



ShadowScribe II

MT Training

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Objectives



- ❑ Know what ShadowScribe is
- ❑ Be familiar with the SS II editor
- ❑ Know the two modes of the editor
- ❑ Know the tools for typing jobs
- ❑ Know the tools for editing jobs

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After this presentation, you should KNOW...

Before we get started...



Requirements

- Must have beta version of InScribe
- Windows Vista or higher with IE 9 or higher
- Recommend: Windows 7 with IE 10
- Emdat has to enable editor

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Before we get started...



Where to find supporting materials

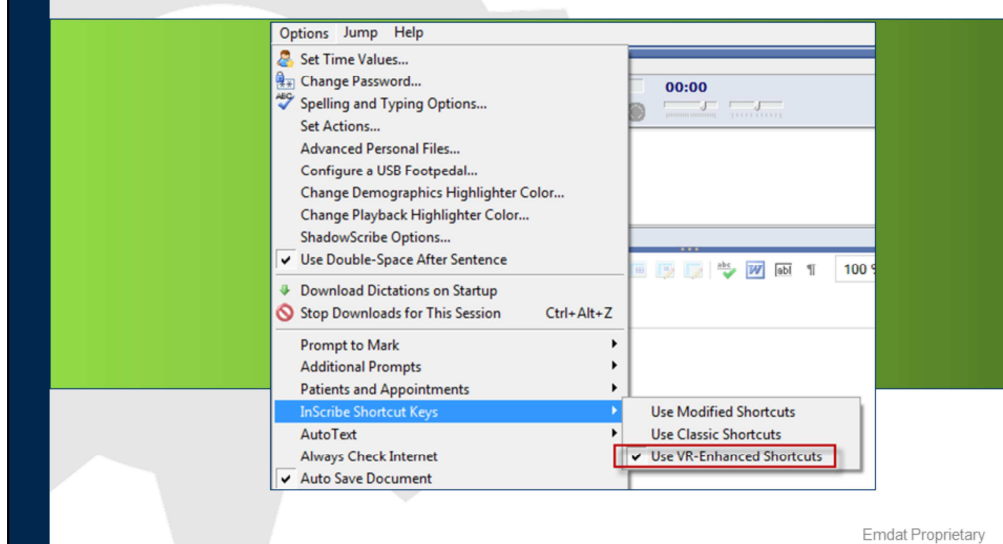
- Our Software Site
- www.emdat.com/software/inscribe.asp

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Before we get started...



Make sure your Shortcut Keys are set



Note: These shortcuts are recommended for optimal editing experience and are the preferred method to use. From this point everything referenced in this presentation will refer to these shortcuts. If you prefer a different set of shortcuts you can use them while editing but they will not be referred to in this presentation.

Before we get started...



Login with SSTRAN0 – 9

Example:

Username: SSTRAIN0

Password: SSTRAIN0

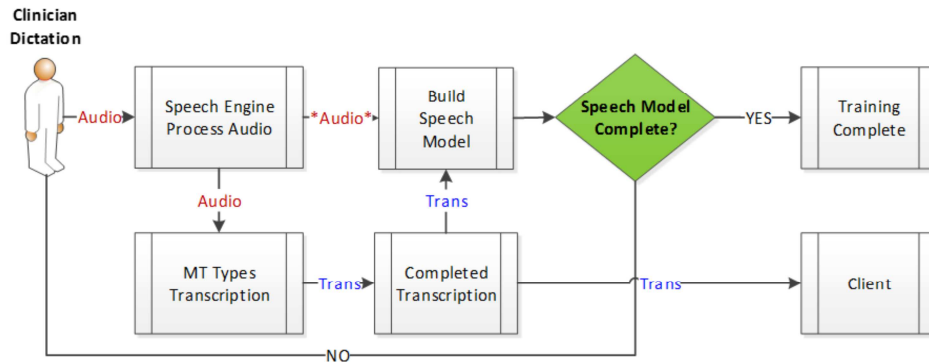
Company: EDEMO

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How Does it Work?



Clinician Training and Transcription Workflow



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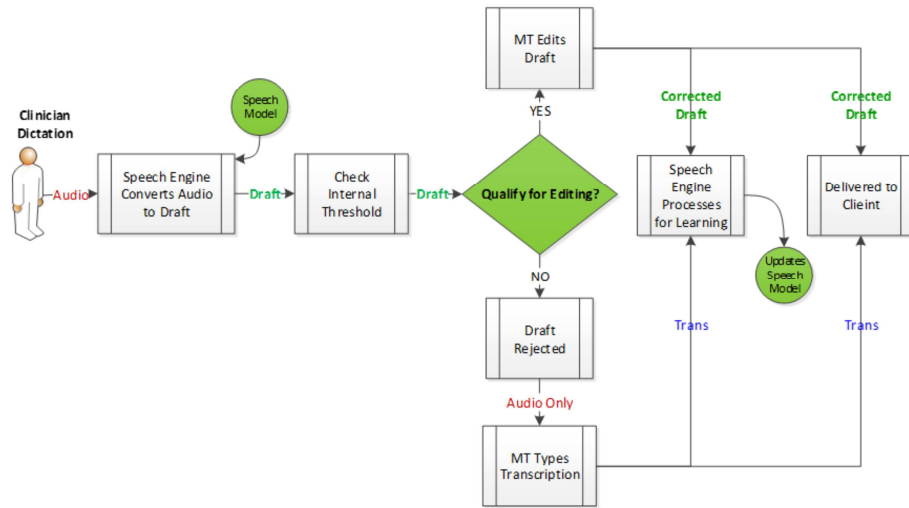
Avg about 50 processed jobs and 90 minutes of audio to get a complete model.
Note: this is per work type.

Completed Model doesn't guarantee drafts. ASR has to assess if quality meets internal threshold.

How Does it Work?



Clinician Draft and Editing Workflow



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Keep in mind not all clinician drafts will improve at the same rate some will improve faster than others, or some may only improve to a certain extent.

