Order of Gross Dictation

Created November 17th, 2019 Jeremy Deisch, MD, last edited February 12, 2025 by Jeremy Deisch, MD

1. **Identify yourself**

2. **State case number and patient name from the requisition**

3. **Clinical history**: Read from the requisition. Please note that some details, although included in the history, are unnecessary. For example, “Patient prefers private room”, “Direct admit after procedure”, or instructions for room setup should be avoided. If all is given are ICD-10 codes, dictate the first code verbatim and omit everything else. When extra information is obtained from the patient’s chart, dictate on a separate line “Per EMR, _”. Please keep extra clinical information **concise** and **relevant**. Generalities can be used (i.e. say “chemotherapy”, instead of listing the specific drugs used). Endomyocardial biopsies should have the number of fragments (as should be indicated on the requisition. For GI mucosal biopsies with **routine** specimen Comments listed next to specimen source (e.g., rule/out h. Pylori, eosinophilic esophagitis, sprue, colitis) do not need to be dictated. These are part of routine pathologic examination for these sites, with a low clinical pretest probability. The “number of polyps” for GI biopsy procedures and site specific findings (e.g., ulcer, mass, anastomosis) are critically important, but should be included in the specimen designation list, not within the history.

4. **Intraoperative consultation**: ALWAYS follow the order below (follows dictation workflow)

    a. IOC performing site (SH, Medical center, etc). If there are multiple IOC’s performed, you only have to dictate the site on the first specimen

    b. Specimen Identifier (e.g. “A”)

    c. RFS diagnosis (what was said to the surgeon, as written by the pathologist)

    d. Name of pathologist who performed IOC (“performed by Dr. _”)

    e. Date and times (time in and out) of IOC

    f. State if IOC was complex or multiple blocks (if “R” or “M” circled on bottom of stamp)

    g. Dictate resident initials (three letters). It is no longer required to dictate other staff initials that help with IOC.

5. **Specimen list**: Read off list of all specimens *from requisition*

6. **Patient name and specimen identifiers from BOTTLE** (e.g. “Specimen A, labeled John Smith, duodenum”). Do not read the specimen identifiers from the requisition. This is to ensure that the correct specimen is being handled in each specimen

7. **Fixative and gross description** If you are using a template, say it here. Received fresh/in formalin is/are _. At the end of the gross description for each specimen, dictate specimen handling within parentheses with each of the following items:

    a. State “**RS**” for representative sections or “**TE**” for totally embedded

    b. State # of caps submitted

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c. State any other handling steps (wrapped, sponged, photographed, decal, etc)

d. State **cc** (abbreviation for “caps checked”) at the end of each specimen. This statement confirms that you did actually check the caps for printing errors.

e. For the very last specimen dictated, after dictating cc, dictate **op**. This abbreviation for “orders placed” serves to confirm that you entered the proper orders in PTOE upon completion of the case.

A Few Pointers on Dictation in the Gross Room

- Try to avoid very long dictations - try to keep dictations under **three minutes**; break up longer dictations for large, complex specimens into multiple dictations. Remember to always identify new dictations with patient name and case number.
- Please avoid giving editing instructions to dictation staff, such as “go back and change”, etc. Use the rewind and overwrite functions to correct dictation mistakes, or dictate concise notes and correct dictations the following morning after they have been transcribed.
- Speak carefully and clearly; try to minimize the amount of “guessing” that is required of transcription, as well as the number of “please checks” for you to correct the following day
- Remember that there is a very short delay between when the foot pedal is pressed and the dictation software starts recording. Give a short (i.e. one second) pause after pressing the record pedal to begin dictating.
- Avoid long “empty spaces”. If you have to stop and think, release the foot pedal. Transcriptionists sitting and listening to long pauses is not a productive use of their time.
- There is no need to dictate anything in quotes