Bouncing Back after Burning Out

[Burnout, Stress Management]
The new AHDI Member Directory is now live and available on the AHDI website. The directory includes members from all categories, ranging from Students to Corporations. Available only to AHDI Members, you can use the directory to expand your professional network.

To access the directory, you will need to be logged into the AHDI website. Be sure to review your biography and check your privacy settings. To do so, go to “Manage Profile” in the right column of the website and then select “Edit Bio.” The on-screen instructions will guide you through the setting adjustments.

The Credentialed Professionals Directory, which includes everyone who holds an AHDI certification, remains under construction.

**Action Required:**

1. Review your profile and adjust your privacy settings. Select “Private” with the red lock to hide a field in your profile.
2. Accept the terms of use and save your changes.

Select “Members Only” to allow AHDI Members to see a field from your profile (e.g., email address, phone number) OR choose “Private” to hide the field.

Changes may take up to 24 hours to show in the directory.

www.ahdionline.org/MemberDirectory
Happy, Happy, Happy

A&E’s TV show Duck Dynasty certainly made headlines in 2013 when the show first premiered. Its popularity led to several more seasons featuring the Robertson family from Monroe, Louisiana. Known for sporting long beards and often wearing camo, theirs is a rags-to-riches story about how patriarch Phil Robertson started his business, Duck Commander, building duck calls in a shed on his property. Three of his sons and his brother, “Uncle Si,” joined him to help build up the company to what it is today.

While the show certainly provides an entertainment factor and features many antics the Robertsons’ and their families and friends encounter, the family doesn’t hide the fact that it was a long, bumpy road to get where they are.

Life. What springs to mind when you see that word? Do you think about Mother Earth—green lawns, blooming flowers, and big, beautiful trees growing all around you? Do you think about your family and friends, vacations you’ve taken, or all the things that bring you the “simple joys”? Or does your body immediately tense up and your mind turns to all the stresses, decisions, and worries weighing you down? If it was the latter, you’re not alone. According to Statista, 62% of employees in North American report high levels of stress and 41% report “workload” as being the main source of that stress. Money was cited as the #1 source of stress in 64% of adult respondents in the US.

The healthcare documentation industry has certainly seen its share of hard times. We’ve weathered downsizing, pay cuts, acquisitions, and a vast array of technological advancements throughout the years. Yet we’re still here, fighting the good fight, because we know and appreciate the importance of accurate medical records. We’re resilient, dedicated, and adaptable—all important traits to have to succeed.

While some amount of stress is considered to be healthy, too much can lead us in an unhealthy direction. Mind Tools offers a simple 15-question quiz, with results interpretation, that may illuminate where you’re at. While this certainly is not and should not be used solely as a diagnostic test, it may help you determine if you are at risk of burnout. Knowing you may be at risk of burning out is half the battle. The other half is deciding what to do about it.

In the hustle and bustle of everyday life and taking care of everyone and everything around you, don’t forget to take time for yourself—to relax, have fun, and enjoy your loved ones. Be cognizant of what’s really important in life and what isn’t. Take time to remember and appreciate all the things you love and enjoy about your job and why you got into this field to begin with. And learn ways to live out a good work-home balance to be the best you that you can be.

Phil’s outlook on life and what is important to him can easily be summed up in his now-famous catchphrase “Happy, Happy, Happy.” I’d say that’s a pretty good place to be.

In this issue, Lisa Woodley shares a bit of her story and important information in her feature article, “Stress and Burnout: Learning the Hard Lessons.” You’ll also read about some dynamic therapy dogs in Kathy Elkins’ article, “Paws with a Cause.” Enjoy!

Kristin M. Wall
Editor-in-Chief, Senior Programs Coordinator & Editor, AHDI

References
STRESS AND BURNOUT: LEARNING THE HARD LESSONS
by Lisa M. M. Woodley, RHIT, CHDS, CHTS-PW

NEW STUDENT GROWTH TRACK AND EDUCATOR RESOURCES
by Paula W. Goode, CMT; Susan Whatley, CHDS, CPC, AHDI-F; Patricia A. Ireland, CMT, AHDI-F

Paws With A Cause
by Kathy Elkins, CHDS

Let's Talk Terms
by Jody Gall, RHDS

CMT/CHDS Challenge Quiz
by Cyndi Sandusky, CHDS

Editor’s Message by Kristin M. Wall, CHDS, AHDI-F

President’s Message by Jay Vance, CMT, CHP, AHDI-F

Tech Talk by Curt Hupe

Member Spotlight by Sheila Guston, CHDS, AHDI-F

Newly Credentialed

Around the Country

Game Changers by Kristin M. Wall, CHDS, AHDI-F

Exercise Your Brain by Donna Blessing, CMT

Professional Practice Desk

AHDI News and Who’s Who

Funny Bone by Richard Lederer, PhD
The Fine Print

This symbol identifies creditworthy items preapproved by AHDI. To earn CE credit, CMTs/CHDS should submit a brief (300-word) summary of a preapproved article. Article summaries preapproved by AHDI can be written and submitted at the end of your recertification cycle every 3 years. Do not submit them upon completion. Alternately, AHDI members may log in at www.ahdionline.org to see if an online quiz is available. Permission to reproduce copies of articles for educational use may be obtained from the editor at kwall@ahdionline.org.

CMTs/CHDS may opt to take the online quiz in lieu of an article summary for any article where this symbol is also indicated. You can find these CE quizzes at the AHDI website under Member Center > My Benefits > Online CECs. Members must first log into the AHDI website to access these quizzes.

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TO SUBMIT CONTENT FOR PUBLICATION: AHDI welcomes industry contributions, and all submissions for publication are welcome for review and consideration by the editor. Any individual or group interested in submitting an article or column content should follow the guidelines below for submission:

1. Articles must be submitted in MS Word format and should not exceed 1500 words (some exceptions will be made depending on content).
2. Articles should include full name and contact information for each author/contributor as well as a brief bio (2–3 lines) for each author/contributor.
3. Consider including a 15- to 20-question multiple-choice quiz with your article to facilitate online continuing education (CE) access for credentialed MTs/HDSs.
4. Articles must be submitted with a signed Author Agreement. An Author Agreement for Plexus can be requested from the senior programs coordinator and editor at kwall@ahdionline.org.
5. Articles should be emailed to kwall@ahdionline.org.
6. Author Agreements should be signed and faxed to 209-527-9633 or scanned and emailed to kwall@ahdionline.org.

NOTE TO READERS: In keeping with other publications in the industry, Plexus has been edited to comply with the style and standards as outlined by the American Medical Association (AMA) Manual of Style, 10th ed. In any instance where the application of AMA style conflicts with the Book of Style for Medical Transcription, 3rd edition, the AMA standard is used to comply with industry publishing standards, because those outlined in The Book of Style for Medical Transcription, 3rd edition, are specific to documentation in a transcription setting and not to formal publication.

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The final stanza of “The Road Not Taken,” the best-known work of the great Robert Frost—and perhaps the most-recognized words of ANY modern-day poet—has always struck me as tantalizingly open to interpretation:

I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I—
I took the one less traveled by,
And that has made all the difference.

Does the traveler regret having taken the road “less traveled by,” or is he glad? Is he expressing the universally human wish to know what cannot be known, “What if?” Or is he simply acknowledging that whatever he might have encountered on the “road not taken,” he is what he is because of the path he did choose?

These musings about choosing a direction and the difference that choice will make are the product of my realization that this is the final President’s Message I will write for PLEXUS as my term being AHDI President draws to a close. I am hopeful that the decisions made by our association during my tenure will prove to have
been wise. But I feel most strongly that there are even more weighty decisions yet to be made—by the leadership of AHDIs, by institutions and companies that employ healthcare documentation specialists, and by individual professionals in our field—past, present, and future. Those decisions will have significant and lasting consequences, and it is my fervent hope that the weight of those consequences will bend us in the right direction.

To the incoming President, returning and incoming National Leadership Board members, and every other stakeholder within our association, my message is simple and stark: Adapt or Vanish. Almost a year ago, now Immediate Past President Susan Dooley presented NLB members with a copy of a book entitled, “The End Of Membership As We Know It” by Sarah Sladek. The dustjacket notes distill the message of the book down to its essentials: “...membership [is] not dead but at a critical moment. Can membership organizations survive and even thrive, providing their niches with loyalty-engendering, must-have values? Yes. The first step to a prosperous future is to accept that the rules have changed.” I believe these statements to be true, and I have intentionally tried to act accordingly in my role as President. But there is so much work yet left to be done, and I urge our incoming President and NLB members to take Sarah Sladek’s insights to heart. Our association is most definitely at a critical moment. We must identify and embrace our “niche,” whatever that may be and whoever it may include. And most importantly, we must not only acknowledge but act upon the reality that the rules have most definitely changed. The AHDI of five years from now will not be—cannot be—the AHDI of today in order for us to thrive. This is not gloom and doom; this is a clarion call to bold, innovative action.