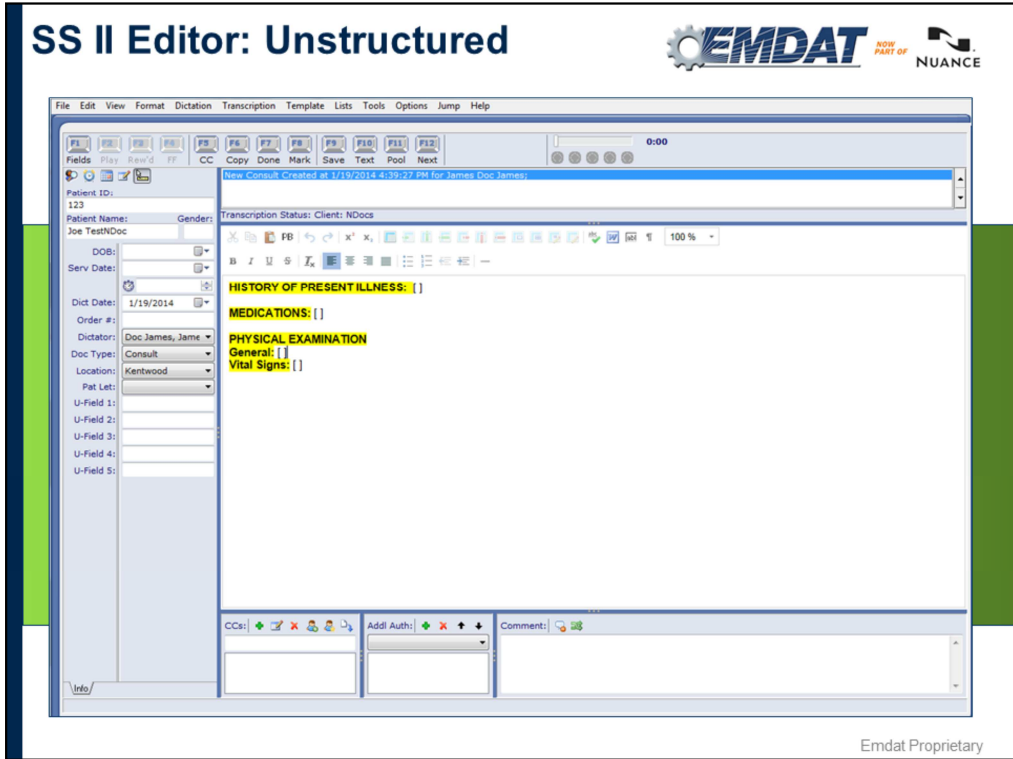
Rate of improvement depends on factors such as sound quality of the audio file, sound quality of the speaking environment, clinician dictation habits, and consistency of MTE edits.

The new SS II Editor

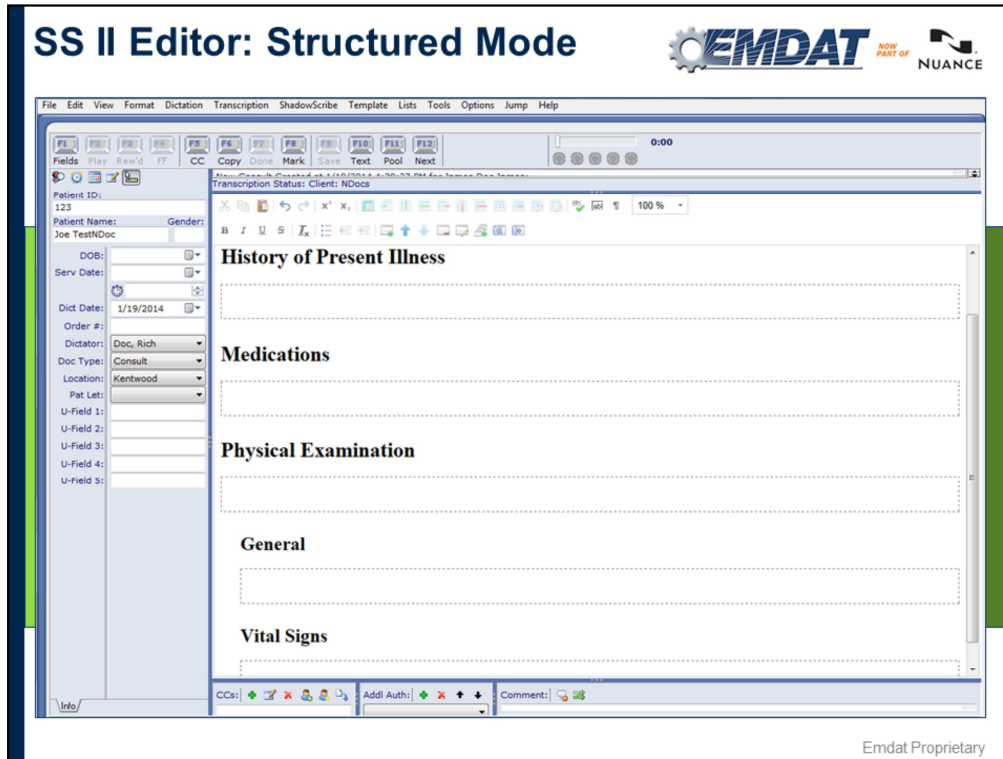


- Different from traditional InScribe Editor
- Operates in two modes: Structured & Unstructured
- Used for typing and editing
- Once enabled, editor you use going forward

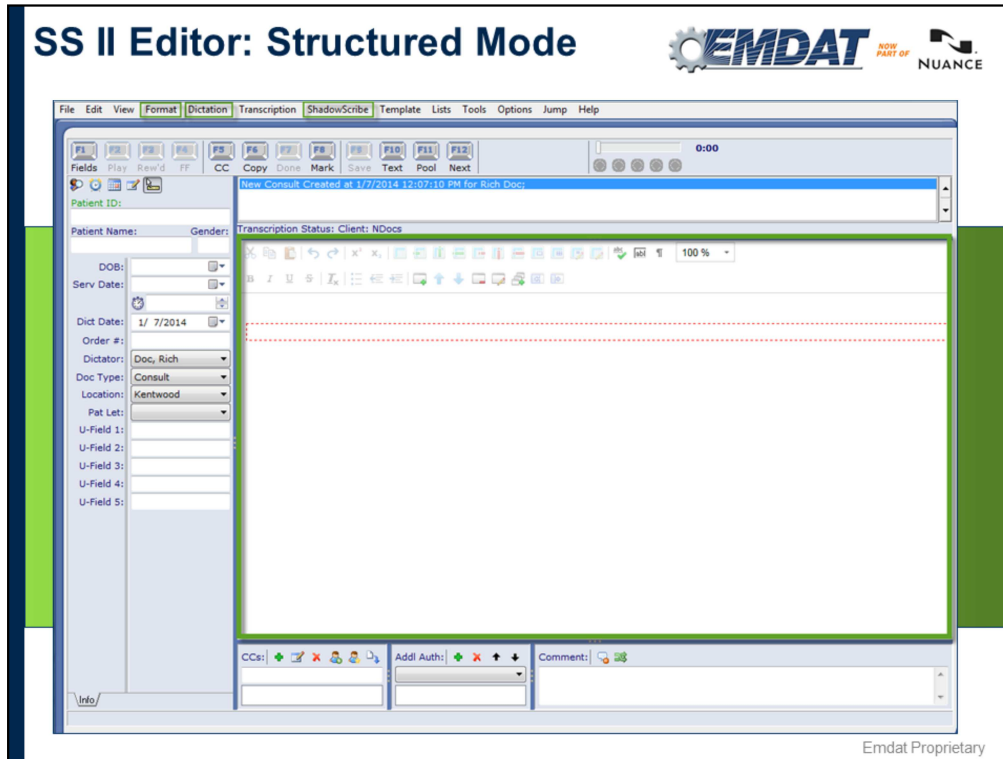
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- Unstructured – similar to traditional InScribe editor.
- Used to type non-structured clients in the traditional way.





