

Administrative Responsibilities

CHAPTER 3

Office Communications: An Overview of Verbal and Written Communication

CHAPTER 4

Office Communications: Phone, Scheduling, and Mail

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Managing Health Information

CHAPTER 6

Office Management

Part 2 discusses the important duties of the administrative medical assistant concerning oral and written communications. It also presents the tasks involved with scheduling the physician's appointments and handling mail. Aspects of office management include how to manage the physical environment and one's personal stress.

CONSIDER THIS:

Communication skills are at the heart of successful relations with the medical staff, patients, and others in the physician's practice. *What steps can you take to improve your effectiveness in speaking and writing?*

Office Communications: An Overview of Verbal and Written Communication



LEARNING OUTCOMES

After studying this chapter, you will be able to:

- 3.1 List the steps of the communication cycle and give an example of a barrier to each step.
- 3.2 Explain how the verbal message is affected by nonverbal communication.
- 3.3 Apply effective written communication techniques to compose written medical office correspondence.

KEY TERMS

Study these important words, which are defined in this chapter, to build your professional vocabulary:

bibliography

block-style letter

channel

decoding

editing

encoding

endnotes

feedback

first draft

footnotes

message

modified-block-style
letter

noise

open punctuation

proofreading

standard punctuation

title page

Chapter

3

ABHES

- 4.a.** Follow documentation guidelines
- 5.b.1.** Use empathy when communicating with terminally ill patients
- 8.a.** Gather and process documents
- 8.f.** Display professionalism through written and verbal communications
- 11.b.** Demonstrate professional behavior

CAAHEP

- IV.A.1.** Demonstrate empathy in communicating with patients, family, and staff
- IV.A.2.** Apply active listening skills
- IV.A.3.** Use appropriate body language and other nonverbal skills in communicating with patients, family, and staff
- IV.A.4.** Demonstrate awareness of the territorial boundaries of the person with whom one is communicating
- IV.A.5.** Demonstrate sensitivity appropriate to the message being delivered
- IV.A.6.** Demonstrate awareness of how an individual's personal appearance affects anticipated responses
- IV.A.7.** Demonstrate recognition of the patient's level of understanding in communications
- IV.A.8.** Analyze communications in providing appropriate responses/feedback
- IV.A.9.** Recognize and protect personal boundaries in communicating with others
- IV.A.10.** Demonstrate respect for individual diversity, incorporating awareness of one's own biases in areas including gender, race, religion, age, and economic status
- IV.C.8.** Recognize elements of fundamental writing skills
- IV.C.9.** Discuss applications of electronic technology in effective communication
- IV.P.10.** Compose professional/business letters
- IV.P.11.** Respond to nonverbal communication
- IV.P.13.** Advocate on behalf of patients
- VII.A.2.** Demonstrate sensitivity in communicating with both providers and patients

INTRODUCTION

In the healthcare profession, an important part of the administrative medical assistant's job is interacting with patients, building relationships with coworkers, and representing the physician and the quality of the practice.

These are all good reasons to develop outstanding communication skills. It is not only in interpersonal relationships but also in letters, memos, reports, and e-mail that the assistant represents the practice. Success as an assistant is due as much to oral and written communication skills as to technical skills.

3.1 THE VERBAL COMMUNICATION CYCLE

Have you ever played the game of telling one person something and the message is passed on to others until finally the last person says what he or she heard and it is nothing like the original message? Communication between individuals or groups is what creates the web of our lives. Everything we do is interactive, even if we are interactive with only ourselves, and our communications have a ripple effect on others, which alters the context in which we live. Understanding this interactivity is crucial to healthy communication. How efficiently we use the communication cycle and how well we identify barriers to effective communication will contribute to the effectiveness of our communications.

The Circular Communication Cycle

In order for communications to be sent, received, and understood as intended, each step of the communication cycle must be completed. If not, misunderstanding and conflict can create a nonproductive atmosphere in the work environment and in our personal lives. Time will be lost and productivity will decrease when the cycle breaks down. Each step is interconnected with the other steps.

Origination of Message by the Sender. At the beginning of the communication cycle, the sender must organize the message. The communicator should ask questions such as

- What and why do I want to communicate? The sender will formulate ideas he or she wants to communicate. These ideas, known as the **message**, can be influenced by the sender's background, physical well-being, and beliefs, as well as the context in which the message is formulated.
- Who is my receiver or audience? The audience may be one or a group of individuals. When preparing the message, the sender must consider the background of those who will be receiving the message. The educational level, professional field, and cultural background of the receiver are just a few of the items to consider when composing a message.
- What is the best method to communicate the message? Some messages are best delivered verbally; some can be effectively communicated through written methods. The chosen method for transmitting the message is called the **channel**.
- When should I communicate the message? The timing of the delivery is critical to the effectiveness of the communication. The receiver's perception of the message can be greatly influenced, positively or negatively, by the time at which the message is delivered and received. One example is giving a patient pre-surgery instructions when the patient is giving you the medical chart and charge sheet from the visit. The patient is not ready to receive the information.

Encoding of the Message by the Sender. Expressing ideas through words and gestures is known as **encoding**. Words and gestures have different meanings to individuals in different cultures. Concrete words should be used in place of relative terms. A patient may need to arrive 30 minutes prior to the scheduled procedure time. If the assistant tells the patient to arrive early for the procedure, the patient's perception of early may be only 5 minutes.



Other items to consider when encoding a message are the receiver's background knowledge of the message, physiological considerations (such as hearing loss), and language barriers.

Transmitting the Message Through a Channel. It is vital to transmit clearly what you want to say, to properly time your message, and to select the appropriate method, or channel, to communicate your message. Consider the following before transmitting a message:

- Are there any barriers that will disrupt the communication process? Anything that can break down the communication transmission process is known as **noise**. Noise can come from external sources, such as cell phone static, others talking, equipment running, or even typographical errors in a message. Internal noise, such as other thoughts or illness, can disrupt the cycle as well.
- Is the receiver ready to accept the message? If the patient is looking away or is talking on a phone, he or she is distracted and is not ready to listen to the message. As discussed previously, timing of the message can help or hinder the receiver's interpretation of the message.
- Does the nature of the message lend itself to a particular channel of communication? Messages that are general in nature, such as providing an appointment, are effectively transmitted through verbal or written channels. Messages of a more sensitive nature should be evaluated for the most effective channel. Disciplinary actions or warnings should be delivered using a face-to-face channel, not by phone or e-mail. Current channels of communication include written (such as reports and letters), visual (photos), electronic (including e-mail and fax), and telephone. Selecting the channel to match the nature of the communication helps to ensure the intended message is received.

