Dictation Templates for Surgical Learning and Improved Operative Reporting

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INTRODUCTION
- Precise operative reporting is important to patient care, accuracy in billing, and trainee education
- Operative reports are primarily a method of conveying information, but are prone to inaccurate transcription, incomplete information, and delayed completion
- These factors hamper the quality of the medical record, billing, and teaching
- Prior studies have demonstrated that dictation templates decrease rates of inaccuracies, insufficient documentation, and delayed completion of reports

STUDY OBJECTIVE
- Determine common surgical procedures in Urogynecology
- Identify universal template and dictation phrases to improve understanding and readability
- Compile "Dictation Manual" for Urogynecology Division
- Distribute information to division and residents for use in dot-phrases

RESULTS

SAMPLE DICTATION

8. Retropubic Midurethral Sling

DATE OF PROCEDURE:

PREOPERATIVE DIAGNOSIS:
1. Urinary Incontinence

POSTOPERATIVE DIAGNOSIS:
1. Urinary Incontinence

PROCEDURE PERFORMED:
1. Neurac mesh slings
2. Retropubic anterior dissection
3. Consultation

ATTENDING SURGEONS:

ASSISTANTS:

OPERATIVE FINDINGS:
360-degree survey of the bladder was performed revealing no tear in the bladder, urethra or vagina.

ANESTHESIA:

ESTIMATED BLOOD LOSS:

URINE OUTPUT:

INTRAVENOUS FLUIDS:

TIMEOUT:
Operative procedure was performed at the beginning of the operation, finalized at the end of the operation and all present were in agreement.

COHORT:
Sprayable and needle-based cases were not included.

SPECIMENS:

DIAPHRAGM:
Bxeram Scientific Advantages Rex. Cather Denray Blue Line 6

MERCIERATIONS:
None.

COMPLICATIONS:
None.

BRAINPACKING:
Stable, no additional procedures required.

INDICATIONS FOR PROCEDURE:
Patient is a 60-year-old woman who has had recurrent incontinence. Decision was made to proceed with midurethral sling. Specific sites of mesh were checked, and included the mesh is permanent. Difficulty of removal if needed is adequately addressed. Postop course is uneventful.

PROCEDURE IN DETAIL:
The patient was taken for the operating room and general anesthesia was induced without difficulty. She was prepped and draped in the standard sterile fashion in high fluid loss. Intraoperative portion of the mesh was placed and fixed in the bladder neck. Cuff was taken to ensure there was appropriate positioning and that the knots were not hyperextended or overstretched. Perioperative monitoring was normal and patient was transferred to the recovery room.

CONCLUSION
- Standardization of universal components of operative reports may improve:
  - Compliance with billing
  - Accuracy of reporting
  - Provider efficiency
  - Time to completion of dictated reports
  - Trainee learning experience

METHODS
- 12 month review of all Urogynecologic surgeries completed
- 23 common procedures identified
- Standardized blank template created
- Detailed dictation of each procedure completed
- Attending affirmation included to avoid deficiencies in billing
- An index of procedural add-ons created to add additional procedures as needed
- Dictation manual distributed to entire division and on-service resident physicians

REFERENCES

ACKNOWLEDGMENTS
I would like to thank Dr. Gena Dunivan, Dr. Peter Jeppson, Dr. Cara Ninivaggio, and Dr. Yuko Komesu for allowing me to use their excellent operative reports to form a basis for this dictation manual.

SUMMARY
- Errors in transcription and incomplete dictations commonly affect operative reports at UNM
- Standard, structured dictation templates can improve accuracy in reporting, billing and conveying knowledge to trainees
- Templates are easily copied into PowerChart and can be customized to a surgeon’s usual practice
- The Urogynecology dictation manual is now available for use