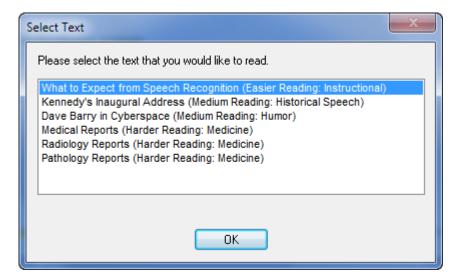
*Note:* You can repeat general training by clicking *Speech* > *General Training* on the menu bar once you are logged into the PowerScribe One client.

To perform the General Training voice training (at your first login):

1. After completing the initial Audio Setup, the General Training dialog box opens.

🖷 General Training (handerson)
Click Go and then read the following sentence aloud.
Welcome to general training
Start Finish Go Demo Cancel

- 2. Click **Go** and dictate the sentence **"Welcome to general training"** into your microphone. (There is one more short dictation in this section of the training: **"Training is about to begin."**)
- 3. In the Select Text dialog box, select the training text you would like to use.



- 4. Click OK.
- 5. Before you begin reading the text, review the following guidelines:
  - Do not dictate punctuation you see on the screen.

- If you want to take a break, click the **Pause** button (which then changes to a **Go** button you click to resume dictation).
- If you stumble over a phrase, click **Redo** and begin dictating again from the yellow arrow.
- Do not click **Skip** until you've read all the text on the screen, and the text color has changed from black to light gray.
- Once you have successfully read the text on the screen (all the text is light gray), the next screen opens automatically.

💗 General Training (talba)	- • ×
Read the following paragraph.	
For this training, we would like you to read aloud for a fe while the computer listens to you and learns how you sp you've finished reading, we'll make some adjustments, a be able to talk to your computer and see the words app screen.	oeak. When nd then you'll
Start Pause <-Redo Skip-> Finish	Finish Cancel

- 6. As you read the text in each dialog box:
  - A yellow arrow points to your current location in the dictation. Words that you've already dictated are grayed out as you speak.
  - The bar directly below the text box is a volume level indicator. It moves to the right as your volume increases. Try to keep it in the green areas, avoiding the red area (which would appear in the far right side of the line). This bar turns yellow when you stop speaking.

• The green dashed line (between the words **Start** and **Finish**) indicates your progress in the training. In the illustration above you can see that the user is almost finished.

🖛 General Training (talba)
Read the following paragraph.
Four views of the lumbar spin spot lateral view of the lumbosacral junction show minor degenerative changes throughout the lumbar spine involving particularly the lower apophyseal joints from L3 to the sacrum.
Start Finish Pause <- Redo Skip -> Finish Cancel

- **Note:** If you are unable to complete one of the training pages (the yellow arrow stops moving or appears to be stuck on a word), click the **Skip** button to move to the next training page and continue dictating. Providers with strong accents or pronunciation issues might encounter this occasionally during general training.
- 7. At the congratulations dialog box, click **OK**. The system displays an **Adapting user files** message while it finishes adapting your voice files. Once this process is finished, your login proceeds and the application opens, displaying the Explorer window (see illustration on next page).

### View of the Initial PowerScribe One Explorer Window

Menu Bar	T	ool Bar		Search Resul	ts Table		
Nuance PowerScribe One							
<b>T</b>	ech <u>H</u> elp		-				
New • Open		verread * 📝 Prelim	🕼 Sign 🔄 Discard	Peer Review	FollowUp	💷 PACS 👻 🎧	
	^	Search Results					
Quick Search	*		Deadline Site	Exam Date	Procedure		NB
Site: All							1
Look for: Single Accessio							
1	Search						i i
Quick Search         Site:       All         Look for:       Single Accession         Image:	۲						
🔝 Sianina queue (1)							
Section queue Signed today							4
Signed today Touched today							1
Drafts (3)	=						Ś
<u>Annotated</u> <u>Assigned gueue</u>							
Wet Reads		¥ [	m				
Worklists	*	P					
Browse	۵	Order Data					Ì
Site: All	-	Data					
Status: All	•						
Time Frame: No limit	-						4
Modality: All	•						1
Anatomy: All							
Section:							ł
Radiologist: All Ordering:							
Patient Age: All							
Section: Radiologist: All Ordering: Patient Age: All Gender: All	•						
Location:	مخموم می <b>ت</b> د و م	a a constant			Allen and a second second	····	
Search/Browse Filters		and the second					
			Order Pre	eview			

- Best Practice: In Speech > Options > View, Set the Auto-hide delay to Never show. Also, in Speech > Options > Correction, clear the "Select" commands bring up Correction menu check box.

## Chapter 2

# Provider Training— Intermediate and Advanced

## **Objectives**

In this chapter you will:

- Review screen elements
- · Create a test report
- Create a test report containing AutoText
- Select facility-specific topics to cover with your providers
- Select advanced topics to cover with your providers

## **Explorer Window Screen Elements**

By default, the first window you see after logging in to the *PowerScribe One* client is the **Explorer** window. **Explorer** is where you access your reports and worklists, and search for orders and reports. The following illustration shows the main components of the **Explorer** window.

	Toolbar	Search	Results Table					
Nuance PowerScribe One								
<u>File View Tools Speech H</u> elp	+							
🗋 New 👻 📝 Open 📑 Draft 🛞 Reject	👚 Overread 🝷 🗾	🕈 Prelim 🛛 🖓 Sign 🛛 🙀 Discard	rd 🖳 Peer Re	view 📿 Fo	ollowUp	PACS •	<b>⊜</b> ⊞	
Ouick Search	🔺 My Report	ts: Drafts	•					
Quick Search 🎗		O Deadline Site	Exam Da	te I	Procedure			N
Site: All 👻		1 CCH		017 7:00 PM				A
Look for: Single Accession		2 CCH		006 10:50 13 5:29 AM			S	8
Search		3 -1301 d CCH	12/2/20	13 0:23 MM /	AF CHEST	PURIABLE		
<u>Jearch</u>								
My Reports								
Signing queue (1)								
Section queue								
Signed today								
Deaths (2)								
Drafts (3)	E							
Drafts (3)     Annotated	E							
Drafts (3)     Annotated     Assigned gueue	E							
Drafts (3)     Annotated	= •	III						
Drafts (3)     Annotated     Assigned gueue	Lot of		4 Clinical Da	ta Report	Notes A	ttachments	Priors (8	)
Drafts (3)     Annotated     Assigned gueue     Wet Reads  Worklists	Order Data		Proce	ta Report dure: PA a	··		1 1	
Drafts (3)     Annotated     Assigned gueue     Wet Reads	Order Data	JOHN A BRAMBLES 1013609			··		1 1	
Drafts (3)     Annotated     Assigned gueue     Wet Reads  Worklists	Order Data Patient: MRN: DOB - Sex:	JOHN A BRAMBLES 1013609 2/12/1986 (33 yrs.) - M	Proce detail.	dure: PA a	and later	al views tł	he chest	
Drafts (3)     Annotated     Assigned queue     Wet Reads   Worklists  Browse  Site:  All	Order Data Patient: MRN: DOB - Sex: Class:	JOHN A BRAMBLES 1013609 2/12/1986 (33 yrs.) - M Inpatient	Proce detail.		and later	al views tł	he chest	
Drafts (3)   Annotated   Assigned queue   Wet Reads     Worklists   Browse   Site:   All   Status:	Order Data Patient: MRN: DOB - Sex:	JOHN A BRAMBLES 1013609 2/12/1986 (33 yrs.) - M	Proceedetail.	dure: PA a	and later	al views th eumothora	he chest	with
Drafts (3)   Annotated   Assigned queue   Worklists   Worklists   Site:   All   Status:   All   Time Frame:   No limit	Order Data Patient: MRN: DOB - Sex: Class:	JOHN A BRAMBLES 1013609 2/12/1986 (33 yrs.) - M Inpatient	Proceedetail. History Findin are no	dure: PA a	and later ision prie	al views th eumothora	he chest ax. • heart is	with
Drafts (3)   Annotated   Assigned queue   Wet Reads     Worklists   Browse   Site:   All   Status:	Order Data Patient: MRN: DOB - Sex: Class: Site:	JOHN A BRAMBLES 1013609 2/12/1986 (33 yrs.) - M Inpatient CCH 4120561	Proceedetail. History Findin	dure: PA a r: Post ten gs: The lur	and later ision prie	al views th eumothora	he chest ax. • heart is	with
Drafts (3)   Annotated   Assigned queue   Wet Reads     Worklists   Worklists   Site:   All   Status:   All   Time Frame:   No limit	Crder Data Patient: MRN: DOB - Sex: Class: Site: Accession: Procedure: Description	JOHN A BRAMBLES 1013609 2/12/1986 (33 yrs.) - M Inpatient CCH 4120561 EXR701 : AP CHEST PORTABLE	Proceedetail.     History     Findin     are no     limits.	dure: PA a r: Post ten gs: The lur focal infilt	and later ision pne ngs are o rates. Th	al views th eumothora clear. The ne hilar re	he chest ax. heart is gions are	with nor e wi
<ul> <li>Drafts (3)</li> <li>Annotated</li> <li>Assigned queue</li> <li>Wet Reads</li> </ul> Worklists  Browse  Site: All  Site: All  Time Frame: No limit  Modality: All	Crder Data Patient: MRN: DOB - Sex: Class: Site: Accession: Procedure: Description: Exam Date:	JOHN A BRAMBLES 1013609 2/12/1986 (33 yrs.) - M Inpatient CCH 4120561 EXR701 : AP CHEST PORTABLE 12/2/2013 5:29 AM	Proceedetail.     History     Findin     are no     limits.	dure: PA a r: Post ten gs: The lur	and later ision pne ngs are o rates. Th	al views th eumothora clear. The ne hilar re	he chest ax. heart is gions are	with nor e wi
Drafts (3)   Annotated   Assigned queue   Worklists   Worklists   Site:   All   Status:   All   Time Frame:   No limit   Modalty:   All   Anatomy:   All   Section:	Crder Data Patient: MRN: DOB - Sex: Class: Site: Accession: Procedure: Description: Exam Date: Status:	JOHN A BRAMBLES 1013609 2/12/1986 (33 yrs.) - M Inpatient CCH 4120561 EXR701 : AP CHEST PORTABLE 12/2/2013 5:29 AM Completed	Proceedetail.     History     Findin     are no     limits.	dure: PA a r: Post ten gs: The lur focal infilt	and later ision pne ngs are o rates. Th	al views th eumothora clear. The ne hilar re	he chest ax. heart is gions are	with nor e wi
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Drafts (3)   Annotated   Assigned queue   Wet Reads     Worklists   Browse   Site:   All   Status:   All   Time Frame:   No limit   Modality:   All   Section:	Crder Data Patient: MRN: DOB - Sex: Class: Site: Accession: Procedure: Description: Exam Date: Status:	JOHN A BRAMBLES 1013609 2/12/1986 (33 yrs.) - M Inpatient CCH 4120561 EXR701 : AP CHEST PORTABLE 12/2/2013 5:29 AM Completed	<ul> <li>Proceedetail.</li> <li>History</li> <li>Findinare no limits.</li> <li>Impres</li> </ul>	dure: PA a r: Post ten gs: The lur focal infilt	and later nsion pne ngs are o trates. Th mal ches	al views th eumothora clear. The he hilar re st. Negativ	he chest ax. gions an ve left rib	nor e wi

Search/Browse Filters

**Report Preview** 

Quick Search

If you wish to create a temporary order with that accession, please specify a site below.

Ŧ

Site:

Look for:

th123

All

Single Accession

\*

•

Ŧ

Search

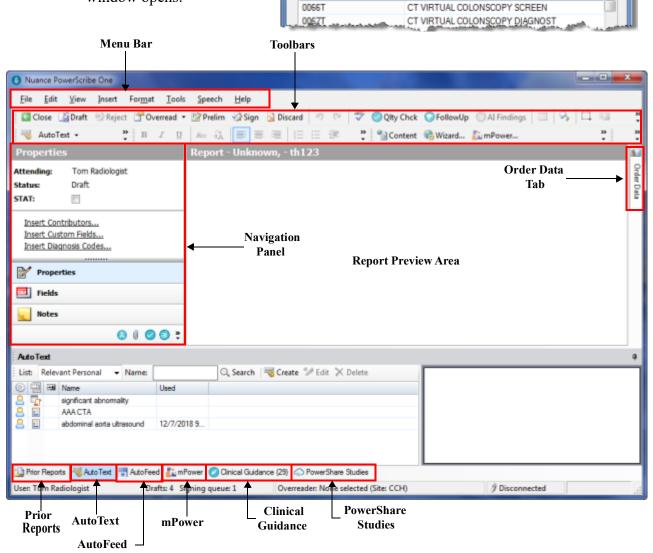
? ×

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## **Create a Test Report**

### **Initiate a Report**

- 1. In the Quick Search section, make sure that the Look for field shows Single Accession.
- 2. Enter your initials followed by 123.
- 3. Click **Search**. Since this is a test report, a message window opens allowing you to create a temporary order.
- 4. Click **OK** to create the order. The **Report Editor** window opens.



Create Temporary Order

Site: CCH

Code

The order with accession th123 is not found.

Type an optional procedure or select from the list below:

† Description

### **Dictate and Edit the Report**

**Note:** As a best practice, have providers hold the microphone in their left hand and use the mouse with their right. For left-handed providers, it's mouse left, microphone right.

- 1. Make sure your cursor is in the report preview portion of the window.
- 2. Dictate something you would normally dictate on a regular basis. Doing this lets you evaluate the quality of your speech recognition since the time you completed the general training.

If you can't think of anything, use the following findings and impression text as an example:

FINDINGS: The thoracic vertebral bodies are normal in height and alignment with normal CT density. Disc spaces are unremarkable with no disc bulge or focal disc herniation and the visualized spinal cord is intact. Visualized soft tissues are unremarkable.

IMPRESSION: No abnormality seen in CT scan of thoracic spine.

- 3. When finished, review the text you dictated and look for any dictation errors.
- If you find an error, use the voice command "Select <x>" to highlight the word you want to change or delete. Using the text in the example above, you could say "Select unremarkable" to highlight the word *unremarkable*.

**Note:** Do not pause or take a breath between the command **"Select"** and the word you want to select. For example, if **"Select unremarkable"** does not immediately highlight **unremarkable**, the system interpreted what you said as dictation instead of a voice command. This occurs when you pause too long between the command itself and the word you want to select.

- 5. With the text highlighted, you can now either dictate the correct word to replace it, or you can use another voice command "Scratch that" to delete the word completely.
  - **Note:** If you selected the word you want to delete with your mouse instead of the **"Select <x>"** voice command, you must use either the **"Scratch that"** or the **"Delete that"** voice command to remove the word. Otherwise, the audio file still contains the word, even though the text portion is gone. Using the voice command removes both the text and the audio.
- Now use a new voice command, "Select <a> through <b>" to highlight a range of consecutive words. For example, in the impression section shown above, say "Select no abnormality through spine" to highlight all of the impression text.

*Note:* You can use more than one word as a starting or ending point; in this example we used "no abnormality." In some cases, a single word, especially articles such as "a" or "the" can cause the wrong text to be selected since they frequently occur more than once in many reports.

- 7. Once again, either dictate the correct phrase to replace it, or say **"Scratch that"** to remove the text and audio completely.
- 8. When finished, click the **Draft** button on the toolbar to save your report and place it in your **Drafts** report queue.

## Find, Open, and Sign the Draft Report

- 1. In the **My Reports** section of the **Explorer** window, click the **Drafts** link. The report you just created is listed in the search results table. (Notice the number in parentheses next to the **Drafts** link. This indicates the number of draft reports that are in your queue.)
- 2. Double-click the report listing in the results table. The **Report Editor** window opens once again, displaying the contents of your report.
- 3. Sign your report either by clicking the **Sign** button on the toolbar, or by pressing the button on your microphone that performs the sign function. If you are prompted to sign the report with a message box, click **Yes**. The report is signed and you return to the **Explorer** window.

## **Create a Report That Contains AutoText**

Create Tempora

The order with

## Initiate a Report

- 1. In the Quick Search section, make sure that the Look for field shows Single Accession.
- 2. Enter your initials followed by **456**.
- 3. Click **Search**. Since this is a test report, a message window opens allowing you to create a temporary order.
- 4. Click **OK** to create the order. The **Report Editor** window opens.

	Look for:	Single Accession
	th123	Search
ry Order		2 ×
accession t	h 123 is not found. porary order with the	at accession, please specify a site below.

All

\*

ite: CCH		•	
ype an optional	procedure or select from	the list below:	
Code	† Description		*
Code 0066T	† Description		•

Quick Search

Site:

- 5. The **AutoText** tab is located at the bottom-left corner of the window. You should see an AutoText named **template**.
- 6. Use the voice command "AutoText template" to insert the AutoText into the report. ("AutoText" is a *trigger word* that tells the system to insert an AutoText. Your

organization might have chosen a different trigger word. Other choices are "Macro," "PowerScribe," or "Dictaphone" or a custom trigger word.)

Nuance PowerScribe One				_ <b>_ x</b>
<u>File Edit View Insert Format Ioo</u>	ls <u>S</u> peech <u>H</u> elp			
🔄 Close 📑 Draft 🛞 Reject 🚰 Overread	• 📴 Prelim 🛷 Sign 🦻	Discard 🤟 🔍 🖑 🥑 Qlty Chck	🕞 FollowUp 💿 AI Findings 🔳 🥱	. C. 💷 🤅
🤏 AutoText - 🎇 B I 🗓	Ale 👬 🔳 🗃	■   三 译	🗞 Wizard 🚺 mPower	30 30
Fields	Report - Unknow			
🖽 abdominal aorta ultrasound	Clinical Information:			
clinical	Findings:			Order Data
findings impression	Impression:			ata
	impression.			· · · · ·
Properties				
🖾 Fields				
Notes				
	-			
-	][			
AutoText				4
List: Relevant Personal Vame:	CL Search	Create 🥍 Edit 🗙 Delete	Clinical Information:	
	019 4		Findings:	
See AAA CTA			Impression:	
abdominal aorta ultrasound 2/15/2	019 4			
			1	
🕒 Prior Reports 🔫 Auto Text 📑 Auto Feed 👔 n	nPower 🖉 Clinical Guidance	(29) G PowerShare Studies		
User: Tom Radiologist Drafts: 4	Signing queue: 1	Overreader: None selected (Site: CCH)	3 Disconnected	

This example AutoText contains three *fields* into which you can dictate: **Clinical Information**, **Findings**, and **Impression**.

- 7. Use the **Tab** buttons on your microphone to select the fields. You can tab forward and backward
- 8. Tab to the Clinical Information field and dictate "Diabetes."
- 9. Press the forward tab button to move to the **Findings** field and dictate the following: The thoracic vertebral bodies are normal in height and alignment with normal CT density. Disc spaces are unremarkable with no disc bulge or focal disc herniation and the visualized spinal cord is intact. Visualized soft tissues are unremarkable.
- 10. When finished, press the forward tab button again to move to the Impression field and dictate the following:

No abnormality seen in CT scan of thoracic spine.

- 11. Practice your editing voice commands to see that they work with AutoText as well:
  - In any field, say "Select <x>" to select a word
  - Say "Scratch that" to delete the selected word (text and audio) from your report.

- Say "Select <a> through <b>" to highlight a phrase or sentence.
- 12. When you have finished editing, sign your report either by clicking the **Sign** button on the toolbar, or by pressing the button on your microphone that performs the sign function. If you are prompted to sign the report with a message box, click **Yes**. The report is signed and you return to the **Explorer** window.
- 13. Click the **Signed Today** link in the **My Reports** section of the **Explorer** window to see the two reports you created and signed.

## **Facility-Specific Features Check List**

Not everyone has the same set of training requirements. Use the following check list to create a list of topics to cover for each customer.