As for the institutions and, particularly, the medical transcription service providers who now employ the majority of healthcare documentation specialists, my message is equally blunt and to the point: Don’t use the ongoing pressure to lower costs as an excuse to treat employees poorly and without appropriate compensation. As an executive manager of a medical documentation services provider myself, I’m very much aware of the challenges we face. But it is not only possible but ultimately profitable for employers to find ways to acknowledge, respect, and yes, honor the hard-working professionals who are the backbone of our businesses. Treating employees with respect doesn’t cost more money; it just requires better management and better managerial attitudes. If we become more focused on making a profit than on cultivating a valuable workforce, we will soon find ourselves with neither.

Finally, a word to past, present, and future healthcare documentation specialists who are the heart and soul of our profession (with a nod to Bob Dylan): “The times, they are a-changing.” We are now part of a new reality that, for many “long-timers” especially, is simply too radically different to contemplate. Many veterans of our industry have seen what has happened with compensation and working conditions and have quite understandably walked away, either to retirement or a different career field. Others in our field feel they’re simply not in a position to make waves, so they continue to struggle along, dreading the thought of another day but afraid to make a change.

But I refuse to believe we are doomed to that kind of existence. I am convinced that our practitioners can still find affirmation and fulfillment in a job well done because it is our passion. While the average healthcare documentation specialist will never get rich in this field, it is still possible to make a respectable income without a college degree. That in itself is not something to take lightly. Furthermore, I believe we can make peace with the fact that our true value to society may never be fully acknowledged, but still do what we do because we understand our worth, and we find satisfaction in helping improve the lives of others. Let us not lose heart because the world at large doesn’t appreciate or even fully understand what we do. By all means, keep fighting for equitable compensation and fair working conditions and greater visibility—but let’s also understand that what we are doing truly matters! Nothing and no one can take that away from us as long as we believe in ourselves.

In the end, the choice of which fork in the path we take is less important than how we live on the road we choose to travel. Do I wonder how my life might have been different if I had gone another way 17 years ago? Of course. But I have decided not to expend my precious time and energy thinking about “the road not taken.” The path we have chosen is our path, and the journey we are on is noble and honorable and good. That is the message I leave with you, my fellow travelers.

Thank you for allowing me to walk this road with you as President, and I look forward to continuing the journey in whatever capacity the future may hold.

Jay Vance is the 2015-2016 AHDl National Leadership Board President.
The Dangers of Being Plugged In 24/7

How many times a day do you check your cell phone? Really think about it—waking up, while you eat, commuting? According to a Gallup Poll in 2015, for most Americans, it’s a few times per hour, though 11% admit to checking it every few minutes! It’s 2016, and we live in an era of hyper-connectivity. Information is being shoved in our faces every second, from the digital screens on our smartphone to the menu boards at our favorite fast food joints, to the new digital highway billboard that changes every eight seconds. We’re overloaded with data. Work, socialization, research, dating, news, communication, shopping—it’s all online.

However, it’s not just about being online or connected. It’s thinking about it, worrying that you’ll miss something, thinking you need to respond to that email or text immediately. Burnout isn’t just about your job. Humans are burned out with technology, especially in regard to being online. Depending on which report you read, we consume up to 10 times more data in a day as we did 20 years ago. Data is consuming us. Just look at all the free products and services Google provides. It’s all because they capture everything we do, store it, and process it to see how they can use it to either sell more to us or sell
that data to someone else. That data is used to get us more addicted to technology than we already are.

So how can you deal with technology burnout? Here are 10 different ways I’ve found that can help.

1. Put a time limit on tech use. Make a promise to yourself that you’ll unwind an hour or so each day without your phone, laptop or tablet; before bed would be best!
2. Stop notifications. Ever get anxiety over an email beep or text that you can’t respond to? Turn off the notifications on your phone. You’ll be less likely to constantly check to see what you’re missing.
3. Truly understand that email and texts aren’t urgent. When’s the last time someone contacted you through email or a text for a TRUE emergency? If something is that important, most people will call you--and they can probably track you down even if you don’t have your phone with you.
4. Check your focus. What truly matters to you? Make a list. Most of the items on your list probably don’t require you to be online or glued to your technology. Make time for people and the things that really matter. I hope your phone isn’t on the list.
5. Don’t buy the latest technology. Remember when the last iPhone came out and there were problems? Newer isn’t always better. Let someone else test the newest tech first. Just because everyone has it doesn’t mean you need it.
6. Don’t be a slave to your technology. Technology can be a very useful tool. But it’s just that--a tool, and should be treated as such. Don’t let it consume you.
7. Talk to people. In person! Social networking can be fun and interesting, but so can sharing photos and talking to people in person.
8. Stop taking your smartphone to bed. Studies have shown that using technology right before bed can prevent you from getting a good night’s sleep. If you use your phone as an alarm, just set it and put your phone upside down on your nightstand.
9. Eat without tech. A great way to commit to true socializing is to leave your phone in the car when you’re out to lunch or dinner with someone. It’s an hour. Can you be without your phone for an hour? Try it--it’s empowering!
10. Take a walk. When all else fails, put your phone down and take a walk outside. Get your Zen on with some nature.

I hope these 10 tips can help you break free from the chains of technology!

Curt Hupe is director of operations for ChartNet Technologies. Curt has over 15 years in the IT industry and 5 years in the medical transcription IT field. He welcomes your feedback at Curt@ChartNetTech.com.
Member Spotlight

Showcasing Sheila Guston, CHDS, AHDI-F

This regular column will showcase AHDI’s most valuable asset—its members! We look forward to getting to know members from diverse backgrounds, roles, experiences, and geographic locations.

This issue we introduce you to Sheila Guston, CHDS, AHDI-F.

I am originally from Staten Island, NY, but moved to Michigan about 20 years ago. You can take the girl out of New York, but you can never take New York out of the girl! I earned a Bachelor of Arts degree from Vassar College in Poughkeepsie, NY, and my original plan was to go into family law. I enjoyed working at Things Remembered so much while in college, however, that I stayed there for more than 10 years! I started as an assistant manager and worked my way up to district manager when I moved to Michigan. I’m one of those crazy people who actually enjoys retail (the selling, not the buying). I love the pace, the holiday madness, the thrill of a great sale, all of it.

Shortly after our move to Michigan, my husband and I adopted a sibling group of three special needs daughters. They were five, two, and four months old at the time they came to us. They are all beautiful and special, but raising them has been the most challenging thing we have ever done.

If you are familiar with Reactive Attachment Disorder, you’ll know what I mean by that. About that same time, I began suffering with severe chronic aphthous ulcers (canker sores), which were so bad I had to go to Mayo Clinic and ultimately took leave from Things Remembered. I realized then I needed to change career paths to something that didn’t require me to rely on the ability to speak because it was sometimes almost impossible. Having learned to type before I could even write (my mother was a court stenographer), I knew medical transcription would be just the thing for me with just a little more education! So back to school I went.

Spectrum Health was where I knew I wanted to work. Its reputation was second to none in our area and it was on the cutting edge. I reached out to Stephanie Kinney who, at that time, was President of WMC-AHDI. I met with Joyce Smith and Rebecca Carrier, who managed the HIM department. After what some would describe as relentless networking, I finally had my opportunity. In November 2001, shortly after that fateful day of 9-11, I started as an inpatient medical transcriptionist at Spectrum Health.

After a few years as a transcriptionist, I became the supervisor and was able to capitalize on the management skills I’d developed at Things Remembered. This was now the perfect career for me! Stephanie Kinney, who has had an impact on so many of our members, approached me to run for President of the Michigan State chapter and thus started my involvement on a regional/national level. That prompted me to sit for my CMT, which I passed while attending my first ACE in Reno. It was about this time I became pregnant with my now 7-year old son, which was a true shock, but such a blessing. He has lots of mothers with sisters who are now 24, 21, and 19—poor guy!