Receiving and Decoding the Message by the Receiver. Perception is a person's reality, and the way a message is received and perceived is the meaning of the message for the receiver. Factors such as different backgrounds, noise, and knowledge base often make successful communication difficult. **Decoding** is the receiver's application of meaning to the transmitted message. A patient may be greeted with "Good morning," but the voice tone is angry and short. The words transmitted are verbally correct but the accompanying nonverbal cues may cause the patient to decode the message as "Good morning, but leave me alone."

Checking for Understanding Through Feedback. **Feedback**, the receiver's responses, helps the sender determine if successful communication has occurred. Responses include both verbal and nonverbal reactions. A slightly tilted head or a perplexed look may indicate the receiver is confused. A receiver should ask questions for clarification. As the sender, ask the patient to repeat information. You may also restate information or question the patient to check for understanding. Figure 3.1 shows an example of the complete flow of communication between the administrative medical assistant and a patient.

Barriers to the Communication Cycle

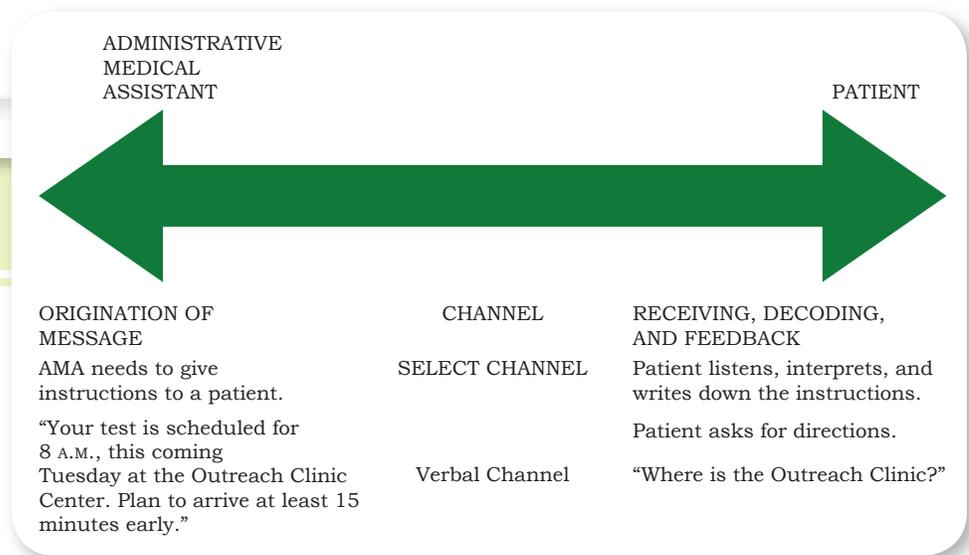
Many factors can create a barrier within and to the communication cycle. The best-planned message may not be received properly if barriers have not been considered. Each message sent and received must pass through a cultural, personal, and ethical bias base. This filtering process can hinder the intended message from being received.

Physical barriers can make it difficult to send and/or receive an intended message. Noisy surroundings, poor acoustics, and dim lighting can negatively affect the message. Hearing loss, fatigue, and illness also make it difficult to send and/or receive messages.

Selecting the proper wording can enhance the meaning and interpretation of the message. Using words that are unfamiliar to the receiver, such as medical insurance jargon, can destroy the message. Use words that create a receptive environment for the message. It is important to remember that most individuals think much faster than they speak—up to three times faster. As you verbally send a message, concentrate on the current message and

Figure 3.1

The Communication Cycle



words and refrain from thinking ahead. This can cause receivers to become bored with the message and their minds to wander.

Another barrier to effective communication is inactive listening. As a sender and receiver, we become involved in the cycle. The fast pace of society has conditioned many individuals to fake attention to messages and simply wait for the sender to stop talking, so that they can begin talking! This can cause miscommunication and failure to hear all the facts. When someone else is speaking (sending a message), we need to stop talking and begin listening, even if we don't agree with the message. This is the first step to becoming an active listener. Try to listen objectively and patiently before responding. Judging a message based on the sender's appearance is another contributor to inactive listening. If you must judge, judge the message, not the sender's appearance.

3.2 NONVERBAL COMMUNICATION

We have all heard the old saying “Actions speak louder than words,” and nowhere is that more true than in communication. Since communication is interactive and contributes largely to the web of life in which we live, we must be very aware of not only our verbal messages but also the nonverbal communication we send with it. It has been estimated by many body language experts that 50–80 percent of all human communication is nonverbal. Our verbal message may have all the right elements, which we discussed earlier in this chapter, but our nonverbal message may say something different.

Facial expression, tone of voice, eye contact, body movement and posture, our use of space, and appearance all contribute to our unspoken message. When our verbal message says one thing but our body language communicates another, we confuse our audience and lose credibility. When a listener must choose between the spoken message and the nonverbal one, the nonverbal message wins!

Facial Expression

The face is one of the most visible and expressive parts of the body. It is capable of many expressions, which reflect our thoughts and emotions. Few people have a true “poker face,” which doesn't display their emotions. Most individuals have a wide variety of facial expressions, which they use many times during a conversation. A smile, a frown, pressed lips, and



a wrinkled brow are just a few of the ways people can express emotions. It is common for a medical office to employ individuals with varying cultural backgrounds. Gestures may have different meanings to individuals, even within a small grouping. In American culture, a smile is considered a gesture of approval, satisfaction, or happiness. However, other cultures perceive a smile as an expression of nervousness or embarrassment.

Tone of Voice

This may, on the surface, seem to be a verbal communication barrier. However, when the words of a message give one meaning but the sender's tone of voice gives another, the tone of voice becomes a nonverbal communication cue. Feelings can be hurt by the tone of voice used by another. For example, you discover an error in a patient's account and realize it was your error. Right away, you go to the office manager and inform him of the error and your intent to correct it. He says, "That's fine," but his tone of voice is very sharp and loud. Do you believe it is fine and he is not upset? The tone in his voice says he is and that is the conveyed message.

