

**MANIPAL UNIVERSITY****FIFTH/SIXTH SEMESTER B.Sc. H.I.A. DEGREE EXAMINATION – JANUARY 2013****SUBJECT: APPLIED MEDICAL TRANSCRIPTION**

Friday, January 11, 2013

Time: 10:00-13:00 Hrs.

Max. Marks: 80

**All questions are compulsory.****HEALTH SCIENCES LIBRARY**

1. What are the various methods of compensation used in Medical Transcription? Why is it required to measure compensation?

(10 marks)

2. "Working at home can be isolating". Comment on the statement. What are the requirements for working from home?

(10 marks)

3. Mention various work environments in which Medical Transcriptionists may work?

(10 marks)

4. What is a Clipped sentence? When is it acceptable and when it is not acceptable to have clipped sentences?

(10 marks)

5. Define Medical Transcription. What makes developed countries like USA to look at India as an ideal ground for outsourcing?

(10 marks)

6. **Write short notes on the following:**

6A. Flagging.

6B. History and Physical Examination report.

6C. Dealing with slangs and questionable comments.

6D. Ways for searching unknown words.

(5×4 = 20 marks)

7. Proof reading.

There are at least 10 errors in this report, rectify them.

ADMISSION DIAGNOSIS:

1. Adenocarcinoma of the prostate.

DISCHARGE DIAGNOSIS:

1. Status post radicle prostatectomy for adenocarcinoma of the prostate.

#### CLINICAL HISTORY:

The patient is a 56-year-old male with a history of an elevated PSA. Subsequent transrectal ultrasound of the prostate and needle biopsy confirmed the presence of adenocarcinoma of the prostate, Gleason 3+3, on the right side. After discussion of therapeutic options, the patient elected to proceed with radical prostatectomy.

#### HOSPITAL COURSE:

The patient was admitted to the Urology Service on 10/01/97. On that day, he was taken to the operating room and underwent a radical prostatectomy. The patient tolerated the procedure well. Postoperatively, he was taken to the recovery room and subsequently to the floor in stable condition. His postoperative course was unremarkable. On postoperative day #2, he had evidence of return of bowel function with flatus, and he was started on a full liquid diet. By postoperative day #3, he was tolerating a regular diet without difficulty. His vital signs were stable, and he was afebrile and voiding via his Foley catheter without difficulty. His JP drain output was minimal, and both JP drains were removed. On 10/04/97, he was discharged to home.

#### DISCHARGE MEDICATIONS:

1. Vicodin one to two q.4h. p.r.n. pain.
2. Colace 100 mg p.o. b.i.d. p.r.n. constipation.

#### FOLLOW-UP-CARE:

The patient will follow up in the Urology Clinic two weeks from the date of his operation for staple and Foley catheter removal. He was advised to call or come to the hospital if any problems should arise in the interim.

(10 marks)