	Addendums
	For information on this feature, see <i>Addendums</i> beginning on page 23.
	Multiple Accession Numbers
	For information on this feature, see Multiple Accession Numbers beginning on
	page 23.
_	Send to Editor Options
	For information on this feature, see Send to Editor Options beginning on page 24.
	Report Transmit Grace Period
	For information on this feature, see Report Transmit Grace Period beginning on
	page 24.
	Reject a Report with Note
	For information on this feature, see Reject a Report with Note beginning on
	page 25.
	Worklists
	For information on this feature, see Use a Worklist beginning on page 26.
_	Add Contributors
	For information on this feature, see Add Contributors beginning on page 28.
	Assign Orders
	For information on this feature, see Assign Orders beginning on page 29.
	Attending Sign from Resident Workstation
	For information on this feature, see Use Attending Sign from Resident Workstation
	beginning on page 29.
	AutoFeed
	For information on this feature, see AutoFeed beginning on page 30.

## Addendums

If providers want to modify a report whose transfer status is either **Queued**  $\Rightarrow$  or **Sent**  $\checkmark$  (or any status other than **Ready**  $\Rightarrow$  ), they must create an addendum to the report.

## **Multiple Accession Numbers**

Customers whose RIS or HIS support multiple accession numbers per order can use **Quick Search** in the **Explorer** window to find an order that contains multiple accession numbers.

## To find an order that contains multiple accession numbers:

- 1. In the Quick Search portion of the Explorer window, select either Single Accession or Multiple Accession from the drop-down list.
- 2. Enter any one of the accession numbers and click **Search**.
- 3. In the results grid, double-click the report to open it.

On the right side of the **Report Editor** window, the **Order Data** tab shows all of the accession numbers associated with the order (one in the example here).

- 4. To add accession numbers: In the **Open Orders** area, select one or more accession numbers and click the **Add selected orders to report** link.
- 5. To remove one or more accession numbers from the order, select the number in the Accessions field and click the Remove this order from report link, located at the bottom of the Order Data window.
- 6. Continue dictating the report based on the remaining accession numbers.
- 7. When finished, sign or save the report.

Ş	Order Data		4
5	Open Order	s (1) *	^
	Accession - PET906 Completer (Emergen	41238164 d on 1/27 12:44 AM	
<pre>}</pre>	Patient	۲	
	Name: MRN: DOB - Class: Site:	AARON AARON 80354 7/12/1966 (49 vrs.) - M Emeraencv Universitv	Ξ
	Exam	*	
	Accession: Procedure Descriptio n:	PET906	
Service of	Exam Status: Reason:	12/30/2008 12:44 AM Completed Suspected bleed, fracture.	-
	Clinical:	Diagnosis: Abdominal pain. History: 38 y/o w/ GSW to L2, multiple episodes of osteomyeltis with debridements. VENTILATOR:N, ISOLAT ION:N, SEDATION:N	

### Send to Editor Options



Note: This feature is not available when using the Cloud speech recognition engine.

In some cases you might choose to send your reports to an editor instead of self-editing them. The editor corrects the report and returns it to you for signature.

Before sending a report to an editor, you can mark the report as STAT by clicking the STAT icon  $\clubsuit$  in the toolbar.

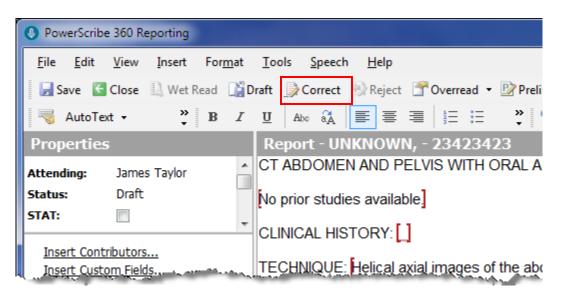
If you change your mind and want to self-edit the report, you can retrieve the report by clicking the **Pending Correction** link (under **My Reports** in the **Explorer** window) and opening the report once again.



*Note:* If an editor has already opened the report, it will not appear in the **Pending** *Correction* queue and you can not access it.

#### To send a report to an editor:

- 1. Create or open a report to send to an editor.
- 2. Say "Correct Report" or click the Correct icon in the task bar.



The report is saved and sent to the editing queue. It is also added to the **Pending Correction** section of your **My Reports** search area (located below **Quick Search**). The **Report Editor** closes and you return to the **Explorer** window.

### **Report Transmit Grace Period**

Many customers configure their *PowerScribe One* system to allow providers a specific amount of time during which they can recall a report for further dictation or editing before it is uploaded to their RIS.

With this feature enabled, a provider can retrieve a report from their **Signed today** queue if it has a **Report Transfer Status** (the column with the  $\square$  icon) of **Ready**, indicated by a single green arrow  $\Rightarrow$ .

#### To open and edit a Ready report:

- 1. From the Explorer window, click the Signed today link under My Reports.
- In the results grid, find the report you want to revise, making sure it is in the Ready state.
- 3. Double-click the report to open it in the **Report Editor**.
- 4. Make the necessary revisions and sign the report once again.

If a provider double-clicks a report that has any other transfer status (Queued  $\Rightarrow$ ), Sent  $\checkmark$ , and so on), he sees the following message box:

Nuance PowerScribe One
This report is finalized. Do you want to create an addendum?
Yes No

In these cases, the provider must create an addendum to the report in order to make changes or add to it.

## **Reject a Report with Note**

Note: This feature is not available when using the Cloud speech recognition engine.

Attending providers and residents can choose to reject a report. Rejecting a report returns a report to the last person who worked on it, and changes the report status from **Corrected** to **Pending Correction**.

User	Reject Privilege
Attending	Sends a report back to a Resident or an Editor for further corrections
Resident	Sends a report back to an Editor for further corrections
Editor	Editors cannot reject a report.

The following table shows which users can reject a report.

#### To reject a report:

- 1. In either Explorer or Report Editor, select the report you want to reject.
- Click the Reject icon Reject in the toolbar (or click File > Reject). The Report Note dialog box opens, allowing you to either dictate or type a reason for rejecting the report.
- 3. Add a note to the report and click **OK** to return the report to the resident or editor for further work.

Note: Click Tools > Preferences > Workflow and make sure the preference Warn on sign if new notes exist is set to either Always or From Transcription. This ensures that you are notified when a new note has been added to a report that you are about to sign.

### Use a Worklist

Worklists are filters your site administrator has configured; each worklist retrieves a specific set of orders, reports, or both. Worklists are very powerful, allowing virtually any combination of search criteria, and can span multiple sites if configured to do so. For example, a worklist might show all unreported pediatric CT exams from the Emergency Department that are more than one hour old.

Worklists are closely related to *sections*. An administrator assigns you to sections (for example, Abdominal, Chest, Thoracic, and so on). The administrator then associates the sections with worklists. You can filter which worklists appear in this list by changing your **Sections** preferences.

#### Example Worklist

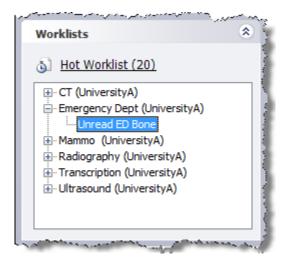
The following illustration shows an example worklist created by an administrator.

Worklists Webpage Dialog	
Worklist: Unreported CTs < 24 hrs	Export Worklist   Save and Close   Close Window
Edit   Try it	
Unreported CTs < 24 hrs	Selection: Simple Expression
Composite Expression Report Status equals 'Unreported'	Field: Last Modified 💌
And     Modality equals 'CT'	Operator: Is more recent the Negate
∴ And ∴Last Modified is more recent than '1' days	Values: 1
	Logical Operator: And -
	Update   Remove
and the second sec	ويستقدمه معلون ومناجع فالمقد متلوين بالتقلين فللمتحد فالتشوير والمحمد والمتحد والمراجع

The worklist is entitled **Unreported ER CT Exams**. The left side of the window contains all of the statements that make up the worklist expression. Notice in this example that the administrator is concerned with **Report Status**, **Modality**, and the date the report was **Last Modified**. Administrators can create worklists built on just about any criteria needed.

To use a worklist to filter your Explorer screen results:

- 1. Expand one or more of the worklist groups in the Worklists search area.
- 2. Select a worklist as your filter.



The results filtered by the worklist appear in the Explorer window.

### Limiting Which Worklists You View

**Note:** Your system administrator can set a privilege that allows you to choose to see either all of the worklists, or only subscribed worklists. If you do not have this permission, you will not see the All and Subscribed items shown in the illustration below.

Depending upon how worklists are used at your facility, you can view all worklists, or you can limit the worklists that appear by selecting **Subscribed Only** from the menu bar.

To limit the worklists that appear in the Worklists search drop-down list:

• Click View > Worklists and select Subscribed Only.

0	Nuan	ce PowerScribe One					
1	<u>F</u> ile	<u>V</u> iew <u>T</u> ools <u>S</u> pee	ech <u>H</u> elp				
	N 🗋	<u>A</u> lways On Top			Verre	ad 🝷 📝 Prelim	🖉 Sigi
		<u>T</u> oolbars		•	My	Reports: Draft	ts (
	Qu	Communication	<u>H</u> istory			₽!0	Dead
	Site B	My <u>P</u> roductivity.	. Ctrl+Shift+P			1	
	Loc	<u>W</u> orklists		۲	~	All	901
		R <u>e</u> fresh	F5			Subscribed Only	
					~	S <u>h</u> ow Sections	
	My R	leports	۲			Expand All	
	e Da	Signing quote (1)		E		<u>C</u> ollapse All	
		Signing queue (1)	and the second				أسترجب

## **Add Contributors**

Use the **Contributors** dialog box to identify additional radiologists who helped create the report (other than the attending and resident).



*Note: Adding a contributor to a report does not send a copy of the report to the contributor.* 

To insert a contributor into your report:

 In the Report Editor window, select Properties from the navigation panel and click the Insert Contributors link (or click Insert > Contributors from the menu bar). The Contributors dialog box opens.

Contributors			? ×
Report Information Attending: James Taylor			
Radiologists:		Contributors:	
Gul, Gul Gurujala, Harshal Hartzell, James Hendrickson, Brian Henry, Philip Hyatt, Tyson K, Ravi Kandaswamy, Ravi Kunigan, Glenn Labrakos, Yiannis Lee, Stan Lester, Tricia Mahon, Patrick Mardini, Michael McKinney, David Miller, Todd	-	Hauser, Gary Hebb, Ben	
	Add	Clear	Clear All
		ОК	Cancel

- 2. From the **Radiologists** list, select the name, or names of the radiologists you want to add as contributors and click **Add**.
- 3. To remove a contributor, select the name from the **Contributors** side of the dialog box and click **Clear**. To remove all contributors from the list, click **Clear All**.
- 4. When your contributors list is correct, click **OK**. The names you selected appear in the **Contributors** section of **Properties**.

### **Assign Orders**

You can assign an *unreported* order to a radiologist. Assigned orders appear in the **Assigned queue** under **My Reports**.

To assign an order:

- 1. Select an unreported order to assign.
- 2. Click Tools > Assign. The Assign Orders dialog box opens.

Assign Orders	? 💌
Radiologist:	Taylor, Jane 🔻
Note:	This order was assigned to you
	OK Cancel

- 3. Select a radiologist from the drop-down list; the note is optional.
- 4. Click **OK** to assign the selected order.

## **Use Attending Sign from Resident Workstation**

If your *PowerScribe One* system administrator has selected a specific permission for your site (**Allow attending signoff on resident login**), an attending provider can sign a report from your workstation while you are logged into the workstation.

#### To have an attending provider sign a report from your workstation:

- 1. In the **Explorer** window, select the report you want the provider to sign. (Or you can open the report in **Report Editor** if you choose.)
- 2. If you need to do so, click **Tools > Change Attending** and select the attending provider who is about to sign your report.

3. Press the **Shift** key and click the **Approve** button (or press **Shift+F12**). The **Confirm Password** dialog box opens with the attending provider's name shown next to the words **Confirm for**.

Confirm Password	? ×
Password:	•••••
Confirm for: Harsh	nal Gurujala
	OK Cancel

4. Have the attending provider enter her password and click **OK**.

### AutoFeed

The AutoFeed tab shows a list of files that are in your orders queue, based on the type of search you performed in the Explorer window. As the reports from your search are loaded into your computer sequentially, the information turns from black to a gray text. In the illustration, the first two reports in the list have already been loaded; the others have not.

Image: Product of the state     Image: Product of the state     Image: Product of the state     Attending       1     University     Draft (T)     Taylor, James       2     University     Draft (T)     Taylor, James       3     University     Draft (A)     Taylor, James       4     Imaging Center     Draft (T)     Taylor, James		PAT999 PAT999	Patient Name Jackson, John Jackson, John	Exam Date 8/26/2016 4:12 8/4/2016 9:23 AM
2         University         Draft (T)         Taylor, James           3         University         Draft (A)         Taylor, James           4         Imaging Center         Draft (T)         Taylor, James		PAT999		
4 Imaging Center Draft (T) Taylor, James				
		4382036	DAVSON, JOHN V	4/26/2006 6:28 PM
		TEMPORA	UNKNOWN	7/26/2012 9:44 AM
5 Imaging Center Draft (T) Taylor, James		TEMPORA	UNKNOWN	3/6/2012 11:19 AM
6 Imaging Center Draft (T) Taylor, James		TEMPORA	UNKNOWN	3/13/2012 3:17 PM

#### Example

If you selected the **Signing Queue** link (from the **My Reports** section) in **Explorer**, and then clicked the **Start AutoFeed** icon (in **Explorer**), the **Report Editor** opens, and the **AutoFeed** section also opens, showing the reports from your signing queue. The first report in the list appears in the **Report Editor** window. After you sign the first report, the second report automatically opens in the **Report Editor**, and so on.

*Note:* If you decide to start with a report other than the first one in your *Explorer* search results list, AutoFeed does **not** return to *Explorer* and pull in those first few reports. To access those first reports, you must return to the *Explorer* window and start AutoFeed again.

If you did not click the **AutoFeed** icon in the **Explorer** window and want to view the queue, click the AutoFeed tab in the bottom left corner of the main screen. Note that the **AutoFeed** tab has a push-pin which allows you to hide the tab, or keep it open during your session.

#### **Other AutoFeed Features**

- From the **Report Editor** window, you can turn AutoFeed off or on by clicking the AutoFeed icon on the tool bar. If you turn off AutoFeed, you are returned to the **Explorer** window when you finish the current report.
- If there are no more orders or reports in your original query, you are returned to the **Explorer** window when you finish the last report.
- To view a list of upcoming reports from your query, click the AutoFeed tab located in the lower-left portion of the Report Editor window near the Prior Reports and AutoText tabs. (Note that this is a read-only list; you cannot select a report from it.)
- With this feature selected, a report that is in the process of being saved appears in the **Explorer** window in a gray italicized font.
- If you attempt to open a report that is being saved, you will get a message box explaining that the report is being saved.
- If you attempt to log out of the application while a report is being saved, a message box opens asking you to Please wait.
- If you decide to log out of the application during the save, you are notified that you might lose some of your data. Best practice: wait until the save is completed.

# **Advanced Training Topics**

Not everyone has the same set of training requirements. Use the following check list to create a list of advanced training topics to cover for each customer.

Review of Editing Techniques
For information on this feature, see <i>Review of Editing Techniques</i> beginning on page 33.
Additional Voice Commands
For information on this feature, see <i>Additional Voice Commands</i> beginning on page 33.
Training Pronunciation
For information on this feature, see <i>Training Pronunciation: The Train Words Dialog Box</i> beginning on page 34.
Using the Vocabulary Editor
For information on this feature, see <i>Using the Vocabulary Editor</i> beginning on page 38.

**Note:** AutoText is considered an advanced training topic. For information on creatin using AutoText, see Chapter 8 of this manual, AutoText – Beginning and Advanced.

### **Review of Editing Techniques**

The following is a short review of the report editing voice commands and best practice tips presented earlier in this section:

- "Select <x>": Use to select one or two words. Once selected you can either replace them by dictating, or delete them by using the "Scratch That" voice command.
- "Scratch that": Deletes the selected word or words completely.
- "Select <a> through <b>": Use to highlight a range of consecutive words. You can
  use more than one word as a starting or ending point. In some cases, a single word,
  especially articles such as "a" or "the" can cause the wrong text to be selected since
  they frequently occur more than once in many reports.
- As a best practice, have providers hold the microphone in their left hand and use the mouse with their right. For left-handed providers, it's mouse left, microphone right.
- Do not pause or take a breath between the command "Select" and the word you want to select. For example, if "Select unremarkable" does not immediately highlight unremarkable, the system interpreted what you said as dictation instead of a voice command. This occurs when you pause too long between the command itself and the word you want to select.
- If you selected the word you want to delete with your mouse instead of the "Select <x>" voice command, you must use the "Scratch that" voice command to remove the word. Otherwise, the audio file still contains the word, even though the text portion is gone. Using the voice command removes both the text and the audio.

### **Additional Voice Commands**

The following table explains additional voice commands that more advanced users might find useful.

Voice Command	Description

### **Training Pronunciation: The Train Words Dialog Box**

Note: This feature is not available when using the Cloud speech recognition engine.

The two most commonly used methods that allow you to train words or phrases that are consistently misrecognized are **Train Phrase** and **Vocabulary Editor**. In each method, training takes place in the **Train Words** dialog box.

This section first introduces you to the steps required to train a word or phrase, and then shows you methods you can use to access the **Train Words** dialog box, where you will use the steps to train your word or phrase.

#### Specific Steps for Training a Word or Phrase

Once you are in the **Train Words** dialog box (no matter which method you use to get there), be sure to use the following steps to train your word or phrase.

- 1. Say the word out loud two times, pronouncing the word as you would in one of your dictations.
- 2. After practicing the word twice, click **Go** to begin recording, and dictate the correct pronunciation of the word. The word or phrase is removed from the text box.
- 3. Click **Go** *a second time* to begin recording, and dictate the correct pronunciation of the word a second time. The gray dot below the text field briefly flashes green.
- 4. When finished, click **Done** to save your work and exit.

#### Methods for Accessing the Train Words Dialog Box

This section shows the two most commonly used methods (**Train Phrase** and **Vocabulary Editor**) to access the **Train Words** dialog box, as well as an alternate, less commonly used method (**Add Word**).

#### **Use Train Phrase**

1. Say "Train Phrase" (or click Speech > Train Phrase).

Note: If you say "Train Phrase" with no text selected, or if you select Speech > Train Phrase from the menu bar, the Training dialog box opens. Type the word or phrase you want to train, and click Train to open the Train Words dialog box.

Training	? ×
Enter the word or phrase you want to train:	
You can also enter a command to train.	
Train	Cancel

The Train Words dialog box opens, displaying the word or phrase you want to train.

Train Words		×
Click Go to begin recording	g your speech.	
Tekturna		
, 	•	
Go	Cancel	Help
	Done	Done & Train Another

#### **Use Vocabulary Editor**

1. Select **Speech > Vocabulary Editor** from the menu bar. The **Vocabulary Editor** dialog box opens.

🖉 Vocabulary Editor		X
Written form:	Spoken form (if different):	
cholangioenterostomy		Close
Written form	Spoken form	^
cholangiectasis		
cholangio-	cholangio	
cholangio-	cholangio hyphen	
cholangiocarcinoma		_
cholangiocatheter		
cholangioenterostomy		
cholangiogram		
cholangiograms		
cholangiographic		
cholangiographically		Add
cholangiographies		Auu
cholangiography		Delete
cholangiohepatitis		
cholangiohepatocellular		Train
cholangiolar		
cholangiole		Properties
cholangiolitis		
cholangioma		- Help
Display: All words	•	

- 2. Select the word you want to train.
- 3. Click **Train**. The **Train Words** dialog box opens, displaying the word or phrase you chose to train.

Train Words		×							
Click Go to begin recording your speech.									
cholangioenterostomy									
,	•								
Go	Cancel	Help							
	Done	Done & Train Another							

#### Alternate Method: Add Word

A less frequently used method of adding and training words is through the **Add Word or Phrase** dialog box.

- 1. Click **Speech > Add Word**. The **Add Word or Phrase** dialog box opens.
- 2. Enter the word you want to add and select a category, if applicable.
- 3. To train the word from this dialog box, select the I want to train the pronunciation of this word or phrase check box.

