THE COMPLETE MEDICAL SCRIBE

A Guide to Accurate Documentation

KIM D. KWIATEK
KATERINA M. FLAMM

EDITION
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A Guide to Accurate Documentation

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ABOUT THE AUTHORS

Kim Kwiatek, MD, originally trained as a Family Physician but quickly pivoted to the practice of Emergency Medicine in Dayton, Ohio. His many interests over his 40-year career included the business side of medicine and computerization of the electronic health record. These interests led him to start a medical scribe company that could help him and fellow physicians with more accurate documentation. Aptly named ABC Scribes (for Accurate Bedside Charting), the company started training scribes in its own "Scribe Academy" as well as in area universities. A textbook naturally followed. Now in its third edition, Dr. Kwiatek has collaborated with Elsevier to bring you *The Complete Medical Scribe*. Still actively engaged in medical informatics, Dr. Kwiatek makes time to travel to see his three children and three grandchildren.

Katerina Flamm, MD, began working for ABC Scribes in 2014. She rapidly mastered the documentation profession and began teaching for the company in her new role as senior medical scribe. Katerina was instrumental in helping to mature the company's curriculum and became its "Director of Education." In that role she collaborated with Dr. Kwiatek in the writing of the first two editions of this text, the first of which was published in 2017, and the second in 2019. In 2021, Katerina graduated from medical school from The Ohio State University College of Medicine. She is starting her residency at The Ohio State Wexner Medical Center and hopes to continue medical documentation education during her residency and beyond.

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This book is dedicated first and foremost to Amanda Craycraft, the "ground zero" scribe for ABC Scribes (Accurate Bedside Charting). Amanda is a force of nature who made me believe that I could build a successful scribe program way back in 2010. Without her infectious enthusiasm, our scribe program in Dayton, Ohio and the subsequent college course and textbook would never have happened.

In addition, I want to dedicate this effort to my wife, Candace, who has been the major influence in my life, teaching me by example how much can be accomplished with persistence, patience, and grace.

A shout-out goes to Larry Henry, my small business (SBA) mentor who from the get-go was brutally honest with me as I learned my way in the business world. He helped me to focus on my passion which was quality and innovation as opposed to growth for growth's sake.

Finally, this book is dedicated to the many aspiring healthcare professionals who scribed for ABC Scribes over the years. Their eagerness to learn the art of medical documentation as they began their healthcare careers was my ongoing inspiration in developing a curriculum and creating this text.

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ACKNOWLEDGMENTS

Many people contributed to this effort in numerous ways, both large and small. These are but a few.

The original college curriculum that led to this text was written with assistance from Amanda Utendorf Stegemiller. Amanda both scribed for me and cotaught our original course at the University of Dayton (the first college scribing course for credit in the nation). She provided valuable insight into the perspectives of the college student and tackled this new project with professionalism. She enthusiastically shared her scribe expertise with many budding health professionals. Amanda is now a Physician Assistant in Dayton, OH.

Katerina Flamm, MD, my coauthor, deserves special acknowledgement for the countless hours she put in writing this text with me. We collaborated on editions 1 and 2 which we "self-published" on CreateSpace (later Amazon/Kindle). These early editions served as our course text and as certification preparation for many students. The text was used in area colleges and our own "Scribe Academy." I will treasure the memory of the late nights we spent hashing things out in shared documents online, until we both were satisfied. Katerina was a scribe with ABC Scribes and a pre-med student at the time we began work on our first edition. She took a gap year to complete this project with me. We worked on the second edition together over a summer break while she was in medical school at The Ohio State University (OSU). Congratulations Katerina on your graduation from OSU and your acceptance into emergency and internal medicine residencies! You are an exemplar of what a serious scribe experience can produce. There would absolutely be no text without you.

I must particularly acknowledge Rachel E. Evans, RN, who has been by my side almost from Day One in the management of ABC Scribes. She took a chance on me and changed the trajectory of her own career throwing in her lot with ABC Scribes. Rachel has amazing qualities that she invested in our project. Daily she demonstrates how to put personal ethical values into everyday practice and how to be both confident yet humble. Only because of her handling of so many details of running the business did I have the time and energy left to devote to this book. Rachel is now the owner of ABC Scribes, a position that she has earned.