I continued to be involved in numerous AHDI alliances/special interest groups and eventually was asked to run for Director at Large. Somehow, I now sit here as President-elect, although I’m still not quite sure how that happened! I’m often asked how it is I can juggle so many things: four kids (three with special needs and one very active school-age child),
As I transition to President in the year ahead, it is my hope that this regular membership spotlight will continue. If you would like an opportunity to be a little more involved, this is a great opportunity. Please reach out to me (sheila.guston@spectrumhealth.org) if you’re interested in taking over the coordination of this column or if you’re willing to be one of our member spotlights!

Sheila Guston is supervisor of HIM Corporate Transcription Services at Spectrum Health in Grand Rapids, MI. She is an At-Large Director of AHDI’s National Leadership Board and President-elect.

Safe Practice Recommendations for Copy and Paste

- **Recommendation A:** Provide a mechanism to make copy and paste material easily identifiable.
- **Recommendation B:** Ensure that the provenance of copy and paste material is readily available.
- **Recommendation C:** Ensure adequate staff training and education regarding the appropriate and safe use of copy and paste.
- **Recommendation D:** Ensure that copy and paste practices are regularly monitored, measured, and assessed.
**Newly Credentialed**

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<td><strong>AHDI congratulates and welcomes the following healthcare documentation specialists who achieved RHDS status between 5/1/2016 and 6/30/2016. Registered Healthcare Documentation Specialists have proven their ability to reach for excellence by successfully completing rigorous testing of all level-1 knowledge domains represented on the RHDS Exam Blue Print.</strong></td>
<td><strong>AHDI congratulates and welcomes the following healthcare documentation specialists who achieved CHDS status between 5/1/2016 and 6/30/2016. Certified Healthcare Documentation Specialists have proven their level-2 transcription knowledge, skills, and applied interpretive judgment in all domains represented on the CHDS Exam Blue Print through AHDI’s rigorous credentialing exam.</strong></td>
<td><strong>AHDI congratulates the following CMTs who achieved CHDS status between 5/1/2016 and 6/30/2016. CMTs who earned their CHDS have proven their level-2 transcription knowledge, skills, and applied interpretive judgment in the expanded healthcare documentation content found on the current exams but not covered under any previous CMT blue print.</strong></td>
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COMPONENT EVENTS
Do you know of an educational seminar, study group, webinar, or other event of interest to members not listed here? Get the word out about your component’s event by submitting your event information at www.ahdionline.org / Get Connected / Events / Event Calendar. Your information will appear in AHDI’s Online Event Calendar as well as in Plexus magazine, and it’s free!

DISTRICT 1
United States: WA, OR, CA, ID, NV, UT, AZ, HI, AK
Canadian Provinces: BC, YT

DISTRICT 2
United States: MT, WY, CO, NM, ND, SD, NE, KS
Canadian Provinces: AB, SK, MB, NT, NU

DISTRICT 3
United States: MN, WI, MI, IL, IN, OH, KY, IA
Canadian Provinces: ON

DISTRICT 4
United States: WV, VA, DC, MD, DE, NJ, PA, CT, RI, NY, MA, NH, VT, ME
Canadian Provinces: QC, NB, NS, PE, NL

DISTRICT 5
United States: MO, AR, OK, TX, LA

DISTRICT 6
United States: AL, MS, TN, NC, SC, GA, FL, PR

Check the Online Event Calendar frequently for events and updates not listed here.

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No events currently.

DISTRICT 2
No events currently.

DISTRICT 3
Great Lakes Region Annual Fall Frenzy Symposium
September 30–October 1, 2016
Drury Inn & Suites Grand Rapids
5175 28th Street SE
Grand Rapids, MI 49512
www.Greatlakesregionahdi.org

DISTRICT 4
AHDI-NEMA Annual Conference
October 21-23, 2016
Lakeview Resort
Morgantown, WV
lawilmotcmt@comcast.net
www.ahdi-nema.org

DISTRICT 5
No events currently.

DISTRICT 6
No events currently.
Lisa M. M. Woodley, RHIT, CHDS, CHTS-PW

I woke up, rolled over, and looked at the ceiling, and it took a few seconds to realize it wasn’t my ceiling, which quickly led to the realization I was not in my bed. And I knew I was most certainly not in my house as the door to the room flew open to a cheerful but forceful voice instructing me to rise and shine, it was time for the 6:30 a.m. safety group and medication check. Then I remembered why I wasn’t at home—only a few hours before, I had been admitted to the psychiatric inpatient unit in a local hospital. The preceding day or two before admission are still a little fuzzy, and I will probably never know the trigger that set in motion the events that led to my hospitalization. In hindsight, however, the “big picture” is crystal clear—stress and burnout had finally overwhelmed my ability to cope effectively with my life. I was so far into the cycle, I had lost the ability to even understand where I was—physically, emotionally and mentally—was not a good place to be. Unfortunately for me, it took a major crisis to understand how stress can affect a life.

What is Stress?

MayoClinic.org defines stress as a “physical, mental, and emotional response to a challenging event—not the event itself.” (Mayo Clinic 2014) Our physical reaction to that event triggers the well-known “fight or flight” response. This is not necessarily a bad thing; in the right place and time, the stress response is what keeps us alive in dangerous situations. This is the classic running from the tiger scenario. Our predecessors needed the ability, energy, and strength to be able to flee from an attacking tiger or to stand ground and fight. Needless to say, we don’t encounter this situation very often in our current lives, although we still react physically and mentally in much the same way our ancestors did.

Stress can be positive, of course, if it is short-lived and specific to a situation. For example, if we put off filing our taxes until April 14, stress can provide the motivation and extra energy we need to complete them by midnight on April 15. However, when stress becomes overwhelming or lasts for a long time, it leads to significant physical and/or psychological repercussions, including heart disease, obesity, and depression.

Symptoms vary from person to person. Physical symptoms can include headaches, gastrointestinal distress, chest pain, insomnia, grinding of the teeth, and an increase in colds and infections. In addition, psychological symptoms can include becoming easily frustrated or irritated by even minor things, having difficulty relaxing, feeling overwhelmed, sadness and depression. According to the American Psychological Association Stress in America survey (Anderson, et al. 2015), 75% of Americans experienced at least one of these symptoms of stress in the month prior to the survey. This means that most
of us deal with stress in one form or another on a pretty regular basis. However, as noted above, if the stress we feel is short-term or we have good coping skills, it is unlikely it will have a significant negative impact on our lives or our health.

The problem comes when stressors become chronic or we are not using good coping skills, which means we do not have the opportunity to recover from stress either physically or psychologically. As we move from one stressor to another without respite, symptoms compound. One bout of insomnia can lead to irritability and exhaustion the next day, but if that day is followed by a restful night our bodies and minds have the chance to repair themselves, and stress is a transitory state. On the other hand, if stress leads to night after night of insomnia and poor sleep, the body and the mind will never “reset,” leaving us chronically exhausted, overwhelmed, irritable, and helpless.

Unfortunately, as noted in the Stress in America survey, many Americans live in a state of chronic stress. (Anderson, et al. 2015) Whether it is pressure at work, problems at home, a general state of anxiety about the economy, or some combination of all of the above, it seems we live in a constant state of having too many things to do and not enough time or resources to do them.

What Is Burnout?

Too many days of stress, anxiety, and pressure in a row can set up a gradual spiral into burnout. Burnout can be defined as a “state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress.” (Smith, et al. 2016) We are susceptible to burnout when chronic stress becomes our norm. Signs of burnout include three categories of symptoms: physical and emotional exhaustion, cynicism and detachment, and feelings of ineffectiveness and lack of accomplishment. These symptoms, while similar to stress, are chronic and severe and become our regular state of being, which can lead to physical and/or mental breakdown.

How Can We Avoid Stress and Burnout?

There is no way to avoid stress in our lives and, as noted, it is not always a bad thing. We must be aware of the signs and symptoms of stress and burnout so we can employ good coping skills and/or reach out for help so they do not overtake our lives. It is particularly important for “high-achievers” to be aware of the impact of stress on their daily lives—these are often the people who are “…so passionate about what they do, they tend to ignore the fact that they’re working exceptionally long hours, taking on exceedingly heavy workloads, and putting enormous pressure on themselves to excel…” (Psychology Today) It is critically important that, if you fall into this category, you understand your triggers, be aware of your signs of stress and burnout, and learn good coping skills.

Consider adding the 3 R’s to your life:

**Recognize:** Learn to recognize your signs and symptoms of stress and burnout. A simple way to do this is to take a few moments each day to reflect on what happened, how you responded, and how you might respond differently in the future.