- Structured – mainly used in ShadowScribe, can be used to interface with EMRs at the section level.
- More efficient for working on ShadowScribe ASR.
- Allows for more standardized look and feel of document for client.
- Since you're editing, this is the editor we'll talk about from this point forward.



- ShadowScribe Menu
 - Contains functions related to the editor in structured mode.
- What you see is NOT what you get
 - The editor takes care of many formatting tasks automatically. E.g. applying formatting to section titles, numbered lists, text placement.

Changes to InScribe ShadowScribe Menus

ShadowScribe | Template | Lists | Tools | Options | Jump | Help

- Add Section at Cursor Ctrl+N
- Add Sub-Section to Current Section at Cursor Shift+Ctrl+N
- Remove Current Section (Merge with Prior Section) Shift+Ctrl+\
- Delete Current Section and Contents Ctrl+Alt+\
- Edit Section Name Ctrl+F6
- Promote Sub-Section to Section Ctrl+,
- Demote Section to Sub-Section Ctrl+.,
- Move Section Up Ctrl+Alt+,
- Move Section Down Ctrl+Alt+.,
- Move Section and Its Subsections Up Shift+Alt+,
- Move Section and Its Subsections Down Shift+Alt+.,
- Scroll to Top Ctrl+Alt+Home
- Scroll to Bottom Ctrl+Alt+End

Format | Dictation | Transcription | ShadowScribe

- B** Bold Shift+Ctrl+B
- I* Italic Shift+Ctrl+I
- U Underline Shift+Ctrl+U
- ABC Strike Through
- x² Superscript
- x₂ Subscript
- ↔ Toggle Case Ctrl+U
- Table
- Insert Numbered (Ordered) List
- Insert Bulleted (Unordered) List Ctrl+L
- Insert Horizontal Line
- Left Justify Ctrl+Alt+L
- Right Justify Ctrl+Alt+R
- Center Ctrl+Alt+C
- Full Justify Ctrl+Alt+F
- Indent Ctrl+M
- Outdent Shift+Ctrl+M

Dictation | Transcription | ShadowScribe | Template

- ▶ Play from Beginning Ctrl+F5
- ▶ Play/Pause Dictation Shift+Ctrl+X
- ▶ Rewind Shift+Ctrl+C
- ▶ Fast Forward Shift+Ctrl+V
- ▶ Toggle Correction Playback Shift+Ctrl+R
- Decrease Playback Rate Ctrl+E
- Increase Playback Rate Ctrl+T
- Set Playback Rate to Normal Ctrl+R
- ▶ Mark Index
- ▶ Jump to Index Shift+Ctrl+J
- ▶ Clear Index Shift+Ctrl+K
- ▶ Insert Time Ctrl+Alt+T
- ▶ Attach Edit Cursor to Voice Cursor Ctrl+Space
- ▶ Move Voice to Cursor Shift+Ctrl+Space

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We'll go into these options in more detail throughout the presentation.



Transcribing in ShadowScribe II Editor

Structured Parts of Editor



Content box and typing text

Sections

- Adding, removing, and changing section title names
- Moving between sections
- Promoting & demoting sections

Lists

- Adding & Removing lists
- Indenting lists

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Sections

Parts of a Section Heading:

The screenshot displays the EMDAT software interface for editing a section heading. At the top, there is a toolbar with various icons and a zoom level of 100%. Below the toolbar, a dashed red line separates the main content area from the section properties dialog. Callout 1 points to the content box and transcription area. Callout 2 points to the section properties dialog, which is a window titled 'Section Properties' containing a list of section/subsection heading options and a 'Code' field. Callout 3 points to the section/subsection heading list.

1 Content box and transcription area

2 Section properties dialog

3 Section/subsection heading list

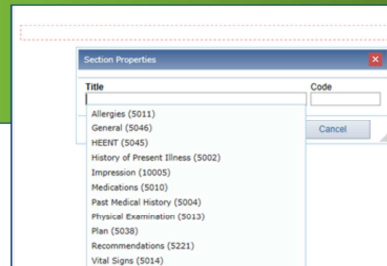
Title	Code
Allergies (5011)	
General (5046)	
HEENT (5045)	
History of Present Illness (5002)	
Impression (10005)	
Medications (5010)	
Past Medical History (5004)	
Physical Examination (5013)	
Plan (5038)	
Recommendations (5221)	
Vital Signs (5014)	

Sections



Adding:

1. Place your cursor where you want to add the section
2. Use **CTRL+N** to make the heading list appear
3. Select an item by starting to type the first few letters of the heading
4. Hit the **ENTER** key to insert the section and move cursor to content area



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Subsections Adding and Removing



Adding:

1. Place your cursor where you want to add the subsection
2. Use **SHIFT+CTRL+N** to open the Section Properties
3. Select an item from the list or search by typing the first few letters of the heading
4. Hit the **ENTER** key to insert the subsection and move the cursor to the content area

History of Present Illness

This is a 41-year-old female who had been having one and off chest pain for the past 6 months. It was the back wehere no particular or precipitating or alleviating factor and it occlurs somewhat infrequently

Physical Examination

General ← Subsections always appear indented

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Notice Subsections appear indented

Subsections Adding and Removing



Adding another subsection:

1. Place your cursor where you want to add the subsection
2. Use **CTRL+N** (Not **SHIFT+CTRL+N**) to make the heading list appear
3. Select an item by starting to type the first few letters of the heading
4. Hit the **ENTER** key to insert the subsection and move cursor to content area

History of Present Illness <small>This is a 41-year-old female who had been having one and off chest pain for the past 6 months. It was substernal in location, radiated to the back wehere no particular lor precipitating or alleviating factor and it occ'lurs somewhat infrequently.</small>
Physical Examination
General
HEENT

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Remember use CTRL+N, not Shift+CTRL+N. Shift+CTRL+N will create another subsection level. In this case you've already created a new subsection, now you just need to use CTRL+N to keep adding section titles.