Eye Contact

Confidence and interest are expressed nonverbally by making and keeping eye contact with an audience. Whether the audience is an individual or a group, maintaining eye contact allows the sender and receiver to be attentive and show respect for the other. When direct eye contact is maintained, a level of trust may be established. For most individuals, it is difficult to look someone directly in the eyes and lie. These characteristics are true of the American culture. However, in other cultures, direct eye contact can be offensive and make the communicators uncomfortable.

Body Movement and Posture

Gestures, or movements we make with our body, attach meaning to a message. The ways in which we sit, talk, and stand tell their own tale. Leaning toward a person conveys interest in the message, while stepping away conveys a perception of distrust or offense. Leaning back in a chair can convey the message of being relaxed, while tapping a finger or pencil signifies that the conversation should end. Standing tall and straight is associated with high position, but slumping of the shoulders and lowering of the head make us appear shy or lacking in self-confidence. Our posture should support our verbal message and can be a powerful nonverbal cue.

Each culture has its own values associated with body movement. As a medical assistant, you should know the different cultures represented among your patients and colleagues and use body movement and posture accordingly.

Space

Just how close should you stand to another person while communicating? Have you ever invaded someone's space? The spaces, or zones, around us have meaning and serve as social areas for interaction with others. The public zone (12 feet or more from your audience) is used for most public speaking events. A social zone is used for communications within 4 to 12 feet of our audience. Many individuals begin to feel uncomfortable when others enter their personal zone, which is 1.5 to 4 feet away, and become extremely uncomfortable with people in their intimate zone (1 to 1.5 feet). Too close, and our message will take second place to the discomfort the listener is feeling from our invasion of their zone. Too far away, and we send the message of being aloof and cold. In some cultures, however, it is considered rude not to stand extremely close (within the American intimate zone) when talking with an individual.

Try this role-playing exercise. Ask a fellow student if he or she can tell you what the last assignment was for class. Listen intently and then pretend you did not hear. Move into the student's personal zone and ask the question again. Notice any changes in the other individual, such as moving away from you or changing his or her tone of voice.



Appearance

Clothing and grooming send their own message about the communicator. Professional clothing in the medical office environment helps create a positive atmosphere for patients and colleagues. Scrubs should be clean and wrinkle-free. Underlying clothing should not be visible through the scrubs. If scrubs are not worn, casual office or professional office clothing should be worn. No holes or tears should be visible in clothing. Even on “dress-down” or “casual” days, clothing should be professionally presentable.

Hygiene and grooming also convey a nonverbal message. Nails should be kept to a minimal length and clean; hair should be washed and neat; and most individuals need to shower every day. Cleanliness, or lack thereof, affects our ability to be taken seriously. It is true that “we never get a second chance to make a first impression.” For more details on professional appearance, refer to the Administrative Medical Assistant chapter.

3.3 WRITTEN COMMUNICATION

Writing and speaking effectively have these points in common:

- The communication has an appropriate tone—a way of phrasing ideas, announcements, directions, and requests that is pleasant, positive, and reassuring.
- The communication has a clear purpose, aim, or goal.
- The message is directed to a person, or “listener,” who is to receive it.
- Correct English is used—including acceptable grammar, spelling, and punctuation.
- Complete information is given in a direct, concise, and courteous way.

This section focuses on preparing written communications and the office procedures that deal with receiving and sending correspondence. However, the qualities of positive tone, clear purpose, a sense of the intended audience, good use of the English language, and a direct and courteous delivery of complete information are necessary whether you are speaking or writing.

Reasons for Written Rather Than Oral Communication

Because there are so many issues of law, ethics, and confidentiality in medical offices, written communication may often be preferable to a conversation or phone call. Written communication may be required for many reasons, including the following:

- *Giving complex directions or instructions.* Patients who are anxious or distracted may need to read information at a time when they are calm. Repeating the physician’s instructions or other information in writing may be more effective than oral communication.
- *Being efficient.* Writing a brief message may not require the time and effort of a phone call or face-to-face conversation.
- *Documenting an event or a fact.* The written documentation of aspects of patient care and practice management helps protect the practice from legal problems.
- *Providing for confidentiality.* It may be difficult or improper to use the telephone for certain communications with a patient.

Formatting

Before dealing with the content of correspondence, it is necessary to consider the appearance of the letter on the page. When a letter from your office is received, it should be pleasing to the eye and invite the reader’s attention.

The arrangement, or format, of the letter on the page may be one that your employer has selected and is shown in the office procedures manual. For example, the preferred office style for a letter may be to place the subject line above the greeting, rather than below the greeting, or a double space may be used between the reference initials, enclosure notation, and copy notation.

COMPLIANCE TIP

Test results, arrangements for a surgical procedure, and messages about a patient’s condition may be better protected in written messages. These messages should always be placed in envelopes marked “Confidential” or “Private.”



- Place the complimentary closing one Enter below the body of the letter, and capitalize only the first word of the closing (e.g., Very truly yours).
- Press Enter twice, and key in the writer's name and title.
- Key reference initials, lowercase, one Enter below the writer's name if you are not the author of the document.
- Press Enter once to key in Enclosure or Enclosures. To list and align enclosures, tab to 1.0".
- Place a copy notation (c) one Enter below enclosures. If multiple names are listed, align the names using the Tab key.

Modified-Block Style. The major rules for a **modified-block-style letter**, shown in Figure 3.2(b), are similar to those for a block letter, but with these two exceptions:

- Position the date line, complimentary closing, and signature line at a tab stop placed at 3.25".
- Begin all other lines at the left margin or, if you wish, indent new paragraphs 0.5".

Punctuation

There are two styles of punctuation used in business letters:

- **Mixed/standard punctuation.** Place a colon after the salutation and a comma after the complimentary closing. This is also referred to as closed punctuation.
- **Open punctuation.** Do not use *any* punctuation after the salutation or complimentary closing. This is the currently preferred style of punctuation for business letters.

Continuation Pages

When a letter has more than one page, always use blank stationery of the same quality as that of the first page. Do not use stationery with a letterhead, even when the first page has a letterhead. Use a top margin of 1" on pages after the first page, and add an appropriate heading, which includes the name of the recipient, page number, and date.

Valuable resources are a good dictionary, hardcopy or electronic, and a copy of a comprehensive reference manual.