**Reverse:** If you already have signs of chronic stress or burnout in your life, it is important to take the time now to reach out to get support and learn to manage your stress. Whether it is by reengaging with a favorite hobby, taking a daily walk, or grabbing a cup of coffee with a friend, once you recognize the stress, come up with a plan to deal with it in a healthy way.

**Resilience:** Most importantly, develop good coping skills—find the tools that work for you and engage the resources you need, so you can recognize and address your stress on an ongoing basis. This is what will help keep
you happy and healthy for a long time to come.

Stress and burnout do not mean you have to give up what you love, just that you must be more aware of how they can affect your life in negative and unhealthy ways. I am happy to say I have learned that lesson. I was able to return to my demanding, ever-changing job in the demanding, ever-changing industry that I love armed with new coping skills. And my sincere hope is that learning the signs and symptoms of chronic stress and burnout now can help you avoid learning them the hard way.

Lisa M. M. Woodley, is the manager of Record Integrity at Virginia Mason Medical Center in Seattle, WA. She has worked in a variety of healthcare information management settings for over 20 years, ranging from file clerk to owning her own transcription business and teaching. She completed her MBA in Healthcare Administration in February 2016 and is enjoying honing her skills in a challenging healthcare environment. Lisa lives on Vashon Island, in the middle of the Puget Sound, with her husband and is adjusting nicely to being an empty nester now that both girls are in college.

RESOURCES


In 2016, the National Leadership Board (NLB) presented the Educators Alliance (EA) with the opportunity to impact healthcare documentation students (and the industry as a whole) in a positive, ongoing way. The concept of a dedicated web page with supplementary industry and career preparation resources available to both students and educators was proposed. The EA took on the project and breathed life into it.

We are pleased to announce the launch of the new Observe, Work, Learn, Succeed (OWLS) Academy geared toward students. To provide a bit of background, the EA steering committee meets every month and its members include 12 dedicated professionals across nine states and two countries. Each year they follow work plan items as directed by the NLB, consisting of objectives and goals designed to benefit the healthcare documentation industry through educational endeavors. The EA is delighted to have the opportunity to share with you the exciting launch of the OWLS Academy web page (members must be logged in) and what it means for students, educators, and our industry as a whole.

As you probably are already aware, AHDI now waives the membership fees for students. This means that students, most of whom are unemployed, can now experience the benefits of membership even before they begin working. This allows them to become part of a network of support and growth as they are training. As of May 2016, AHDI has 1,118 Student Members—a 658% increase since January 2016. That’s unprecedented! It is the goal of AHDI and the EA to encourage and nurture students during their training so they will continue to participate in the association as working professionals.

Part of this effort to engage students is the new OWLS Academy, which was launched July 1, 2016. Students will be treated to content uniquely designed with them in mind. The OWLS Academy will include both fun and interesting resources, from clinical medicine “how-tos” and transcription tips to puzzles to job search information and much more!

Lesson plans are one of the best features that will be provided for educators’ use in helping students make the most of the Academy. To provide interactive material for students and instructors, members of the EA will develop a calendar of topics and lesson plans based on themes in upcoming issues of Plexus. The lesson plans will be sent via the Educators Alliance listserv and also will be tied in with the model curriculum, which includes the following competencies:

- English Language
- Diagnostic Medicine
- Medical Terminology
- Healthcare Documentation Technology
- Anatomy & Physiology
- Medicolegal Aspects of Healthcare Record
- Pathophysiology
- Healthcare Documentation Practices
- Pharmacology
- Professional Development

Lesson plans will be simple and will encompass all categories of required continuing education categories based on the model curriculum. For example, the sample lesson plan shown relates to the healthcare documentation technology criteria.

Using Plexus to tie into lesson plan activities plays into the learning style of visual learners,* as the lesson plan could include having students read feature articles and columns in each edition of the magazine.

New material will be posted every two months on odd months of the year. The long-range plan of the EA is to create up to a dozen lesson plans, articles, and activities every two months. Since the student population will always be changing, past material will be archived yet...
*Visual learners enjoy learning new material by watching and seeing. This may involve reading a textbook, newspaper, magazine, or material online. During lectures, visual learners may pay more attention to how the speaker moves around the room and would enjoy viewing a PowerPoint presentation so they can visualize the material as the lecturer speaks. These learners enjoy activities with charts, demonstrations, and videos as they often associate pictures with new words or ideas.

remain accessible as new material is added. A review process would be put into place to ensure the material is kept current and relevant.

Additionally, the EA will create keys for instructors, providing answers to activities as well as for any other suggested or related assignments (e.g., essays, talking points for lecture time, critical thinking exercises, etc.). This information for educators will be distributed via the Educators Alliance Google listserv or in an e-mail blast, as appropriate.

EA volunteers will create a grid for instructors to use regarding these materials. This grid will be for the current calendar year, all issues of Plexus for that year, and include lesson plans and student materials. Students can keep track of exercises completed and instructors can correlate what has been assigned and completed. Both groups can use the grid as classroom discussion regarding relevant topics of the day. This will be an excellent tool for use in both online and in-house programs, giving instructors and students an overall picture of their opportunities for the year. The grid will be provided to educators via listserv and email. This is a terrific tool to help students and educators keep on track and stay connected as students prepare for the profession.

We in the Educators Alliance are eager to have these new learning tools in the hands of educators and students. We feel they will be of great benefit to our new and growing population of student members. Students are the future of not only AHDI but of the entire career field.

NEW PROFESSIONALS ALLIANCE (NPA)

As a student, preparing for the future in the constantly changing clinical documentation landscape can be daunting. The New Professionals Alliance is a bridge to help new graduates make the transition from healthcare documentation student to practitioner with support and encouragement from each other and from the Association. With tips on study skills, links to essential resources, networking and career-building tools, members of the NPA share their knowledge and experiences in an ongoing dialog with each other and with AHDI staff and leadership. The NPA reaches out to students, newly employed professionals, and all individuals new to the documentation field to address the needs and challenges they face. The NPA also supports and promotes lifelong learning through certification. Students are encouraged to join and take another step forward on the journey to a fulfilling career.

http://www.ahdionline.org/?new_professionals

EDUCATORS ALLIANCE (EA)

AHDI’s Educators Alliance was created to provide networking and other professional assistance for everyone interested in educational issues related to the medical transcription sector. Most members of this Alliance are directly connected with education—as instructors, administrators, and program developers—but membership is open to any AHDI member who has an abiding interest in educational issues. Those who author textbooks and other learning materials, for example, will find much interest in this Alliance. This group also works to evaluate trends and drivers in HIM education and the updates of the AHDI Model Curriculum. Currently, the Educators Alliance is actively promoting credentialing through the RHDS as a graduation exam and developing a database of educational schools and their characteristics.

Educators are encouraged to join!

http://www.ahdionline.org/?edalliance

Paula Goode is an instructor of Medical Records Transcription at Sheridan Technical College, an AHDI Approved Program. She serves on AHDI’s Educators Alliance Steering Committee.

Patricia A. Ireland has been active in the field of medical transcription since 1968, both as a multispecialty practitioner and as an instructor. She lives in San Antonio, Texas, working as a freelance medical/technical author and editor. She has co-authored four medical transcription textbooks for Cengage Learning.

Susan Whatley has enjoyed working in several settings including owning a business with her mother, as a transcriptionist, working for a transcription service, and as Lead Transcriptionist in an acute care facility. Susan is the program coordinator and instructor of the Medical Transcription and Medical Coding programs at Polk State College.

Resources
Ever thought about a career in MEDICAL CODING?
As an MT you’re already halfway there!

There’s a nationwide shortage of medical coders, and medical transcriptionists are well suited to make the switch with just a little additional training. And just like in medical transcription, Career Step is a name recognized and trusted by medical coding employers.

TRAIN AS A MEDICAL CODER WITH CAREER STEP AND...
- Be trained and working in a year or less
- Leverage employer partnerships that can give you access to at-home coding positions
- Increase your earning potential and improve your advancement opportunities

Learn more about Career Step’s Professional MEDICAL CODING AND BILLING program today!
(Returning Career Step students can save up to 40% on their tuition!)

CareerStep.com  |  1-844-266-9923
Students, we have some exciting news for you! AHDI’s Educators Alliance (EA) has been hard at work to help ensure you are well resourced through our new interactive OWLS Academy, designed specifically with students and new professionals in mind. The Academy will provide numerous resources and educational articles and tips, along with some activities that combine learning and fun. OWLS stands for Observe, Work, Learn, Succeed. And that’s exactly what we want you to do! This article will provide a brief overview—a tour, if you will—of the OWLS Academy on the AHDI website. Let’s get started!

