



AMSPAR

**Level 3 Diploma in Medical Administration
4419-334**

Level 6 Diploma in Medical Administration (SCQF) 4419-634

Audio Transcription

Version : Sample assignment

This assignment contains assessor and candidate instructions.

Sample

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**Level 3 Diploma for Medical Secretaries
Medical Word Processing - Audio Transcription
4419-334**

Assessor's instructions

Assignment number	4419-334
Version	Sample

Sample 1

Notes for guidance

This assignment comprises part of the assessment for Unit 5 Medical Word Processing and Audio Transcription.

The importance of safe working practices, the demands of the appropriate national and local Health and Safety legislation, associated regulations and Codes of Practice associated with the particular industry, must always be stressed. Candidates have responsibilities for maintaining the safety of others as well as their own. Anyone behaving in an unsafe fashion must be stopped and suitable warnings given. A candidate should never be allowed to continue working on an assignment if they have contravened these requirements. This may seem rather strict but, apart from the potentially unpleasant consequences, each candidate must acquire the habits required for the workplace.

The following notes for guidance are provided to assist assessors/tutors in planning the delivery of this assignment to candidates.

1 Location of assignment

1.1 Any suitable location in the workplace or learning environment.

2 Equipment/resources required for this assignment

2.1 The use of word processing, audio and printer facilities are required for this assignment.

2.2 Candidates are allowed to use English and or mother tongue dictionaries, BNF, MIMs, medical dictionaries and on-line dictionaries.

2.3 Candidates will need access to the 4419-01/02 Assessment guide to complete this assignment.

3 Evidence and recording

3.1 All work produced by the candidate should be kept together. The candidate is required to put their name, their City & Guilds registration number, task number and date on all pieces of work, either handwritten or typed, however they will not be penalised for not doing so. Candidates will need to be able to organise their information clearly and coherently.

4 Time considerations

4.1 The candidate has **one and a half hours** to complete this assignment in a controlled environment, including all proof reading and printing.

4.2 Any task that is repeated must also be taken in a controlled environment. A reasonable time should be allocated to the repeat task relating to the content. A note should be made on the candidate's assessment record indicating the time that was allowed.

4.3 A recommended period of seven days must have elapsed before an unsuccessful candidate can retake a task within this assignment. Further training/feedback should be given to candidates before a task is retaken. Should a candidate be unsuccessful in more than one task, or a referred assignment, then a new assignment should be taken.

5 Additional information

5.1 Answers given in the exemplar solutions are indicative of the type of answers candidates should give but are not definitive.

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Outcomes

Task	Evidence	Outcome reference
1	<ul style="list-style-type: none">• Notice	2.1, 2.2, 3.1, 5.1, 5.2, 6.1, 7.1
2	<ul style="list-style-type: none">• Clinic Letter to Dr N Duffy, General Practitioner	
3	<ul style="list-style-type: none">• Information Sheet	

Sample

**Level 3 Diploma for Medical Secretaries
Medical Word Processing - Audio Transcription
4419-334**

Candidate's instructions

Assignment number	4419-334
Version	Sample

Sample 1

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You are advised to read all instructions carefully before starting work. Check with your Assessor/Tutor, if necessary, to ensure that you have fully understood the process.

You must, at all times, observe all relevant Health and Safety requirements.

You have 1 hour 45 minutes to complete this assignment.

Introduction

This assignment is broken down into three tasks:

- Task 1 requires you to produce a notice.
- Task 2 requires you to produce a clinic letter.
- Task 3 requires you to produce an information sheet.