Types of Correspondence

The assistant is responsible for composing correspondence about many different office matters. The kinds of correspondence frequently initiated by the assistant, or written at the request of the physician, include the following:

- Letters of acknowledgment
- Letters of information
- Referral and consultation letters
- Follow-up letters
- Interoffice memorandums
- E-mail

Letters of Acknowledgment. The receipt of certain letters, materials, gifts, or requests for information requires a letter of acknowledgment. Such a letter may be written and signed by the assistant or written by the assistant for the physician to sign. The letter of acknowledgment should include the date on which the item or request was received and a description of what was received. If the letter is a request for a response or decision, the assistant should acknowledge the inquiry but make no promises in the name of the physician about the exact date or nature of the response unless information was obtained from the physician.

The main purpose of a letter of acknowledgment is to let the sender know as soon as possible that a request is being handled. In the case of a gift, the letter states that the gift has been received and is appreciated. Because writing letters of acknowledgment is a frequent



However, if the memo concerns only one individual, a salutation followed by a colon may be used, such as *Dear Tom:* or the name *Tom:* alone.

A signature may or may not appear above the name of the sender, depending on the procedures followed in your office. The keyboarder's initials should appear two lines below the writer's name or initials or two lines below the body of the message. An example of an interoffice memo is shown in Figure 3.5.

E-mail and Other Electronic Communication Technologies. The most common and efficient form of interoffice communication is electronic mail (e-mail). It provides an immediate delivery of correspondence to one or many individuals. Preparing an e-mail is similar to preparing an interoffice memorandum. An e-mail address is keyed into the *TO:* field. Since a *FROM:* field is not included in the heading, many professionals include their name after the body of the message or compose a closing to be attached to each outgoing e-mail. Dates and time are automatically included with the e-mail.

A *SUBJECT:* line should be included. Mixed case may be used (capitalize the first letter of all words except prepositions and conjunctions), or the line may be keyed in all caps. Whichever format is used, the *SUBJECT:* line should be concise.

EXAMPLES

Outside Laboratory
Outside Laboratory Usage

Figure 3.5

Interoffice Memorandum

INTEROFFICE MEMORANDUM

TO: Department Managers
FROM: Karen Larsen, MD
DATE: September 15, 20--
SUBJECT: Outside Laboratory Usage

After careful study, I have decided that Penway Laboratory will be our outside resource laboratory for the next three months. They have contracted to provide us with fast, reliable service. They are certified by Medicare to provide all necessary lab test results.

Our contact person at Penway will be Gina McPherson. She will bill us directly for any outside services we use with Penway. Also, she will send us monthly reports on our usage of their facility. Gary, I want you to keep an accurate report of turnaround results and other possible problems encountered with the lab tests we send to Penway.

During the week of December 20, we will have a meeting to discuss our usage of Penway. You and Gina will meet with me to discuss the continued usage of Penway Laboratory.

nb

Distribution:

Gary Libinski
Susan Solosky
Nancy Westing



The second example gives more detail of the message. If a subject line is not used, the recipient may perceive the e-mail as unimportant and not open it.

When composing the body of an e-mail, the standard protocol is to address only one topic and keep the e-mail to one page. Many writers include the recipient's name as a salutation or use the name in the first line of the body. If you use a salutation, such as Dear Nancy:, also include the writer's name in the closing.

Even though e-mail communication may be considered less formal than letters, it is still important to present a professional written image. Correct grammar, punctuation, and structure should be used. Always proofread an e-mail prior to hitting SEND. It is a good practice not to send anything through e-mail you do not want made public. Imagine your message being posted on the front page of your local paper or read on the evening news. Because of their ease, e-mails are often composed when the writer is angry or frustrated. If this is the case, go ahead and compose the e-mail but minimize it and allow yourself a cool-down period before hitting SEND. After you have allowed yourself this cool-down period, you may want to delete the e-mail or revise it before sending it to the recipient.

Always ask permission from the sender prior to forwarding an e-mail. Messages received may be intended only for the recipient. The sender may want to send a second e-mail with alternative wording, send an e-mail directly, or simply make a phone call.

Electronic technologies also allow medical team members to communicate with each other and with patients. Some of these technologies include:

- *VoIP (telephony)*: Allows switching from traditional telephone service to an Internet voice protocol. Broadband is used, allowing callers to communicate through the Internet instead of through long-distance calling. Depending on long-distance phone charges, VoIP can be a low-cost method of communication.
- *Blog*: Journal-type entries made at a Web site. Usually, one person begins the blog and others may respond. Medical offices may use blogs to convey information, such as pros and cons of the shingles vaccine.
- *Podcasts*: Files that can be listened to or viewed on a computer or mobile device. Podcasts can be informational, such as posting a podcast to update employees on new privacy regulations.
- *Wiki*: A Web site that allows employees and/or individuals to collectively create, contribute, and edit information. A Wiki can be beneficial when collecting others' views and opinions. Information from a Wiki source should be validated prior to use.
- *Voice conferencing (also known as conference calling)*: Allows two or more individuals from any location to participate in the same phone call. For example, a primary physician, cardiologist, and physical therapist may collaborate on a conference call to establish rehabilitation protocol for a patient after triple bypass surgery.
- *Web conferencing*: Internet service that allows individuals to attend virtual meetings using a mobile device. Meetings are in real time and can be interactive. Slides and desktop screen shots can be used during the meeting. Chats can take place between attendees. A medical coder could use Web conferencing to gain training on *ICD-10-CM* coding procedures.
- *Video conferencing*: Permits individuals to meet in a specially equipped area and conference with other individuals at a different location. Both sites are equipped with cameras and screens that allow attendees to see and interact with each other. A statewide meeting for nurse practitioners could be attended by many NPs without incurring large travel expenses.





Preparing Professional Reports

Many physicians are involved in writing articles, books, or reports on the results of research. They may also need to prepare speeches or presentations. Helping prepare reports is often a duty of the administrative medical assistant.

Preparing Draft Manuscript. The manuscript that will eventually be submitted to a publisher starts out as a draft. Some writers begin with an outline, jotting down headings and subheadings. The rough draft may then be filled in with notes added to the outline. Other writers make many notes, ask the assistant to key the notes, and write from these.

The **first draft** is the first complete keying of the manuscript. All text should be spaced to allow ample room for corrections and additions. The manuscript may go through many drafts before it is final. Each draft should be identified by number—*Draft 1*, *Draft 2*, and so on. Before saving a draft to the computer file, be sure that you have labeled it with its correct draft number or used the word processor’s automatic draft-numbering feature.

After each round of corrections, additions, and deletions, the physician will ask you to key the changes and to proofread and edit the draft. Suggestions for proofreading and editing are given later in this chapter.