C Add word or phrase	×
Spell or type the word(s) to add to the vocabulary: Hrkach	Spoken form (if different):
Word category: Person name	•
☑ I want to train the pronunciation of this word or	phrase
	Add Cancel Help

4. Click Add. The Train Words dialog box opens.

Train Words		<b>X</b>
Click Go to begin recordir	ng your speech.	
Hrkach		
, 	•	
Go	Cancel	Help
	Done	Done & Train Another

### **Using the Vocabulary Editor**

Note: This feature is not available when using the Cloud speech recognition engine.

Along with being an access point to the **Train Words** dialog box for training pronunciation, the **Vocabulary Editor** allows you to add words to the speech vocabulary and modify word properties. The **Vocabulary Editor** provides access to the written form and spoken form (if different) of all words in the vocabulary.

#### To add a word to the speech vocabulary:

1. Select **Speech > Vocabulary Editor** from the menu bar. The **Vocabulary Editor** dialog box opens.

🖉 Vocabulary Editor			×
Written form:	Spoken form (if different):		
chole			Close
Written form	Spoken form	*	
cholecalciferol			
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cholecystoduodenal			Add
cholecystoduodenostomy			Delete
cholecystogram			Delete
cholecystographic			Train
cholecystography			
cholecystojejunostomy		Properties	
cholecystokinase	÷		
cholecystokinin	Help		
Display: All words	-		
All Words	•		

- 2. In the Written form field, type the word as it is to appear in your documents.
- 3. If the word is pronounced differently than it is spelled, type the word phonetically in the **Spoken form** field.
- 4. Click Add. The word and its pronunciation are added to the vocabulary.

#### To modify the properties of a word in the vocabulary:



*Caution:* Modifying the properties of an *existing* word in the *Vocabulary Editor* is intended for advanced users. Use extreme care when making changes to word properties, because unexpected results can occur.

- 1. Select **Speech > Vocabulary Editor** from the menu bar. The **Vocabulary Editor** dialog box opens.
- 2. Select the word you want to change and click **Properties**.
- 3. Make the changes as needed.
- 4. Click OK.

# Chapter 3 AutoText for Providers

# Objectives

In this chapter you will:

- Learn about AutoText basics, naming conventions, and best practices
- Create AutoText with:
  - Text fill-in fields
  - Numeric fill-in fields
  - Pick lists
  - Fill-in fields with default text or numeric values
  - A reference to another AutoText
  - Procedure relevancy
- Use merge fields and custom fields in AutoText
- Create default AutoText
- Search for AutoText
- Clone AutoText

# **Introduction to AutoText**

A good place to begin learning about AutoText is by asking the following questions.

### What Is AutoText?

AutoText is standard text providers or editors can insert into reports. AutoText are sometimes referred to as macros or templates. They can be of any length and can contain plain text, standard headings, numbered lists, fill-in fields, data retrieved from the RIS, or other items.

### Who Can Create AutoText?

Radiologists and other providers can create their own AutoText, for sharing with other users or for their own personal use. (Administrators can create and edit AutoText on behalf of a site or a user.)

### Where Do I Create AutoText?

You create AutoText in the AutoText Editor section of the *PowerScribe One* client application.

The illustration below shows an example report (in the Report Editor) that contains an AutoText with fill-in fields.

Nuance PowerScribe One		×
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🤏 AutoText 🕶 🍟 🖪 .	I 🗓 Abe 🗟 🔳 🗮 🎽 🎇 Content 🍕 Wizard 🚺 mPower 🦿	» •
Properties	Report - Walters, Alan - 245123	8=
Attending:Tom RadiologistStatus:DraftSTAT:	PROCEDURE: CT angiogram of the abdomen CPT code: 74175 Contrast: Nonionic contrast	Order Data
	COMPARISON: None	
	INDICATIONS:	
Insert Contributors Insert Custom Fields Insert Diagnosis Codes	Patient's medications and history were reviewed and no contraindications down. Axial CT images were obtained after the administration of 80 cc of Isovue 370. Patients taking metformin or metformin like medications were instructed to discontinue for 48 hours after receiving contrast. Multiplanar reformations were performed. The study was reviewed on the workstation using three dimensional and volume rendered postprocessing.	
insere blaqnosis codes	Abdominal aorta: No significant stenosis	
Properties	Celiac artery: No significant stenosis	
Eields (11)	Superior mesenteric artery: No significant stenosis	
len Notes	Renal arteries: No significant stenosis	
Images	Inferior mesenteric artery: Patent	
Attachments	Other: None	
- () () *	CONCLUSION:	
AutoText (10)	an a	- - У- х

**Note:** In this example, there are brackets around some fields. You can set brackets on or off in the AutoText preferences: Select **Tools > Preferences**, and then in the **Reporting** node, select **Show brackets on fields**.

# **Creating an AutoText**

This section provides instructions for creating an AutoText containing only text. Other sections discuss creating AutoText with fill-in fields, pick lists, merge fields, and other advanced features.

To create an AutoText, log in to the *PowerScribe One* client application and use the AutoText Editor.

#### To open the AutoText Editor:

1. Select **Tools > AutoText Editor** from the menu bar. (If you are already editing a report in Report Editor, click the AutoText icon with to open the AutoText Editor.)

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	Change Attending	ſ							
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My Report	Change Passwor <u>d</u>								
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#### The AutoText Editor window opens.

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\_\_\_\_\_ AutoText Manager

2. In the AutoText Properties area, type a **Name** for the AutoText. This is the word or phrase you can dictate to invoke the AutoText.

*Tip:* Remember to follow these naming conventions to ensure that the speech software can distinguish the AutoText name from other dictation:

- Use at least two syllables.
- Use lowercase, except for initials. For example, type CT chest.
- All AutoText belonging to an account must have unique names.
- 3. Optional: In the **Shortcut** field, type the characters the transcriptionist/editor or dictation user can type to invoke the AutoText, if applicable.

*Tip: Remember to follow these naming conventions for shortcuts:* 

- Do not include any spaces in the shortcut. (Valid examples include **ctchest**, **mrihead**)
- Shortcuts for AutoText belonging to an account must be unique.
- 4. Optional: Enter a **Description** of the AutoText.
- 5. Assign a **Type** to the Autotext:
  - **Template**: Includes all the elements of a structured report. Relevancy is not applicable for invoking templates by voice.
  - **Module**: Building block or sub-component of the structure of a template. Modules are excluded from AutoText search and voice invocation.
  - **Macro**: User-defined, voice enabled quick phrases. Behaves the same as today's existing AutoText technology. Relevancy is not applicable for invoking macros by voice.
- 6. If needed, assign the AutoText to a folder using the **Folder** drop-down list. (For more information on working with folders, see Managing AutoText Folders, beginning on page 49 of this guide.)
- 7. If needed, select the **Private** check box. Marking an AutoText as **Private** prevents other non-administrative users from seeing it.
- 8. Set a **Lower** and **Upper** age limit in years, if applicable. If you set an age limit, the AutoText is available only for reports where the patient's age falls within the specified range. For example, you might select a lower value of **0** and an upper value of **13** for an AutoText that is exclusively for use in pediatric reports. A range from **0** to **13** years includes all patients up to 12 years, 23 months of age.



*Note:* If you create an AutoText that specifies an age limit (for example, **0** to **13** years) you must create at least one additional AutoText to cover all of the remaining ages (for example, **14** to **110**).

9. From the **Gender** drop-down list, select either **Male**, **Female**, or **Non-Binary** if the AutoText is gender-specific. If you select a gender, the AutoText is available only during dictation of reports for patients of the indicated gender. Otherwise, it is available for all reports.



*Note:* If you create an AutoText that specifies a gender (for example, **Male**) you must create an additional AutoText for **Female** and **Non-Binary**.

10. From the Class drop-down list, select a patient class, if applicable.



*Note:* If you create an AutoText that specifies a class, you must create at least one additional AutoText and select **Not Applicable** as the class.

- 11. From the **Default** drop-down list, select the appropriate item. Marking an AutoText as a default automatically launches the AutoText in Report Editor based on relevancy. Choose from the following:
  - Addendum: Make this AutoText a default only for an addendum.
  - **Report**: Make this AutoText a default only for a report.
  - None: Don't make this AutoText a default.
- 12. If needed, associate one or more procedure codes with the AutoText. (Refer to Creating AutoText Relevant to a Procedure, beginning on page 69.)
- 13. Dictate or type the AutoText. The text appears in the work area.

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Close	🗋 🗋 🛃 💁 🖾 Fill-in	Men	ge -	чłс	ategori	es 🤤 Folders	X Da	8 9 3	BI	<u>U</u> Abc		::
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Name:	knee ultrasound		gray	scal	e colo	or, Doppler, con	pression	n and augr	mentation.			
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User: Tom Radi	ologist Drafts: 3	Signi	ing qu	eue: 1							∮ Disconnected	

14. When you have finished defining the AutoText, say **"Save AutoText"** (or click the **Save** icon **and** in the toolbar, or press **Ctrl+S**).

The AutoText is stored in the system and appears in the list at the bottom of the window.

	~	~~~~	~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	see strategies,	
63	핃		S	Name †	Modality	Anatomy	Folder	Section
8				3D CT Brain W/O I	CT	Abdomen,		
8				AAA CTA			AAA, Abdo	
8				abdominal aorta ultr			Abdomen,	
8				CT Abd/Pelvis Narr	CT, Mam	Abdomen,		
8		•		CT Abdomen	CT	Abdomen		
8		•		CT Abdomen / Pelvis	Catheter	Abdomen,		
8				CT Pelv Oral & IV C	CT, Mam	Breast, P		
8	<b>0</b>			knee ultrasound				
8				lung nodule	Angiograp	Abdomen,		
R.	σ		<u>_</u>	significant abramality				

15. Test the AutoText by using it in a dictation.

# Managing AutoText Folders

To help you organize your personal AutoText, you can now create one or more AutoText folders, and then assign AutoText to those folders. You can access the AutoText folders from the Report Editor window when creating and editing your reports.

### Create an AutoText Folder from the AutoText Editor

- 1. Log in to the client application and open the AutoText Editor.
- 2. Click the drop-down arrow next to Folder and select Manage.

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Owner:	Tom Radiologist	Â
Owner.		
Name:		
Shortcut:		
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Folder:		
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Categorizatio		
Age Lower:	Upper:	
Gender:	- A start the start of the star	



*Note:* You can also click the **Folders** button **Folders...** in the task bar to open the **AutoText Folder Manager** dialog box.

### **Create AutoText Folder from the Report Editor**

- 1. From Report Editor, click the AutoText tab at the bottom of the window.
- 2. Right-click an AutoText and click Folder.
- 3. Click Manage.

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User: Tor	m Radiolo	ogist		Drafts	3			

### AutoText Folder Manager

1. The AutoText Folder Manager dialog box opens.

1	AutoText Folder Manager	? ×	
	Folder	t	
	Add Rename	Remove	
	ОК	Cancel	

2. Click Add, enter a name for the folder, and click OK.

utoText Folder Ma	nager	8 X
Folder		t
Folder		? ×
Name:	CT Exams	
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	and the second	

- 3. Repeat step 3 to create additional folders.
- 4. When finished, click **OK**. The folders you created now appear in the **Folder** dropdown list.

### Assign an Existing AutoText to a Folder

- 1. From either the AutoText Editor or the Report Editor, locate the AutoText you want to assign to the folder.
- 2. Right-click the AutoText name and select Folder.
- 3. Select one of the folders you created. The folder name appears in the **Folder** column of the AutoText Manager table.

			63	$\square$	 S	Name	1	Modality	Anatomy	Folder	Sec
Browse		۲	8			New	) I	СТ	Abdomen,		
_		_	8								
Owner:	Radiologist, Tom	•	8			Open	ıltr				
Name:			8			Clone	arr	CT, Mam	Abdomen,		
Nome.			8			Delete		СТ	Abdomen		
Text:			8				حتمله	Catholes	Al-demen		
TCAU.			8			Folder 🕨 🕨		CT Exams	P		
Type:	All	-	2		_	knee ultrasound		MRI Exam	s		
			8			lung nodule			n,		
Modality:	All	-	. 🤗		0	significant abnor	n	Manage			

### Assign a New AutoText to a Folder

- 1. In the AutoText Editor, create your new AutoText.
- 2. From the **Folder** drop-down list, select the name of the folder, or folders, into which you want to place the AutoText.

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		Example AutoTex	t for CT Exams folder
Owner:	Tom Radiologist		1
Name:	CT autotext folder example		
Shortcut:			
Description:			
Туре:	Macro 💌		1
Folder:	CT Exams 🗸		1
Private:	CT Exams		
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3. Click **Save**. The AutoText appears in the AutoText Manager list with the folder name displayed in the **Folder** column.

			6		÷	Q	Name t	Modality	Anatomy	Folder
Browse		۲	2				CT abdomen pelvis cirrhosis			
			2				CT abdomen pelvis colitis			
Owner:	Radiologist,Tom	•	8				CT abdomen pelvis colon m			CT Exam
Nama			8				CT abdomen pelvis divertic			
Name:			8				CT abdomen pelvis divertic	CT	Chest	
Text:			8		•		CT abdomen pelvis hepatic			
			8				CT abdomen pelvis hepatic			
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			8				CT abdomen pelvis liver ab			
Modality:	All	-	2			٩,	CT abdomen TA			
		مردممي	2				CT autotext folder example		Sec.	CT Exam

# **Creating AutoText with Fill-In Fields**

In this section you will create AutoText that contain text fill-in fields, numeric fill-in fields, pick lists, other AutoText, and default values.

A fill-in field is a simple way for you to insert variable information, for example, a dosage or a measurement, within a block of standard text. You can either dictate or type the information in the field. A fill-in field is also a way to reference other AutoText.

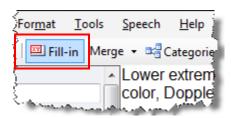
The procedures below assume that you have created a new AutoText and that the AutoText is open for editing in the *PowerScribe One* client application's **AutoText Editor**.

### **Creating a Text Fill-In Field**

A text fill-in field contains alphanumeric characters. If you know the value you will most often enter or dictate in a particular fill-in field, you should assign a default value to the field. For more information on using default values in fields, refer to Creating Default AutoText, beginning on page 66.

#### To create a text fill-in field:

- 1. With the AutoText open for editing, click to place the insertion point at the position where you want the fill-in field.
- 2. Say "Insert Field" (or click the Fill-in button in the toolbar).



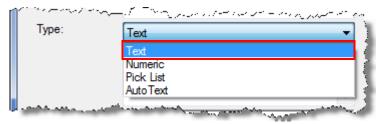
Fill-in Field Definitio	on		? ×	
Name: Type: Hyponyms:	Text •			
Default:	-	<b>≧</b>	Clear Auto Text	Merge field icon in Default area
Choices:		$\overline{}$	Add Edit Delete	
Findings codes:	*	<ul><li>Impre</li><li>Does</li></ul>		
		ОК	Cancel	

The Fill-in Field Definition dialog box opens.

- 3. Type a **Name** for this fill-in field. This name does not appear in the final document, but is used by the software to reference the field.
  - -)

*Tip:* If you select the Enable Talking Fields preference, the field name you provide here is announced through the PowerMic or SpeechMike when you navigate to the field. Refer to page 93 for more information about talking fields.

4. Select **Text** from the **Type** drop-down list.



5. If you want to assign a default value to this fill-in field, in the **Default** text box, type the text that is to be the default value in this fill-in field.

*Tip:* To include a merge field as part of your default text, click the icon is to the right of the Default text box and select a merge field from the list that appears.

6. Select the **All Caps** option if you want the entire contents of this field to appear in capital letters if you dictate over it.



*Note:* In most facilities, the Impression field is in all caps. (Refer to Creating an Impression Field, beginning on page 82.)

7. To have the option to leave this field blank, select the Allow Empty check box.



8. Click **OK**. The field appears in the AutoText.

### **Creating a Numeric Fill-In Field**

Use a numeric fill-in field to dictate a number. For example, use a numeric field for a dosage, a percentage, or a number of days.



*Tip:* You can enter text values in numeric fill-in fields. Defining a field as numeric, however, causes the speech recognition software to expect numbers when that field is active (that is, while it contains the cursor and is accepting input), improving recognition.

#### To create a numeric fill-in field:

- 1. With the AutoText open for editing, click to place the insertion point at the position where you want the fill-in field.
- 2. Say "Insert Field" (or click the Fill-in button in the toolbar).
- 3. Type a **Name** for this fill-in field. For example, type **Minutes** for a field in which you must indicate for how long a procedure was performed. This name does not appear in the final document, but is used by the software to reference the field and appears in the left column of the *PowerScribe One* client window during dictation.

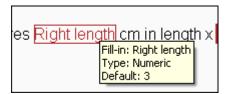
4. Select Numeric from the Type drop-down list.

Name:	Minutes
Type:	Numeric
	Text
	Numeric
	Pick List
	AutoText
and a second	and the second

5. If you want to assign a default value to this fill-in field, in the **Default** text box, type the number that is to be the default value in this fill-in field.



*Tip: While editing the AutoText, float your mouse cursor over a field to see any default value you have defined for it.* 



- 6. To have the option to leave this field blank, select the Allow Empty check box.
- 7. Click **OK**. The field appears in the AutoText.

### **Creating a Pick List Fill-in Field**

A pick list is a set of choices from which you select one. The choices appear in the AutoText, separated by slashes, while you are creating or editing it. You can then tab to the field and dictate the desired choice; while the field is selected, the available options appear in the left column of the dictation window.

#### To create a fill-in field with a pick list:

- 1. With the AutoText open for editing, click to place the insertion point at the position where you want the pick list.
- 2. Say "Insert Field" (or click the Fill-in button in the toolbar).
- 3. Type a **Name** for this pick list. This name does not appear in the final document, but is used by the software to reference the field and appears in the left column of the *PowerScribe One* client window during dictation.
- 4. Select **Pick list** from the **Type** drop-down list.

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	Туре:	Pick List 👻	
		Text Numeric	L
		Pick List	
		AutoText	1
μ.	march and	And the second of the second s	

Fill-in Field Definition	on	? ×	
Name:	chest pain		
Туре:	Pick List 👻	]	
Hyponyms:	A		
	-		
Default:		Clear	
		AutoText	
Choices:		Add	
		∧ Edit	
		V   Delete	
		Set Default	
Findings codes:	A	All caps	
		Allow empty	
		Impression field	
		Does not indicate finding	js
	<b>T</b>	Enforce Pick List	
		OK Cancel	

5. Click Add. The Choice Definition dialog box opens.

6. In the Choice Text text box, type the first choice you want to place in the list.



*Tip:* You can also click the *Merge Fields* icon and select a merge field to use as a pick list choice.

If the choice is too long to be displayed easily in the list, enter a shorter **Optional Label**. Be sure to use a label that clearly identifies the item. When dictating a report, you can dictate the Optional Label to select the choice, and the report will display the Choice Text.

			Merge field icon in Choice Text area
Choice Def	inition		? ×
Choice T	ext: n	o evidence of cryptosporidosis	
0			Clear AutoText
Optional I	Label: N	lo crypto	Cancel

- 7. Click **OK**. The choice appears in the list.
- 8. Repeat Steps 6 and 7 for each choice you want to add to the list.

**Tip:** You can rearrange the items in the pick list. Select an item and click the Up or Down arrow; repeat this process until the list is organized in the order you want you to see it.

/////	New production of the second	ور و المساور بالمعرور بالدار ما المام المام المسلم من المار و المراجع	
Choices:	mild	New	ור
	moderate		-
	severe	C Edit	
		Delete	
		Set Default	
	And the state of t	and the second sec	

- 9. If you want to assign a default value to this fill-in field, select the item that you want to become the default value and click the **Set Default** button.
- 10. If you want to enforce the pick list choices so that radiologists cannot replace the field, select the **Enforce Pick List** check box.
- 11. Click OK. The field appears in the AutoText.