Sections and Subsections



Removing:

There are three options to remove sections/subsections

- **Remove Current Section (Merge with Prior Section)**
 - Removes the content box the cursor was in and merges the text from the box with the prior section
- **Delete Current Section and Contents**
 - Deletes the content box that the cursor was in and all text within it
- **Remove Content After Cursor**
 - Deletes all sections and text that appear after the cursor

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Sections and Subsections



Removing:

1. Place cursor in the section or subsection to remove
2. Use **SHIFT+CTRL+** to convert section into text
3. Highlight the section with **SHIFT+END** and tap the **DELETE** key

History of Present Illness

This is a 41-year-old female who had been having one and off chest pain for the past 6 months. It was the back wehere no particular lor precipitating or alleviating factor and it occurs somewhat infrequently.

History of Present Illness

This is a 41-year-old female who had been having one and off chest pain for the past 6 months. It was the back wehere no particular lor precipitating or alleviating factor and it occurs somewhat infrequently.

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Sections and Subsections



Remove Current Section (Merge with Prior Section):

1. Place cursor in the section or subsection to be merged
2. Use **SHIFT+CTRL+** or choose option from ShadowScribe menu or click toolbar button
3. The content box is removed and all text, including the section header, will appear at the end of the prior section

Social History

The patient lives at home with his family is not currently working.

Habits

He denies smoking, drinking, or illicit use of drugs.

Social History

The patient lives at home with his family is not currently working.

Habits

He denies smoking, drinking, or illicit use of drugs.

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Use this when text is misrecognized as a section. In the example above, Habits was recognized as a section. Place your cursor in the Habits box and use **SHIFT+CTRL+** to convert Habits into plain text and merge with the prior section.

Sections and Subsections



Delete Current Section and Contents:

1. Place cursor in the section or subsection to remove
2. Use **CTRL + Alt + ** or choose the option from the ShadowScribe menu or press the toolbar button to remove the section and all included text

Social History
The patient lives at home with his family is not currently working.

Habits
He has cardiac on the foot plain

Social History
The patient lives at home with his family is not currently working.

Family History
Negative for renal disease.

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Use CTRL+ALT+\ when you need to delete the entire section title and the content. This can be used when you have a section that was misrecognized as well as the content. In the example above, Habits was misrecognized and it's content box has text that doesn't belong using CTRL+ALT+\ quickly removes that section and text.

Sections and Subsections



Remove Content After Cursor:

1. Place cursor just prior to any text and sections/subsections you want to remove
2. Press **Shift + Ctrl + Delete** or choose the option from the Edit menu
3. All text and sections/subsections after the cursor will be removed

Family History

Negative for renal disease. |

Physical Examination

General

Patient is awake, alert, in no distress. |

Vital Signs

Blood pressure 129/72, heart rate 82, respiratory rate 16. He had n |

Family History

Negative for renal disease. |

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Use Shift+Ctrl+Delete to remove EVERYTHING to the right of the cursor, including the titles and content.

Sections and Subsections



Promoting Subsection:

1. Place cursor in content box to promote
2. Use **CTRL +** , to shift subsection to the next higher level.

History of Present Illness

This is a 41-year-old female who had been having one and off chest pain for the past 6 months. It was sub to the back wehere no particular lor precipitating or alleviating factor and it occlurs somewhat infrequently.

Physical Examination

General

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Note: you are only limited to shifting the section up one level.

Sections and Subsections



Demoting Section:

1. Place cursor in content box to demote
2. Use **CTRL + .** to shift section to the next lower level.

History of Present Illness

This is a 41-year-old female who had been having one and off chest pain for the past 6 months. It was the back where no particular precipitating or alleviating factor and it occurs somewhat infrequently.

Physical Examination

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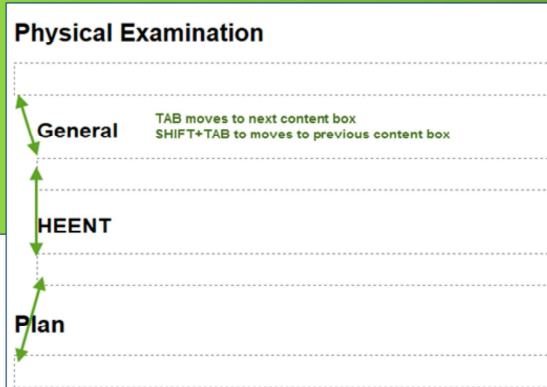
Note: you are only limited to shifting the section down one level.

Sections and Subsections



Navigating between content boxes:

1. Tab to navigate to the next content box.
2. Shift+Tab to navigate to the previous content box.



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Lists

Adding and Removing



Adding:

1. Place your cursor in the section or subsection
2. Use **CTRL+L** to add a list item

Allergies

- Amoxicillin
- Penicillin
- |

Remember: lists will always appear as bullets and will be properly formatted once the job is delivered to the client.

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Working with Lists Adding and Removing



Removing: two ways

1. Place the cursor on the item you wish to remove
2. Use **CTRL+L** to change the list item back to content and hit **DELETE**

OR

1. Select the list item to remove
2. Hit **BACKSPACE** twice

Allergies

- Amoxicillin
- Penicillin|
-

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Working with Lists Indenting and Unindenting



- ❑ Works similar to Microsoft Word
- ❑ Use **CTRL+M** to indent a level
- ❑ Use **SHIFT + CTRL + M** to unindent a level

Allergies

- Amoxicillin
 - Penicillin

Predefined Formatting Template



Reason For Consultation

- Initial history and physical
- Psychosis

History of Present Illness

A 39-year-old female patient with no prior psychiatric history who almost stopped her medication because she got into an argument with her son, although she does not have any suicidal ideation or homicidal ideation. She did say she heard voices telling him to hurt herself. She denies any history of depression, bipolar schizophrenia.

Past Medical History

None.