Preparing Final Manuscript. The purpose of the writing determines the final format selected. The purpose of some reports is to share information; these reports may be meant for distribution only within the organization. Such reports may have an informal format and may even be prepared as a letter or memo. There are several templates for formats provided in word processing applications. If the procedures manual in your office does not dictate a format, you may want to choose one of these templates.

Formal reports, usually more complex and longer than informal reports, are often written for readers outside the organization. Documents meant as professional reports or manuscripts for publication often have special features, such as a table of contents, list of illustrations, summary, and list of sources consulted by the writer. The publisher of a journal article can give rules for format and style to help the assistant prepare the manuscript. A manuscript may be rejected by the publisher if the appropriate format such as MLA (Modern Language Association) or AMA (*American Medical Association Manual of Style*) is not used. For other kinds of formal reports, the specifications for both a traditionally prepared report and a report prepared with Microsoft Word are given here.

- *Title page*

Traditional: On the first manuscript page, called the **title page**, key the title of the report in all-capital letters. Key the subtitle, if there is one, in capital and small letters, double-spaced below the title. Boldface should be used for the title and subtitle. Key *Prepared by* 12 lines below the subtitle. Then double-space to key the writer’s name and credentials; writer’s title, if appropriate; and writer’s affiliation on separate lines. Key the date of the report 12 lines below the affiliation. Center all the text horizontally and vertically on the page.

Current format: Within the word processing software, select to insert a cover page and select the desired cover page style. Key the requested information in the provided fields, such as “Key in the document title.” Figure 3.6(a) shows the title page of a formal report prepared with Microsoft Word.

- *Text*

Traditional: The text of the report should be double-spaced, with the first line of each paragraph indented 0.5 inch. There should be 1-inch margins on all sides.

Current format: Accept the preset default selection, usually 1.5, for spacing and the default font.

The purpose of the report will determine which font is to be used. Times New Roman and Arial are acceptable fonts for informal reports. When a formal report is

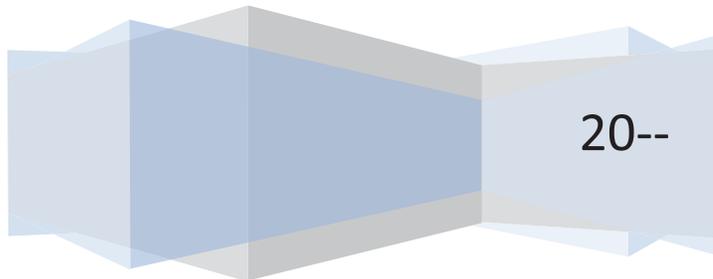
Figure 3.6(a)

Title Page of a Formal Report

CHICKENPOX (VARICELLA)

An Overview

Karen Larsen, MD



prepared, such as a manuscript to be submitted for publication, the font used will be determined by the organization that is publishing the document.

- *Numbering*

Traditional and current format: The title page should not be numbered; all other pages should be numbered in the upper right-hand corner. Pages are numbered consecutively, starting with the number 1, from the beginning to the end of the manuscript.

- *Headings*

Traditional format: Section headings, such as *SUMMARY*, *INTRODUCTION*, and *CHAPTER 1*, should be keyed in all-capital letters in boldface type. Each section should start on a new page, with a 2-inch top margin, and there should be two blank lines below the section heading. Main text headings, which alert readers to new subjects within a section, should be keyed in all-capital letters and placed flush with the left margin on a separate line. Text subheadings should be keyed in capital and small letters, indented 0.5 inch, and followed by a period; text should follow right after the subheading on the same line. Boldface should be used for text headings, and there should be one blank line above headings.

Current format: Side headings should be keyed at the left margin with the first letter of all main words capitalized. Select a heading style, such as Heading 1, and key in the heading. After the heading, press Enter one time.

- *Italics and underscoring*: Words within the text that are to be emphasized may be underscored or italicized. Although foreign words should also be italicized or underscored, medical terms that are foreign words but are in common use should not be either italicized or underscored.
- *Quotations*: If quotations are brief, they may be set in quotation marks and appear as part of the text. Longer quotations (four or more lines) should be single-spaced for traditional format or default normal spacing for current format and indented 0.5 inch from the left and right margins.



- **Notes:** Writers use notes in a report to (1) add parenthetical comments or (2) provide the sources for information or quotations. A raised number appears in the text at the point of reference for the note; the note itself is also numbered. Notes that are positioned at the bottom of the page on which the reference appears are called **footnotes**. Notes that are grouped together at the end of the report are called **endnotes**. Most word processing programs have a notes feature that enables the keyboarder to create footnotes and endnotes.
- **Illustrations:** If a manuscript that is to be sent to a publisher or printer contains photographs, tables, charts, or graphs, these illustrations may be submitted as digital computer files or as reproduction copy. If digital files are needed, a scanner can be used to create a computer file of the illustration. The file name should describe the illustration. If reproduction copy is to be submitted, each illustration should be mounted on a separate sheet of blank, letter-size paper and identified by a title, caption, or brief description written on the sheet of paper. The manuscript page number containing the reference to the illustration should also be noted on the paper. Every photograph submitted should be a glossy print. Care should be taken not to write on either the front or the back of the photograph.
- **Bibliography:** All the works consulted by the writer, including items given in notes, are listed, alphabetically by author, in a **bibliography** at the end of the report. The publisher or an appropriate reference manual should be consulted for the format and style required. The University of Chicago's *Chicago Manual of Style*, the *Publication Manual of the American Psychological Association*, the American Medical Association's *Manual of Style*, and *Scientific Style and Format: The CSE Manual for Authors, Editors, and Publishers*, published by the Council of Science Editors, are manuals that the writer may wish to consult for detailed descriptions of how to style and format notes and bibliographies.

An example of the first page of an informal report prepared with Microsoft Word is shown in Figure 3.6(b).



connect

GO TO PROJECT 3.3 AT THE END OF THIS CHAPTER

Proofreading and Editing

High quality in written communications is necessary because both internal and external correspondence represents your employer and the practice. The professional image of the practice depends in part on the impressions others form through the correspondence they receive. Incorrect, careless, or unclear communications may be damaging.

