

Order of Gross Dictation

(0.4 Order of Gross Dictation); Created November 17th, 2019 Jeremy Deisch, MD, edited July 25th, 2022 by Jeremy Deisch, MD

1. **Case Number and Patient Name from the Requisition**
2. **Clinical History**: Read from the requisition. Please note that some details, although included in the history, are unnecessary. For example, “Patient prefers private room”, “Direct admit after procedure”, or instructions for room setup should be avoided. If all is given are ICD-10 codes, dictate first code verbatim. When extra information is obtained from the patient’s chart, dictate on a separate line “Per the Electronic Medical Record, _”. Please keep extra clinical information **concise** and **relevant**. Generalities can be used (i.e. say “chemotherapy”, instead of listing the specific drugs used). Endomyocardial biopsies should have the number of fragments (as should be indicated on the requisition)
3. **Intraoperative Consultation**: ALWAYS follow the order below (follows dictation workflow)
 - a. Specimen Identifier (e.g. “A”)
 - b. RFS diagnosis (what was said to the surgeon, as written by the pathologist)
 - c. Name of pathologist who performed IOC (“performed by Dr. _”)
 - d. Date of IOC
 - e. Times received and reported
 - f. State if IOC was complex or multiple blocks (if “R” or “M” circled on bottom of stamp)
4. **List of Specimens from Requisition**: (e.g. “there are three specimens received, A is duodenum, B is stomach, C is esophagus”)
5. **Patient Name and Specimen Identifiers from Bottle** (e.g. “Specimen A, labeled John Smith, duodenum”)
6. Lastly, dictate gross description

A Few Pointers on Dictation in the Gross Room

- Try to avoid very long dictations - try to keep dictations under two minutes; break up longer dictations for large, complex specimens into multiple dictations. Remember to always identify new dictations with patient name and case number.
- Please avoid giving editing instructions to dictation staff, such as “go back and change”, etc. Use the rewind and overwrite functions to correct dictation mistakes, or dictate concise notes and correct dictations the following morning after they have been transcribed.
- Speak carefully and clearly; try to minimize the amount of “guessing” that is required of transcription, as well as the number of “please checks” for you to correct the following day
- Remember that there is a very short delay between when the foot pedal is pressed and the dictation software starts recording. Give a short (i.e. one second) pause after pressing the record pedal to begin dictating.
- Avoid long “empty spaces”. If you have to stop and think, release the foot pedal. Transcriptionists sitting and listening to long pauses is not a productive use of their time.