# Creating a Fill-in Field That References an Existing AutoText

You can create fill-in fields that reference an existing AutoText allowing the referenced AutoText content to be used within the field. You can use either the **AutoText** type or the **Pick List** fill-in field type to reference an AutoText.



*Note:* If a referenced AutoText is deleted or renamed, the reference is no longer valid and the field will be empty when inserted into a radiology report.

#### Using the AutoText Type

- 1. Open the AutoText Editor and either start a new AutoText or open an existing one that you want to modify.
- 2. With your mouse cursor in the AutoText creation area, click the Fill-in button Fill-in... to open the Fill-in Field Definition dialog box.
- 3. Give the fill-in field a name and select AutoText from the **Type** drop-down list. Notice that the **AutoText** button on the right becomes active.

ill-in Field Defin	ition		? X
Name:	at example 1		
Туре:	Auto Text 🔹	]	
Hyponyms:	Text Numeric Pick List AutoText	•	
Default:			Clear AutoText
Choices:			Add

4. Click the AutoText button to open the AutoText Search dialog box.

5. Using the **Browse** section, search for and select an AutoText. The AutoText content opens in the preview section (bottom) of the dialog box.

A	utoText Search	1										? >	٢
Γ	-			6	) 🖷		9	Name †	Modality	Anatomy	Folder	Section	1
	Browse		*		1	_	9	3D CT Ab & P	СТ	Ear, Orbits, P			=
								3D CT Brain	СТ	Abdomen, P			
	Owner:	ССН	-	5		] 🖽		Abdomen Son	US	Liver			-
	Name:			5		] 🗄		Abdominal Ultr	Fluoroscopy,	Abdomen, C			
	i vanici			5		]		Barium Enema	Fluoroscopy	Colon, Rectum			
	Text:			5		] 🕀		BIRADS 1	Echocardiogr	Brain			
				5				chest 2 view	Radiography,	Chest, Heart			
	Type:	All	•	5				chest 2 view 1	Radiography,	Chest, Heart			
				5			۹,	Chest PA and	Angiography,	Abdomen, A			
	Modality:	All	•	5	) 🗉	]		Chest: Two Vi	Radiography,	Chest, Heart			
	Anatomy:	All	•	5	)	]		CT Abd/Pelvi	CT, Mammog	Abdomen, Br			
	And to my.			5				CT Abdomen	СТ	Abdomen		Chest,	C
	Procedure:	All	-	5				CT Abdomen	Catheter Drai	Abdomen, C			_
				5				CT Abdomen	Catheter Drai	Abdomen, C			_
	Folder:		+	5				CT Abdomen					_
	Decent 1			5				CT Brain Com		Head			_
	× Reset I	<u>-liters</u>	Browse	5		]		CT Brain W/O	СТ	Head			Ŧ
				•								•	
	CT ABDO	MEN AND PEL	VIS WITH (	RAI	AN		1 CC	ONTRAST				_	~
	01712201					0.11	~					1	
	No prior stu	udies available	]										=
													ш
	CLINICAL HISTORY: []												
	TECHNIOL		limagos of	tho a	bda	mor	1 an	d polyic wor	o porformod	from the lu			
	TECHNIQUE: Helical axial images of the abdomen and pelvis were performed from the lung bases through the ischial tuberosities following the administration of oral and IV contrast.												
	an ough the fochiar taber ostico following the daministration of oral and ty contrast.												
	CT ABDOMEN:												
P													
	OK Cancel												

6. When finished, click **OK** to place the selected AutoText into the **Default** portion of your fill-in field definition.

Fill-in Field Defini	ition			? ×
Name: Type:	at example 1 AutoText	•	]	
Hyponyms:		*		
Default:	Technique: CT scanning of the neck was performed in the axial plane with intravenous contrast	* 		Clear AutoText
Choices:	And the second	مم		المرجعة والمحمد والمراكب وحمار

7. Click **OK** to return to your AutoText Editor. The fill-in field definition you just created appears in your AutoText at your cursor location. Placing your mouse cursor over the field displays the type and content.

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<u>F</u> ile <u>E</u> dit	<u>V</u> iew <u>I</u> nsert For <u>m</u> at <u>T</u> ools <u>S</u> peech <u>H</u> elp
Close [	) 🗋 🛃 🞑 🖾 Fill-in Merge 👻 🖙 Categories 🦢 Folders 📲 DICOM Merge Fie
	AutoText Example 1: at example 1
Owner:	James Taylor Fill-in: at example 1
News	AutoText: CT Neck
Name:	at example 1
Shortcut:	
Description:	
Folder:	· · · · · · · · · · · · · · · · · · ·
A second second	أكريسا والمتحصص والمحاوي والمحاصر والأوري ومحافظ والمحافظ والمحافظ والمحافظ والمحافظ والمحافظ والمحافظ والمحاف

#### **Using the Pick List Type**

- 1. Open the AutoText Editor and either start a new AutoText or open an existing one that you want to modify.
- 2. With your mouse cursor in the AutoText creation area, click the Fill-in button Fill-in... to open the Fill-in Field Definition dialog box.
- 3. Give the fill-in field a name and select **Pick List** from the **Type** drop-down list.

4. Click the Add button to open the Choice Definition dialog box.

Choice Definition		? <mark>×</mark>
Choice Text:		
		Clear
		Auto Text
Optional Label:		
	ОК	Cancel

- 5. Click the AutoText button to open the AutoText Search dialog box.
- 6. Using the **Browse** section, search for and select an AutoText. The AutoText content opens in the preview section (bottom) of the dialog box.
- 7. When finished, click **OK** to return to the **Choice Definition** dialog box. The AutoText appears in the **Choice Text** area.

Choice Definition			? ×
Choice Text:	Visualized soft tissues are unremarkable.	*	
	IMPRESSION: No abnormality seen in CT scan of lumbar spine	-	Clear AutoText
Optional Label:	CT Lumbar Spine		
	ОК		Cancel

- 8. Click **OK** to return to the **Fill-in Field Definition** dialog box.
- 9. Repeat steps 4 through 8 to create one or more additional pick list choices.

10. When finished, click **OK** to return to your AutoText Editor. The fill-in field definition you just created appears in your AutoText at your cursor location. Placing your mouse cursor over the field displays the type and choices.

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<u>F</u> ile <u>E</u> dit	<u>V</u> iew <u>I</u> nsert For <u>m</u> a	t <u>T</u> ools <u>S</u> peech <u>H</u> elp
Close [	🗋 🗋 🛃 🛃 🖾 F	ill-in Merge 👻 📲 Categories 🦢 Folders 📲 DICOM Merge Fields 🛛 🐰 🗈 🛍 🔊
		AutoText Example 1: at example 1
Owner:	Tom Radiologist	
Name:	at example 1	AutoText Example 2: at example 2 pick list:CT Lumbar Spine/CT Thoracic Spine Fill-in: at example 2 pick list
Shortcut:		Type: Pick List Choices:
Description:		AutoText: CT Lumbar Spine AutoText: CT Thoracic Spine
Later Transaction	And a second and a second s	Autorexe er morace spine

### **Editing a Fill-In Field**

You can modify the properties of a fill-in field you have placed in an AutoText.

To edit a fill-in field:

- 1. Open the AutoText for editing.
- 2. Right-click the field you want to edit.
- 3. Select Edit fill-in field from the shortcut menu to open the Fill-in Field Definition dialog box.

Chest pain:Yes/No		
{ Milest paint res/	Cut	Ctrl+X
2 B	Сору	Ctrl+C
\$ 🛍	Paste	Ctrl+V
2	Select Field	
Ż	Edit Fill-in Field	d
Concernance and the second	Remove free V	Voce <sup>t</sup> ulary

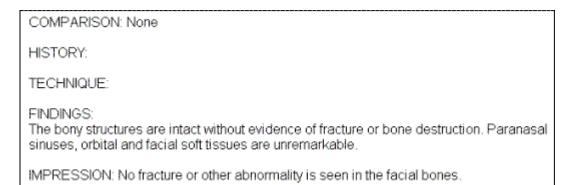
- 4. Modify the field's properties as desired.
- 5. Click **OK** to return to the AutoText Editor.

## **Creating AutoText with Merge Fields**

Merge fields are data items retrieved from your RIS or HIS. You can use merge fields in AutoText to display patient information or other data, eliminating the need for you to enter or dictate this information.

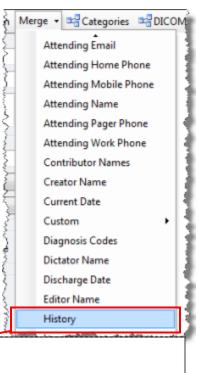
#### To create AutoText with merge fields:

1. With the AutoText open for editing, click to place the insertion point at the position where you want the merge field.



- 2. Select the down arrow next to the **Merge** button in the menu bar, and select the desired item from the list of fields. (You can also drag and drop the merge fields into the AutoText.)
  - Note: The table in Appendix C shows the full list of merge fields. Merge field data might contain data from the RIS or HIS or created in PowerScribe One. In addition to the fields shown here, the list might also contain custom fields; refer to Custom Fields and Merge Fields, beginning on page 229.

The name of the merge field appears in the AutoText. The data item will appear in the



COMPARISON: None
HISTORY History
TECHNIQUE:
FINDINGS: The bony structures are intact without evidence of fracture or bone destruction. Paranasal sinuses, orbital and facial soft tissues are unremarkable.
IMPRESSION: No fracture or other abnormality is seen in the facial bones.

# **Creating Default AutoText**

A default AutoText is one that is invoked automatically for a particular procedure, if the Start with default AutoText preference (Tools > Preferences > Reporting > General) is enabled.

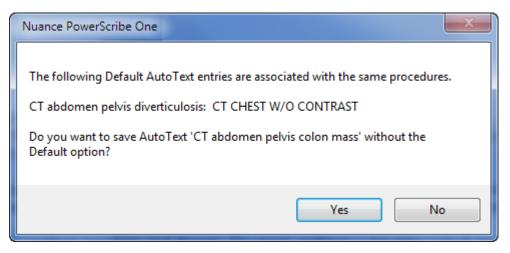
Preferences		? ×
<ul> <li>Reporting</li> <li>General</li> <li>Fonts and Colors</li> <li>Dictation</li> <li>Workflow</li> <li>AutoCorrect</li> <li>Dictaphone PowerMic</li> <li>Foot Pedal</li> <li>Sections</li> </ul>	<ul> <li>Start with default AutoText</li> <li>Enable talking fields</li> <li>Add unmatched findings to report</li> <li>Automatically load PACS studies</li> <li>Focus application on PACS launch</li> <li>Discard unedited new report on PACS close</li> <li>Enable background report saving</li> <li>Display addenda above report</li> <li>Show resident corrected reports in My Rep</li> <li>Enable clinical guidance alerts</li> <li>Automatically launch Insights</li> <li>Show old resident drafts in My Reports:</li> <li>Automatic AutoText categorization:</li> <li>Monitor order data changes during reporting:</li> <li>Open orders property match:</li> <li>Enable Quality Check types:</li> </ul>	
		OK Cancel

You can associate a default AutoText with a procedure code (or codes). Doing so causes the software to display the default AutoText to you when you initiate a report for the procedure.

If you do not associate an AutoText with a procedure code, the AutoText can be used as a generic or basic AutoText that can be relevant to all procedures.



• You cannot associate more than one default AutoText with the same procedure code, unless there exists another factor, such as age or gender, to differentiate between the AutoText. If you attempt to do so, you see a warning message similar to this one when you attempt to save the AutoText:



• Where a personal AutoText and a site AutoText have the same name and both are relevant to a report, if the site AutoText is marked as a default, but the personal AutoText is not, the site AutoText is used.

#### To create a default AutoText:

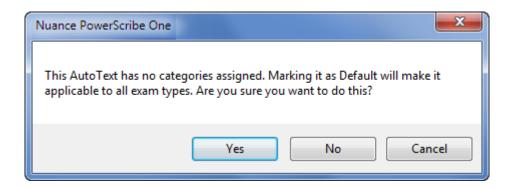
1. With the AutoText open for editing, click the **Default** drop-down list, and select either **Report** or **Addendum**.

Class: Default: None University: Imaging Cathered Addendum	Gender:	· · · · · · · · · · · · · · · · · · ·
None	Class:	
	Default:	None 🔻
Imaging Ce Addendum	<u>University:</u> Imaging C	

2. Follow the procedure on Creating AutoText Relevant to a Procedure, beginning on page 69 to associate the AutoText with one or more procedure codes. If you take this action, the AutoText automatically loads only when you begin a report on one of those procedures.



Caution: If you do not associate this AutoText with any procedure codes, it will load when you begin any report. If you attempt to save the AutoText without associating it with any procedure codes, you see the warning message below. It is strongly recommended that you click Cancel to close the message box, and then add at least one procedure code to the AutoText before saving it unless you intend to use the AutoText as a generic or basic AutoText relevant to all procedures.



In this example, the icon to the left of the AutoText name indicates that this AutoText has been designated as the default for the procedure code (or codes) you specified.

3		Ì	Name †	Modality	Anatomy
8	•		CT thorax	CT	Chest
	 <u></u>		and the second s	and south a second	a a second second second

3. Test the AutoText by using it in a report.

# **Creating AutoText Relevant to a Procedure**

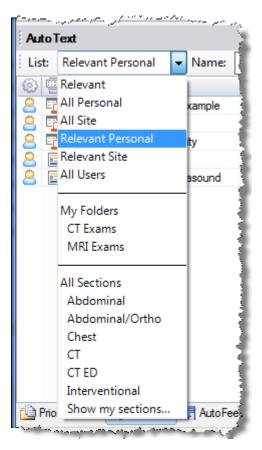
**Note:** When an AutoText is uncategorized, it is relevant to all procedures. However, in order to gain the benefits of relevancy, we are assigning specific procedures to AutoText in this section.

You might want to insert an AutoText into a report without having to select from a large number of AutoText not related to the procedure. (See the image at right, which is the AutoText tab in the Report Editor window.) To make it easier to locate the desired AutoText, you can filter your AutoText so that only those relevant to a particular procedure appear in the drop-down list:

- **Relevant Personal**: Related to a specific procedure and belongs to a particular user.
- **Relevant Site**: Related to a specific procedure and used by any user in the site.
- Relevant: Both personal and site relevant.

*Tip:* The most important relevancy criterion for an *AutoText is the exam procedure, but other criteria include the patient's age and gender.* 

**Note:** Where both a personal AutoText and a site AutoText have the same name, and both are relevant, the site AutoText does not appear in the Relevant Site list, but the personal AutoText appears in the Relevant Personal list. The voice command to invoke the AutoText will insert the personal AutoText.



Follow this procedure to associate an AutoText with one or more procedure codes in the AutoText Editor.

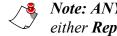
1. With the AutoText open, click the **Categories** tool in the toolbar, or select a site name in the **Categories** group box.

AutoText Categories				? ×
Search Procedure Codes	Matching Proc	Sit	te: University	•
	Site	Code	Description	
Browse Procedure Codes				
Modality: Absorptiometry Conventional Tomography CT Echocardiography EEG Fluoroscopy Mammography MEG MR	Assigned to Au Ste	utoText: CT upper abdo	omen † Description	d Add All
Anatomy: Abdomen & Pelvis Breast Cardiac Chest External Genitalia Extremity Head & Neck Cother Spine Unspecified Body Region Whole Body Keset Filters	<ul> <li>Apply to A</li> </ul>	II NY above procedures LL above procedures	Clea	

- 2. Select a site from the **Sites** drop-down list at the upper right, if the appropriate site is not already selected. (You can also select **All** to include procedure codes from all sites.)
- 3. Use any method to find the procedure code(s) you want to associate with this AutoText:
  - Enter all or part the procedure code or procedure name and click Search, OR
  - Click to place a check mark next to a Modality, OR
  - Click to place a check mark next to an **Anatomy**.

Any procedure codes found appear in the **Matching Procedure Codes** list at the upper right.

- 4. Select one or more procedures from the list. Hold down the **Ctrl** key and click each desired item, or hold down the Shift key and select the first and last desired item; then click Add. Or, click Add All to add the entire list. The selected procedure codes appear in the Assigned to AutoText list.
- 5. For AutoText marked as **Default**, determine whether to apply to any or all of the procedures you just selected.



Note: ANY and ALL only apply when the **Default** value for the AutoText is either Report or Addendum.

- Selecting ANY assigns the AutoText as the default when any of the selected procedure codes associated with the AutoText are present in the report when initiating dictation. (Note that ANY is always the default selection.)
- Selecting ALL assigns the AutoText as the default when all of the selected procedure codes associated with the AutoText are present when initiating dictation.

Search Procedure Codes				Site:	All	
		Matching Decod	va Cadaa			
	Search	Matching Procedu				_
		Site	Code CB185	Ť	Description CT CHEST W/IV CONTRAST	
Browse Procedure Codes		University	CBT86		CTA CHEST WO&W CONTRAST	
browser roccubre codes		University	CBT90		CT CHEST WO&W IV CON	
Modality:		Stephanie Sit			CLUNGSCR	
́±		Stephanie Sit			CT Lung Cancer Screening	
- Echocardiography		University	PET112		CT CHEST W/O CONTRAST	
- EEG		University	PET113		CT CHEST W/CONTRAST	
		University	PET114		CT CHEST W08W CONTRAST	
E Fluoroscopy	E	University	PET133		CT ABDOMEN W/O CONTRAST	
Invasive     Mammography		University	PET134		CT ARDOMEN W/CONTRAST	
- Mammography - MEG		< III				۴
⊕-□MR					Add Add	All
Nuclear Medicine						
	*	Assigned to Auto				
		Site	Code	t	Description	
Anatomy:		Stephanie Sit	CTCHUSZ		CT Lung Cancer Screening	
Bladder	^	University	PET114		CT CHEST W0&W CONTRAST	
Rectum						
Retroperitoneum	=					
- Small Intestine	=					
Urinary Tract		<				
Breast						
		Apply to ANY	above procedures			
	-	Apply to ALL	above procedures		Clear	A
× Reset Filters						_

#### Information for Both ANY and ALL Selections

- When initiating a report, if there is a relevant AutoText marked **ANY** and another relevant AutoText marked **ALL**, the AutoText marked **ALL** will take priority as the default.
  - Example: AT1 is associated with ANY selected procedures 123 and ABC. AT2 is associated with ALL selected procedures 123 and ABC. If you open an order with 123, the default AutoText will be AT1. If you open an order with ABC, the default AutoText will be AT1. If you open a report with both 123 and ABC, the default AutoText will be AT2.
- The site-level preference (Setup > System or Sites > Preferences > Workflow tab) Site AutoText overrides user default takes precedence over both ANY and ALL personal AutoText matches.
  - Example: A site selects this preference. The site has an AutoText named site autotext that is associated to ANY of the selected procedure codes (in this example ABC and 123). A user on the site has personal AutoText: AT1 is associated to ANY ABC and 123, and AT2 is associated to ALL ABC and 123. If you open an order with ABC and 123, site autotext is used, and not your personal AutoText.
- You cannot save an **ANY** (or an **ALL**) AutoText with procedure codes that are associated previously with another **ANY** (or **ALL**) AutoText. If you attempt to do so, you receive a warning with an error that includes both the name of the conflicting AutoText and the matching procedure codes.
- If the check box for **Site AutoText overrides user default** is not selected (False), there is no scenario where a site-level AutoText should appear when there is a relevant personal AutoText.
- 6. Click OK. The procedure codes are associated with the AutoText.

# **Searching for AutoText**

Follow the procedure below to search for one or more AutoText in the AutoText Editor.

