THE AAMT BOOK OF STYLE

FOR MEDICAL TRANSCRIPTION

Claudia Tessier

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Dedication

To all medical transcriptionists, most especially to those who place quality before quantity and who practice medical transcription as both an art and a science. This one's for you.

Introduction

As the professional association for medical transcription, AAMT is the recognized leader in acknowledging and establishing medical transcription styles, forms, and practices. We communicate these to our members, to other medical transcriptionists, to supervisors and managers, to educators and students, and to the wider healthcare community through our periodicals, publications, modules, videos, and conferences, as well as through direct contact via correspondence, telephone conversations, and in-person meetings, both formal and informal.

This book presents and represents AAMT's most complete conclusions for a wide variety of medical transcription styles, forms, and practices. We acknowledge that there are forms, styles, and practices which differ from those that we have identified, established, and promulgated. We address some alternative forms to demonstrate why we do not prefer them. When we consider two or more alternative forms to be equally acceptable, we indicate this. Where there are no alternatives (in the expression of the symbol *pH,* for example), we state this in the text. Otherwise, we address few alternative forms because, with increased confidence in our knowledge and judgment and with our expanded acceptance as the leader in making these judgments, we prefer to emphasize our conclusions rather than to refute those of others.

We reach our conclusions through research and experience and logic and common sense and through the experience and expertise of MTs within and beyond our membership. We consult other sources, such as the AMA and Associated Press style manuals, but because such references speak to different applications (manuscripts and newspapers, for example), we weigh and consider their conclusions in light of the realities of dictation and transcription, and we adopt, adapt, or reject them accordingly. Likewise, when we consult other MT references, we weigh and consider their conclusions in light of both their and our experience and expertise. Frequently, we resolve inconsistencies among and within such references.

Style is not an exact science. Like dictionaries, style manuals change over time, not only by adding new material but also by revising old material, based on expanding knowledge and experience as well as changing usage and meaning. AAMT's conclusions are themselves scrutinized (by us and others), and when we deem it appropriate we make revisions. For example, in AAMT's previous style reference (*Style Guide*

for Medical Transcription), we presented our conclusion that sentences should not begin with an abbreviation. After reconsidering this matter, we now acknowledge that sentences may (and sometimes should) begin with an abbreviation (but not one beginning with a lowercased letter). We changed our conclusion because we recognized that requiring a sentence to be recast to avoid its beginning with an abbreviation may interfere with, rather than enhance, communication and that such construction is so common that it is as readily accepted by the reader as by the listener.

You may wonder what place your personal stylistic decisions and usage should have in your practice of medical transcription. We urge you and other MT practitioners, students, teachers, supervisors, dictators, and others to adopt our forms, styles, and practices, but we take the role of persuader not enforcer. AAMT's conclusions are widely accepted because our reputation for quality and exactness has established us as the recognized leader in the world of medical transcription. By incorporating our conclusions into your practices, you have our expertise and reputation on which to justify your decisions and our materials with which to document them. Those who choose to use styles, forms, and practices other than those promoted by AAMT have a professional obligation to assure that their choices are appropriate, acceptable, and consistent and to be prepared to provide rationale and documentation to substantiate their choices.

A Note to Users of This Book

No style book is ever finished or complete. Something more could be said about each of the topics covered. What has been said could perhaps be said better if said differently. Additional topics could be covered. Perhaps some topics could be deleted. The content could be reorganized. Additional editorial tweaking could improve the presentation.

The temptations and reasons for extending manuscript preparation time are endless. Nevertheless, there comes a time when the decision must be made that a book is ready for publication—or it will be in preparation forever. That time has come for the first edition of *The AAMT Book of Style for Medical Transcription.*

We are all apprentices in a craft where no one ever becomes a master.
Ernest Hemingway

This new style book was only a gleam in AAMT's eye when we published our first style book, *Style Guide for Medical Transcription,* in 1985. Even then, we knew that there was more, much more, to be said about medical transcription styles, forms, and practices. *The AAMT Book of Style for Medical Transcription* demonstrates how right we were. With more than five times the number of pages than the old style guide, it covers many more topics—so many more that we organized it in A-to-Z fashion, with numerous cross-references and appendices, to facilitate the user's quick and easy access to the topics of immediate interest. Or it can be read cover to cover. Or it can be opened at random. Equally at home in the classroom and the workplace, it can serve as a textbook as well as a reference book. All in all, *The AAMT Book of Style for Medical Transcription* will carry AAMT's gold standard for medical transcription further and with greater impact than any previous AAMT publication.

With an audience that includes more than a few who will go to the wall over a comma, we expect that *The AAMT Book of Style for Medical*

Transcription will stimulate not only interest and delight but also controversy. No one will agree with everything in it; too many alternative acceptable forms exist. Many will disagree with one thing or another in it. Such is the nature of style in general and medical transcription in particular—for that matter, such is the nature of people in general and medical transcriptionists in particular.