A big thank you goes to Kelly Schulte, longtime employee and manager/director at ABC Scribes, whose expertise in all things technical has been invaluable in getting early editions of this work published. Her range of knowledge is broad and her upbeat, can-do optimism is infectious. I will always be in awe of people who take lemons that life dishes out and make them into great lemonade. Kelly is such a person.

My oldest daughter, Keren Stick, was my proofreader on the first edition. She is a stickler for proper grammar and took the time to go through early versions of the book line-by-line. I will always be grateful that she did this even though it came at a time when she really did not have the time. Keren saved me from many an embarrassment, I am sure.

Finally, John Tomedi, acting as my editor for this edition, deserves special mention for his expertise in editing a medical text and his attention to detail. He was always tolerant of my lack of knowledge of the process, and I hope has succeeded in making me look like I know what I am doing. Most importantly, he tolerated my sense of humor. Thank you, John!

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PREFACE

Welcome to the third edition of our text on medical scribing. This edition is called *The Complete Medical Scribe* as it covers the vast landscape of scribing in a thorough fashion. Our intention is to have this serve as your go-to reference for all your scribing questions, both during the course and beyond.

This text has evolved over the years to include not only the technical aspects of scribing, but also elements of the art of scribing with all its nuances. Also, partnering with Elsevier has allowed us to add content and many helpful illustrations that will bring much of the material to life. In addition, the text provides you with opportunities to practice your scribing skills.

The book is divided into four parts. The first introduces the scribe's important role on the healthcare team. Two new chapters have been introduced to this edition to explore the medical-legal and health safety aspects of the job. Part II of the book delves into the heart of scribing, the healthcare note itself, and how it is constructed. Part III reviews each body system with related signs, symptoms, and problems that you, the student, will need to understand to produce accurate healthcare documentation. Finally, the last part of the book offers a practical application of your newly learned skills. Here it guides you to anticipate what may be asked or examined during the medical history and physical and what constitutes required documentation for a given problem. There is also a chapter with sample scenarios for you to practice, with answers and explanations of why we recommend the documentation as we do.

We are pleased to provide as a companion to this book several online resources for the benefit of both students and instructors. For students, this platform offers the opportunity to further practice scribing skills by observing and documenting video provider/patient encounters. There are also online templates for use throughout the course. Additionally, there are self-directed quizzes with answers and rationales explaining those responses.

For the instructor, resources include Lesson Plans and PowerPoints for classroom use and guidance for presenting the information to the class. We also are providing a test bank of over 500 questions mapped to the learning objectives in each chapter.

Good luck as you go through this course and through your scribing career. Medical scribing was born of the need to improve provider documentation to meet the needs of the many parties with an interest in the patient chart. As documentation needs have grown, the provider often has had to decide between spending time with the patient or with the chart. Neither is a perfect choice. Enter the medical scribe who is trained to create a great medical document. The provider wins. The patient wins. The other parties who use the chart win. And the scribe has created a valued spot on the healthcare team. Our hope is that you will find that spot for yourself and enjoy your time scribing while recognizing the valuable contribution that you are making.

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CONTENTS

PART I

The Medical Scribe in Healthcare

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CHAPTER 1

Healthcare Providers and the Role of the Medical Scribe

LEARNING OBJECTIVES

1. Explain the role of the provider in patient care.
2. Differentiate the types of providers in primary care and specialty medicine.
3. Explain the role of the medical scribe.
4. Discuss the advantages of medical scribe training and certification for clinical personnel.

KEY TERMS

Acuity
Certification
Consultant
Disposition
Electronic health record (EHR)
Electrophysiology
Hard-stop
History of the present illness (HPI)
Hospitalist
Interventional cardiology
Interventional radiology
Medical scribe
Order
Physical exam (PE)
Primary care
Provider
Review of systems (ROS)
Specialty medicine
Treatment plan

Providers and the Practice of Medicine

In the delivery of healthcare there are distinct and defined roles for the variety of professionals who work together to care for patients. **Providers** are at the center of patient care. These professionals are understood to have the education, experience, and demonstrated competency to practice medicine, meaning that they can recommend and perform treatments to cure a health problem or maintain health. The legal authority to practice medicine is granted by each state. The provider examines and diagnoses patients, prescribes medications, and performs surgeries and other procedures according to the **treatment plan** he or she has developed for the patient. Every aspect of the patient's care is documented.