#### To search for AutoText:

- 1. Select **Tools > AutoText Editor** from the menu bar.
- 2. In the Browse pane, use one or more criteria to find the AutoText:
  - Use the **Owner** drop-down list to filter the search by AutoText owner. Choose one of the following options:
    - All: Searches all sites and user accounts for AutoText.
    - All Sites: Searches all sites for AutoText; does not search the user accounts.
    - Multi-Site: Searches for AutoText that are associated with more than one site.
    - **<Individual sites>**: Allows you to select an individual site to search for AutoText.
    - All Users: Searches all users for AutoText; does not search the sites.
    - **<Individual user accounts>**: Allows you to select an individual user account to search for AutoText.
  - Use the **Name** field to search by AutoText name or by the shortcut used to invoke it. You can use a wild-card character (\*) to search by any part of the name or shortcut.
  - Use the **Text** field to search for an AutoText containing the entered search text. You can enter part of the text without using a wild-card character.
  - Use the **Modality** drop-down list to filter the search by type of exam (for example, **CT** or **MRI**).
  - Use the **Anatomy** drop-down list to filter the search by body region (for example, **Chest** or **Head & Neck**).
  - Use the **Procedure** drop-down list to filter by procedure. This list is empty if you have not selected a modality or anatomy, because without narrowing this criterion, there would be too many AutoText to fit in a drop-down list. It is also empty if there are no mappings between procedure codes and modalities/anatomies.
  - Use the **Folder** drop-down list to filter by one of the folders you or another user created.



*Note:* The *Folder* list is unavailable (grayed out) if you select *All Users* or any one of the *Site* options in the *Owner* drop-down list.

3. Click Browse. Any AutoText that meet your criteria appear in the list.

O Nuance Pow	erScribe One	Sector da	- • • ×
<u>File E</u> dit	<u>V</u> iew Insert For <u>m</u> at <u>T</u> ools <u>S</u> p	eech <u>H</u> elp	
Close 🛛	) 🗋 🛃 🗋 🔤 Fill-in Merge	- 🖙 Categories 🎴 Folders 🐰 🖻 🎽 🍟 🖪 🗾 🛛	‱ ãA   ≡ ≡ ≡   E
	×		1
Owner:	Tom Radiologist		Mer
Name:			Merge Fields
Shortcut:			đ
Description:			_
Type:	Macro •		
Folder:	• <b>• •</b>		
Private: Categorizatio			
Age Lower:	Upper:		
Gender:	opper.		
Class:	i		
Default:	None		
COLIN	*		
AutoText M	lanager		
		🐑 🗐 🖼 🗞 Name 🕴 Modality Anatomy Folder	S CT ABDOMEN AND
Browse		3D CT Brain W/O I CT Abdomen, Chest PA and Lateral Angiograp Abdomen,	PELVIS WITH ORAL AND
Owner:	ссн 👻	CT Abd/Pelvis Nar CT, Mam Abdomen,	IV CONTRAST
Name:		Image:	[No prior studies available]
Text:		CT Abdomen / Pelv Catheter Abdomen,	CLINICAL HISTORY:
Type:	All	💈 🗉 testing multiste CT Abdomen	TECHNIQUE: Helical axial
Modality:	ст 🔹		images of the abdomen
			and pelvis were performed from the lung bases
Anatomy:	Abdomen 💌		through the ischial
Procedure:	All		tuberosities following the administration of oral and
Folder:	All		IV contrast
× Reset	ilters Browse		CT ABDOMEN:
		III	Liver is normal in size and
User: Tom Radi	ologist Drafts: 3 Signing	queue: 1 Overreader: None selected (Site: CCH)	🤌 Disconnected

# **Cloning AutoText**

## $-\frac{1}{2}$ Tip: To select more than one AutoText, use your Windows Shift and/or Ctrl keys.

*Cloning* allows you to open (copy), modify, and save an existing AutoText from another user or another site. By cloning you can create a new AutoText without starting from scratch; the AutoText you clone acts as a template for the new one you are about to create.

- 1. From the AutoText Manager area, search for and select the AutoText you want to clone. You can select an AutoText from any user or site to which you have access using the **Owner** drop-down list.
- 2. Right-click the AutoText you selected and click **Clone**. The AutoText content appears in the edit window, and its attributes are filled in on the left side of the window.

itoText M	anager										
				6	9		Q	Name †	Modality	Anatomy	Folder
Browse			۲	- 22			٩	3D CT Ab & Pelv St	СТ	Ear, Orbit	
_			-	2				3D CT Brain W//O I	ст	Abdomen,	
Owner:	ССН		•					Abd New		Liver	
Name:						•		Abd Open	prosco	Abdomen,	
				Q				Bariu Clone	proscopy	Colon, Re	
Text:						•		BIR/ Delete	nocardi	Brain	
								ches	diogra	Chest, He	
Type:	All		•					ches Folder	▶ diogra	Chest, He	
							٩	Chest PA and Lateral	Angiograp	Abdomen,	
Modality:	All		•			•		Chest: Two View	Radiogra	Chest, He	
Anatomy:	All		-	0				CT Abd/Pelvis Narr	CT, Mam	Abdomen,	
, and compt						•		CT Abdomen	СТ	Abdomen	
Procedure:	All		-	0		•		CT Abdomen / Pelvis		Abdomen,	
				0		Ð		CT Abdomen / Pelv	Catheter	Abdomen,	
Folder:	All		-	0				CT Abdomen / Pelv			
Deast D	:l+			5				CT Brain Combined	СТ	Head	
× Reset F	inters	Browse	2	0		•		CT Brain W/O IV C		Head	
								CT Cervical Spine	CT	Cervical S	

3. Modify the content and/or attributes of the AutoText and save your changes.

# Chapter 4 Creating and Using AutoText for Findings Mode

# **Objectives**

In this chapter you will:

- Create AutoText to work with Findings Mode
- Use AutoText with Findings Mode in Report Editor

# Creating AutoText to Work with Findings Mode

In Findings Mode, the *PowerScribe One* software automatically converts free-form dictation to a structured report. This feature is helpful when a facility requires a structured report format, but many providers are accustomed to, or prefer, free- form dictation. To support this mode, the fields embedded in AutoText are mapped to certain key words, called hyponyms. Hyponyms might be whole words, such as *cardiac, thoracic*, and *renal*, or fragments such as *hepat* and *cirrho*. The system considers the field's name as the first hyponym.

When a provider dictates a word that is a hyponym of one of the fields in the report, the software identifies the surrounding sentence or phrase as belonging to that field, and when the provider applies findings, it inserts the dictation in the field. For example, if the provider dictates **"Hepatic..."**, and a field named **Liver** has been defined with *hepat* as one of its hyponyms, the system takes the sentence containing "hepatic" and places it in the **Liver** field.

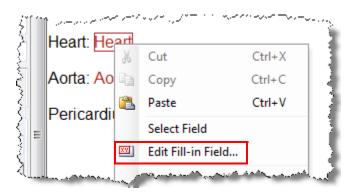
Findings mode works only with AutoText that is structured with a single fill-in field per anatomical region. The AutoText need not include actual section headings for the anatomical regions; all that is required is that there be a single field per region.

# Adding Hyponyms to Fill-in Fields in AutoText

The system considers the field name to be the first hyponym, so you do not need to include the field name in the **Hyponyms** list. You should, however, include all variations of the name, to ensure that dictation containing any of the variations is captured and placed in this field. For a field named **Thorax**, you might include the word *thoracic* or the fragment *thorac*. For a field for pericardium findings, you might need to add the word *pericardial*. You can use uppercase, lowercase, or both; the system does not consider case in hyponyms.

#### To add hyponyms to a field:

- 1. In the *PowerScribe One* client, select **Tools > AutoText Editor** from the menu bar. The **AutoText Editor** window opens.
- 2. Double-click the AutoText that contains the field to which you want to add one or more hyponyms. The AutoText opens for editing.
- 3. Right-click the field and select Edit Fill-in Field.



4. Type the new hyponyms in the **Hyponyms** text box. Place each word, fragment, or phrase on a separate line.

Fill-in Field Definition	on		? ×
Name:	Heart		
Type:	Text		
Hyponyms:	Cardio Ardiac		
	Ψ.		
Default:	Heart appears normal.		Clear
			Auto Text
Choices:			Add
			Edit
		$\checkmark$	Delete
			Set Default
Findings codes:	A	📃 All ca	ps
		Allow	empty
		Impre	ssion field
		Does	not indicate findings
	<b>T</b>	Enfor	ce Pick List
		ОК	Cancel

- 5. Click OK.
- 6. Click **Close**, and click **Yes** to save the AutoText.

## **Copying and Pasting a Field and its Hyponyms**

When you copy a field, its hyponyms are copied along with it.

#### To copy a field:

- 1. In the *PowerScribe One* client, select **Tools > AutoText Editor** from the menu bar.
- 2. Double-click the AutoText that contains the field you want to copy. The AutoText opens for editing.

3. Right-click the field and select **Select Field**.

Left Kidney: Kidne	- /// · · ·	en en seu substant de la constant La constant de la cons		
The left kidney me	8	Cut	Ctrl+X	a
}		Сору	Ctrl+C	1
MPRESSION: nor	۲	Paste	Ctrl+V	ł
$\mathbf{i}$		Select Field		3
	XV	Edit Fill-in Field		1
Zine and the state of the state		والمراجعة والمحاصر والمحاصر	يامت متناجعتهم	3

The field is highlighted.

	Left Kidney Kidney The left kidney measures measure
Ż	IMPRESSION: normal kidney

4. Right-click the field and select **Copy**, or press **Ctrl+C**.

		an a		~?
Eleft Kidney: Kid	¥	Cut	Ctrl+X	1
	Ē2	Сору	Ctrl+C	1
MPRESSION: n	1	Paste	Ctrl+V	1
2		Select Field		1
	XV	Edit Fill-in Field		1
1		and the second second second	shulanu	uri I

The field, with its properties, is copied to the Windows clipboard.

- 5. Find the AutoText in which you want to insert the field. (Refer to *Searching for AutoText*, beginning on page 73.)
- 6. Double-click the AutoText to open it.
- 7. Place the insertion point at the position where you want to insert the field.
- 8. Right-click and select **Paste**. The field appears in the AutoText.

To view the new field's properties, right-click the field and select **Edit Fill-in field**. The **Fill-in Field Properties** dialog box displays the field's hyponyms and its other properties.

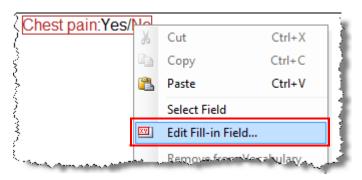
- 9. Click OK.
- 10. Click Close, and click Yes to save the AutoText.

## **Omitting a Field from Findings Mode**

Some fields never contain findings and should not have findings applied to them.

#### To omit a field from findings mode:

- 1. In the *PowerScribe One* client, select **Tools > AutoText editor** from the menu bar.
- 2. Double-click the AutoText in which you want to omit a field from findings mode. The AutoText opens for editing.
- 3. Right-click the field and select Edit Fill-in Field....



The Fill-in Field Properties dialog box displays the field's properties.

4. Select Does not indicate findings.

<u>م-بیاریر از از السیام</u>	الاستسريان بالاست مستريعا محارب بالمحاص محارب محاصي والمحاصين والمحاصر والمحاص والمرادية والمحاص محاريا المناس
Findings codes:	All caps
	Allow empty
	Impression field
	Does not indicate findings
	T Enforce Pick List
	OK Cancel

5. Click **OK**. When you apply findings, the software will not attempt to find matching text for this field.

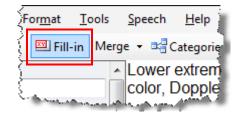
## **Creating an Impression Field**

The impression field contains your final remarks about the study. Some facilities use "summary," "conclusion," or another term for this field.

When you dictate the word "impression," "summary," or "conclusion," the software identifies the verbiage following it as the impression, and places it in the Impression field when it applies findings. It does not search this part of the dictation for text to match with the other fields in the document.

#### To create an impression field:

- 1. In the *PowerScribe One* client, select **Tools > AutoText Editor** from the menu bar.
- 2. Double-click the AutoText in which you want to create an impression field. The AutoText opens for editing
- 3. If desired, type the word Impression, Summary, Conclusion, or another term in the AutoText as a heading for the field.
- 4. Say "Insert field" (or click the Fill-in icon on the tool bar, or select Insert > Fill-in field from the menu bar).



5. Enter a Name for the impression field.

*Note:* Typing the name *impression*, *summary*, or *conclusion* automatically selects the *Impression field* and the *Does not indicate findings* check boxes.

Fill-in Field Definitio	on		? <mark>×</mark>
Name:	Impression		
Туре:	Text 💌		
Hyponyms:			
	-		
Default:	Normal chest x-ray.		Clear
			AutoText
Choices:			Add
			Edit
		$\overline{\mathbf{\nabla}}$	Delete
			Set Default
Findings codes:	A	📃 All ca	ips
		Allow	empty
		V Impre	ssion field
		V Does	not indicate findings
	-	Enfor	ce Pick List
		ОК	Cancel

- 6. Select **Text** as the **Type**.
- 7. If desired, enter a value in the **Default** text box.
- 8. Click OK.

# **Using AutoText for Findings Mode**

In the *PowerScribe One* client application:

- 1. The provider begins a report using structured AutoText.
- 2. To start Findings Mode, the provider dictates **"Findings mode"** (or clicks **Enter Findings Mode**). A special **Findings** box opens below the report body.
- 3. The provider dictates the study's findings. She does not need to follow the order in which the anatomical regions appear in the AutoText, and does not need to use the exact words shown in any headings or field labels.

Nuance PowerScribe One	
<u>F</u> ile <u>E</u> dit <u>V</u> iew <u>I</u> nsert For <u>m</u> at	<u>T</u> ools <u>S</u> peech <u>H</u> elp
🛿 🛃 Save 🛛 🔄 Close 🛄 Wet Read 📑 📑	raft 🍺 Correct 💮 Reject 👚 Overread 🝷 📴 Prelim 🛷 Sign 🔯 Discard 🚸 🎭 🛕 Pri
🔫 AutoText 🗸 🍟 B 🛽 🛛	Abe 🗟 🔳 🗮 🗮 😲 🐒 Content 🍕 Wizard 👫 mPower 🦹 🔹
Fields (1)	Report - Jackson, John - TH57483
Impression	FINDINGS:
	Aorta:
Exit Findings Mode	Right kidney: Normal in size and echogenicity. No hydronephrosis is present.
Apply Findings	Left kidney: Normal in size and echogenicity. No hydronephrosis is present.
Properties	MPRESSION: No significant abnormality in abdomen and pelvis CT scan.
Fields (1)	Findings Only
Notes	The inferior vena cava is unremarkable.
	والمحمد ومحمد والمحمد و

4. The provider dictates "Apply findings" (or clicks Apply Findings). The software captures any dictation that matches the hyponyms assigned to the fields in the AutoText and places it automatically in the appropriate fields.

Nuance PowerScribe One	
<u>F</u> ile <u>E</u> dit <u>V</u> iew <u>I</u> nsert For <u>m</u> at	<u>T</u> ools <u>S</u> peech <u>H</u> elp
🛛 🛃 Save 🔄 Close 🛄 Wet Read 📑 🕅	)raft 🍺 Correct 🛞 Reject 🚰 Overread 🝷 📴 Prelim 🖓 Sign 🙀 Discard 🚸 😼 🔯
AutoText - 🎇 B I U	Abe 🗛 📄 🚍 💐 📸 Content 🍕 Wizard 🖺 mPower 😤
Fields (1)	Report - Jackson, John - TH57483
Exit Findings Mode Apply Findings 	FINDINGS: Aorta: The inferior vena cava is unremarkable.
Properties	Right kidney: Normal in size and echogenicity. No hydronephrosis is present
Fields (1)	Left kidney: Normal in size and echogenicity. No hydronephrosis is present.
	MPRESSION: No significant abnormality in abdomen and pelvis CT scan.
Images	Findings Only
Attachments	ې مېر مېرو د د د د د د د د د د د د د د د د د د د

After applying the findings, the provider can use the AutoText as usual; he can select and dictate over any field to change its content.



Note: Enter and apply Findings Mode only once per report. If the provider enters Findings Mode a second time (after Applying Findings), anything dictated and applied to a section of the report that contained prior dictation will be overwritten with the new dictation. In addition, dictation in Findings Mode is not saved as an audio file, so it is expected that the provider will self-edit the report rather than send to editor when using Findings Mode. Any dictation in the **Findings** box that does not match any of the hyponyms is either placed in the **Fields** list with a field name of **Unmatched1**, **Unmatched2**, and so on, or it remains in the **Findings** box, from where you can drag it to the appropriate place in the report.

-)

**Tip:** The **Add Unmatched Findings to Report** preference determines how the software handles unmatched dictation. Refer to page 93 to configure this setting at the system or account level. In the PowerScribe One client, select **Tools** > **Preferences**, and under the **Reporting** node, select **Add Unmatched Findings to Report**.

Fields (5)	Report - Unknown, - tes	t87345
Lungs	Lungs: Lungs are normal.	3
Heart E Aorta Pericardium •	Heart: Heart appears norm	nal.
Exit Findings Mode	Aorta:	
Apply Findings	Pericardium: [,,,]	Consistently unmatched findings might indicate a missing hyponym.
Properties		
Fields (5)	Summary: [] Findings Only	
📃 Notes	Pericardial sac appears e	nlarged.
Images		1
Mttachments		
Quality Check		and the second sec

If the client consistently fails to apply a particular finding to a field, you might be able to correct the problem by adding one or more hyponyms to the field. (See *Adding Hyponyms to Fill-in Fields in AutoText*, beginning on page 78 in this chapter.)

# Chapter 5 Editor Training

# Objectives

In this chapter you will:

- Explain how to log in to the editor application
- Define the screen elements in the Explorer window
- Explain the four main steps in the editor's workflow
- Retrieve a list of reports to edit using Worklists, My Reports, and Browse
- Open a report and explain how to play back the audio portion
- Edit the report by typing or inserting AutoText
- Finish editing the report and return it to the provider who created it
- Create a text AutoText in the AutoText Editor window
- Describe other types of information you can add while editing a report
- Demonstrate initiating a report
- Modify your user preferences

# Logging In and Logging Out

#### To log in to PowerScribe One:

- 1. Double-click the Nuance PowerScribe One Client desktop icon.
- 2. Type the user name and password provided by your administrator.
- 3. If this is your first login:
  - Depending on your system configuration, you might be prompted to change your password on your first login. Type the new password in both fields and then click **OK**.

After a few seconds, the Nuance PowerScribe One window opens.

#### To log out:

- To log out and close the application completely, click on the X (close window icon), in the upper right corner of the application, or select File > Exit from the menu bar. OR
- To log out and return to the login window, click File > Logout.

## **Changing Your Password**

To change your login password:

- 1. Click Tools > Change Password.
- 2. In the New Password field, type your new password.
- 3. In the **Confirm** field, re-type the new password.
- 4. Click OK.



# **Explorer Window Screen Elements**

By default, the first window you see after logging in to the *PowerScribe One* client is the **Explorer** window. **Explorer** is where you access your reports and worklists, and search for orders and reports. The following illustration shows the main components of the **Explorer** window.