Note

- You will need access to the 4419-01/02 Assessment guide to enable you to complete this assignment.
- You will be allowed to use English and or mother tongue dictionaries to assist you in this assignment. You will also be allowed to use the BNF, MIMS or any other medical reference books which contains the names of drugs, or on-line dictionaries.
- **All tasks should be presented in a consistent style in regard to layout, format, style, fonts and use of either English/American medical terminology.**
- When you have completed all the tasks, re-read the instructions again just before you proof read your work for the last time.
- Save your work with an appropriate file name: eg 334 –Task 1 etc and save it before the end of the time period.
- Ensure your name, your City & Guilds registration number, task number and date is on all documentation.
- Please remember to arrange your work in task order.
- Proof reading and printing must be done within the time period. No further amendments may be made after that.
- At the end of 1 hour and 45 minutes you will be told to stop and hand all paperwork to your Assessor/Tutor.

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Task 1

The first document is a notice which includes a four-column table.

- Ensure all margins are 1.5cm.
- The notice should be in single line spacing except for the table which should be in double line spacing. All table gridlines/borders should be visible.
- Insert an automatic file name and path in the footer on the left.
- Save the document as **Notice(your initials)**.
- Print one copy in landscape format.

Task 2

The second document is a clinic letter (which should be dated with today's date) to:

Dr Neil S Duffy General Practitioner West Derby Health Centre Field Road Liverpool L14 0WJ

from:

Linda Walker Advanced Nurse Practitioner

- Recall the stored secondary care letterhead.
- Include a reference.
- Insert an automatic file name and path in the footer on the left.
- Save the document as **EvansL(your initials)**.
- Print two extra copies – one for Mr R Blake Consultant Gynaecologist and one for the file. Indicate routing.

The patient's details are:

**Louise Evans dob 21 01 1989
20 Paradise Street Liverpool L25 0BQ
NHS No 358 974 3214**

Task 3

The third document is an information sheet.

- Type this in double line spacing with fully justified margins.
- Number all pages and insert an automatic file name and path in the header on the left.
- Save the document as **Info(your initials)**.
- Print one copy.

General instructions

You may need the following brand/generic drug names:

Marvelon
tranexamic
mefenamic

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Dictation

In the following dictation, most punctuation marks will be dictated including apostrophes, hyphens, colons, semi-colons, commas, opening and closing brackets, new paragraphs and full stops. Although the full stop immediately before a new paragraph will not be dictated. *Candidates, however, are required to insert additional punctuation marks when and where they feel appropriate.*

Sample 1

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Task 1

(This is a notice which includes a four-column table).

(Please type the follow heading in closed capitals, font size 14, embolden, underline and centre).

APPOINTMENTS IN THE RADIOGRAPHY DEPARTMENT

We have now established a new appointment routine *(full stop)*. The length of time to be allowed for each X*(hyphen)*-ray is detailed below *(full stop)*. Please follow this revised schedule from next month *(paragraph)*.

(Insert a four-column table, in double line spacing. Closed capitals and italics should be used for the following table headings).

<i>X-RAY TYPE</i>	<i>ROOM</i>	<i>APPOINTMENT LENGTH</i>	<i>CLINIC</i>
-------------------	-------------	---------------------------	---------------

(Embolden these headings and shade the row to 20%).

(Six rows of information follow).

Arteriogram	2	50 minutes	Cardiology
Computerised tomography	3	40 minutes	General Surgery
Isotope bone scan	2	30 minutes	Orthopaedics
Magnetic resonance imaging	3	60 minutes	Nuclear Medicine
Mammography	1	5 minutes	Obstetrics

Special request forms for X-ray procedures need to be completed with the details of the patient and the type of X-ray required *(full stop)*. It is important that all details are correct including *(comma)*, if appropriate *(comma)*, the information concerning the LMP *(open brackets)* (last menstrual period) *(close brackets)* *(full stop)*. Please note some X-ray investigations require special preparation of the patient by fasting *(comma)*, giving of laxatives or other special requirements *(paragraph)*.

After the radiologist has reported on the results of the investigation *(comma)*, copies are despatched to the consultant*(oblique)*/doctor*(oblique)*/GP who requested the procedure *(paragraph)*.

Costing for X-rays is divided into various categories *(comma)*, according to the complexity of the procedures *(paragraph)*.