For the sake of simplicity, there are two types of providers: physicians and nonphysician providers (NPPs), also called advanced practice providers (APPs). By law, the physician is the only professional who is permitted to practice medicine *independently*. This is because only physicians are considered to have enough training and experience to safely treat patients and to understand when the patient requires more advanced care. That being said, physicians may delegate many responsibilities to NPPs. NPPs include nurse practitioners, physician assistants, clinical nurse specialists, and more. Depending on the laws of each state, these providers work under varying levels physician supervision; many work independently and consult with physicians when needed.

Providers may work in a variety of areas in medicine. They may work in primary care, which requires one to know a little about all areas of medicine. **Primary care** is the area of medicine that is generally considered to be the first point of contact for the patient in caring for their general needs (Table 1.1). Alternatively, they may work in **specialty medicine**, which requires expertise within a specific area of medicine. Although not a complete list, Table 1.2 describes many of the providers included in the area of specialty medicine.

Specialty medicine includes those providers who have in-depth training of one specific body system. Often these providers will have completed a residency program in a generalized area (like internal medicine or general surgery), and then complete fellowship training in their chosen specialty (like cardiology or pulmonology).

Specialists often work in the combined settings of the hospital, office, and surgery. Many specialists also may act as consultants. A **consultant** is someone who evaluates a patient and provides recommendations for a treatment plan. A specialist acting as a consultant only documents on active problems within his or her area of expertise. For example: a general surgeon might only

TABLE 1.1 ■ **Primary Care Providers**

Provider	Description
General Practitioner (GP)	Antiquated term for the doctor who "did it all." No specialty residency was required. These providers used to deliver babies, perform common surgeries, and provide care for everyone.
Family Physician (FP)	This is the "newer" general primary care practitioner. A residency in family medicine is typically completed. They may or may not deliver babies and assist in surgeries. They may take care of pediatric patients as well as adults. Family physicians generally work in offices as part of the outpatient setting.
Internist or Internal Medicine (IM)	This is a general practice physician similar to the family physician, but who usually has not trained to care for pediatric or Ob/Gyn problems. Internists typically work in an office but often also in the hospital setting (some are also called **hospitalists** if they work exclusively within a hospital; see below).
Obstetrician/ Gynecologist (Ob/Gyn)	Gynecologists are trained to care specifically for women, and are experts in women's health. Obstetricians are experts in pregnancy, and care for both the mother and the prenatal baby. Obstetrics/gynecology is one combined specialty.
Pediatrician	Specializes in the care of infants, children, and adolescents. There are many subspecialties in pediatric medicine (like pediatric cardiology, pediatric gastroenterology, etc.). Often when an individual turns 18 they must transition to a family physician for their healthcare needs.
Gerontologist	Focuses on providing care to elderly patients. This is a relatively new specialty that is now caring for a continually growing population.
Emergency Medicine (EM)	Providers are trained to care for higher **acuity** emergent issues—health problems that need to be addressed quickly or immediately—and provide lifesaving intervention if needed. Emergency medicine physicians also function as the gatekeepers of the hospital: they decide which patients are ill enough for inpatient admission, and which can be safely discharged home to follow-up in outpatient primary or specialty care.
Urgent Care	Provides urgent care for lower acuity issues (like common colds, skin infections, minor trauma, and other nonlife-threatening conditions). If a patient needs a more in-depth work-up, they are sent to the emergency department.