Past Surgical History

Status post cesarian section.

Medications

- Haldol as needed.
- Lorazepam as needed.
- Acetaminophen as needed.
- Maalox as needed.

Consult

Patient Name: Joe TestNDoc **Date of Service:** May 8, 2014
Patient ID: 123 **Date of Birth:** May 8, 2014
Clinician: Rich Doc

REASON FOR CONSULTATION:

- Initial history and physical
- Psychosis

HISTORY OF PRESENT ILLNESS: A 39-year-old female patient with no prior psychiatric history who was admitted due to recent episode of increased anxiety. According to the patient she has almost stopped her medication because she got into an argument with her son, although she does not have any suicidal ideation or homicidal ideation. She did say she heard voices telling him to hurt herself. She denies any history of depression, bipolar schizophrenia.

PAST MEDICAL HISTORY: None.

PAST SURGICAL HISTORY: Status post cesarian section.



MEDICATIONS:

- Haldol as needed.
- Lorazepam as needed.
- Acetaminophen as needed.
- Maalox as needed.

ALLERGIES: Erythromycin.

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What the MT sees in the editor is not what the client sees. Formatting is applied when the document is delivered to the client. Moves this type of clerical responsibility from the MT to the system. Allows MT to concentrate on medical language of the document.

Document and Dictation Templates  NOW PART OF 

Document Templates: two types

- Prebuilt**
- Build as you go**



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Prebuilt – when a doc type is selected the template downloads into editor automatically.

- Commonly used with section level integration.
- Also used when sections are required to be in the template even if clinician does not speak them.

Build as you go

- Add sections as doctor dictates them when typing from scratch.
- Adds titles as recognized and spoken when editing ShadowScribe. Less editing work to not have template if section titles are misrecognized and not merged.

Document and Dictation Templates  NOW PART OF 

Dictation template (normals aka macros) two types

- Structured**
- Unstructured**

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Structured has section titles and content box, loads as own content box and text to right of cursor. LOADS after CURRENT content box.

- Rendering/style sheet.
 - If need to make a style change to one template, can easily make it to all without editing them.
- Type to find for MTs saving time for adding sections

Unstructured – flat text loads within a content box

Transcribing in ShadowScribe II



Can I use AutoText? Yes.

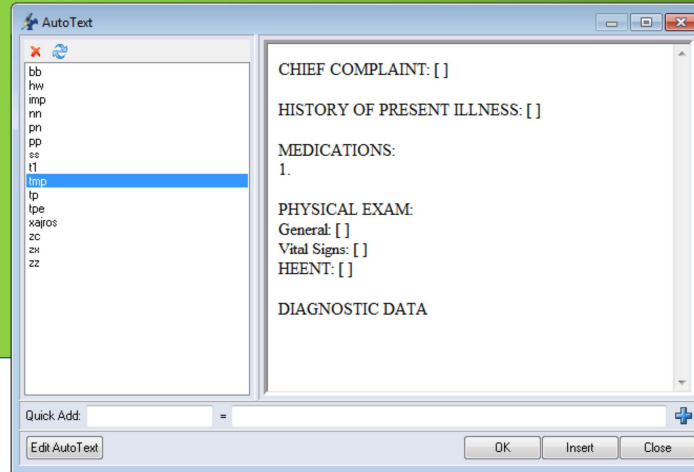
- Use simple AutoText.**
 - For words, phrases, simple paragraphs
- Do not use AutoText that expands into a template**

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Transcribing in ShadowScribe II



Example of AutoText not to use



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If used, this will not format properly when the predefined formatting template is applied. Do not use this type of AutoText.

Transcribing in ShadowScribe II



Can I use other word expander programs?

- Shorthand
- Instant Text *
- SpeedType

* Turn off AutoText, Auto-spacing, and Auto-capitalization in InScribe



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Yes, these work BUT...

They may have some minor glitches. Like pressing Ctrl+Z to undo capitalization after inserting a period, doesn't act the same as it does without the 3rd party expander.



Editing Drafts with ShadowScribe II

What the MT can expect  NOW PART OF 

- ❑ Career transition from typist to editor
 - Work will become more knowledge based with less clerical responsibilities
 - Work will consist of reviewing and editing instead of typing from scratch
 - Medical language expertise required to make technology successful
- ❑ Change in work environment
 - Less physical strain, especially in wrists
 - Entire transcription available at once
 - Reading, listening, and typing at the same time
- ❑ Increase efficiency over time
 - Productivity increases
 - TAT decreases

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Medical vocabularies increase: You see words instead of typing them. If you come to a word you don't understand use the context or use the word as a jumping point to lookup.

- Emphasis will shift from fast-paced typing to more rhythmic style of editing, less physical strain


- people don't realize typing is physically tiring

- Entire transcription available at once:

- not starting from scratch, easier to catch errors by seeing somebody else's work. 1st action is not to type, it's to use navigations keys. MTs are not going to type right away.

- With the automation of formatting and MT Editing proficiency you will see an increase in efficiency.

What can the MTE Expect?



Learn new editing techniques to improve efficiency

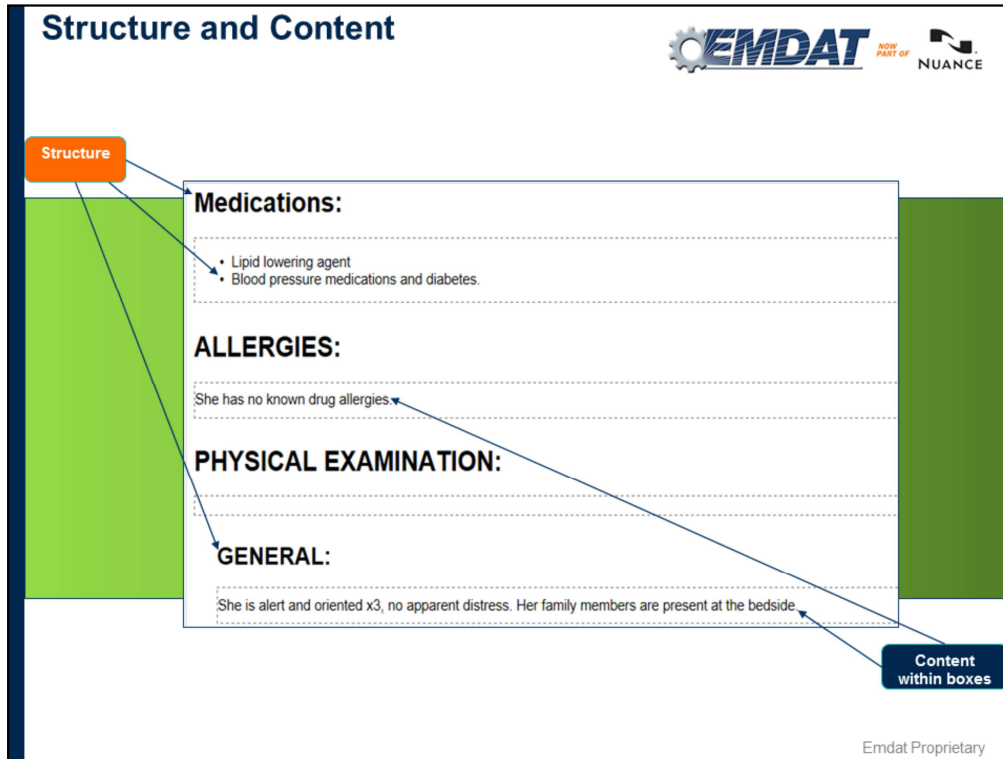
- Keyboard Shortcuts
- Editing in Playback
- Adjusting Playback Speed
- Using the Voice Cursor
- Best Practices
 - Power of Suggestion
 - Using Draft Output
 - Unnecessary Editing