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If there are problems with booking any of the above investigations (*comma*), please contact the appropriate clinic concerned (*full stop*).

(This completes task 1)

Sample 1

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Task 2

- Recall the secondary care letterhead.
- This is a clinic letter to Dr Neil S Duffy General Practitioner. The address is on the information sheet.
- Please print two extra copies – one for Mr R Blake Consultant Gynaecologist and one for the file. Indicate routing.

(Please type) Our ref **EB**(oblique)**Your initials**(oblique)/CLINIC

(Mark the letter as confidential in closed capitals)

Dear Dr Duffy

(Please type the patient details as shown on the information sheet)

Thank you for referring this 20 year old patient with a long history of menorrhagia (*full stop*). I understand she was initially treated at The Royal Children's Hospital and was discharged once she turned 16 (*full stop*). She now describes a random variable bleeding pattern which was beginning to improve on Marvelon although she did describe the re-onset of migraine (*full stop*). She is also aware of some lower abdominal pain (*comma*), some occasional bowel disturbance with loose stools and pain on defaecation (*full stop*). She has no urinary symptoms or vaginal discharge (*full stop*). She has a previous history of pelvic infections which she thinks was related to a retained tampon (*full stop*). A pelvic examination has revealed a mild rectocele (*comma*), but otherwise she is well (*paragraph*).

Abdominal examination today demonstrated a soft abdomen that was tender suprapubically (*comma*), there was no rebound or guarding (*full stop*). A gynaecological examination was also performed (*paragraph*).

We have had a lengthy discussion this afternoon regarding Louise's symptoms (*full stop*). In the first instance I have advised she continues with tranexamic acid and mefenamic acid (*full stop*). I understand that there was some confusion regarding the dosage and we have clarified that today (*full stop*). For your information (*comma*), I have enclosed both a copy of her medical summary and details of her current medication. I have also arranged an ultrasound scan to exclude any pelvic pathology and she has agreed to manage her diet more appropriately to see if there is a gastrointestinal component to her problem (*paragraph*).

We will offer further review in due course and if her pain has settled and her scan is within normal limits she is keen to recommence her oral contraceptive pill (*full stop*). We will keep you informed of her progress (*paragraph*).

Yours sincerely

Linda Walker
Advanced Nurse Practitioner
(That completes Task 2)

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Task 3

(This is a patient information sheet).

(Please type the following heading in closed capitals, font size 14, Sans Serif, embolden and centre).

PATIENT INFORMATION LEAFLET FOR MENORRHAGIA

(Please use initial capitals and embolden the following shoulder headings).

*(Heading) **What is Menorrhagia** (question mark)?*

Heavy periods are known as menorrhagia and this term describes periods which are heavy and *(oblique)* /or prolonged *(full stop)*. Menorrhagia is not unusual *(comma)*, especially in young girls when they first begin having periods *(full stop)*. It tends to occur more commonly in women aged between 40 and 50 years or in women approaching the menopause *(paragraph)*.

Menorrhagia may be due to a number of different medical conditions which affect the reproductive system *(full stop)*. In most women with heavy periods *(comma)*, however *(comma)*, there appears to be no apparent medical reason for their condition *(full stop)*. In these women *(comma)*, heavy periods are called dysfunctional uterine bleeding *(paragraph)*.

*(Heading) **What are the Symptoms** (question mark)?*

It is difficult to measure blood loss accurately *(full stop)*. Periods are considered heavy if they cause such things as *(colon)*: *(Please type the following information in a bulleted list, indented 2.5 cm from the left margin)*

- flooding
- the need for double sanitary protection
- soaking of bedclothes
- passing clots
- your normal lifestyle is restricted because of heavy bleeding *(full stop)*.
(This is the end of the bulleted list)

Continual heavy blood loss can lead to anaemia which means that you may feel more tired than usual *(comma)*, or have low energy levels *(paragraph)*.