TABLE 1.2 ■ **Specialty Medicine**

Specialist	Description
Anesthesiologist	Cares for the patient undergoing surgery and requiring anesthesia. May also deal in pain management for patients who have chronic pain problems.
Cardiologist	Manages diseases of the cardiovascular system. Can also subspecialize into other branches of cardiology, such as **interventional cardiology** (to perform procedures using a catheter) or **electrophysiology** (to treat and manage diseases of the heart's electrical system), among others.
Dermatologist	Deals with issues related to the skin. May do in-office procedures like biopsies and excisions.
Gastroenterologist	Manages and treats diseases of the gastrointestinal tract. Can perform procedures in an office setting or in the hospital.
General surgeon	A surgeon who has not subspecialized into other types of surgery. The types of surgeries that are performed depend on the surgeon's level of training.
Hematologist/ Oncologist	Treats cancer patients and blood diseases.
Hospitalist	A branch of internal medicine which takes care of patients in the hospital only (usually after admissions from the emergency department). A hospitalist will only document on any problem that requires close monitoring or intervention while the patient is hospitalized. They will not generally address stable or old problems. After discharge, the patient will return to their primary care provider for their healthcare needs.
Nephrologist	Specializes in diseases of the kidneys, including caring for dialysis patients.
Neurologist	Provides medical care of neurological problems.
Otolaryngologist (ENT)	Provides office and surgical care relating to the ears, nose, and throat.
Ophthalmologist	Provides office and surgical care of eye problems.
Physical Medicine and Rehabilitation (PM&R)	Rehabilitates the injured, stroke victims, and others.
Plastic Surgeon	Performs reconstructive and/or cosmetic procedures.
Proctologist	Takes care of diseases in the rectal area.
Psychiatrist	Cares for patients with behavioral health problems.
Pulmonologist	Specializes in diseases of the lung. Pulmonologists may also practice critical care medicine.
Radiologist	Reads and interprets various types of imaging studies. May also subspecialize into **interventional radiology** and perform image-guided procedures.
Rheumatologist	Monitors and treats the rheumatologic autoimmune diseases (those dealing with muscles and joints, primarily). Autoimmune disease tends to have a multi-system overlap, so rheumatologists often consult with other specialists to manage autoimmune disease (like dermatology and gastroenterology, for example).
Urologist	Manages diseases of the urinary system. This would include the urinary bladder, ureter and ureters, as well as surgical conditions of the kidneys.
Vascular (Thoracic) Surgeon	Performs invasive surgeries of the heart, lungs, and blood vessels.

comment on the surgical procedure that he or she performed, and any perioperative complications. Things like hypertension or pulmonary disease would be managed by specialists on the treatment team (perhaps cardiology and pulmonology, respectively).

Many providers in different areas of medicine may participate in one patient's care. This is because they each have the training necessary to meet one or more of that particular patient's needs. For example, one patient may be following with a urologist for their recurrent urinary tract infections, a cardiologist for their hypertension, and a rheumatologist for their lupus. Generally, the primary care provider acts as a quarterback of sorts, and coordinates patient care amongst all of the other providers.

NOTE

It is always important to document the names of the providers with whom the patient follows, along with their areas of specialty. This allows the medical scribe's supervising provider to consult the other providers who are familiar with that patient. The scribe should translate the lay verbiage that the patient may use when describing a provider's area of medicine to the appropriate medical term. For example, substituting cardiologist for "heart doctor," and nephrologist for "kidney doctor" and so forth.

The Medical Scribe

A **medical scribe** is a documentation assistant to the medical provider (most commonly a physician). Documentation is recorded in the **electronic health record (EHR)**, which is a computerized healthcare platform to organize patient care information and workflow (Fig. 1.1). The EHR stores all the information about the patient and the medical care he or she receives, including the provider's **orders**, which are the directions about how to care for the patient. The scribe enters patient medical information into the EHR on behalf of the provider. Nurses and other healthcare professionals help to execute the treatment plan by following the provider's orders from the EHR.