Two processes used to ensure accuracy and clarity are proofreading and editing. **Proofreading** is the careful reading and examination of a document for the sole purpose of finding and correcting errors. **Editing** is the assessment of a document to determine its clarity, consistency, and overall effectiveness. The good proofreader asks, Is this document entirely correct? Are sentence structure and punctuation used correctly? The good editor asks, Does this document say exactly what the writer intended in the best way possible? Are there any areas in the document that may confuse the reader?

Proofreading Methods. Frequently, only one person reads a document for accuracy, comparing it to the original document. A single proofreader is all that is required for most routine correspondence and reports. For complex documents or highly technical materials, two proofreaders may work as partners. One person reads the original document aloud,

CHICKENPOX (VARICELLA)

By Karen Larsen, MD,
University Hospital

January 25, 20--

DEFINITION

Chickenpox is a highly contagious, acute infection causing pruritic rash, slight fever, malaise, and anorexia.

ETIOLOGY

Herpes virus varicella-zoster causes chickenpox. It is transmitted by direct contact (respiratory secretions more prominently than skin lesions) and by indirect contact (air waves). The highest communicable period is the early stages of skin lesion eruption. Incubation period ranges from 13 to 17 days.

CLINICAL SYMPTOMS

The prodrome of chickenpox generally begins with slight fever, malaise, and anorexia. The pruritic rash begins within 24 hours as erythematous macules, then progresses to papules, and then to clear vesicles. The vesicles turn cloudy and break. Scabs then form. The rash begins on the trunk and scalp. After the vesicles become cloudy and break, the rash spreads to the face but rarely spreads to the extremities.

TREATMENT

The patient should remain in isolation for at least one week after the onset of the rash. Local or systemic antipruritics, calamine lotion, cool soda baths, and antihistamines should be used for relief of symptoms. If a bacterial infection develops, an antibiotic should be prescribed. Varicella-zoster immune globulin (passive immunity) can be given to susceptible patients within 72 hours of exposure to varicella.

Figure 3.6(b)

First Page of an Informal Professional Report

including all punctuation and significant style and format elements; the other person examines the new copy carefully and makes the required corrections.

If you are the writer of the original document, proofreading is more difficult because there is no document against which to check for accuracy. For this task, an excellent working knowledge of English grammar, word usage, punctuation rules, and spelling is required. In cases where someone else has written the document, both the proofreader and the author should proofread the document.

Proofreading on the Computer Screen

Proofreading documents on the computer screen is an essential skill. You may want to use a piece of paper held against the screen to show only one line, so that you concentrate line by line on the text. Once you have examined the document line by line for errors and have corrected these, proofread your corrections carefully. Now you are ready to print and send a correct document.

Using Spell and Grammar Checkers

It is all too easy when you are proofreading on the screen to believe that the spell-check and grammar features in the word processing program have found all the errors for you. However helpful these features are, they simply cannot find many types of errors.

Spell checkers have a dictionary of a certain number of words. Specialized words that are used frequently can be added to the spell checker's dictionary. The software will always highlight or underscore a word it does not recognize. You will then need to decide whether



the word is correct. Specialized dictionaries, such as an electronic medical dictionary, are frequently installed to help minimize the number of errors recognized by the word processor. For example, without the installation of a medical dictionary, the word *hyperglycemia* would be noted as a misspelled word in most spell checkers. When words are manually added to a spell checker, proofread the word to be sure it is spelled correctly. If words are added to the electronic dictionary and they are misspelled, the spell checker will not catch the misspelling.

The spell checker does not usually alert you to a word that is spelled correctly but may be misused. In some word processing programs, ordinary mistakes of this kind are underscored by the grammar checker. For example, using *their* where *there* should be used will be underscored by the software. However, certain other words that are frequently misused are not underscored. In the following examples, the mistakes may not be underscored by the software: “There are *too* of them (using *too* instead of *two*)”; “He did not *except* the gift (using *except* instead of *accept*).” The spell-check and grammar features are not adequate substitutes for a knowledgeable, alert reader.

Proofreading Symbols. Proofreaders and editors use standard symbols to indicate specific corrections to documents. If the document is to be published, the symbols will guide those who print the document. When corrections are made on the computer, these symbols on the paper copy guide the person keying the corrections. These proofreaders’ marks, shown in Figure 3.7, should always be used when making corrections. Some physicians, however, may choose to use correction marks and symbols on hardcopy documents (e.g., transcribed reports) they have composed themselves.

Proofreading Techniques. It is always necessary to read every document several times. There are many elements in any written document and therefore many opportunities for error. Each time you read a document, you are concentrating on a different element:

1. Read for content. Does the document agree *exactly* with the original? Have any words been omitted? Have any words been repeated, especially at the ends of lines?

Figure 3.7

Proofreaders’ Marks

^ Insert word or letter.....	add it ^	# Insert a space.....	add so it #
↪ Omit word.....	and so it ↪	{ Insert a space.....	and so it {
.... No, don't omit.....	and so it	○ Omit the space.....	10 a.m. ○
\ Omit stroke.....	and so it \	—Ⓢ Underscore this.....	It may be —Ⓢ
/ Make letter lowercase...	And so it /	♂ Move as shown.....	it is not ♂
≡ Make a capital.....	if he is ≡	⌋ Join to word.....	the port ⌋
≡≡ Make all capitals.....	I hope so ≡≡	word Change word.....	and if he word
→ Move as indicated.....	and so →	○ Make into period.....	to him ○
= Line up horizontally.....	TO: John =	○ Don't abbreviate.....	Dr. Judd ○
Line up vertically.....	If he is 	○ Spell it out.....	or if ○
ss [Use single spacing.....	and so it ss [¶ New paragraph.....	¶ If he is ¶
∩ Transpose.....	and it so ∩	∨ Raise above line.....	Hale1 says ∨
ds [Use double spacing.....	and so it ds [+ # ↑ More space here.....	+ # → It may be + # ↑
=/ Insert a hyphen.....	white/hot =/	- # ↑ Less space here.....	- # → If she is - # ↑
s] Indent — spaces.....	s] If he is s]	Ⓢ 2 line spaces here.....	It may be Ⓢ
~ Bold.....	He is not ~	— Italicize.....	It may be —



2. Read for correct grammar, spelling, usage (both words and numbers), and keyboarding errors. In addition to reading, use the spelling and grammar checkers but do not totally rely on them. Keep a good dictionary, medical dictionary, and English Reference manual close at hand.
3. Check the format. Has everything been keyed with correct spacing, margins, headings, centering, and page numbers? Is the format consistent throughout the document?
4. When you are reading for consistency, check that the writer always uses the same style for phone numbers and dates—for example, either (212) 555-7952 or 212-555-7952, and either 10/19/2015 or 10-19-2015.
5. When proofreading for clarity, be sure that the most appropriate and concise words are used to communicate the idea. For example, do not use *demonstrate* for *show* or *utilize* for *use*.
6. In a separate step, proofread all numbers once again. Be sure that the number of digits in items such as addresses and ZIP codes is correct. Be sure there are no transposed numbers.
7. Carefully check and confirm important data, such as the correct spelling of names, addresses, all numbers, and the use of titles, such as *Dr.* or *Rev.*
8. Read the document again after you have made all the corrections. Be sure that, in making required corrections, you have not introduced any new errors. It is helpful to read the document out loud.

