

Healthcare Documentation and Transcription Practicum

Course Information

Total Credits: 2 credits

Description

A minimum of 100 transcription/editing hours in an externship or simulated professional practice setting using clinician-generated documents, including a balanced variety of specialties, report types, and account specifics.

Competencies

1. Students will apply correct English usage and the rules of proper grammar, punctuation, and style, and will use correct spelling and logical sentence structure.
2. Students will evaluate the reliability of English and medical grammar and style references, as well as references for research and practice, and will apply information from selected references.
3. Students will apply correct medical style as defined by authorities such as AHDI's The Book of Style and/or the AMA Manual of Style, especially rules that specifically apply to medical transcription/editing.
4. Student will differentiate among common drug classes, forms, dosages, and routes of administration.
5. Students will identify and analyze current trends and advancements in medicine.
6. Students will apply correct ergonomic habits.
7. Students will meet progressively demanding medical transcription/editing accuracy and productivity standards.
8. Students will accurately transcribe/edit a minimum of 600 minutes (equivalent to 10 hours) of authentic clinician-generated documentation in an externship or simulated professional practice setting.
9. Students will appraise, and articulate an awareness of, the value of continuing education and professional credentials relevant to healthcare documentation practice.
10. Students will analyze their errors and devise corrective strategies.
11. Students will understand general documentation concepts related to optimizing reimbursement.

Objectives

1. Accurately transcribe and/or edit authentic clinician-generated documents representing various specialties, report types, and account specifics.
2. Use language skills and technology to appropriately edit, revise, and clarify while transcribing/editing dictation, without altering the meaning of the dictation.
3. Apply medicolegal concepts as they relate to healthcare documentation.
4. Meet accuracy and productivity standards.
5. Practice professional behavior and ethical conduct.
6. Identify and use appropriate references and resources.
7. Identify elements in healthcare documentation practice that affect reimbursement (e.g. completeness, timeliness).