Look for:       Single Accession         Search       ✓       3       CCH       11/21/2017       CT CHEST       AM00025       Geno, Doonschm         ✓       4       CCH       11/21/2017       CT CHEST       AM00016       Randolph, Fitzge         ✓       6       CCH       11/21/2017       CT CHEST       AM00016       Randolph, Fitzge         ✓       6       CCH       11/21/2017       CT CHEST       AM00017       Horatio, Voldersc         ✓       6       CCH       11/21/2017       CT CHEST       AM00017       Horatio, Voldersc         ✓       6       CCH       11/21/2017       CT CHEST       AM00017       Horatio, Voldersc         ✓       6       CCH       11/21/2018       CT NECK W       DOC123       Anderson, Rhond         Ø       88 days       CCH       11/30/2018       CT LT LOW       9801536       MARTIN, L ELE.         Ø       10       88 days       CCH       11/30/2018       CT LT LOW       9801536       MARTIN, L ELE.         Ø       11       -1911 d.       CCH       12/4/2013       Abdomen 1       5492641       Doe, Jane M         Ø       Yet Read			eports	s Showing Re	earch Result	S		ar	ool B	Menu Bar Tool					
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Browse   Site:   All   Status:   All   Time Frame:   Custom   To:   Thu, Nov 01, 2018   To:   Thu, Feb 28, 2019      Modality:   Anatomy:   All            From:   Thu, Feb 28, 2019      FINDINGS:												orklist (96)	👌 Hot Wo		
Status: All   Time Frame: Custom   Errom: Thu, Nov 01, 2018   To: Thu, Feb 28, 2019   Modality:   All   Finding:   Anatomy:   All   Finding:   CLINICAL HISTORY: [Increasing chest pain.]   COMPARISON:   TECHNIQUE:   FINDINGS:					ments Priors	Notes Attach	Report	al Data	Clinica	2			·		
Status: All   Time Frame: Custom   From: Thu, Nov 01, 2018   To: Thu, Feb 28, 2019   Modality:   All   Anatomy:   All Finding					T2				<b>D</b> DD	9	<b>^</b>				
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Status: All   Time Frame: Custom   From: Thu, Nov 01, 2018   To: Thu, Feb 28, 2019   Modality:   All   Anatomy:   All Finding										Dat		All	Citor		
Status: All   Time Frame: Custom   From: Thu, Nov 01, 2018   To: Thu, Feb 28, 2019   Modality:   All   FINDINGS:	CLINICAL HISTORY: Increasing chest pain.								CL	-			Site:		
From: Thu, Nov 01, 2018 Thu, Feb 28, 2019 TECHNIQUE: Modality: All FINDINGS:			1.1								-	All	Status:		
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Modalty: All  Anatomy: All  FINDINGS:															
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Anatomy: All	FINDINGS:								•	All	Modality:				
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Lungs and large all ways. Normal	-			al.	s: Norma	<u>de airway</u>	and lar	ngs a	<u>LLu</u>			A. (2005) . A & 2000			
	and an Ara			11. C		~							.e		

(Quick Search, My Reports, Worklists, and Browse)

# **Overview: The Editor Workflow**

An editor's workflow consists of the following general steps:

- 1. Search for a report that requires editing (in the Explorer window, using Worklists, My Reports, or Browse)
- 2. Select and open the report (from the Search Results section)
- 3. While listening to the audio portion of the report, and comparing it to the speechrecognized text that appears, edit the report (in the Report Editor) as needed by
  - using the keyboard and foot pedal,
  - inserting AutoText (explained later in this chapter),
  - attaching a note containing specific comments for the provider to review.
- 4. Send the report back to the provider for signature or further revision

This section explains each of these steps in greater detail.

# **Step 1: Searching for Reports**

## Worklists

When a provider creates a report and issues a command to have the report reviewed and corrected by an editor, the report is sent to an editor/transcriptionist for correction. Site administrators create *worklists*, which are pre-defined searches that filter reports based on virtually any combination of criteria, making it easier for editors (and providers) to retrieve their work. In many cases, editors work on reports for specific departments, or work on a specific modality. Worklists allow administrators to assign these specific types of reports to an editor, allowing her or him to work more efficiently.

The following examples describe what different worklists might show:

• All reports sent for editing marked as STAT

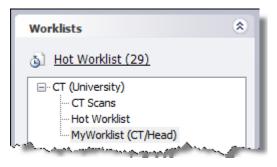


*Note:* Your system administrator can configure the system so that STAT reports always appear at the top of any worklist.

• All reports sent for editing by the cardiology group

# To use a worklist to filter your Explorer screen results:

1. Click a worklist in the **Worklists** search area. (If you are not sure which worklist to select, contact your administrator.)The results filtered by the worklist appear in the search results section of the **Explorer** window.



## **My Reports**

My Reports is a quick way to find your most common types of reports.

On the left side of the **Explorer** window, click one of the selections under the **My Reports** heading. Numbers to the right of a search type indicate the number of reports of that type.



*Note:* Once you begin editing, these report queues begin to become more relevant. For example, until you've attached a note to a report, you won't see any items listed in your Annotated queue. In addition, you might not see all of the report types listed in this section; the list depends upon the type of editing work you have performed.

### **Correction Queue**

The **Correction queue** search returns all reports that were assigned to you, and that are awaiting some action by you.

My Reports	۲
<u>Correction queue</u> <u>Corrected today</u> <u>Touched today</u>	

### **Corrected Today**

The **Corrected Today** search retrieves all reports that have the status of **Corrected**, **Pending Signature**, or **Final** (see status definitions in the Browse section below).

### **Touched Today**

The Touched today search retrieves all reports you opened or edited throughout the day.

## **Browse**

**Note:** If you do not see the Browse search section on your screen, your system administrator has disabled this feature. In addition, if you do not see all of the browse items shown in the illustration below, your administrator has disabled those specific browse parameters.

Another search section, the **Browse** pane, allows you to search for orders and reports that match the criteria you specify. The criteria you select remain in place until you change them, and the system remembers them when you log in again.

#### To use the Browse search:

- 1. Select the applicable choices from one or more of the drop-down lists. Editors commonly use the following criteria:
  - **Status**: Select either a *report status* or an *order status*. Definitions are shown in the following table:

Browse	۲
Site:	All 🔻
Status:	All 🔻
Time Frame:	No limit 🔹
Modality:	All
Anatomy:	All
Section:	-
Radiologist:	All
Ordering:	
Patient Age:	All
Gender:	All
Location:	
Class:	All
Priority:	All
🗙 <u>Reset F</u>	ilters 🕞 Browse

Status	Description
Addended	One or more addenda have been created for a final report. Addenda are reports themselves and the aforementioned statuses apply to them too.
All	Uses all report statuses in the search
Completed (All) and Completed (Unreported)	Exam has been performed and is ready for dictation.
Final	Report has been completed and signed by an attending.
Pending Correction	Report has been dictated and queued for correction.
Preliminary	Pertains to any report whose status is not final.
Rejected	Appears when a corrected report is returned to an editor by an attending or resident, or when a Pending Signature report is returned to a resident by an attending.
Scheduled	Exam has been scheduled but not yet completed. Sometimes, the exam has been completed but the status has not been updated in the RIS. In this case, reports can be dictated, but are not delivered to the RIS until they are marked complete. Some sites may choose not to allow dictation for scheduled orders.

Status	Description
Temporary	Exam has not been received by <i>PowerScribe One</i> so a temporary order has been created. In this case, reports can be dictated, but are not delivered to the RIS until the actual order is received.
Unreported	No report has been dictated for the order.
Wet Read	A "pre-draft" state. Either attending or resident providers can create a wet read report. Any attending or resident provider can promote a wet read report to a Draft status. The text of the wet read is maintained once the report is promoted to Draft status.

- Time Frame: Choose from a wide range of time frames
- Modality: Specify a modality, such as CT or MRI, a subset of a modality, or select All.
- Anatomy: Select a general body section, a specific part, or select All.
- **Radiologist**: Contains all resident and attending accounts that have an active role on the selected site.



*Note:* The *Section*, *Ordering*, and *Location* filters become available when you select a specific site. If you select *All* for Sites, these filters are grayed out.

2. When you have selected the criteria for the filter, click **Browse**. Any orders/reports that meet the criteria appear in the **Search Results** table on the right side of the window.

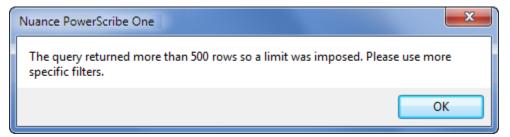
*F Tip:* To set all the criteria back to the default settings, click **Reset Filters**.

### **Excessive Number of Items in the List**

*Note:* This message will not appear if you select *Virtual Scrolling*. (See Tips for Working with the Columns beginning on page 96.)

Note: The number of results returned is set by an administrator.

By default, the system is set up to return a maximum of 500 items for any given search. If your browse exceeds the number set by your administrator (500 in the following illustration), a message box opens.



When you click **OK**, only 500 results are returned. The report you are searching for might or might not be there; the list is incomplete. As the message suggests, select additional filters and run the query again. Or, use one of your worklists.

# **Step 2: Selecting and Opening a Report**

After you've searched for reports to edit (using either a Worklist, My Reports, or Browse) your results appear on the right side of the Explorer window.

# ->- Best Practice for Selecting a Report

**Open a report only if you plan to correct and finish it.** This helps you to work more efficiently and reduce turnaround time (TAT). If you begin to correct a report and decide to finish it at a later time, the report is placed in your **Drafts** queue where only you can open and finish it.

## **Search Results Area**

The following illustration (divided into two sections for clarity) shows an example of search results.

٥	₽	9		Deadline	Site	Exam Date	Procedures	MRN †	Patient Name
			1		Imaging Center	10/25/2012 5:05 PM	CTA LEGS	TEMPORARY	UNKNOWN
			2		Imaging Center	4/15/2013 2:27 PM	CTA LEGS	TEMPORARY	UNKNOWN
			3	ىمىي <del>م</del> ەس	Imaging Center	1/27/2009 12:36 AM	·	TO38	ANGIO, CT

3	Status	Modified	Accession	Gender	Attending	Resident
ί,	Draft (T)	1/4/2013 10:43 AM	12345678		Alba, Tracy	
ţ	Draft (T)	4/15/2013 2:32 PM	sdfaf		eric, noorda	
Χ.,	Draft	2/27/2013 11:24 AM	2193	Male	Henry, Philip	

The column headings are self-explanatory, with the exception of the first four columns, which are described below.

# **First Four Columns**

The first four columns in your search results are identified by the following icons.

Column Icon	Description
æ	<ul> <li>The lock column indicates a report's locking and assignment status. The icon can be either yellow or blue.</li> <li>Yellow indicates that the report is open and therefore locked. Hovering your mouse over the lock icon shows who has locked the report.</li> <li>Blue indicates an order that is assigned to another radiologist. Depending upon a site preference, you might, or might not, be able to open these types of reports.</li> </ul>
<b>⊡</b>	<ul> <li>This column shows the report transfer status. Hover your mouse over the order's icon to see the status:</li> <li>Ready: report is flagged for inspection; when it is sent depends upon its status and interface options.</li> <li>Queued: report is queued for transmission</li> <li>Force Send: report is queued for immediate re-transmission</li> <li>Sent: report has been successfully delivered</li> <li>Sent &amp; Edited: Report has been edited since it was distributed; the version of the report in the RIS/HIS is old and does not match what is in <i>PowerScribe One</i>.</li> <li>Final Exported: final report has been successfully transmitted</li> <li>Rejected: the RIS rejected the report</li> <li>Failed: an error occurred</li> <li>Held: an administrator paused the transmission</li> </ul>
1	This column uses icons to indicate an order's <b>priority</b> : No icon: Routine priority STAT priority ASAP (red) Timing-critical; Callback; or Pre-op (yellow) Low priority (green)
TAT Deadline	<ul> <li>Indicates reports that have reached or surpassed their turnaround time deadline:</li> <li>Indicates the report is past its deadline. Hover your mouse cursor over the icon to see a tool tip describing how far past the deadline the report is.</li> </ul>
No icon	This column is simply a numerical list of your search results.

## **Tips for Working with the Columns**

- To rearrange the order in which the columns appear in **Explorer**, click and drag the column heading name to a new position.
- Right click anywhere on the column headings to see a menu that allows you to further modify your view of columns.
- To remove a column, right-click in the column heading and click **Remove**. To display the column once again, use the **Columns** dialog box (shown in the next bullet item).

Nuance PowerScribe One							
<u>File View Tools Speech</u>	<u>H</u> elp						
📄 New 👻 🎑 Open 📑 Draft	🖉 Finish 🔹	📓 Disc	ard	Peer	Review	PACS - 🎧	) 🖽 📑
Quick Search	۲	▲ Br	owse				
Site: All	•		<b>₽</b>	1		Remove	Date /2013
Look for: Single Accession				2		Columns	(2013
			×	3		Show in Groups	1/2017 1/2017
	Search		~	5		Virtual Scrolling	1/2017

• To select which columns to view, as well as rearrange the order of the columns, rightclick on the column headings, then click **Columns** menu item. In the **Columns** dialog box, select or clear columns you want to display. Use the **Move Up** and **Move Down** buttons to reorder the columns.

Columns	x
Check the columns you would like visible. Use the Move Up and Move Down buttons to reorder the columns.	
Columns:	
Image: Constraint of the state of the	
Deadline     Site     OK     Cancel	

• To sort reports based upon one of the column headings, right-click a column heading and select **Show in Groups**. You can then click any column heading to see a different view of the results content. Click the plus sign + to expand a group or the minus sign -

to minimize it. Right-click any column heading and click **Show in Groups** again to return to the original view.

8	⊕ ?		Deadline	Ste	Exam Date †	Procedures	MRN	F
		1		Imaging Center	1/27/2009 12:36 AM		TO38	1
		1			1/27/2009 12:36 AM 10/25/2012 5:05 PM		TO38 TEMPORARY	4
		2		inaging center	TU/23/2012 3.03 FM	CIALEGS	TEMPURANT	-

- Select the **Virtual Scrolling** check box to allow unlimited scrolling through long lists of reports.
- For some columns, more detailed information is available by hovering the mouse over that column to display a tool tip.

## **Preview an Order or Report**

Once you select an order, the **Order Preview** window is populated with additional information tabs described below.

### Order Data Tab

The **Order Data** tab displays information about the order, including patient information (age, site, and so on), exam details, and providers. You can show or hide this information by clicking the **Order Data** vertical tab (located on the left side of this section) or by clicking the push-pin icon (located on the right side).



*Tip:* To keep the Order Data from automatically hiding itself, click the push-pin one time. If you want to hide the Order Data, click the push-pin again.

2	Order Data		₽
Ord	Patient:	JOHN	
Order Data	MRN:	4382036	
ata	DOB - Sex:	10/11/1947 (65 yrs.) - M	
	Site:	University	
	Accession:	3864757	
	Procedure:	EXR45	1
	Description:	CHEST 2VWS PA/LATE	
	Exam Date:	4/26/2006 6:28 PM	
	Status:	Completed	
	Ordering:	RICHARD P ERICSON, MD	

### **Clinical Data Tab**

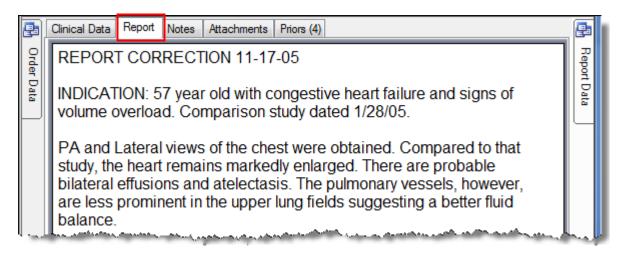
The Clinical Data tab shows the reason for the study, history, and so on.

**Note:** If no clinical data is available (from your RIS or HIS) for an order, this tab is does not appear.

<b>2</b>	Clinical Data	Report Notes Attachments Priors (4)	1
Order [	Clinical:	Diagnosis: Pulmonary edema History: 57 yo with CHF with signs of volume overload	
Data		VENTILATOR:N, ISOLATION:N, SEDATION:N Comments: Beeper:2487	1
ι.	المعصيمات	and the second secon	J

### **Report Tab**

If the order you selected has a report already associated with it, click the **Report** tab to see the text of the report. If no report has been created, the **Report** tab does not appear.



### **Notes Tab**

The **Notes** tab allows you to create a text or audio note to associate with the report. For details, see *Adding a Note to a Report* beginning on page 122.

### Attachments Tab

The Insert Report Attachments link allows you to add images or documents to a report.

For details, see Adding an Attachment to a Report beginning on page 123.

### **Priors Tab**

Select the **Priors** tab to view any prior studies for this patient. If prior studies exist, you can select one from the list and view the text of the report in the area below the list.

Ð	Clinic	al Da	ata	Report	Notes	Attachments	Priors (4)		
Q	$\checkmark$	$\nabla$	2	Exam D	)ate	Procedures	Attending	Signed	
Order				11/18/	2006	AP CHEST P	Zaborac, Keith	11/19/2006	1
Data			2	11/17/	2006	CHEST 2VW	Zagan, Reub	11/17/2006	
6			2	11/18/	2006	ABDOMEN 1	Zabbo, Dider	11/20/2006	
			2	11/18/	2006	AP CHEST P	Zaborac, Keith	11/19/2006	
	С		ICA				ry distress, s		€ Pee breath. t is compared with

### **Report Data Tab**

The **Report Data** tab contains information only when a report has been dictated on the order. Otherwise this tab has no content. You can show or hide this information by clicking the **Report Data** vertical tab (located on the right side of this section) or by clicking the push-pin icon (also located on the right side).

Report Data	4	Ð
Orders:	3864757 - CHEST 2	Rep
Attending:	Dr. Edmond Zopp, MD	Report Data
Resident:	Dr. David Zang, MD	ata
Created:	9/28/2005 12:00 AM	l
Modified:	12/8/2006 1:26 PM	
Status:	Final	
Transfer:	Sent	
· · · · · · · · · · · · · · · · · · ·	and the second s	de la cale



*Tip:* To keep the Report Data from automatically hiding itself, click the push-pin one time. If you want to hide the Report Data, click the push-pin again.

## **The Report Editor Window**

After you select and open an order or report from the **Explorer** window, the **Report Editor** window opens. The **Report Editor** is where you actually correct a report and insert other information that is associated with the report (if necessary).

This illustration below shows the components that make up the **Report Editor** window.

Menu Bar		Tool Bar	Report Content	Pla	yback Controls	
O Nuance PowerScribe One						×
<u>File Edit View Insert Forma</u>	t <u>T</u> ools <u>S</u> peech <u>H</u> elp					
🔚 Close 🔛 Draft 📝 Prelim & Finis	sh 🗋 Discard 🖤 😼 🐰	96 20	19 🖉 🔄 🖓 🗆	⊒ <b>"</b> ≯⊪ ∦	44 PF M	
🧠 AutoText 👻 🗋 New 🚬 B	I U Abe âĂ 🗮 🗏		💷 🔒 🎦 Content 🧃	👌 Wizard 👔 mPow	ver 📵 Clinical Insights	
Properties	Report - AARON, AARO			Order Data		4
Attending: Philip Henry	PET906 [1/27/2009 12:44	AMEST		A Delivert	*	<b>^</b>
Editor: Tom Editor	COMPARISON: None.		↓	Patient		
Status: Pending Correction				Name: MRN:	AARON AARON 80354	
	CLINICAL HISTORY:			DOB - Sex:	7/12/1966 (50 yrs.)	
	TECHNIQUE: Helical axia			Class:	Emergency	
Dose 2. CTDIvol (body) mGy: 2	were performed from the lu tuberosities following the a			Site:	University	
Dose 4. ICRP 103 mSv: 15.4	CT ABDOMEN:		l l	E Exam	۲	
Insert Contributors	_		1	Accession:	41238165	
	Liver: Liver is normal in si: Spleen: Spleen is normal			Procedure:	PET906	
P Proportion	Pancreas: Pancreas is no	rmal in size and C	T density.	Description:	CT ABDOMEN/PELVIS P-2045 STUDY	
	Kidneys: Kidneys are norr There is no hydronephrosis		al mass is identified.	Exam Date:	12/30/2008 12:44 AM	
	Adrenals: Adrenal glands	are unremarkable.	]	Status:	Completed	=
	Vasculature: Vasculature Retroperitoneal: No signi		al adapapathy or	Reason:	Suspected bleed, fracture.	
📑 Images	ascites is identified.			Clinical:	Diagnosis: Abdominal pain. History: 38 y/o	
	GI Tract: Visualized GI trac Bony Structures: Visualiz				w/ GSW to L2, multiple episodes of	
Quality Check	bony structures. Visualiz	ed bony structures	s are mact.		osteomyelitis with debridements.	
	CT PELVIS:				VENTILATOR:N, ISOLA	
*	Bladder: The bladder diste	ends normally		-	TION:N, SEDATION:N Comments:	
AutoText (1581)				4 Comments:		
List: All Users 👻 Name:	PROCEDURE: (	CT angiogram of th		-	moving during exam. BUN 11 CREAT 0.9	
	CPT code: 7417	5	=	History:	Motor vehicle collision with acute trauma.	
abdomen CTA abdomen three	Contrast: Nonior				Unrestrained passenger with abdominal pain.	
ABI	COMPARISON:	None		Ordering:	Michael Zardini, MD	
AC joints, bilateral accession number test						
< II	, INDICATIONS:	1		" Visit	۲	
🗋 Prior Reports (5) 😽 Auto Text (1581)	🖏 AutoFeed  👔 mPower 🖉 Clini	ical Guidance (9) 💮 Po	owerShare Studies (1)	Acct Num:	1001127969	
User: Tom Editor Co	orrection queue: 1	Attending: Philip H	Henry (Site: University)	/ Powe	erMicIII-NS, VEC USB Footped	dal .::
Navigation						
Panel	Additional Feature Tabs	5	AutoText an		Order Data	
	(some are purchasable o	ptions)	Formatting Tool Bars	5		
			1001 Dars			

## **Report Editor Navigation Panel**

The navigation panel on the left of the report screen displays a variety of information depending on which mode is selected.