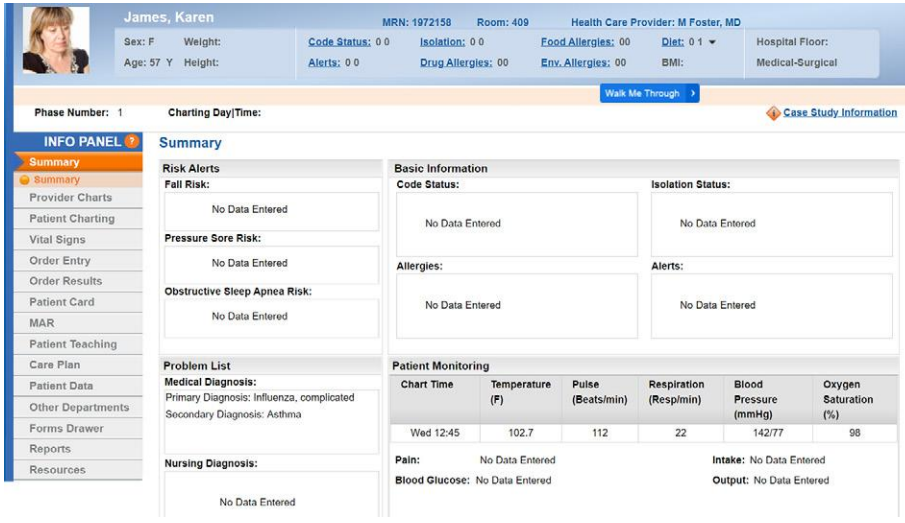

Fig. 1.1 The electronic health record (EHR) is a computerized platform to store and share patient information and to organize the work of providing patient care. (© SimChart for the Medical Office, 2021, Elsevier, Inc.)

The primary responsibility of the medical scribe is to create the **history of the present illness (HPI)** by listening to the provider while he or she is obtaining the patient's medical information (Fig. 1.2). The HPI is a coherent story, usually chronologic, describing the patient's illness or injury from the first sign or symptom to the present. The scribe may also complete the **review of systems (ROS)** after the HPI has been taken. This is a review of the symptoms that a patient may have, which is also obtained by the medical provider. A scribe may do other things if specifically told by the provider. These include recording the **physical exam (PE)**, which consists of the provider's physical findings during that patient encounter. The scribe may also enter orders for diagnostic labs, tests, or imaging into the EHR. At the provider's request a scribe may also document procedures, the results of certain tests (like electrocardiograms [ECGs]), or complete the "paperwork" for the patient's **disposition** and follow-up instructions.

Scribes are one of several solutions that allow the provider to document more accurately, more thoroughly, and more efficiently in the EHR. As an example, a provider may require 5 minutes to document on a single patient encounter. If they see 30 patients in a day, that would amount to roughly 150 minutes (or 2.5 hours) of time lost to documentation. With a scribe, the chart should be completed more or less when the provider exits the patient's room. Time and money are saved, and the chart that the scribe completes will likely be more thorough and accurate than the one the provider would create based on memory alone.

A medical scribe is the provider's partner in documentation. The scribe may have to ask questions to clarify what they did not understand, and prompt the provider to give elements of the history and physical exam that were not heard or observed (Fig. 1.3). A scribe should never be afraid to do this—at an appropriate time. This ensures accuracy and is a part of the scribe's value to the provider. A scribe should also help the provider meet billing requirements. Scribes are expected to inform the provider if billing requirements are not met, and prompt them to obtain all elements needed to complete the chart.

At the end of the day, the scribe helps to improve patient outcomes. Scribes allow the provider to spend more time with the patient and less time with the computer. They create an accurate document for other providers to consult by performing immediate documentation so details are not forgotten. They ensure that the document they create is billable to all standards so the provider will be paid. Lastly, they document details that are necessary for audits that ensure quality care.

Fig. 1.2 The medical scribe listens to the patient and provider, documenting patient care into the electronic health record (EHR). (© ABC Scribes, Inc. Used with permission.)

Fig. 1.3 The medical scribe works with the provider to ensure the documentation in the health record is complete and accurate. (© ABC Scribes, Inc. Used with permission.)

NOTE

What does it mean to be certified or to have a **certification**? In healthcare, it is important to have proof that the people working for the organization have met certain professional qualifications. A process of certification verifies that an individual has competence in a given area, and can be relied on to perform a skill. While a certification is usually voluntary, many employers prefer or require new hires to be certified by an agency or professional organization. Becoming a certified medical scribe conveys to the prospective employer that you have been trained, tested, and can be counted on to perform the job with competence.

WHAT IS A SCRIBE NOT TO DO?

A scribe is considered *nonclinical personnel*, meaning that there are a variety of clinical activities in which a scribe may not participate. The scope of a scribe's practice may vary between locations. Therefore, prior to working in a new location the medical scribe should always clarify the facility-based policies and procedures regarding limitations and expectations for a scribe. There are also things that a scribe may never do, regardless of place of employment. These will be discussed in detail.