Common Errors. The following is a list of common errors you may find when you proofread documents:

- Keyboarding mistakes, such as the omission or repetition of words and other typographical errors; misstrokes of keys—for example, keying *slepp* instead of *sleep*
- Errors of transposition in both letters and numbers—for example, keying *flies* instead of *files* or *appointment on October 13* instead of *appointment on October 31*
- Spacing errors, including not spacing correctly between words, such as keying *patientdoes* instead of *patient does*; incorrect spacing within a word, such as keying *the re* instead of *there*; too much spacing between lines

Editing Techniques. If you are the person who originates the document, you may find it difficult to assess your own work. However, you do have a thorough understanding of your purpose. When you are editing a document created by someone else, you need to be careful that you understand the writer and the situation well enough that you do not make inappropriate changes.

When you edit a document, you are judging clarity, organization, quality, flow, and consistency of format and style. In editing, you also use your proofreading skills. You have the overall objective of making the document as effective as possible. To assess the document,

1. Read the whole document first to get a sense of its organization and purpose.
2. Look at sentence structure to determine that it is correct. Look at sentences to be sure that they are not awkwardly constructed.
3. Assess the correctness of spelling, grammar, punctuation, and English usage.
4. Look for problems in the tone of the document. Is the tone appropriate for the intent of the document?
5. Determine that the content is complete and clear. If you have any questions, be sure to get clarification from the writer.
6. Look for any wording or content that may be confusing to the reader.



<p>3.1 List the steps of the communication cycle and give an example of a barrier to each step. Pages 74–76</p>	<ul style="list-style-type: none"> • The communication cycle has five steps: <ul style="list-style-type: none"> – Origination of the message by the sender. In this step, the sender analyzes the receiver and formulates the message. Barriers to consider are the knowledge base of the receiver and the physical environment. – Encoding of the message by the sender. In this step, the sender attaches words and gestures to the message. A barrier to consider would be a language barrier. – Transmission of the message. The sender determines the best channel for the message and sends the message to the receiver. A barrier to consider would be noise that disrupts the channel and the message. – Receiving and decoding of the message by the receiver. In this step, the receiver interprets the message. A barrier to consider is the inactive listening by the receiver. – Checking for understanding through feedback. In the last step, the sender verifies the receiver has interpreted the message as intended using techniques such as questioning and asking the receiver to paraphrase. A barrier to this step would be a judgmental assumption by the sender.
<p>3.2 Explain how the verbal message is affected by nonverbal communication. Pages 76–78</p>	<ul style="list-style-type: none"> • Nonverbal communication has a greater impact on the receiver of a message than the verbal message. Most of our communication is through nonverbal channels. When the verbal message sends a communication but the nonverbal message, such as facial expression or body language, says something different, the nonverbal message is the one received.
<p>3.3 Apply effective written communication techniques to compose written medical office correspondence. Pages 78–91</p>	<ul style="list-style-type: none"> • Written correspondences are a reflection of the medical practice and its employees. Documents should be prepared with proper grammar and word usage, sentence structure, and format. Prior to sending out any document, it should be carefully proofread and edited using personal knowledge and electronic methods, such as spell and grammar checkers.

Project 3.1 (LO 3.3) Composing a Referral Letter

WP 5 contains a list of Dr. Larsen's outside services. Create a folder and label it SUPPLIES. Place Dr. Larsen's Outside Services listing in this folder, and refer to it when necessary. Add any new contact in the space provided.

Dr. Larsen has asked you to compose a referral letter for her signature. The purpose of the letter is to refer Florence Sherman to an ophthalmologist, Richard Diangelis, MD. Summarize the key points from the October 5 chart note, found in WP 6. This referral letter confirms a conversation between the two physicians on October 8. Date the letter you write October 10. Address an envelope. Create a folder and label it SHERMAN, FLORENCE. Place a copy of the referral letter and October 5 chart note in Ms. Sherman's chart. Submit the letter, envelope, and chart note to your instructor.



Project 3.2 (LO 3.3) Composing an E-mail

Dr. Larsen has asked you to prepare an e-mail from her to be sent throughout the medical center informing the staff of the following information:

Wanda Norberg, MD, will start working part-time in January while Dr. Larsen takes a two-month sabbatical to update the University Hospital Resident Program Guidelines (publication date is April 1). Dr. Norberg currently has an office at 2901 West Fifth Avenue, Suite 425, Chicago, IL 60612-9002. Her current phone number is 312-555-4525. Her hours will be 9 A.M. to 12 noon, Monday through Thursday, and Tuesday and Thursday evenings from 6 P.M. to 9 P.M. Employees are needed to work during these hours. If interested, contact Linda at extension 6022.

Remember to add Dr. Norberg's information to the Outside Services list (WP 5). Create a folder and label it MISCELLANEOUS. File a copy of the e-mail in this folder. Send the e-mail to your instructor.



Project 3.3 (LO 3.3) Internet Research: Journal Citations

Using your favorite Web browser, locate the American Medical Association's Web site. Visit the *Journal of the American Medical Association (JAMA)*, and research author instructions. What are some of the criteria for acceptance of manuscripts? Can manuscripts be submitted by e-mail? Be prepared to discuss your findings.



Project 3.4 (LO 3.3) Editing and Proofreading Reports

Dr. Larsen has asked you to edit and proofread two reports that she will use for her classroom teaching. The reports are on the Online Learning Center (OLC) at www.mhhe.com/bayes8e, labeled Project 3.4a and Project 3.4b. The physician has marked the changes to be made on WP 7 and 8. The reports also contain unmarked errors. First save the reports on your own storage device as Project 3.4 reports. Then edit and proofread the reports. Remember to save your work.