First things first: The OWLS Academy is an AHDI benefit, meaning that it is open and available to all AHDI members, so you’ll always be prompted to log into the AHDI website in order to view the Academy’s information and resources. Upon visiting http://www.ahdionline.org/OWLSAcademy, you’ll arrive at the OWLS Academy landing page. Here you’ll find a brief introduction, next to our adorable OWLS Academy logo (I think that little guy needs a name, don’t you?). Below that you see that we’ve broken up the information and resources to be listed under each of the four OWLS sections.

Observe
In this section, you’ll find ways we love to recognize members for a job well done and highlight opportunities where students and new professionals can engage others in the profession through volunteer work on committees, writing for our publications, helping share your knowledge with others, and the list goes on and on. In a nutshell, you’ll learn more of what a professional association community is all about, what it looks like, and find places where you can fit in. There’s something for everyone!

Work
It’s never too early to start keeping tabs on the job market and what lies ahead as you work to complete your training and enter the workforce. We’ve put together resources that will be helpful during your career, such as our New-Hire Prep Tests to help you prepare for taking employment tests, as well as our Career Connection Job Board where you can browse job postings as well as submit your résumé.

Learn
In life we never stop learning, do we? Materials found in our Learn section will enhance and help you build upon what you’re learning in your educational program. You’ll find helpful practical tips for building your word-expander program—a must-have for every healthcare documentation specialist (HDS) to be more efficient and productive. You’ll also read deep-dive articles on myriad topics related to professional practices and clinical medicine. Don’t forget to also read this Game Changers 411 column and all the other great articles featured in each issue of Plexus. (Plexus comes out six times per year. Download the current year’s editorial calendar at www.ahdionline.org > Learning > Plexus e-magazine.)

Succeed
We’re in your corner! Fellow AHDI members, your...
educators, and fellow HDSs will always be here to pro-
vide support, encouragement, and assistance whenever
you need it. That’s a big part of what our community is
all about—passing the torch onto the next generation. We
want to see you not only reach but exceed your goals. Be-
coming a Registered Healthcare Documentation Special-
ist (RHDS) is just one way that is an outward recognition
of your accomplishment. You’ll find a great number of
tools to help you achieve that goal.

While some information and resources included won’t
change or be updated as often, many items in each of
these sections will be updated every two months. But
don’t worry, we’ll retain prior months’ articles in case
you didn’t get to them or want a second look down the
road. The OWLS Academy just launched July 1st, so go
check it out! Plan to come back often. New materials for
2016 will be posted October 1 and December 1, then con-
tinue on every two months beginning in January 2017.

This is just the beginning. The EA has more great
ideas planned to enhance the Academy in the future, such
as a career map and mentoring program. Your input is
always welcome! If you have an idea for a helpful tool
or resource that would benefit students and new profes-
sionals, let us know by emailing professionalpractices@
ahdionline.org.

Kristin Wall is Senior Program Coordinator & Editor for
AHDI.
Paws With A Cause®, sometimes known as PAWS®, is a nonprofit organization that matches people with disabilities with Assistance Dogs. A few months ago I learned the headquarters was less than 30 minutes from my home. This is where PAWS does all the training for the Assistance Dogs. I had heard of them before, but never realized the scope of things they covered or how they helped so many people to better function with dignity and independence.

PAWS Mission Statement: PAWS enhances the independence and quality of life for people with disabilities nationally through custom-trained Assistance Dogs. PAWS increases awareness of the rights and roles of Assis-
PAWS Vision Statement: Embracing innovation to address the aging population and to strengthen families living with disabilities.

PAWS was founded in 1979 by Mike Sapp, who trained the first PAWS Hearing Dog, Crystal, to help a friend. In 1981 Mike and Antoinette (Candye) Sapp formally incorporated Ears For The Deaf®. Mike had been asked by a deaf couple to train a dog for them so they would know when their baby was crying, along with other sounds in the home. This organization originally trained dogs for the deaf. Now they have several different types of Assistance Dogs.

The breeds that PAWS prefers are Golden Retrievers and Labrador Retrievers as these tend to have the best qualities necessary to be the most successful as Assistance Dogs. Hearing Assistance Dogs may be smaller breeds, such as a Poodle or Papillon. Most of PAWS dogs come from their breeding program. The mama dogs live with volunteers and the puppies are born there. At eight weeks old the puppies are checked by a veterinarian and then are raised in a foster home to learn basic obedience training until about 18 months old. The dogs are then brought to the training center in Wayland, Michigan, where they are custom-trained by certified trainers for each individual according to their needs.

After six to eight months of custom training, the dog and client are introduced to each other. A field representative makes regular visits to the home of the client and PAWS dog over four to eight months to ensure the client and dog are working well together, then the dog is certified to be the client’s Assistance Dog. The waiting process before all of this begins is approximately three to five years.

Currently the following Assistance Dogs are available through PAWS:

1. Service Dogs: For a physical disability, debilitating chronic illness, or neurological disorder.
2. Hearing Dogs: For people who are deaf or hard of hearing.
3. Seizure Response Dogs: For those with epilepsy or other seizure disorders.

The cost to raise, train, and place a PAWS Assistance Dog is around $30,000. There is never a charge to the client who receives the Assistance Dog. PAWS relies on donations from individuals and companies and is supported by many businesses and individuals. PAWS does not place a dog in a home where another dog resides unless it is a retired PAWS dog or working Assistance Dog from an Assistance Dogs International or International Guide Dog Federation—an accredited agency for someone else in the household.

It has been their experience that other dogs can interfere with the bonding and training process of the Assistance Dog team.

There are many things Assistance Dogs do for the client. Service Dogs can do things such as pull wheelchairs, pick things up one might drop, turn lights on, push elevator buttons, tug to remove items of clothing, and open doors. Hearing Dogs primarily alert and orient a client to common sounds, such as an alarm clock, or sounds indicating danger, such as a smoke alarm. Seizure Response Dogs respond to a client’s seizure by summoning help or providing stimulation. Service Dogs for children with autism act as a constant companion to a child to help them improve social, communication, and life skills.

Since 1988, PAWS and the AM VETS family have been working together to place Assistance Dogs with veterans and service members of our country’s Armed Forces, along with the family members of veterans and service members.

There are many stories you can read about on the Paws With A Cause website to see the ways they
touch lives. They give peace of mind to families, for
example, so they no longer must be afraid to leave
their loved one alone, knowing the Assistance Dog
will be there to help. The dogs are trained to identify
situations that may indicate the client is in trouble
and are trained to call 911 and to activate a push
plate to open a door for emergency services. These
dogs are considered working animals and not con-
sidered pets. They are trained well to do their job.

If a PAWS dog can no longer work, they are
retired; if the client with the disability needs another
dog, they are given priority. The retired dog lives
out his retirement with either the client they have
worked for or they may be placed with a friend or
family member of the client.

PAWS is a wonderful program that has helped
many people throughout its existence. It was quite
interesting to learn about this program that exists
in my own community! Currently PAWS has
trained and certified more
than 2600 Assistance
Dog Teams and provides
services in 28 states.
More than 300 families
are PAWS Dog Volun-
tees and many others
volunteer as community
presenters or at special
events. The impact a PAWS Assistance Dog has on
an individual/family is remarkable. The assurance
of knowing someone is there to help you or a loved
one, peace of mind, and dignity are all significant.

What a great program started from one friend
helping other friends. The demand is high and
increases every day. PAWS never charges for their
Assistance Dogs. In 2002 PAWS was accredited
by Assistance Dogs International, and in 2010 the
PAWS Apprentice Trainer program became the
first Assistance Dog training program recognized
and registered by the United States Department of
Labor.

As a last bit of information, the term “Assistance
Dog” is the “umbrella” or generic term that includes
These dogs are trained to do specific tasks to miti-
gate their owner’s physical disabilities. All Assis-
tance Dogs are covered by the ADA and can go with
their human partner into any area where the public
is normally allowed.

“Service Dog” denotes the type of work that
mitigates physical impairments (just as Hearing or
Seizure assists with deaf/hearing impairments or sei-
zures). “Guide Dog” is a dog that is trained to help
a person who is blind or visually impaired safely
navigate their environment.

“Therapy Dog” is a pet owned by a private
individual who makes friendly visits to patients or
residents in hospitals, nursing homes, etc.