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Power of Suggestion – assuming what you hear and read are the same when they are NOT.

Using Draft Output- With the completed draft you can review the document to “pre-edit”. Knowing what the clinician already said is a powerful tool.

Unnecessary Editing– making corrections to a draft which makes it more readable but has no effect on medical accuracy or meaning.



Structure

- Consists of section/subsection titles and bulleted lists.
- Formatted automatically via the predefined formatting template. Template setup ahead of time according to document requirements.
- Formatting applied when job is delivered or when MT does preview with template.

Content

- The text that belongs to the section or subsection falls within content boxes


Draft Parts

- ❑ Voice Cursor
- ❑ Structure, sections, subsections, lists
- ❑ Content within content boxes

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No Demographics. When ShadowScribe identifies any demographic header information, like patient name, date of birth, medical record number etc., it will not put it into the document. It will also NOT put this info into the patient demographics section. You'll still be responsible for this.

Keyboard Shortcuts



Improve Efficiency and Increase productivity

- Structural
- Navigation
- Editing
- Audio

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Keyboard Shortcuts are one of the keys to efficiency. Limits the use of the mouse. Try to replace the use of the mouse as much as possible and keep hands more on keyboard.

You may not realize how much using the mouse takes away from productivity. E.g. Grabbing mouse 10x / day adds up over time.

Tips

Don't learn all at once! Learn shortcuts week to week, take baby steps until you have it down.

Refer to the ShadowScribe II – Shortcut Guide (Enhanced). Found at <https://www.emdat.com/software/inscribe.asp>

Use Acronyms to help you remember keyboard shortcuts.

Don't forget your new home keys! Rest hands around arrow keys and alt shift, if you find an edit easier to navigate to.

Structural Shortcuts with Drafts

Structural and Lists



□ Structural

- Work with framework of document
 - Section titles, subsection titles, lists
- Add or remove framework parts of document
- Combine with Navigation and Editing Shortcuts
 - Use best practices for building efficiency

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We talked about these Shortcuts when typing from scratch. Now we're going to look at using them effectively when editing drafts.

Structural Shortcuts with Drafts



- ❑ **CTRL+N** Insert Section
- ❑ **CTRL+SHIFT+N** Insert Subsection
- ❑ **SHIFT+CTRL+** Merge section or subsection with prior
- ❑ **CTRL+ALT+** Delete content box and section title
- ❑ **SHIFT+CTRL+DEL** Remove everything in document after cursor
- ❑ **CTRL+ ,** Promote subsection to section
- ❑ **CTRL+ .** Demote section to subsection
- ❑ **CTRL+L** Add/Remove List
 - CTRL+M Indent List
 - SHIFT+CTRL+M Unindent List

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Review Header Scenarios:

Section not recognized as header

Highlight section, use Ctrl+N to make into section

Text recognized as header

Shift+Ctrl+), convert text into lower case with Ctrl+U, and move content

If section title is missing or hasn't been dictated and it's not part of the content E.g. Past Surgical History, just add it with Ctrl+N.

Note: when typing custom title in section properties box, if word is similar to what's in list, need to down arrow then hit enter



InScribe Demo – Lists Common List Scenarios

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Lists Scenarios: (Jump to Recommendations)

TIP...let's say you're reviewing a long string of text and all of the sudden the doctor says "Number two", but he never said #1. Right where he said #2, use CTRL+L, and that will automatically give you your bullet, then hit your ENTER key and that will make your second bullet and so on.

Whenever you need to create a list, there is NO NEED to go back to the beginning, to type your CTRL+L to get your list item, just use that wherever he says #2. This is a big time saver

Keyboard Shortcuts



□ Navigation

- Move efficiently through draft text
- Use to locate edits
- Reduce mouse usage

Editing requires more reading than typing. To edit efficiently, it's important to train the fingers to relax and rest on the navigational keys.

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Easiest to learn because they can be used in other applications like email and Word.

Helps you quickly navigate through draft to edit quickly.

Keyboard Shortcuts



Navigation

- **Tab and Shift+Tab** Move forward/back between content boxes
- **CTRL + ↑ or ↓** Move cursor up/down paragraph in content box
- **CTRL + → or ←** Move cursor right/left word in content box
- **HOME** Move to beginning of line
- **END** Move to end of line
- **CTRL + HOME** Move to top of content box
- **CTRL + END** Move to bottom of content box
- **CTRL + ALT + HOME** Move cursor to beginning of draft
- **CTRL + ALT + END** Move cursor to end of draft

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These keyboard shortcuts are meant to take the place of the mouse to increase efficiency. From now on, try not to use the mouse. Even if it doesn't feel faster to use the keyboard shortcuts now, it will once you've had practice.

Note: Shortcuts in yellow, can be used outside of InScribe in Word and popular email programs. We strongly recommend the use of these shortcuts outside of InScribe. Provides more opportunity to practice and increase finger muscle memory so these keys become 2nd nature when editing.

Also...ALT+TAB – moves focus from one application to the next. Good to use if MTs need to look up something on in a different application. Can easily ALT+TAB from InScribe to Web browser and back or some other application.