Project 3.5 (LO 3.3) Communications Terms

On WP 9, match the communications term in Column 2 with its definition in Column 1.



Communication (LO 3.2)

The act of communicating involves verbal, nonverbal, and paraverbal components. The verbal component refers to the content of our message, the choice and arrangement of our words. The nonverbal component refers to the message we send through body language. The paraverbal component refers to how we say what we say: the tone, pacing, and volume of our voice. Communication is one of the most important of the soft skills, and its significance is growing due to the advancement of technology. **How can nonverbal communication interfere with the patient–healthcare provider interaction?**

USING TERMINOLOGY

Match the term or phrase on the left with the correct answer on the right.

- | | |
|--|---|
| _____ 1. [LO 3.1] Barriers to communications | a. Standardized notations used to indicate corrections or changes to a document |
| _____ 2. [LO 3.3] Block-style letter | b. Most common form of interoffice communication |
| _____ 3. [LO 3.1] Channel | c. Internal and external interferences with the communication cycle |
| _____ 4. [LO 3.1] Decoding | d. Chosen method of transmitting a message |
| _____ 5. [LO 3.2] Noise | e. Applying meaning to a received message |
| _____ 6. [LO 3.1] Encoding | f. An alphabetic listing of works used by a writer |
| _____ 7. [LO 3.3] Proofreading symbols | g. Letter style in which all text is left-aligned |
| _____ 8. [LO 3.3] Bibliography | h. Applying gestures and words to a message or an idea |
| _____ 9. [LO 3.3] E-mail | i. How a recipient responds to a message |
| _____ 10. [LO 3.1] Feedback | j. Loud music, fatigue, and illness |

CHECKING YOUR UNDERSTANDING

Select the most correct answer.

- [LO 3.1] When Dr. Cary's AMA stepped toward a patient to explain the hospital preadmission procedure, the patient abruptly took a step backwards. Which of the following is the most likely reason for the patient's movement during the communication process?
 - The AMA had bad breath.
 - The patient's cell phone was ringing.
 - The patient needed to sit down.
 - The AMA had intruded into the patient's personal space.
- [LO 3.2] Kelsey felt she was being treated rudely by the medical office receptionist. When Kelsey arrived for her appointment, the receptionist greeted Kelsey, quickly shut the glass window, and began pointing her finger toward Kelsey. The receptionist was discussing a newly discovered crack in the wall with the office manager. Kelsey felt unwelcomed because
 - The receptionist's verbal message did not match her nonverbal message.
 - The receptionist's verbal and nonverbal message were the same.
 - The crack on the wall was offensive to Kelsey.
 - The receptionist did not offer Kelsey coffee or water.
- [LO 3.3] A copy notation in a letter is placed
 - Immediately after the date.
 - One Enter stroke below the complimentary closing.
 - Below the reference initials and any enclosure notation.
 - One Enter stroke below the inside address.

4. [LO 3.1] The medical office team was confused by an e-mail Dr. Larsen sent. It said, "Employees must arrive early to work for the next few weeks." Employees did not know why or how early they must arrive. Which of the following is an encoding error used in Dr. Larsen's communication?
 - a. Barriers to communication
 - b. Using relative terms in place of concrete terms
 - c. Sending the message through e-mail
 - d. None of these
5. [LO 3.1] Which of the following is an example of concrete wording?
 - a. The medical coder will be 15 minutes late today.
 - b. Our lab will close early on Fridays.
 - c. Dr. Larsen will be out of the office sometime next month.
 - d. Your lab results will arrive next week.
6. [LO 3.2] Dr. Larsen asked Ally to refrain from wearing stained scrubs and provided Ally with a voucher to buy new ones. Why did Dr. Larsen ask Ally not to wear stained scrubs?
 - a. Dr. Larsen did not like the color of Ally's scrubs.
 - b. Ally was arriving 20 minutes late to work each day.
 - c. The scrubs did not match scrubs worn by other medical staff.
 - d. Stained scrubs may give a nonverbal impression to patients that the office is not concerned with cleanliness.
7. [LO 3.3] A second-page letter heading should contain the following:
 - a. Inside address
 - b. Complimentary closing and signature
 - c. Reference initials and enclosure notation
 - d. Recipient, page number, and date of the correspondence
8. [LO 3.3] Dr. Larsen is presenting a paper on gastroparesis. She asked a gastroenterologist to read the draft paper and check it for accuracy of the medical information. She has asked the gastroenterologist to
 - a. Edit the draft paper.
 - b. Proofread the draft paper.
 - c. Edit and proofread the draft paper.
 - d. Violate copyright laws.
9. [LO 3.3] Which of the following is a proofreading symbol?
 - a. ¶
 - b. \$
 - c. ☺
 - d. ☆
10. [LO 3.3] Within a manuscript, a quotation of six lines should be formatted
 - a. As all other lines of text in the manuscript.
 - b. As a 0.5" indentation from the left margin.
 - c. As a 0.5" indentation from the right margin.
 - d. As a 0.5" indentation from both the left and right margins.

THINKING IT THROUGH

These questions cover the most important points in this chapter. Using your critical-thinking skills, play the role of an administrative medical assistant as you answer each question. Be prepared to discuss your responses.

1. [LO 3.1] Mrs. Jenage was seen by the physician and needs to be admitted to the hospital. She is legally deaf but does read lips. How will you communicate hospital admission instructions to Mrs. Jenage and check to be sure the instructions were received correctly?
2. [LO 3.3] In a job interview, you are asked to describe the quality of your written communication skills and state why these skills are important. How do you respond?
3. [LO 3.3] Mrs. Court, who has a history of missed appointments, has just missed her latest one. The doctor asks that you contact her about the missed appointment, to mention politely that this has happened before, and to ask her to reschedule as soon as possible. Why would you choose to write a letter rather than call the patient?
4. [LO 3.3] Prepare a draft of the body of the letter to Mrs. Court. Keep in mind the doctor's directions about the content and tone.
5. [LO 3.3] A colleague sends you this e-mail: "Please help! I need to prepare final manuscript for an article Dr. Trelando is submitting." You decide to e-mail the directions for preparing the title page and text pages for final manuscript. What does your e-mail say?
6. [LO 3.3] You receive a call from an assistant at Dr. Janis's office about a referral from your office. The referral is scheduled for today, but Dr. Janis cannot locate the referral letter sent by your office. How can e-mail help in this situation?