Select the buttons at the bottom of the panel to change the mode. The following modes are available: **Properties**, **Fields**, **Notes**, **Images**, **Attachments**, and **Quality Check**. The illustration at the right has the **Fields** mode selected.

*Note:* The Quality Check consistency checker is a purchasable feature. Contact your Nuance account executive for more information.

### Properties

Use the **Properties** mode to display report properties including the **Attending**, **Resident**, report **Status**, and **Transfer** status. There is a check box for you to quickly mark the report priority as STAT. There are also links to insert **Diagnosis Codes** and **Custom Fields**.

### Fields

Use the **Fields** mode to display a list of fill-in fields for an AutoText that has been inserted into the report. Click a field name from the list to move the cursor to that field in the report and select the contents of that field.

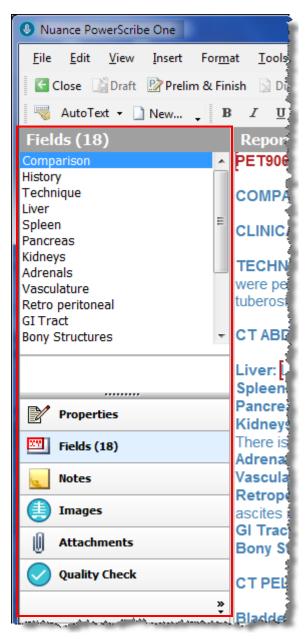
The **Tab** and **Shift+Tab** keyboard keys

can also be used to move forward and backward through fields respectively.

### Notes

Click the **Notes** button to display any notes that have been created for the current patient or report. Click the Insert Note link to add a note to the report. (You can also insert a note by clicking **Insert > Notes** on the menu bar.) You can associate a note with the patient or with the report. By default, a note is associated with the specific report. Select the **Patient Note** check box to associate a note with the patient (otherwise, the note is associated only with this specific report).

Editors can create only text notes.



#### Attachments

Click the **Attachments** button to display files that have been attached to the report. Click the **Insert Report Attachment** link to select a file to attach to your report. (You can also insert an attachment to your report by clicking **Insert > Attachment** on the menu bar.)

*Note:* Attachments are not uploaded to your RIS.

### About the Push-Pin

Some tabs in the **Explorer** and **Report Editor** windows have a *push-pin* on their title bar. A push-pin has two positions, horizontal and vertical.

- Horizontal position: = In this position, the tab hides itself when your mouse pointer is no longer over the tab's contents, allowing more room for other window elements.
- Vertical position: **4** In this position, the tab's contents are visible at all times.

Click the push-pin to change its orientation from vertical to horizontal.

## **Using the Foot Pedal**

The foot pedal is one of the most useful and common tools for editors. The following tables show the default foot pedal settings as well as the optional settings for each button.

#### **Default Settings for the Foot Pedal Buttons**

Button	Default Setting
Left	Fast forward: Fast-forwards for as long as button is held.
Center	<b>Toggle Play audio on/off</b> : Toggles audio playback on or off; remains that way until toggled again.
Right	<b>Rewind</b> : Rewinds for as long as button is held.

### **Optional Settings for the Foot Pedal Buttons**

Button	Optional Settings
Left, Center, and	• Previous field: Moves cursor to the previous field
Right	• Next field: Moves cursor to the next field
	• <b>Dead man play audio</b> : Plays audio as long as button is held; stops playback when button is released.

# **Keyboard Shortcuts**

The following table shows the keyboard shortcuts used most frequently by editors.

Keyboard Shortcut	Description				
Playback Controls (in Report Editor and AutoText Editor)					
F6	Play/pause toggle				
Alt+Home	Go to beginning				
Alt+Left arrow	Rewind				
Alt+Right arrow	Fast forward				
Alt+End	Go to end				
Alt+Insert	Increase volume				
Alt+Delete	Decrease volume				
Alt+Up arrow	Speed up				
Alt+Down arrow	Slow down				
Ctrl+Up arrow	Faster winding				
Ctrl+Down arrow	Slower winding				
Explor	er Window				
Ctrl+N	New report				
Ctrl+O	Open report				
Ctrl+P	Print report				
Ctrl+T	Toggle AutoFeed on/off				
Ctrl+B	Barcode on/off				
F1	Open Explorer help				
F5	Refresh view				
F9	Save as Draft				
F12	Finish report				
Report Ed	ditor Window				
Ctrl+S	Save report without closing				
Ctrl+C	Copy text				
Ctrl+V	Paste text				
Ctrl+X	Cut text				
Ctrl+A	Select all				
Ctrl+F	Find				
Ctrl+H	Replace				

Keyboard Shortcut	Description
Ctrl+T	Toggle AutoFeed on/off
Ctrl+B	Bold selected text
Ctrl+I	Italicize selected text
Ctrl+U	Underline selected text
Ctrl+Z	Undo
Ctrl+Y	Redo
Ctrl+P	Print report
Ctrl+Alt+C	Delete concordance
Alt+U	Make the selected text all UPPERCASE
Alt+L	Make the selected text all lowercase
Alt+C	Begin each selected word or words with an Initial Capital letter
Alt+Home	Go to the beginning of the report
Alt+End	Go to the end of the report
F1	Open Report Editor help
Alt+F3	Create a new AutoText from selected text
F6	Play/pause toggle
F7	Spelling
F9	Save as Draft
F12	Finish report
AutoText H	Editor Window
Ctrl+N	Start a new AutoText
Ctrl+O	Open the selected AutoText
Ctrl+S	Save report without closing
Ctrl+C	Copy text
Ctrl+V	Paste text
Ctrl+X	Cut text
Ctrl+A	Select all
Ctrl+F	Find
Ctrl+H	Replace
Ctrl+B	Bold selected text
Ctrl+I	Italicize selected text
Ctrl+U	Underline selected text

Keyboard Shortcut	Description
Ctrl+Z	Undo
Ctrl+Y	Redo
Ctrl+P	Print report
Alt+U	Make the selected text all UPPERCASE
Alt+L	Make the selected text all lowercase
Alt+C	Begin each selected word or words with an Initial Capital letter
Alt+Home	Go to the beginning of the AutoText
Alt+End	Go to the end of the AutoText
F1	Open AutoText help
F7	Check spelling

## **Using the AutoFeed Feature**

The AutoFeed tab shows a list of files that are in your reports queue, based on the type of search you performed in the Explorer window. As the reports from your search are loaded into your computer sequentially, the information turns from black to a gray bold text. In the illustration, reports 1 and 2 have already been loaded; the others have not.

) 🗗 📍 🤇	0	Deadline	Ste	Status	Attending	Resident	MRN	Patient Name	Exam Date
	1		University	Draft (T)	Taylor, James		PAT999	Jackson, John	8/26/2016 4:12
	2		University	Draft (T)	Taylor, James		PAT999	Jackson, John	8/4/2016 9:23 AM
	3		University	Draft (A)	Taylor, James		4382036	DAVSON, JOHN V	4/26/2006 6:28 PM
	4		Imaging Center	Draft (T)	Taylor, James		TEMPORA	UNKNOWN	7/26/2012 9:44 AM
٠	5		Imaging Center	Draft (T)	Taylor, James		TEMPORA	UNKNOWN	3/6/2012 11:19 AM
	6		Imaging Center	Draft (T)	Taylor, James		TEMPORA	UNKNOWN	3/13/2012 3:17 PM
								m	

### Example

If you selected the **Correction Queue** link (from the **My Reports**) in **Explorer**, and then clicked the **Start AutoFeed** icon (in **Explorer**), the **Report Editor** opens, and the **AutoFeed** also opens, showing the reports from your correction queue. The first report in the list appears in the **Report Editor** window. After you correct the first report, the second report automatically opens in the **Report Editor**, and so on. *Note:* If you decide to start with a report other than the first one in your *Explorer* search results list, AutoFeed does **not** return to *Explorer* and pull in those first few reports. To access those first reports, you must return to the *Explorer* window and start AutoFeed again.

If you did not click the **AutoFeed** icon in the **Explorer** window and want to view the queue, click the AutoFeed tab in the bottom left corner of the main screen. Note that the **AutoFeed** tab has a push-pin which allows you to hide the tab, or keep it open during your session.

### **Other AutoFeed Features**

- From the **Report Editor** window, you can turn AutoFeed off or on by clicking the AutoFeed icon on the tool bar. If you turn off AutoFeed, you are returned to the **Explorer** window when you finish the current report.
- If there are no more orders or reports in your original query, you are returned to the **Explorer** window when you finish the last report.
- To view a list of upcoming reports from your query, click the AutoFeed tab located in the lower-left portion of the Report Editor window near the Prior Reports and AutoText tabs. (Note that this is a read-only list; you cannot select a report from it.)
- With this feature selected, a report that is in the process of being saved appears in the **Explorer** window in a gray italicized font.
- If you attempt to open a report that is being saved, you will get a message box explaining that the report is being saved.
- If you attempt to log out of the application while a report is being saved, a message box opens asking you to Please wait.

If you decide to log out of the application during the save, you are notified that you might lose some of your data. Best practice: wait until the save is completed.

# **Step 3: Editing the Report**

# Playing Back the Report's Audio

Most editors play, rewind, and fast forward the audio portion of a report using a foot pedal. (You can also use your keyboard or your mouse.)

#### To play back audio using a foot pedal:

- 1. Press the middle button on your foot pedal. The audio begins to play and the corresponding text is highlighted (or underlined, depending upon your preference settings).
- 2. Lift your foot off of the pedal when you come to a word or phrase that needs correction. The system highlights the last word that was played back.



*Note:* If necessary, use your mouse to select additional words to correct or replace.

# **Selecting Text to Replace**

Use your keyboard (or your mouse) to select the text you need to replace.

#### To select text using your keyboard:

Press and hold the **Ctrl+Shift** keys along with one of the four arrow (cursor) keys to select text:

- **Ctrl+Shift+Right Arrow** key: Selects the *next* word. Keep pressing the right arrow key to continue selecting words.
- **Ctrl+Shift+Left Arrow** key: Selects the *previous* word. Keep pressing left arrow key to continue selecting words.
- **Ctrl+Shift+Down Arrow** key: Selects the rest of the current paragraph from the cursor position *forward*. Keep pressing down arrow key to continue selecting paragraphs.
- **Ctrl+Shift+Up Arrow** key: Selects the rest of the current paragraph from the cursor position *backward*. Keep pressing up arrow key to continue selecting paragraphs.

## **Replacing or Inserting Text in a Report**

Once you've selected the text you need to replace, or you've placed your cursor at the location in the report at which you want to insert some text, do one of the following:

- Type over the selected text (or simply begin typing at the cursor location if no text is selected)
- Insert AutoText into the report.

Typing over, or simply typing in text, is self-explanatory. However, there are several ways to insert AutoText into your report.

#### Inserting AutoText into a Report

AutoText is pre-defined text commonly used in normal test results that you can insert into reports. For example, an AutoText named **thr** might be used to insert text describing a normal thoracic spine exam.

You can insert AutoText in three different ways:

• **Begin typing the AutoText shortcut name**: If an AutoText includes a shortcut name, begin typing the shortcut name. Once you've typed enough letters for the system to locate the AutoText, the shortcut name and the AutoText content appear. You can then press **Enter** to insert the AutoText into the report. In the illustration below, the editor typed the letters **noa**, which located a normal abdomen AutoText with the **noab** shortcut name, and displayed its content.

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🧠 AutoText 👻 🗋 New 🗸	B	I U   Abc 淼   三 三 三 注 津 津 🎝 Content 🍕 W
Fields (18)		Report - AARON, AARON - 41238165
Comparison	*	PET906 [1/27/2009 12:44 AM EST]
History Technique Liver		COMPARISON: None
Spleen Pancreas	H	CLINICAL HISTORY:
Kidneys Adrenals		TECHNIQUE: Helical axial images of the abdomen and pelvis were pe
Vasculature		noab: "Exam:11 TCT scan of the abdomen Contrast:with/withou" d IV contrast 1
Retro peritoneal		noa CT ABDOMEN:
GI Tract Bony Structures	÷	CTADOMEN.
bony structures		Liver: Liver is normal in size and CT density.
		Spleen: Spleen is normal in size and CT density.
a state and a state of the stat	~	Pancreas: Pancreas is normal in size and CT density.

• Click the AutoText drop-down list from the menu bar (see illustration at right): Use this method if you do not recall the name of the AutoText you want to insert. Select the AutoText you want to use to insert it into your report.

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1	AutoTe	d 🕶 🗌	New	в
Fiel	ds (18	)		R
Comp	arison			

 Click the AutoText tab (located in the bottom-left corner of the window): Use this method if you are not sure which AutoText you want

method if you are not sure which AutoText you want to insert. Search for and select an AutoText to display its content in the right side of the window. When you find the correct AutoText, double-click it to insert it into your report.

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Auto	Te	ext							
List:	F	Relev	ant 👻	Name:		🔍 Search	🔫 Create 🕤	🖉 Edit	
(i)	9		Name	t	Used			-	
۵ [	E		Abdominal Ultrasou	nd					
] 💭			Chest PA and Lateral						COMPARISON: No
] 💭			CT Abdomen / Pelv	bdomen / Pelvis RD 2					CLINICAL DATA: A
] 💭			Custom Nav Test						• • • •
] 💭			Mammo Negative						ENDINGS.
] 💭			Mammo Vague Der	nsity					FINDINGS:
<b>Q</b> [			mass bone					-	
🕒 Pri	🕒 Prior Reports (49) 🔫 Auto Text 🔿 Auto Feed 👫 mPower 🖉 Clinical Guidance (29) 🎧 PowerShare Studies								
User:	Тог	m Ed	itor				Attendir	ng: Dr. Gary Pie	rce (Site: CCH)

### Using the AutoText Tab

The **AutoText** section shows a list of AutoText (also known as macros or shortcuts) available on the system.

To see this section, click the AutoText tab in the bottom left corner of the main screen.

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Lis		All Us		Name:		🔍 🔍 Search 🛛 🔫 Creat	e 🥟 Edit 🚽	
6	•		Name	t	Used		*	
8			AAA CTA					A second s
8			AAA CTA					Comparison: None
8			abdominal aorta ultr	rasound				
8			abdominal aorta ultr	rasound				Clinical Information
8			abdominal aorta ultr	rasound				
8		-	Abdominal Ultrasou	nd				
8			Abdominal Ultrasou	nd			-	TECHNIQUE: Rea
<u>i</u>	Prior Reports (49) 🔫 Auto Text 🔄 Auto Feed 👔 mPower 🥥 Clinical Guidance (29) 🎧 PowerShare Studies							
User	: To	om Ed	itor			Atter	ding: Dr. Gary Pierc	e (Site: CCH)

Use the **List** drop-down to determine which set of AutoText to display:

- Select **Relevant** to show only AutoText categorized with a procedure code that exists in the current order, or no categorization assigned at all.
- Select **All Personal** to show all of your own AutoText regardless of categorization.
- Select All Site to show all site-defined AutoText, regardless of categorization.
- Select **Relevant Personal** to show your own AutoText categorized with a procedure code that exists in the current order.
- Select **Relevant Site** to show site-defined AutoText categorized with a procedure code that exists in the current order.
- Select **All Author** to show all of AutoText created by this AutoText's author regardless of categorization.
- Select **Relevant Author** to show AutoText created by this AutoText's author categorized with a procedure code that exists in the current order.
- Select **All Users** to show all AutoText created by site users regardless of categorization.

Relevant
All Personal
All Site
Relevant Personal
Relevant Site
All Author
Relevant Author
All Users
My Folders
CT Abdomem Report
CT Pelvis Reports
All Sections
Abdominal
CT

Create, or access any existing, folders in the My Folders portion of the list. You can select one of your folders to act as a filter. In addition, you can assign your All Personal and Relevant Personal AutoText to a folder from within the Report Editor window. To do so, right click an AutoText from one of these lists and select the folder in which you want to place it.

AutoText	<u>م مالا المحمد المحم</u> المحمد المحمد ا					
List: All Personal 🔻 Name:	🔍 Search 🛛 🧠 Create 🥙 Edit 🖉					
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		Clinical				
	Auto-categorize	TECHN				
	Folder   US Abdomen Reports	asou				
	Manage	form				
🕒 Prior Reports (49) 🔫 Auto Text 📑 Auto Feed 👔 mPower 🥏 Clinical Guidance (29) 🎧 PowerShare Studies						
User: Tom Editor	Attending: Dr. Gary Pierce	(Site: CCH)				

• The Sections portion of the list allows you to select a section as your AutoText filter. By default, **All Sections** for the current site appear in the list. If you select **Show my sections**, the list changes to display only section AutoText assigned to you by an administrator.

Search for AutoText in the Report Editor window using the **Name** field and **Search** button. From the AutoText tab in the Report Editor, type the first few letters of the AutoText for which you are searching and click the **Search** button. The example below shows the results for All Sites for the name **ct b**. The results are filtered based on the current **List** selection (All Site, All Personal, Relevant, and so on).

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6	9		Name		t Used					
			CT Brain Combined							
			CT Brain W/O IV Co	ontrast						
			RSNA CT Brain							
			RSNA CT Brain Per	fusion						
🕒 Pr	ior	Repo	rts (5) 🧠 Auto Text	(4) 🐺 A	AutoFeed	👔 mPowe	r 🙋 Clinica	al Guidance (9)	G Powe	erShare Studies
User:	То	m Ed	itor	C	orrection	queue: 1		Attendin	ıg: Philip	Henry (Site: U

Located to the right of the Name/Search area are buttons used to **Create**, **Edit**, and **Delete** AutoText.

- Create: Opens the AutoText Editor, allowing you to create a new AutoText.
- Edit: Opens the currently selected AutoText in the AutoText Editor, allowing you to edit the AutoText.
- **Delete**: Click this button to delete the selected AutoText. A confirmation dialog box opens, allowing you to proceed with the deletion or cancel.

The first three columns in the search results area contain icons to help you gather information about the AutoText at a glance.

- The first column displays an icon showing whether the AutoText belongs to a single site or multiple sites, or if it is a personal AutoText.
- The second column show whether the AutoText is a Template or a Macro.
- The third column displays an icon if the AutoText is acting as a default for the report.

8	Personal AutoText
3	Multi-Site AutoText
٢	Single-Site AutoText
	Template
	Масто
	Default AutoText

Auto Text       Name:       Search         List:       Relevant       Name:       Search         Image: Search       Image: Search       Image: Search       Image: Search         Image: Search       Image: Search       Image: Search       Image: Search       Image: Search         Image: Search<		د و این <sub>ما</sub> ند. این مانده میشود این میکند میشود میشود میکند. این مانده میکند میکند <sup>و رو</sup> میکند میکند.					,,-··	بسر بالمسالم المسلم	والمستحر والمراجع	n <u>an ann</u> a	· /···
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Image:	8			nomal	abdomen						- 2
Image: Strain	3			nomal	right clavicle	e					
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Image: Strain     Image: Strain       Image: Strain     I	0			RSNA	Communicat	ion					
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	0			RSNA	CT Brain						1
A REAL REAL AND A REAL	٢			RSNA	CT Brain Pe	rfusion					- 3
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in RSNA CT Cardiac	0			RSNA	CT Cardiac						
🕒 Prior Reports (5) 🔫 Auto Text 🛛 🐺 Auto Feed 🛛 👔 m Power 💋 Clinical G	Prior Reports (5) 👒 Auto Text						4	AutoFeed	🛐 mPow	ver 🕜 Cli	nical G
User: Tom Editor Correction queue: 1	User	User: Tom Editor					C	orrection o	queue: 1		

Hover your mouse cursor over the icon to display text indicating the site, sites, or user who are associated with the AutoText.