“Support Dog” or “Emotional Support Dog” is
a vague term, often used incorrectly for Assistance
Dogs; their typical role is to provide comfort to their
human owner, but they (and Therapy Dogs) differ
from Assistance Dogs in that they have not been
trained to do specific tasks to mitigate a disability.

Therapy Dogs and Emotional Support Dogs are
not covered under the ADA. Occasionally there
are doctors who will write a letter for an individual
whose dog provides emotional support to say their
dog is “a medical necessity.” Sometimes landlords,
who will not otherwise permit pets in their buildings,
will make an allowance for these dogs, but it is not a
given and they are not required by law to do so.

I would like to thank Mary Blain Community
Engagement Coordinator, for the above information
and for helping me appreciate how much money,
time, effort, and love goes into training and placing
each PAWS Assistance Dog. P

Kathy Elkins is currently a health document qual-
ity analyst at Spectrum Health in Grand Rapids,
MI. She previously was an editor/transcriptionist
for many years and was involved in the mentoring
and QA programs at Spectrum Health. She is the
President-elect for the Great Lakes Region AHDI.
DERMATOLOGY WORD SEARCH

Word searches have only been around since 1968 when Norman E. Gibat of Norman, Oklahoma, published the first word search in Selby Digest. The theme for this one is dermatology. Find the 15 terms listed within the word search puzzle that have to do with this specialty. There are at least five 4-letter words, two 5-letter words, three 6-letter words, one 7-letter word, one 8-letter word, two 9-letter words, and one 10-letter word. Letters can be shared between words, and words are in all directions.

Answers on page 29
## Let's Talk Terms

**TERM** | **DESCRIPTION** | **MANUFACTURER**
--- | --- | ---
**Descovy (emtricitabine and tenofovir alafenamide)** | Two-drug combination of emtricitabine (FTC) and tenofovir alafenamide (TAF), both HIV nucleoside analog reverse transcriptase inhibitors (NRTIs), and is indicated in combination with other antiretroviral agents for the treatment of HIV-1 infection in adults and pediatric patients 12 years of age and older. Each tablet contains 200 mg of FTC and 25 mg of TAF. Recommended dosage: One tablet taken once daily without food in patients 12 years old and older with body weight at least 35 kg and a creatinine clearance greater than or equal to 30 mL per minute. | Gilead Sciences, Inc.

**Inflectra** | Indicated for reducing the signs and symptoms in patients with rheumatoid arthritis, adult ulcerative colitis, plaque psoriasis, psoriatic arthritis, ankylosing spondylitis, and adult and pediatric Crohn disease. Each 20 mL vial contains 100 mg of lyophilized infliximab-dyyb for intravenous infusion and should be administered by intravenous infusion over a period of not less than 2 hours. | Celltrion, Inc.

**Venclexta (venetoclax)** | For the treatment of patients with chronic lymphocytic leukemia (CLL) with 17p deletion, as detected by an FDA-approved test, who have received at least one prior therapy. Tablets come in 10 mg, 50 mg, and 100 mg. You should initiate therapy 20 mg once daily for 7 days, followed by a weekly ramp-up dosing schedule to the recommended daily dose of 400 mg. | Abbvie, Inc.

**Epi proColon test** | Qualitative in vitro diagnostic test for detecting methylated Septin9 DNA, which has been associated with the occurrence of CRC, in plasma obtained from whole-blood specimens. It is indicated for use in average-risk patients who have chosen not to undergo other screening methods, such as colonoscopy or stool-based tests. Patients with a positive Epi proColon test result should be referred for diagnostic colonoscopy. The Epi proColon test results should be used in combination with physician’s assessment and individual risk factors in guiding patient management. | Epigenomics AG
<table>
<thead>
<tr>
<th>TERM</th>
<th>DESCRIPTION</th>
<th>MANUFACTURER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orfadin (nitisinone) oral suspension</td>
<td>Used to treat a hereditary condition where the body produces too much tyrosine (tyrosinemia), which affects the liver and kidneys. It doesn’t cure tyrosinemia, but can be used along with diet to control the amount of tyrosine in the body. The oral suspension dosage is 4 mg/mL, and the initial dosage is 0.5 mg/kg orally twice daily, which should be titrated based on biochemical and/or clinical response, as described in the full prescribing information with a maximum dosage of 1 mg/kg orally twice daily. (new dosage form)</td>
<td>Swedish Orphan</td>
</tr>
<tr>
<td>Cabometyx (cabozantinib)</td>
<td>A kinase inhibitor indicated for the treatment of patients with advanced renal cell carcinoma (RCC) who have received prior antiangiogenic therapy. Tablets come in 20 mg, 40 mg, and 60 mg. Recommended dose is 60 mg orally, once daily.</td>
<td>Exelixis Inc.</td>
</tr>
<tr>
<td>Nuplazid (pimavanserin)</td>
<td>The first drug approved to treat hallucinations and delusions associated with psychosis experienced by some people with Parkinson’s disease. Tablets come in 17 mg, and the recommended dose is 34 mg, taken orally as two 17 mg tablets once daily, taken with or without food.</td>
<td>Acadia Pharmaceuticals Inc.</td>
</tr>
<tr>
<td>Bevespi Aerosphere (glycopyrrolate and formoterol fumarate)</td>
<td>A combination of glycopyrrolate, an anticholinergic, and formoterol fumarate, a long-acting beta2-adrenergic agonist (LABA) indicated for the long-term maintenance treatment of airflow obstruction in patients with chronic obstructive pulmonary disease (COPD). This is a pressurized metered dose inhaler containing a combination of glycopyrrolate (9 mcg) and formoterol fumarate (4.8 mcg) as an inhalation aerosol. Two inhalations equal one dose.</td>
<td>Pearl Therapeutics Inc.</td>
</tr>
<tr>
<td>Simvastatin oral suspension</td>
<td>An HMG-CoA reductase inhibitor (statin) indicated as an adjunctive therapy to diet to treat high cholesterol and triglyceride levels. This may reduce the risk of heart attack, stroke, and related health conditions. Suspension strengths are 20 mg/5 mL (4 mg per mL) and 40 mg/5 mL (8 mg per mL). Dose range is 5 to 40 mg/day with a usual starting dose of 10 mg or 20 mg once a day. (new dosage form)</td>
<td>Rosemont Pharmaceuticals, LTD</td>
</tr>
</tbody>
</table>
1. A patient with a positive Silfverskiold test might have which of the following conditions?
   a. Carpal tunnel syndrome
   b. Plantar fasciitis
   c. Hammertoe
   d. Trigger finger

2. A Joel-Cohen incision might be used for which of the following procedures?
   a. Knee replacement
   b. Splenectomy
   c. Shoulder replacement
   d. Cesarean section

3. Which of the following describes a kidney condition that can cause hyponatremia?
   a. Reset osmostat
   b. Medullary sponge kidney
   c. Glomerulonephritis
   d. Acute tubular necrosis

4. Which of the following describes a cancer treatment that introduces high radiation to the tumor by implanting radioactive seeds near the tumor, minimizing radiation of surrounding tissues?
   a. Photon beam
   b. Brachytherapy
   c. Electron beam
   d. Targeted therapy

5. Which of the following is an interventional radiology procedure used to restrict blood supply to a tumor?
   a. UFE
   b. TACE
   c. RFA
   d. EVLT

6. Which of the following describes a neurological disorder of visual attention causing the patient to only see bits and pieces of a scene or object?
   a. Amaurosis fugax
   b. Monocular vision
   c. Simultagnosia
   d. Horizontal saccades

7. Which of the following is a procedure done to aid in draining urine in patients requiring urinary catheterization? It is most often used in children with neurogenic bladder.
   a. Ileal conduit
   b. Nephrolithotomy
   c. Appendicovesicostomy
   d. Nephrectomy

8. Which of the following describes a “flapping” tremor of the hand when the wrist is extended?
   a. Essential
   b. Geste antagoniste
   c. Rubral
   d. Asterixis

9. Where would a Bakri balloon be inserted?
   a. Artery
   b. Uterus
   c. Esophagus
   d. Biliary duct

10. Which of the following describes accumulation of carbon from breathing dirty air?
    a. Hypercarbia
    b. Hypercapnia
    c. Asbestosis
    d. Anthracosis

11. Which of the following describes a bacterial infection causing a rash on the legs, toes, face, arms, and/or fingers?
    a. Erysipelas
    b. Hand, foot, mouth disease
    c. Seborrheic dermatitis
    d. Eczema

12. Which of the following describes multiple stone fragments lining up in the ureter?
    a. Ureterolithiasis
    b. Nephrolithiasis
    c. Steinstrasse
    d. Vesical stones