Keyboard Shortcuts



□ Editing

- Verify content for accuracy
- Fix typos and errors quickly
- Increase Efficiency
 - Delete words not characters

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Keyboard Shortcuts



Editing

- **SHIFT+ →, SHIFT+ ←** Select text
- **CTRL+ X, CTRL+ C, CTRL+ V** Cut, Copy, Paste
- **CTRL+ Z, CTRL+ Y** Undo, Redo
- **CTRL+ U** Toggle Letter Case
- **CTRL+ DELETE** Delete one word right of cursor
- **CTRL+ BKSPACE** Delete one word left of cursor

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The text in yellow are shortcuts that work outside of InScribe in programs like Word and popular email programs. We strongly recommend the use of these shortcuts outside of InScribe. They provide more opportunity to practice and increase finger muscle memory so these keys became 2nd nature when editing.



CTRL+U Toggle Case:

Will help you change the case of a word. So let's say you come across a medication or name and the engine doesn't capitalize it. Just put your cursor on that word, (can be anywhere on that word beginning middle or end, doesn't matter as long as it's touching the word) and hit CTRL+U to toggle sentence case, upper case, lower case. It will go through the different cases of the word.

Point this out...because a lot of people will highlight that word and then do CTRL+U, which you don't need to do.

To do a whole phrase, example, let's say you're in the allergies section and you wanted to capitalize everything in that section just 1) highlight all words you want to capitalize, 2) use CTRL+U. That will toggle the whole line.

Another way you could have done this was hold the SHIFT+END, that highlights the whole line.

SHIFT+HOME will highlight the opposite way

CTRL+DELETE one word to right, CTRL+Backspace

- Type out a long medical word, have MTs count out how many characters to delete, show with cursor and without show difference.

TIP: Some MTs would like to make the mouse cursor bigger, to make bigger you can go to ctrl panel, mouse, and choose a different pointer size.

Editing Effort




What is it?

- Amount of editing work MT puts in to go from draft to final document.
- Level of Editing Effort matters
 - How efficiently can MT make the edit?
 - Word accuracy does not always correlate to level of editing effort
- Know when it's appropriate to use editing techniques to minimize Editing Effort

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When we use the phrase editing effort, we're referring to the edits made to go from "draft" to final document. When you edit, your goal is to always do it as efficiently as possible. The way to achieve this is by incorporating your keyboard shortcuts and appropriate editing techniques in every job you do. The more you do this, the more automatic it will become. When you approach an edit, you should always be thinking "how can I make this edit with the least amount of keystrokes?"

Audio Shortcuts



- **Audio**
 - Navigate through audio of dictation
 - Change Playback Speed
 - Combine with Editing and Navigation Shortcuts
 - Use best practices for building efficiency

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Used to control the audio from the keyboard to FF and REW (technically you won't need to FF/REW; more on this in a bit), instead of using foot pedal. What you can do:

- Change Playback Speed
- Start/Stop Audio from Keyboard

As an MT you are used to using the foot pedal a lot. When you start to edit you will find playback shortcuts may be more useful


Default Audio Shortcuts



- ❑ **F2** Play/Pause
- ❑ **F3** Rewind
- ❑ **F4** Fast Forward
- ❑ **CTRL+T** Speed up Playback Rate
- ❑ **CTRL+E** Slow down Playback Rate
- ❑ **CTRL+R** Reset Playback Rate to Normal
- ❑ **CTRL+SPACE** Attach Edit Cursor to Voice Cursor
- ❑ **CTRL+SHIFT+SPACE** Start dictation playback at Edit Cursor
- ❑ **→ or ← arrow keys** Separate Edit Cursor from Voice Cursor

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Changing Playback Speed



- Speeding up dictation
 - Use with slow dictators
 - More consistent dictator
 - Less edits required
- Slowing down dictation
 - Use with fast dictators
 - New or bad dictators
 - More edits required

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Using the keyboard shortcuts to change the rate of playback throughout an edited or transcribed job can result in an increase in lines per hour and completed jobs. Knowing what is coming up WILL help you with playback speed too.

When transcribing, the tendency is to slow down playback. Slowing down playback provides the ability to “keep up” with the dictator. Typing as the dictator speaks is much faster than having to rewind often to ensure nothing was missed.

But since editing requires more reading than typing and most people can read faster than they can type, the tendency is to increase the rate of playback when editing, when possible. **THIS ISN'T THE CASE ALL THE TIME;** you may need to slow down on difficult parts but try not to stop.

Change the rate of playback as often, or as little as you need, but keep in mind that even the smallest adjustments will lead to increased productivity.

Voice Cursor

What is it?

- The moving cursor that highlights each word
- Helps with
 - Easier reading
 - Keeping focus
 - Keeping place on larger reports
- Edit more efficiently
 - Text cursor is carried for you
 - Autoscroll

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1. Easier Reading – helps keep track of where audio is in relation with what you're reading. Attentive listening. Especially helpful on longer reports.
2. Efficient Editing – the Edit Cursor can be attached to the Voice cursor, which carries your cursor with the highlighter. When you come across an edit your cursor is already there, where the edit was, there's no need to navigate down to that point
3. Auto-scrolls through job while playing back the audio.

Voice Cursor



Original Method

- Attach Cursor to Voice Cursor
 - CTRL+SPACE

- Separate Cursor from Voice Cursor
 - Left or Right Arrow

HISTORY OF PRESENT ILLNESS:

The patient is a 31-year-old female with a history of pseudotumor cerebri and chronic headaches as well as history of seizures diagnosed as pseudoseizures. She has a history of ongoing headaches which have been difficult to control. She initially had LP shunt in place for several years. This was eventually changed to PIP shunting 2011. She is followed by neurosurgery, Dr. Clinic at hospital where Dr. Jones near her as well as Dr. Jones in neurology clinic. She has recurrent admission for headaches. At one point the value of her shunt was changed in May of 12, her shunt became infected and was removed. She has been without shunt since that time. She follows at Lawndale center as well as intermittent appointments with Dr. Jones. Neurology. She has been referred to the neurology neurosurgery an appointment has been made, but for some reason she is not in acute those

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Voice Cursor

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New Options

- New InScribe Voice Cursor options.
- Attach VC on Play
- Attach VC on FF/REW
- Attach VC on Jump to Index

The screenshot shows the 'Options' menu with 'ShadowScribe Options...' selected. A secondary dialog box titled 'ShadowScribe Options' is open, displaying the 'Voice Cursor' section with three unchecked checkboxes: 'Attach Voice Cursor on Play', 'Attach Voice Cursor on Rewind/FF', and 'Attach Voice Cursor on Jump to Index'. The 'Close' button is visible at the bottom right of the dialog box.