We ask that you pass on to us your suggestions, questions, comments, and criticisms so that we can consider your input as we prepare the book's second edition. Just as your input was vital to preparing this first edition, we need your input for the next round.

Yes, the second edition of *The AAMT Book of Style for Medical Transcription* is already a gleam in AAMT's eye. It will update topics in this first edition, it will cover an even wider range of topics, and it will address new topics that we can't even predict at this time. Your input will be essential in determining just where and what changes and additions should be made.

So, keep those cards and letters coming, folks. We look forward to your part in ensuring that *The AAMT Book of Style for Medical Transcription* will get better and better, and bigger and bigger, with each edition.

Send inquiries and comments to:

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Acknowledgments

The whole is truly greater than the sum of its parts. This book wouldn't be—couldn't be—all that it is without the efforts of all those who helped along the way. I share with all those identified below the responsibility for all that is right about this book; as its author, I accept responsibility for any errors, inconsistencies, and shortcomings that it may yet exhibit.

Thanks to the AAMT board and the AAMT staff for their encouragement and support and assistance, as well as for sharing the load that I would, from time to time, set aside in order to work on the manuscript.

Thanks especially to the CMTs on AAMT's staff—Linda Byrne, CMT; Pat Forbis, CMT; Diane Heath, CMT; and Terri Wakefield, CMT—who shared their experience and expertise and editorial eyes and valuable time to review and critique the manuscript, again and again. Without their commitment and caring, this book and AAMT would be greatly diminished.

Very special thanks to Lori Smith, AAMT's director of publications, for her work in the design and layout of the book. She is truly our artist-in-residence.

Thanks to reviewers Martha Ladner, CMT; Carrie Boatman, CMT; Marilyn Craddock, CMT, RRA; and to proofreader David Mitchnick, for their time and expertise. Each brought a different perspective to the process, and because they did, the book is better than it could have been without them.

Thanks to my family and friends, most especially my husband, David Bryon, for encouraging and supporting me in this task even though it meant taking numerous weekends and evenings away from them to do so.

Finally, and most importantly, thanks to all AAMT members and other medical transcriptionists who contributed to this book through their expertise and inquiries. To them and to all who will use this book, I say, **Do it with style!**

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August 1994

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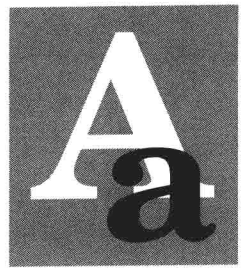

a, an

Indefinite articles. Compare *the.*

before consonants, h's, u sounds, vowels

Use *a* before a consonant, a sounded (aspirate) *h,* or a long *u* sound. Use *an* before a vowel or an unsounded *h.* The pronunciation of an abbreviation or a numeral determines whether it is preceded by *a* or *an.*

a patient
a hemorrhoid
a unit
an indication
an hour
a 1-mile run
an 8-hour delay
a CMT
an MD

See articles

AAMT

Abbreviation for American Association for Medical Transcription. Usually pronounced as a word (*ampt*) but may be pronounced as a series of single letters (*A-A-M-T*).

See American Association for Medical Transcription

AB, BA

Abbreviations for *Bachelor of Arts* degree.

See
bachelor's degree
degrees, academic

abbreviations

Abbreviations in medical dictation are intended to speed up communication, but they frequently create confusion instead. While the dictator may think that dictating the abbreviation *AML* is the fastest way to communicate *acute myelocytic leukemia,* medical transcriptionists know better. They face the dilemma: Does *AML* mean acute monocytic leukemia, acute myeloblastic leukemia, acute myelocytic leukemia, acute myelogenous leukemia, acute myeloid leukemia, or perhaps even some less common alternative? In the numerous publications devoted to translating medical abbreviations, those with a single meaning appear to be in the minority.

For years there was a widespread misunderstanding that JCAHO (the Joint Commission on Accreditation of Healthcare Organizations) had established an official list of abbreviations and that only abbreviations on this list could be used in healthcare records. Let us clarify this misunderstanding. There is no list established or approved by JCAHO, and JCAHO has no requirement or standard related to abbreviations. (Historical note: JCAHO standards used to state that each hospital must prepare its own list of acceptable abbreviations, that only abbreviations on that list should appear in that institution's healthcare records, and that only one meaning should be allowed per abbreviation. JCAHO no longer stipulates even that requirement.)

abbreviating terms dictated in full

Do not abbreviate terminology dictated in full except for units of measurement, e.g., "milligrams," "centimeters," etc. Such abbreviations are universally known and accepted and may even be used in diagnostic statements or operative titles, for they are not themselves the diagnosis or operation name. Indeed, abbreviated forms are preferable because they communicate their meaning more quickly and succinctly than their extended forms.

abbreviations with multiple meanings

What should an MT do when an abbreviated diagnosis, conclusion, or operative title is dictated and the abbreviation has multiple meanings? In

the best of scenarios, either the physician will use the extended term elsewhere in the dictation or the content of the report will somehow make the extended term obvious. Further, the MT will have equipment that allows insertion of the full term wherever the abbreviation is dictated, without the need to re-keyboard the entire document.