A scribe both observes and listens to the provider prior to completing any element of the health record listed in the section above. This is because a scribe is prohibited from eliciting the HPI or ROS from the patient themselves, nor can the scribe perform a physical exam. A scribe is also not allowed to assist in performing medical procedures (other than the documentation). They also may not assist other healthcare providers in gathering supplies or administering medications. Only if the scribe has additional training or certifications that allow for it, may they be able to perform those additional functions that they are trained for.

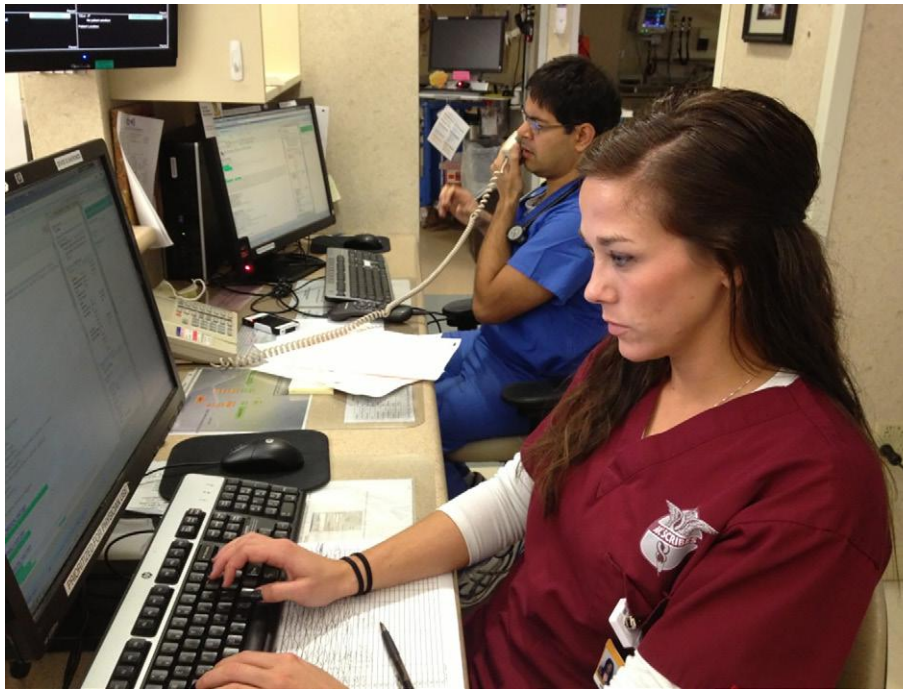

Fig. 1.4 The medical scribe's expertise is in populating the electronic health record (EHR) with the details of the patient encounter to present the most accurate record of care. (© ABC Scribes, Inc. Used with permission.)

The EHR has certain safeguards that are always in place that allow the scribe to work in the record as nonclinical personnel. These safeguards include **hard-stops** that appear after a scribe places orders or creates prescriptions. The hard-stops prevent the order or prescription from being acted upon unless the provider has reviewed, approved/amended, and signed the scribe's work. In addition to the hard-stops, the EHR should also send notifications and alerts to the provider (like medication contraindications such as allergies or drug-drug interactions), even if the scribe is the individual who entered the order.

Considering the restrictions in the EHR which are placed on a scribe, logging onto the computer using the physician's badge or user ID is never acceptable, and in fact constitutes fraud. Each individual working in the EHR must have separate login information, and different user roles and securities that depend on that individual's qualifications and required level of access. Chapter 2 will explore the security features of the EHR in detail.

A scribe must be both an excellent listener and an excellent communicator in order to be a successful part of the healthcare team. Most of the scribe's communication is written and done by documenting the encounter in the EHR (Fig. 1.4). A scribe may also communicate with other members of the healthcare team, but with certain limitations. A scribe may not call other providers to give them patient information, or transmit verbal orders to other healthcare providers. However, they can answer simple questions, such as whether the provider has been in to see a patient, or identify the provider's current location in the department or medical facility.

Occasionally the scribe may interact with patients: the patient may ask for a warm blanket or a drink, or ask questions about their healthcare. The scribe may almost always get patients warm blankets, but must ask the provider if the patient is allowed to have any oral intake ("po," or "per os,"