13. Overgrowth of a yeast called Malassezia furfur causes which of the following skin conditions?
    a. Tinea pedis
    b. Tinea versicolor
    c. Tinea unguium
    d. Tinea cruris

14. Which of the following is indicative of the presence of blood or other irritants in the peritoneal cavity?
    a. Murphy sign
    b. McBurney sign
    c. Puddle sign
    d. Kehr sign

15. Which of the following conditions is a result of underdevelopment of the mental symphysis?
    a. Microgenia
    b. Microcephaly
    c. Microdontia
    d. Microtia

16. Which of the following is the point in the brain at which the ventricles narrow to become the central canal of the spinal cord?
    a. Foramen magnum
    b. Centrum semiovale
    c. Obex
    d. Pons

17. Which of the following describes an eating disorder characterized by an appetite for substances which have no nutritional value?
    a. Anorexia
    b. Bulimia
    c. Binge eating
    d. Pica

18. Which of the following is not typically a symptom of myasthenia gravis?
    a. Ptosis
    b. Unsteady gait
    c. Tremors
    d. Difficulty swallowing

19. Which of the following describes a neurodegenerative inherited disorder that causes progressive breakdown of nerve cells in the brain?
    a. Parkinson disease
    b. Huntington disease
    c. Alzheimer disease
    d. Multiple sclerosis

20. Which of the following does not describe an involuntary psychiatric hold?
    a. 5150
    b. Baker Act
    c. PHQ-9
    d. M1
Q: I was wondering if you could tell me how to make all the lines indent under a tab? For example, when the dictator is using the “SOAP” format, how do I get the lines to all line up under the tab for “S:, “O:,” etc.? I have Microsoft Word 2013. I have tried using “Ctrl + Tab” but that doesn’t seem to do it. Can you help me?

A: Thanks for your question. Here are instructions for one of the easiest ways to get the remainder of a paragraph to align with an indented first line:

1. Indent your first line normally by clicking Tab.
2. Place your cursor at the beginning of your second line, before any text.
3. Right click your mouse.
4. Select Paragraph from the resulting pop up menu.
5. Under Indentation, use the Special pull-down menu to select hanging.
6. Use the By menu to select 0.5”.

Another way is to do this:

1. In your Word document, click the View tab and put a check mark next to Ruler to turn the ruler on (if it isn’t already).
2. Highlight the entire paragraph you want to be indented.
3. Click on the paragraph slider on the ruler and drag it to the right half an inch (or whatever your desired indentation is).
4. If all three parts of the slider don’t move the first time, go back and click and drag any remaining parts over to the same indentation designation point.

Using function keys only/mouseless option: Indent the first line using Tab. With your cursor at the beginning of the second line, do Ctrl + T.

Q: At the facility where I work, we still have several providers that will use “cc” as the unit of measure for injections. We tend to type in whatever the provider says, so that raises a question when it comes to typing Urology notes. When the Urology providers do an ultrasound and biopsy of the prostate, they will often dictate something similar to “Ultrasound showed a 66 cc isoechoic gland.” Since some of our providers still use “cc” for injections, would it be smart then to use “cu. cm” in this instance to differentiate the measurements?

A: The Book of Style, 3e, on page 210 shows a note at the top of the page, along with examples, for when to use cc and when to use mL.

When dictators are talking about liquid measurements, such as with medications or fluids being given, “mL” is what should be transcribed, even if the dictator says “cc.” (See page 209 on this from the Joint Commission’s Do Not Use list of recommendations.)

For measurements of the prostate, the abbreviation cc for cubic centimeter should be used because it’s a measurement of mass, not liquid. The correct abbreviation for cubic centimeter is “cc,” not “cu. cm.”

Q: Having a discussion about an eponym-related phrase. Given what it says in 8.2.7 of the BOS3e, Peyronie’s plaque should be Peyronie plaque, correct?

A: Yes.

Q: I have been asked if abbreviating left as L and right as R is acceptable in healthcare documentation. I’ve been looking in the BOS, and I don’t see those words mentioned. Does AHDI have a position on these abbreviations, please?

A: This isn’t addressed in the BOS3e. It would be up to the facility to decide if that is acceptable. If it is used, the recommendation, as with all other abbreviations, would be to expand the word on first use and put the abbreviation in parentheses after it, then use the abbreviation in all other mentions, except the diagnosis, of course.
Answers:
1. B – The Siflverskiold test, measuring the difference in the amount of dorsiflexion of the ankle with the knee straight versus bent at a 90-degree angle, is an indicator of gastrocnemius equinus. Equinus can be at the root of many foot and ankle conditions, including planter fasciitis, shin splints, and ankle instability.
2. D – The Joel-Cohen incision, along with the Pfannenstiel incision, is a transverse abdominal incision. The Joel-Cohen incision is a linear incision placed several centimeters above the Pfannenstiel incision. The Joel-Cohen incision has been associated with reduced pain, decreased estimated blood loss, shorter delivery time, and shorter postoperative stay for the mother in some studies.
3. A – Reset osmostat, sometimes considered a variant of syndrome of inappropriate antidiuretic hormone (SIADH) secretion, occurs when the kidney is able to appropriately produce and excrete urine but the threshold for ADH secretion is reset downward. This causes water to be retained but the normal amount of sodium is still excreted, which results in hyponatremia.
4. B – Brachytherapy (short distance therapy) is a radiation cancer treatment in which radioactive “seeds” are placed in or near the tumor itself. This introduces a high radiation dose to the tumor while keeping radiation exposure to surrounding tissues to a minimum.
5. B – Transarterial chemoembolization (TACE) is an interventional radiology procedure in which embolic particles coated with chemotherapeutic agents are injected via catheter into an artery directly supplying a tumor. This interrupts the blood supply to the tumor and also administers a focused dose of chemotherapy directly to the tumor itself, rather than exposing the entire body to the chemotherapeutic agent.
6. C – Simultagnosia, a component of Balint syndrome, is a condition in which damage to occipital brain regions causes the patient to be able to see individual details of a complex scene but are unable to grasp the overall meaning of the scene. For instance, in looking at a picture of a house they may see a door or a window, but not understand they are looking at an entire house.
7. C – An appendicovesicostomy, or Mitrofanoff procedure, is a surgical procedure in which the appendix is used to create a conduit between the urinary bladder and the skin surface, often through the navel, in the form of a stoma. The patient can more easily perform self-catheterization through the stoma. It is often used in children and in patients with paraplegias.
8. D – Asterixis is a tremor of the hand when the wrist is extended, often described as a bird flapping its wing. It is most often associated with a metabolic encephalopathy such as caused by acute respiratory failure, chronic renal failure, or decompensated liver failure.
9. B – A Bakri balloon is an obstetrical balloon inserted into the uterus and inflated to help stop postpartum hemorrhage.
10. D – Anthracosis, or the deposition of coal dust containing carbon in the lungs, results in black streaks (anthracotic pigmentation) seen between the lobules of the lungs beneath the pleural surface.
11. A – Erysipelas, also known as St. Anthony fire, is a bacterial infection in the upper layer of skin typically caused by group A Streptococcus bacteria. It often occurs on the legs/feet, but can also affect the face and arms/hands.
12. C – Steinstrasse, which means “stone street” in German, can occur as a complication of extracorporeal shockwave lithotripsy (ESWL) where the multiple resultant stone fragments line up in the ureter. Typically, conservative therapy alleviates the problem, but repeat ESWL, percutaneous nephrostomy, or even surgical treatment may be necessary in severe cases.
13. B – Malassezia furfur, the mycelial phase of the common fungus Pityrodporum ovale, causes discolored or depigmented lesions of the skin known as tinea versicolor, one of the most common skin disorders. The back and trunk are the most commonly affected areas of the body.
14. D – A Kehr sign is the occurrence of referred pain in the tip of the shoulder when the patient is lying down and the legs are elevated. It is indicative of blood or other irritants in the peritoneal cavity, such as caused by a splenic injury or ruptured ectopic pregnancy.
15. A – The mental or mandibular syndrome is the fibrocartilaginous union between the two halves of the mandible. Its underdevelopment results in an unusually small or deformed chin known as microgenia.
16. C – The obex is the most caudal point in the fourth ventricle of the brain where the ventricular system narrows to become the central canal of the spinal cord. This occurs at the level of the foramen magnum, the hole at the base of the skull through which the spinal cord passes.
17. D – Pica disorder is characterized by cravings for substances that have no nutritional value such as ice, paper, chalk, or sand. Causes can include malnutrition or anemia, though other conditions such as mental retardation, developmental disabilities, and obsessive-compulsive disorder can also cause this odd eating behavior.
18. C – Myasthenia gravis is an autoimmune neuromuscular disease characterized by weakness of the skeletal muscles of the body. Symptoms can include eye muscle weakness, ptosis, diplopia, unsteady gait, weakness in the limbs and neck, shortness of breath, difficulty swallowing, and impaired speech. It does not cause true tremors, though patients with arm weakness may have a sensation of tremor as they strain to perform an activity.
19. B – Huntington disease is a fatal genetic disorder that causes the progressive deterioration of nerve cells in the brain. Symptoms usually appear between the ages of 30 and 50 with the deterioration of the patient’s physical and mental abilities. There is no known cure.
20. C – A PHQ-9 is a mental health questionnaire completed by a patient and used by clinicians to aid in diagnosing the presence and severity of depression.
Student Corner: Introducing the OWLS Academy!
The Observe, Work, Learn, Succeed (OWLS) Academy has been developed especially for students and new professionals to help them prepare for a career in healthcare documentation through training that focuses on professional skills and knowledge required to be part of the healthcare documentation workforce. The Academy aims to broaden students’ knowledge, understanding, and experience inside and outside of the classroom setting. View dedicated pages with informative and customized information for students and new professionals to observe, work, learn, and succeed in the healthcare documentation realm. Learn more at www.ahdionline.org/owlsacademy. (Members must be logged in to view.)