When confronted with less than the best of scenarios, if there is easy and immediate access to the patient's record or the dictating physician, the MT can determine the meaning from one or the other. Without such access, the best the MT can do is use the abbreviation (or leave a blank) and attach a note asking the dictator to enter the intended meaning on the report. If even the abbreviation is not understandable (ANL? AML? ANO? AMO?), the MT has no choice but to leave a blank and flag the report.

There is a profound difference between information and meaning.
Warren G. Bennis

at beginning of sentence

It is increasingly acceptable, often preferable, to begin a sentence with a dictated abbreviation, acronym, or brief form (except units of measure). Of course, it is also acceptable to write it out.

WBC was 9200.
or White blood count was 9200.

Exam was delayed.
or Examination was delayed.

in diagnoses and operative titles

Write out the abbreviation in full if the abbreviation is used in the admission, discharge, preoperative, or postoperative diagnosis; consultative conclusion; or operative title. These are critical points of information, and their meanings must be clear to assure accurate communication for patient care, reimbursement, statistical, and medicolegal documentation. Elsewhere in reports, i.e., within the narrative portions, common and readily understood abbreviations may be transcribed if dictated, or

they may be written in full. Other abbreviations should be transcribed in full.

If unable to translate the abbreviation, the MT should transcribe it as dictated or leave a blank and then flag the report, asking the dictator to translate it.

Non-disease entity abbreviations accompanying diagnostic and procedure statements may be used if dictated, e.g., abbreviated units of measure and abbreviations such as *OD.*

Operation: Removal of 3-cm nevus, lateral aspect, right knee.
Diagnosis: Cataract, OD.

periods

Do not use periods within or after most abbreviations, including acronyms, abbreviated units of measure, and brief forms. Periods must be used with abbreviated English units of measure if they may be misread without the period. It is preferable to write out most English units of measure, so it is easy to avoid this inconsistent use of the period in their abbreviated forms.

inch *preferred to* in. *Do not use* in *(without a period).*
mg
prep
WBC
wbc
exam

Do use periods in lowercased drug-related abbreviations.

b.i.d.
q.4h.
p.o.
p.r.n.

Do not use periods with abbreviated degrees and professional credentials.

BA
CMT

The use of periods with courtesy titles (e.g., *Mr., Ms.*) and following *Jr.* and *Sr.* varies.

If a sentence terminates with an abbreviation that requires a period, do not add another period.

He takes Valium 5 mg q.a.m.
not He takes Valium 5 mg q.a.m..

plurals

Use a lowercased *s* without an apostrophe to form the plural of capitalized abbreviations.

WBCs
EEGs
PVCs

Use *'s* to form the plural of lowercased abbreviations.

rbc's

possession

In general, add *'s* to show possession.

The AMA's address is ...

unusual abbreviations

Some abbreviations do not follow the usual pattern of all capitals. Learn the most common exceptions, and consult appropriate references for guidance.

pH
aVL
PhD
RPh

with numerals

Do not separate a numeral from its associated unit of measure or accompanying abbreviation. Specifically, do not allow a numeral to appear at the end of one line of type and its accompanying unit of measure or abbreviation at the beginning of the next line (or vice versa). Place both on the same line.

.....The specimen measured 4 cm
in diameter.

or
.....The specimen measured
4 cm in diameter.

not
.....The specimen measured 4
cm in diameter.

See specific entries, including
acronyms
ampersand
Appendix CC, "State Names and Abbreviations, Major Cities, and State/City Resident Designations"
blank
brief forms
business names
chemical nomenclature
credentials, professional
degrees, academic
diagnoses
drug terminology
genus and species names
geographic names
International System of Measuring Units
Latin abbreviations
obstetrics terminology
personal names, nicknames, and initials
state, county, city, and town names and resident designations
time
titles
units of measure
USPS guidelines

-able, -ible

There is no shortcut to determining whether a term ends in *-able* or *-ible*. Consult appropriate references for guidance.

abort, abortion, abortus

See obstetrics terminology

a.c.
See drug terminology

academic degrees
See degrees, academic

accent marks
Also known as diacritics or diacritical marks, accent marks indicate pronunciation. Those that may be encountered in medical transcription include the following.

accent	*example*
acute	Calvé-Perthes disease
cedilla	François Chaussier sign
circumflex	bête rouge
dieresis	naïve
grave	boutonnière deformity
ring	Ångstrom
tilde	jalapeño
umlaut	Grüntzig catheter
virgule	Brønsted acid

Many words once spelled with accents no longer require them, e.g., resume, facade, cooperation, naive, fiancee.

The current trend is toward omitting accents in medical transcription because of equipment limitations and the likelihood of error when using them.

Use of accents is required only rarely, such as in proper names, but omit them if the equipment cannot provide them.

Never enter accent marks by hand.

When you use accent marks, check appropriate references to determine accurate usage.

acceptable alternative forms
See
alternative acceptable forms
"Introduction"