Title	**Produce text processed specialist clinical documents from printed information and a recorded dictation source**		
Level	**4**	**Credits**	**5**

Purpose	People credited with this unit standard are able to produce text processed specialist clinical documents from printed information and a recorded dictation source.

Classification	Business Administration > Business Information Processing

Available grade	Achieved

Guidance Information

1 Recommended skills and knowledge for entry:
Unit 29785, *Use a word processing application to integrate images, spreadsheet and database data into documents* or demonstrate equivalent knowledge, skills and experience.

2 Transcription is based on a 97% level of accuracy that allows three errors per 100 words dictated. Only one error is attributable to one word and five keystrokes represent an average word. Keystrokes include punctuation and spacing. Dictionaries for English language and specialist terms, meeting procedure references, and trade and business resources and/or on-line medical dictionaries and search engines may be used during transcription.

3 All activities associated with this unit standard must comply with health and safety guidelines and recommendations in relation to the working environment and work practices. Reference for this unit standard includes *ACC5637 Guidelines for Using Computers - Preventing and managing discomfort, pain and injury*. Accident Compensation Corporation - Department of Labour, Te Tari Mahi 2010; available from WorkSafe New Zealand, at https://worksafe.govt.nz/topic-and-industry/work-related-health/ergonomics/safely-using-computers-at-work/.

4 Legislation relevant to this unit standard includes but is not limited to the:
Copyright Act 1994
Health and Safety at Work Act 2015
Privacy Act 1993
and any subsequent amendments.
Current legislation can be accessed at http://legislation.govt.nz/.

5 Reference sources for this unit standard include:
Health Information Privacy Code (1994) available at https://www.privacy.org.nz/the-privacy-act-and-codes/codes-of-practice/health-information-privacy-code-1994/;

The Merck Manual of Diagnosis and Therapy, 20th edition, available at https://www.merckmanuals.com/professional, medical terminology websites, and search engines;
Medical dictionary based on English rather than American spelling conventions.

6 Definitions
Clinical documents refer to documents such as medical reports, clinic letters, referral letters, operations notes, ward notes, precis notes.
Good practice in this context includes selecting and using the appropriate feature or function to enable correct use of formatting, enhancements, tables and other tools to create documents using text processing and design layout skills.
Normal operating conditions refer to conditions that reflect a realistic work environment in terms of background noise and interruptions. This results in recorded dictation of variable quality requiring some editing and amendments.
Specialist refers to medical specialisations such as cardiology, respiratory, general surgery, gastroenterology, orthopaedics, paediatrics.

7 Other related unit standards include: Unit 21866, *Demonstrate and apply knowledge to provide medical administration services*; Unit 21867, *Process medical records and related information using a computerised patient database*; and Unit 21868, *Demonstrate and apply knowledge of hospital clinical administration support services*.

Outcomes and performance criteria

Outcome 1

Produce text processed specialist clinical documents from printed information and a recorded dictation source.

Range evidence of ten transcribed documents from recorded dictation sources; evidence of three documents from printed sources or annotated hard copies.

Performance criteria

1.1 Information is interpreted, and clinical documents are produced under normal operating conditions in accordance with the information provided and output required.

Range information may include but is not limited to – dictated instructions, hand-written, printed, amended notes.

1.2 Spelling, grammar, vocabulary, format and layout of documents conform to organisation requirements and are consistent with the nature and purpose of the output required and good practice.

Range vocabulary must include medical terminology.

1.3 Ethical and legal considerations for secure storage of and access to protected files are discussed and implemented.

Planned review date	31 December 2024

Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	22 March 2001	31 December 2011
Review	2	26 September 2005	31 December 2012
Review	3	17 December 2010	31 December 2017
Rollover and Revision	4	16 April 2015	31 December 2022
Review	5	27 February 2020	N/A

Consent and Moderation Requirements (CMR) reference	0113

This CMR can be accessed at http://www.nzqa.govt.nz/framework/search/index.do.

Comments on this unit standard

Please contact NZQA National Qualifications Services ngs@nzqa.govt.nz if you wish to suggest changes to the content of this unit standard.