ANSWER KEY TO DERMATOLOGY
WORD SEARCH PUZZLE

ACNE    ULCER    ROSACEA
BUMP    LASER    FOLLICLE
CYST    LESION    PSORIASIS
RASH    MACULE    EPIDERMIS
SKIN    PAPULE    DERMATITIS

How to Locate Your Member Benefits
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Employer new-hire tests can be intimidating, especially if you’re a new MT/HDS graduate or have been out of the job market for some time. Now you can take practice runs to prepare for the real thing. AHDI’s New-Hire Test Prep Quizzes will help you identify areas that may need improvement, without the worry of being assessed by a prospective employer.
This three-part quiz series is available to AHDI Members only. A free trial is available for you to try before you join AHDI. Read more at https://ahdionline.site-ym.com/general/custom.asp?page=NewHireTestSampler.
A special thanks to the volunteers on AHDI’s Educators Alliance Steering Committee for developing this new resource.

Solution to Your Workforce Shortage
Trying to find good talent is always a challenge. However, this statement has never been more true than in today’s healthcare documentation industry. As the mechanics and complexion of the industry continues to flex and change, why would hiring new graduates be of great benefit to employers such as MTSOs, clinics, and facilities? Read more at http://www.ahdionline.org/page/HireNewGraduates.
To the surprise of many rock-and-roll enthusiasts, Jimi Hendrix sang, “‘Scuse me while I kiss the sky,” not “‘Scuse me while I kiss this guy.”

- George Gershwin wrote Rhapsody in Blue, not Rap City in Blue.
- “Clown control to Mao Zedong” is at least as colorful and imaginative as David Bowie’s original lyric, “Ground control to Major Tom.”
- And if Davy Crockett was “killed in a bar when he was only three,” who was that at the Alamo?

The word *mondgreen* was coined by Sylvia Wright, who wrote about the phenomenon in a 1954 Harper’s column, in which she recounted hearing a Scottish folk ballad, “The Bonny Earl of Murray.” She heard the lyric “Oh, they have slain the Earl of Murray / And Lady Mondegreen.” Wright powerfully identified with Lady Mondegreen, the faithful friend of the Bonny Earl. Lady Mondegreen died for her liege with dignity and tragedy. How romantic!

It was some years later that Sylvia Wright learned that the last two lines of the stanza were really “They have slain the Earl of Murray / And laid him on the green.” She named such sweet slips of the ear *mondgreens*, and thus they have been called ever since.

Children are especially prone to fresh and original interpretations of the boundaries that separate words in fresh and unconventional ways. Our patriotic and religious songs and vows have been delightfully revised by misspelt youth:

Jose, can you see
By the Donzerly light?
Oh, the ramrods we washed
Were so gallantly steaming.
And the rockets’ red glare,
The bombs bursting in there,
Grapefruit through the night
That our flag was still rare.

I pledge the pigeons to the flag
Of the United States of America
And to the republic for Richard Stans,

*Amazing Words* is author Richard Lederer’s career-capping anthology of bedazzling, beguiling, and bewitching words. Richard will sign each book and personally inscribe, if so requested.
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August 4-6, 2016 | Hyatt Regency | Milwaukee, WI

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This high-energy, participatory, humorous session has received outstanding reviews from diverse groups around the world. Certified Speaking Professional, Jeff Tobe, challenges you to step outside your comfort zone in positioning yourself more creatively than ever before. He provides the insight you require to give yourself the “competitive edge” for which we all strive in the healthcare documentation profession today!

To be effective in today’s marketplace, you must force yourself to look at your EXPERIENCE from a different perspective.

Tobe is not just entertaining—he provides real “tools” to creatively ENGAGE your internal and external stakeholders. With the push to competitive advantage in the marketplace, Jeff encourages people to think differently and color outside the lines!

He believes in the power of creativity to look at your profession or business from a new perspective. We now have to consider our internal and external customers’ EXPERIENCES from the minute they make contact with us to the minute they are done!

Jeff encourages you to consider your “touch points”—those opportunities you have to affect the customer/stakeholder experience—and to bring in key members of your team to collaborate. He addresses the concept of seeing the world through customers’ eyes—from their perspective. Allow your team to “tweak” their own touch points, thereby changing the experience collectively. Most important, his sessions are upbeat, interactive, and FUN!

Are you willing to color outside the lines?

Join Jeff to learn:
- How to spark innovative thinking—in yourself and others.
- Motives for making the shift from a service to EXPERIENCE culture today.
- Techniques to effectively manage the change that comes with innovation.
- The benefits to challenging your existing “boundaries.”
- How to tweak individual “touch points” in your organization.
- Methods to getting your internal and external stakeholder more engaged at what you do every day.

www.ahdionline.org/HDIC
Please print your name as it should appear on your badge.

First Name:  
Middle Initial:  
Last Name:  

AHDI #  optional

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Company/Employer:  

City:  
State/Province:  
Zip/Postal Code:  

Daytime Phone:  
Email:  

☐ Check if you are disabled and require special services. Please attach a written description of your needs.  
☐ Check if you will be a first-time attendee.

Cancellation Policy: Refund requests must be submitted to AHDI in writing and a $75 administrative fee will apply. No refunds after July 14, 2016.

AHDI Full Conference Registration
Thursday - Saturday, August 4-6. Your full registration includes:

<table>
<thead>
<tr>
<th>AHDI Student or Postgraduate Members</th>
<th>AHDI Eligible Members*</th>
<th>List Price</th>
<th>Enter Your Fee Here</th>
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<tbody>
<tr>
<td>Regular Rate through 7/14/16</td>
<td>$160</td>
<td>$370</td>
<td>$470</td>
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<tr>
<td>Welcome Reception, sponsored by M*Modal</td>
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<tr>
<td>Keynote Presentation</td>
<td>$210</td>
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<td>Integrity Awards</td>
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* AHDI Individual Professional, Sustaining, and the two named representatives from Corporate and Educational Members are eligible for this rate.

Special Event Tickets

<table>
<thead>
<tr>
<th>Wisconsin State Fair Package, Friday, August 5</th>
<th>Until 7/14/16</th>
<th>Starting 7/15/16</th>
<th>Enter Your Fee Here</th>
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<tbody>
<tr>
<td>Each ticket includes fair admission and round-trip bus transportation from the Hyatt Regency Milwaukee. The bus will run from 7-11 p.m., with the last return trip at 10:30 p.m.</td>
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Welcome Reception Guest Tickets, Thursday, August 4
Tickets are required for guests accompanying conference attendees to the Thursday Reception. Guests must register for the full conference to attend educational sessions.

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<th>Welcome Reception Guest Tickets</th>
<th>Until 7/14/16</th>
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<th>Enter Your Fee Here</th>
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Payment Information

Payment by check, money order, or credit card is accepted (U.S. funds only) payable to AHDI. No purchase orders. Credit card payments accepted by phone: 800-982-2182, fax: 209-527-9633, or mail: 4120 Dale Rd., Suite J8-233, Modesto, CA 95356. Register online at www.ahdionline.org.

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