For more information on AutoText, see *Creating a Text AutoText Entry* beginning on page 114.

# **Step 4: Finishing the Report**

After editing your report, finish the report to complete the process.

#### To finish the report:

- 1. Click the **Finish Report** icon (or the **Prelim and Finish Report** icon, depending upon how your system is configured) on the toolbar.
- 2. If you are asked to verify that you want to finish the report, click Yes.
- 3. If you are asked to confirm your password, retype it in the dialog box and click **OK**.
- 4. After finishing, you return to the **Explorer** window where you can select other reports to edit.

*Note:* If you have the AutoFeed feature enabled, you will not return to the *Explorer* window. Instead, your next report opens for you to edit and finish.

# **Creating a Text AutoText Entry**

One of your most powerful tools is the **AutoText Editor**. Use this tool to create AutoText entries, which add blocks of commonly used text into your reports. Using AutoText helps you to work more efficiently and increases the report's accuracy.

# **Opening the AutoText Editor**

From the **Explorer** window: Click **Tools > AutoText Editor**.

From the **Report Editor** window: Click the **Create AutoText** 🛒 icon.

## **AutoText Editor Screen Elements**

The illustration below shows the components that make up the AutoText Editor window.

AutoText Properties	Toolbars Auto	Text Editor
Nuance PowerScribe One		
<u>File Edit View Insert Format To</u>	s <u>S</u> peech <u>H</u> elp	
🔄 Close 🗋 🗋 📕 🞑 🖾 Fill-in	Merge 🔹 🖙 Categories 🥁 Polders 🐰 🐚 🎇 🖪 I	U Abe 🖧 📰 🚍 🗒 💥
•	Exam:OB 2a. BPD Measure (cm)	•
Owner: Tom Editor	CT scan of the abdomen Contrast with/w	ithout/both intravenous cont
Name: CT Abdomen	of Contrast Type:300/320/350 was admin	nistered.
Shortcut:		
Description:	Technique:	1
Type: Template	Standard departmental protocol was emp	oloved.
	,	
Folder:		
Private:	live	
Categorization		
Age Lower: Upper:	History:	1
Gender:	Reason For Study	1
Class:		
Default: None	Comparison:	1
None	Comparison	
CCH: Abdomen, CT		
Documentation:	<u> </u>	
AutoText Manager		
Browse		elder Section _ Exam:
	Chest 2 view Radiography, Chest, Heart	CT scan of ti
Owner: CCH 🗸	E S E Q Chest PA and Angiography Abdomen, A	intravenous d
and the second sec		have distantly sense. I for a sense determined

AutoText Manager

# **AutoText Properties**

### Name

Enter a name for the AutoText in this field.

### Shortcut

You can assign a *shortcut* to an AutoText. A shortcut is a keystroke sequence you assign to an AutoText. For example, you might type the shortcut **ncx** for a normal chest x-ray AutoText. When you begin to type in the report editor, and enough text is typed to uniquely identify a single AutoText shortcut, the name and content of the AutoText appear. You can then press **Enter** to insert the AutoText, or backspace until the text you typed is removed.

Nuance Pow	erScribe C	)ne			
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Owner:	Tom Editor	r			E: C
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Age Lower:		Upper:			H
Gender:				-	R
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Default:	None			-	C
CCH: Abdo	men, CT				М
Document	ation:				F
. AutoText A	lannar	مەرىمەر. سەر	1 march		

# AutoText Manager

Use the AutoText Manager, located in the lower half of the AutoText Editor, to search for, select, and preview AutoText.

### Browse

This section filters which AutoText appear in the results grid. You can filter results by name, a word or phrase within an AutoText, anatomy, modality, procedure, or folder.

Use the **Reset Filters** button to clear all filters.

The **Browse** button refreshes the results grid based on the specified filters.

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itoText N	lanager	
Browse	3	۲
Owner:	Editor, Tom 👻	
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Name:		
Text:		1
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Type:	All	
Modality:	All	
· · · ·		
Anatomy:	All	
Procedure:	All	
Folder:	All	
× Reset	Filters 💽 Browse	

### **Results Grid**

The following table describes the columns that appear in the Results Grid.

Column	Description
Site	Displays an icon showing whether the AutoText belongs to a single site or multiple sites, or if it is a personal AutoText.
Туре	Displays an icon showing whether the AutoText is a Template or a Macro.
Default	Displays an icon if the AutoText is acting as a default for the report.
Private	Displays a check mark icon if the AutoText has its <b>Private</b> check box selected in its definition.
Name	Name assigned to the AutoText
Modality	The Modality and Anatomy are inferred from the
Anatomy	procedure code(s) associated with the AutoText, and are available only if the site has categorized the procedure codes to their respective Modality and Anatomy.
Folder	Name of the folder to which the AutoText is assigned. This field is blank if the AutoText is not assigned to a folder.
Section	Name of the section to which the AutoText is assigned. This field is blank if the AutoText is not assigned to a section.

1	63	ò	 Ø	Name †	Modality	Anatomy	Folder	Section	
3	Ô			chest 2 view	Radiography,	Chest, Heart			
1	2			chest 2 view 1	Radiography,	Chest, Heart			=
1	3		9	Chest PA and	Angiography,	Abdomen, A			
4	Q			Chest: Two Vi	Radiography,	Chest, Heart			
1	Q			CT Abd/Pelvi	CT, Radiogra	Abdomen, P			
ł	8			CT Abdomen	СТ	Abdomen		Chest,	
1	0			CT Abdomen	Catheter Drai	Abdomen, C			
	8			CT Abdomen	Catheter Drai	Abdomen, C			
1	3			CT Abdomen					
4	0			CT Brain Com	СТ	Head			
1	0			CT Brain W/O	СТ	Head			
1	Ô.		 مسر	CT Cenvinal S	CT.	Central Spine.			

### **AutoText Preview**

The AutoText preview window displays the AutoText selected in the results list. An AutoText can be opened for editing in the main editor window by double clicking the desired AutoText in the results list or by clicking the **Open AutoText** button from the toolbar.

#### Exam:

CT scan of the abdomen with intravenous contrast, 150 cc of Omnipaque 300 was administered.

Technique: Standard departmental protocol was employed.

History:

### **Cloning an AutoText**

The **Clone** function is a quick way to copy an AutoText and open it for additional editing.

*Note:* If you have the *Edit AutoText* administrative privilege on the system, and you modify an AutoText, you are changing that AutoText for *everyone*, not just yourself. To change an AutoText for you only as a provider, log in as a provider who does not have that administrative privilege.

#### To clone and AutoText:

- 1. From the AutoText Editor window, search for the AutoText that you want to clone.
- 2. Double-click the AutoText. If the AutoText is marked as **Default**, you are asked whether you want to retain that setting in the clone.
- 3. Make your changes to the AutoText.

**Note:** When cloning your own AutoText, you must change the name of the cloned AutoText. The name is automatically selected after using the **Clone** command, allowing you to rename it. In addition, if your original AutoText contained a shortcut, you will have to rename the shortcut as well.

4. When finished, click Save to save your cloned AutoText.

## AutoText with Merge Fields

*Merge fields* contain provider and patient information from your facility's database. When you insert an AutoText that contains a merge field, the system looks at the database and populates the field automatically (assuming the information requested exists in the database; otherwise the field remains blank).

#### To place a merge field in your AutoText:

- 1. Place your cursor at the location in your AutoText in which you want the merge field to appear.
- 2. Click the Merge drop-down list.
- 3. Click the merge field you want to insert.
- 4. Repeat for any other merge fields you want to add.

Nuance PowerScribe One							
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# **Facility-Specific Features**

Not everyone has the same set of training requirements. This section shows some additional features commonly used by editors.

# Adding Information to a Report

In addition to typing information into a report, there are many other types of information which you can add.

- Diagnosis Codes
- Custom Fields
- Notes
- Attachments

### Adding Diagnosis Codes to a Report

If your facility is configured to use diagnosis codes, you can use the **Diagnosis Codes** dialog box to associate codes with the order(s) in your report.

#### To insert diagnosis codes into your report:

 In the Report Editor window, select Properties from the navigation panel and click the Insert Diagnosis Codes link (or click Insert > Diagnosis Codes from the menu bar). The Diagnosis Codes dialog box opens.

Diagnosis Codes	? ×
Report Information Patient: AARON AARON Procedures: CT ABDOMEN/PELVIS P-2045 STUDY	Accession: 41238181
Available Codes Search and select ICD-10 codes from the list below.	
Restrict to exam codes	Search
ICD-10 Code † Description	
<	•
Selected Codes	
	Clear
	OK Cancel

2. In the **Available Codes** section, type the diagnosis code you want to associate with your report. (If you don't know the entire code, type the first few numbers of the code, or a word from the description.)



*Note:* To show only those codes that match the procedure, select the **Restrict to exam** codes check box.

Ĩ	Available Codes	والواحظ فالمحول ومنتع مدمني بالجمه ومساور بالتعاص ويدا	,	
	Search and select ICD-10 codes	from the list below.		
	Restrict to exam codes	carotid		Search
U	attactor a shift and a summer		and a second	Survey and and

3. Click Search. The code or codes you searched for appear in the list.

ICD-10 Code	†	Description
194.5		MALIGNANT NEOPLASM OF CAROTID BODY
227.5		BENIGN NEOPLASM OF CAROTID BODY
337.01		CAROTID SINUS SYNDROME
433.1		OCCLUSION AND STENOSIS OF CAROTID ARTERY WITHOUT CEREBRA
433.10		OCCLUSION AND STENOSIS OF CAROTID ARTERY WITHOUT CEREBRA
433.11		OCCLUSION AND STENOSIS OF CAROTID ARTERY WITH CEREBRAL INI
443.21		DISSECTION OF CAROTID ARTERY

4. Select the check box next to each code you want to associate with your report. The codes appear in the **Selected Codes** list.

900.00	INJURY TO CAROTID ARTE	ERY UNSPECIFIED				
900.01	INJURY TO COMMON CARC	DTID ARTERY				
900.02	INJURY TO EXTERNAL CAP	ROTID ARTERY				
900.03	INJURY TO INTERNAL CAR	OTID ARTERY	-			
			Þ			
Selected Codes 900.0, 900.01, 900.02, 900.03						
		ОК С	ancel			

5. When finished, click **OK**. The codes you selected appear in the **Diagnosis Codes** section of the **Properties** list (see illustration at right).

### Adding a Custom Field to a Report

- *Tip:* For more information, see Custom Fields and Merge Fields, beginning on page 229.

*Custom fields* are sets of metadata for an order (such as measurements, radiation dosage, and so on) that administrators can customize for each site.

Custom fields can be:

- Populated by technologists on unreported orders, by administrators, or by radiologists during reporting.
- Defined as free-text or pick lists, and marked as required, in which case the radiologist is forced to give them a value before signing the report.
- Used as merge fields in AutoText.

Properties Tracy Alba Attending: Editor: Tom Editor Status: Draft STAT: Diagnosis Codes 900.0 - INJURY TO CAROTID ART.. 900.00 - INJURY TO CAROTID AR ... 900.01 - INJURY TO COMMON CA ... 900.02 - INJURY TO EXTERNAL C ... 900.03 - INJURY TO INTERNAL C ... Insert Contributors... Insert Diagnosis Codes... Insert Custom Fields...

In addition, custom fields can be associated with one or more procedure codes by an administrator. In this case custom fields are presented only for orders with matching procedures.

#### To insert custom fields into your report:

 In the Report Editor window, select Properties from the navigation panel and click the Insert Custom Fields link (or click Insert > Custom Fields from the menu bar). The Custom Fields dialog box opens.

Cu	ustom Fields						
	Report Information Patient: Samuel A Sung Procedures: Left FOOT MIN 3 VIEWS	Accession: 987456225					
	Custom Field	Value					
	Dose 1. DLP(body) mGy-cm		*				
	Dose 2. CTDIvol (body) mGy						
	Dose 3. SSDE mGy						
	Dose 4. ICRP 103 mSv						
	Film ID/Clerical		=				
	Flag for Follow-up						
	Interesting Case	Neoplasm					
	Study Appropriateness	7 (High Utility)					
	Study Appropriateness Alternate						
	Technical Quality		-				
		OK Cance					

- 2. Click the **Value** column to assign a value to the custom fields. Some custom fields are set up with drop-down lists, while others require that you type in a value.
  - Note: You do not have to select values for all of the custom fields; only for the fields that pertain to your report. In the above example illustration, only the Interesting Case and Study Appropriateness fields would appear in the Custom Fields section.
- 3. When finished populating the custom fields for your report, click **OK**. The selected custom fields appear in **Custom Fields** section of **Properties**.

### Adding a Note to a Report

Click the **Notes** button to display any notes that have been created for the current patient or report. You can insert a note by going through the menu bar, **Insert > Notes**, or by right clicking in the **Notes** pane and selecting **Create New**. A note can be associated with the patient or with the report.



*Note:* By default, a note is associated with the current report only. Select **Patient Note** to associate the note with all reports for this patient. An example of when to use **Patient Note** might be when the patient has a specific drug allergy.

#### To open the Report Note dialog box:

• In the **Report Editor** window, select **Notes** from the navigation panel and click the **Insert Note** link (or click **Insert > Note** from the menu bar). The **Report Note** dialog box opens.

#### To insert a note into your report:

1. Type your text in the **Report Note** text box.

Repor	t Note	? ×
	Recommend follow-u	p visit in three months.
[	Patient note	Switch to an audio note OK Cancel

- 2. If you want to associate your note with the patient, select the **Patient note** check box. Otherwise the note is associated with the report itself.
- 3. When finished, click **OK**. The note appears in the **Notes** list with your name, the date and time you added the note, and the text of your note.

### Adding an Attachment to a Report

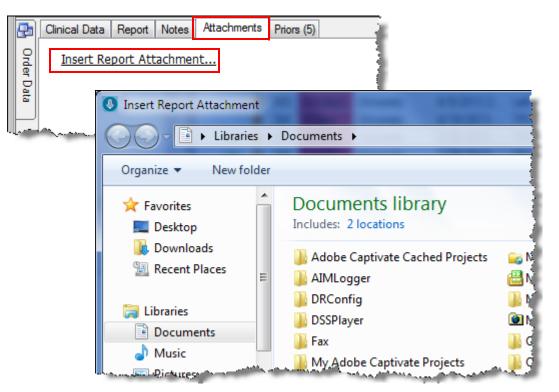
There are actually two locations from which you can add an attachment to a report:

- From the Explorer window Attachments tab, shown below, or
- From the **Report Editor** window **Attachments** navigation button.

#### To insert an attachment from the Explorer window:

1. From the **Explorer** window, select a report.

2. Click the Attachments tab.



- 3. Click the **Insert Report Attachment** link and browse for the file that you want to attach.
- 4. Click **OK** to insert the attachment. The attachment file appears on the **Attachments** tab.
- 5. To view your attachment, double-click it or right-click and select **Open**.
- 6. If you want to attach another image or document, click **Insert Report Attachment** again.

### **Find Reports with Quick Search**

**Note:** If you do not see the Quick Search section on your screen, your system administrator has disabled this feature.

In addition to with **Worklists**, **My Reports**, and **Browse**, you can also search for orders and reports using **Quick Search**. Use this section to search for orders or reports based upon **Single Accession**, **Multiple Accessions**, **MRN**, or **Patient Last Name**.

Quick Sea	arch		۲
Site: Look for:	All Single Accession		•
th123	Single Accession		Search
01220		-	Jeanen

#### To search for an order or report using Quick Search:

- 1. Select a site from the **Site** drop-down list, which lists all the sites in which you have an active role. (The **Site** drop-down does not appear if you have an active role in only one site, or if your organization does not use multiple sites.)
- 2. In the Look for drop-down list, select either Single Accession, Multiple Accessions, MRN, or Patient Last Name.



*Note:* You can search for multiple accessions by entering each accession number on a separate line; after each accession number, press *Enter*.

- In the text entry area, type the data to find. You can use the asterisk (\*) or the percentage sign (%) as wild-card search characters if you do not know the exact name or number. For example, enter Smi\* to look for all patients whose last name begins with those letters.
- 4. Click the **Search** button. The Search Results Table lists all reports that match the search criteria you specified.

#### **Tips for Quick Search**

• Quick Search by accession number is more efficient if the site uses a fixed number of characters for its accession numbers. In this scenario, the search is executed automatically when the proper number of characters is entered. In any case, if one or more orders are found when searching by accession, they are automatically opened for reporting, as long as the user has the proper rights. On the other hand, if the specified accession is not found, you can create a temporary order with that accession number.

# **Changing Your Preferences**

To help tailor the system to your needs, several of the settings in the *PowerScribe One* application can be modified.

To change your preferences, click **Tools > Preferences**. Refer to the following topics as a guide for modifying your preferences.

*Note: Many preferences do not apply to editors. Only the ones that apply to editors are listed and described in the following tables.* 

# **Changing Your General Preferences**

Click **Tools > Preferences**, click the plus sign (+) next to **Reporting**, and select **General**.

Preference	Description	Default
Highlight text on playback	If selected, the text you hear during audio playback is highlighted. If not selected, the text is underlined.	Yes
Warn on application exit	If selected, the application displays a warning dialog box when the user attempts to exit the application.	No
	<ul> <li>Controls the behavior of the cursor when inserting an AutoText:</li> <li>End of AutoText: The cursor automatically mayas to the and of the cursor</li> </ul>	
Move cursor on AutoText insert	<ul> <li>automatically moves to the end of the inserted AutoText.</li> <li>First Empty Field: The cursor automatically moves to the first blank fill-in field.</li> </ul>	End of AutoText
	• <b>First Field</b> : The cursor automatically moves to the first fill-in field, regardless of whether it is blank or contains default text.	

# **Changing Your Fonts and Colors Preferences**

Click **Tools > Preferences**, click the plus sign (+) next to **Reporting**, and select **Fonts and Colors**.

Preference	Description	Default
Default font face	Allows you to select the type of font to use in your reports (for example, Arial, Times New Roman, and so on).	Arial
Default font size	Allows you to select the size of your selected font (in points).	12
<b>Restore defaults</b> button	Returns the font preferences to their default system settings	N/A
	When selected, allows you to customize the colors used for the various types of text in your reports:	
	• Select colors for Plain Text, Dictated Text, AutoText Text, Field Highlight, Merge Field Text, and Hyperlink Text	
Enable custom colors	• Select the color for highlighting text as it is played back (if you selected the <b>Highlight Text on Playback</b> preference)	Not selected
	<ul> <li>Select colors for the Normal Background (when you are not dictating) and the Dictation Background</li> </ul>	
Apply custom colors to entire application	When selected, applies the colors you selected in <b>Enable Custom Colors</b> to additional windows in the application.	Not selected

# **Changing Your Dictation Preferences**

Click **Tools > Preferences**, and select **Dictation**.

Preference	Description	Default
Use PC speaker for sound alerts	If selected, audible tones are reproduced using the speaker in your computer.	Yes

## **Changing Your Workflow Preferences**

Click **Tools > Preferences**, and select **Workflow**.

Preference	Description	Default
SI2NOII	If selected, the spelling checker automatically runs before signing the report.	Yes

## **Changing Your Foot Pedal Preferences**

Click **Tools > Preferences**, and select **Foot Pedal**.



*Note:* If you do not have a foot pedal connected to your computer, this section does not appear.

#### **Default Settings for Each Foot Pedal Button**

Button	Default Setting
Left	Fast Forward
Center	Toggle Play on/off
Right	Rewind

Refer to *Optional Settings for the Foot Pedal Buttons* beginning on page 102 for a table of all possible settings for each foot pedal button.