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Changes behavior of PBH

Show each option, point out differences between them



By default color is gray, can change color. Here's how...Go to Options Change Playback Color.

VC, notice the cursor is a different color that is the visual cue that the cursor is not connected.

VC, when attached you'll see the cursor has a blue background with white letters.

When you come to an edit, you separate the cursor from the highlighter, make the edit, then when you're ready to start the audio, type CTRL+SPACE to reconnect them. So that's 2 shortcuts.

Playback From Position



- No need to rewind
- Bring the highlighter and dictation playback to where the cursor is
 - SHIFT+CTRL+SPACE

HISTORY OF PRESENT ILLNESS:

This is a 40-year-old male who as a mechanic by profession, who apparently **about** 2 years ago started having some joint pain. Currently, on both elbows, shoulder and lumbar area. He said that he was seen by his primary doctor who started him on some pain medication which he cannot remember. During his time in ANA was done, which was positive. He would have this intermittently. However, no formal evaluation until he has been seen by and recently and sometime in March 2013. He did have an ANA which was positive as well. Other tests of mania has recently also positive. CRP was elevated.

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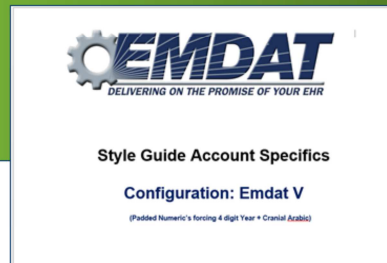
1. Eliminates the need to REW or FF.
2. Better than using foot pedal, with foot pedal many times you have to re-listen to a portion of audio. This allows you to ONLY listen to the audio you need to listen to.

The Style Guide



What is it?

- Rules the speech engine follows when formatting a draft
- Helps make documents look consistent
- Saves time, MT doesn't have to apply formatting
- MT follows typing and editing





Emdat Proprietary

Nothing New, for each client you have a set of rules to follow that include things like:

- What to do with blanks or missing demographics
- Specific clinician preferences
 - like Dr. Smith always says History but wants HPI in the report
- How to format content

The Style Guide

Example rules

- ❑ ABBREVIATIONS/ACRONYMS
- ❑ JCAHO
- ❑ DATES
- ❑ TIME
- ❑ NUMERICS
- ❑ QUANTITIES
- ❑ RANGES
- ❑ FREQUENCIES
- ❑ AND MORE....

HISTORY OF PRESENT ILLNESS:

.....

This is a 40-year-old male who as a mechanic by profession, who apparently about 2 years ago started having some joint pain. Currently, on both elbows, shoulder and lumbar area. He said that he was seen by his primary doctor who started him on some pain medication which he cannot remember. During his time in ANA was done, which was positive. He would have this intermittently. However, no formal evaluation until he has been seen by and recently and sometime in March 2013. He did have an ANA which was positive as well. Other tests of mania has recently also positive. CRP was elevated.

The patient says that he has had a history of intermittent abdominal pain. He has had recent upper and lower GI endoscopic about 6 months ago. At the hospital where they did an endoscopic showing gastritis. He denies any reflux but he has had intermittent abdominal pain including hemorrhoids about 4 years ago but he has not had any recurrence. He likely has been having dry eyes, dry mouth for about 4 years. He has had no oral ulcers. No He also has halitosis.

.....

PAST MEDICAL HISTORY:

.....

- History of klebsiella since he was a child and actually had stopped 20 years ago. He had stopped taking his epilepsy medication, though apparently he has had medication and was told not to take it. Being that he was 22.
- Negative for diabetes. Negative for hypertension. Negative CVA.

Emdat Proprietary

Each MT will be given a guide to follow which will be part of your account specs.

Follow these guides as close as possible. When typing and editing, consistency is key. Keeping your work consistent and in line with the style guide leads to better draft quality, more efficiency in the work environment.

Editing Efficiently

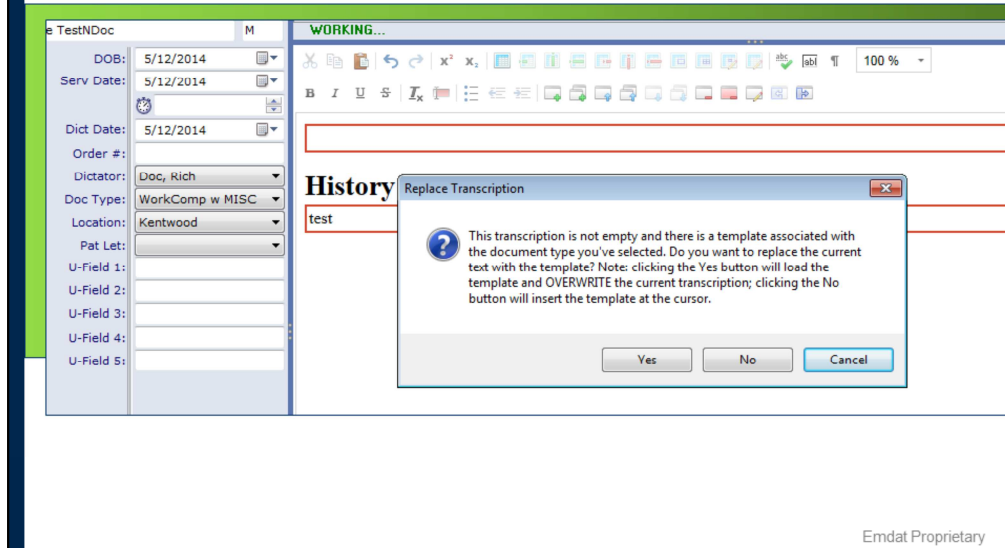


- MT cannot expect to learn to edit efficiently overnight
 - Mental adjustment in learning to read, listen, and type at the same time
- Learning Curve
 - Practice, Practice, Practice
 - Take it slow, one skill will lead to another – start with keyboard shortcuts

Emdat Proprietary

You are not expected to become efficient from the start, like anything new, it takes time and practice to improve. The more you practice the more you will improve.

Switching Doc Types



Yes – Loads new template and overwrites all text.

No – Inserts template at cursor position and loads section titles for new document type for use with CTRL+N.

Cancel – Loads the section titles for new document type for use with CTRL+N. Does not delete or insert template.