*(Heading) **How is Menorrhagia Diagnosed** (Question Mark)?*

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The GP will be able to carry out some tests which will include examining the abdomen and checking the position of the womb (*full stop*). The GP will probably carry out a cervical smear test and will take some blood to check for anaemia (*full stop*). He (*oblique*) /she will need to ask you some questions about your periods (*full stop*). How frequent they are (*comma*), the number of days between each period and how many days the period lasts for (*full stop*). The GP may refer you to the specialist at your hospital (*open bracket*) (gynaecologist) (*close bracket*) for further investigations to establish if there is a cause for your heavy bleeding (*paragraph*).

(Heading) Treatment

Heavy periods can either be treated by surgery or medicine or a mixture of both (*full stop*). If an underlying medical condition is diagnosed (*comma*), then the correct form of treatment for this should lead to an improvement in your heavy bleeding (*full stop*). If there is no obvious cause for your heavy bleeding then the problem is termed dysfunctional uterine bleeding (*full stop*). If you find the problem is difficult to cope with (*comma*), or embarrassing (*comma*), then your GP may prescribe some medical treatments to relieve your symptoms (*paragraph*).

If medical treatment fails to control your heavy periods and you do not wish to have any more children (*comma*), your gynaecologist may offer you surgery (*paragraph*).

It is important that you are involved in the decisions on which your treatment will be based (*full stop*). Issues to be discussed with your gynaecologist include your lifestyle (*comma*), your symptoms (*comma*), your age and whether or not you wish to have children (*paragraph*).

(This completes task 3).

Sample

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Assessment record – Sample

Centre name:	
Candidate's name:	
Candidate's enrolment number:	
I confirm that all the work in this assignment is my own: (signature)	
Date:	

Marking scheme

- no more than **7** errors in each task (21 in total) – **pass**
- no more than **15** errors in the whole assignment – **merit**
- no more than **9** errors in the whole assignment – **distinction**
- **8** errors or more in only one task – refer – can resit that task
- **8** errors or more in more than one task – sit new paper

Task 1 – Notice	number of errors _____	pass/refer
comments		
Task 2 – Clinic Letter	number of errors _____	pass/refer
comments		
Task 3 – Information Sheet	number of errors _____	pass/refer
comments		
File management/screen prints	number of errors _____	pass/refer
Assignment grade	Total number of errors _____	Resit / Pass / Merit / Distinction

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Date of assessment		Time started	
		Time completed	

Signatures

Quality nominee (if sampled)		Date	
Assessor Signature		Date	
External Verifier Signature (if sampled)		Date	

Sample

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Exemplar solutions

(Not to be shown to candidates until grading is complete)

Assignment number	4419-334
Version	Sample

Sample 1

TASK 1

APPOINTMENTS IN THE RADIOGRAPHY DEPARTMENT

We have now established a new appointment routine. The length of time to be allowed for each X-ray is detailed below. Please follow this revised schedule from next month.

X-RAY TYPE	ROOM	APPOINTMENT LENGTH	CLINIC
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Magnetic resonance imaging	3	60 minutes	Nuclear Medicine
Mammography	1	5 minutes	Obstetrics

Special request forms for X-ray procedures need to be completed with the details of the patient and the type of X-ray required. It is important that all details are correct including, if appropriate, the information concerning the LMP (last menstrual period). Please note some X-ray investigations require special preparation of the patient by fasting, giving of laxatives or other special requirements.

After the radiologist has reported on the results of the investigation, copies are despatched to the consultant/doctor/GP who requested the procedure.

Costing for X-rays is divided into various categories, according to the complexity of the procedures.

If there are problems with booking any of the above investigations, please contact the appropriate clinic concerned.

TASK 2 (3 copies)

**Bankfield NHS Foundation Trust
Bank Road
LIVERPOOL
L18 9NY**

0151 123 4567

Our ref EB/Candidate's initials/CLINIC or Clinic

(Date of assignment)

CONFIDENTIAL

Dr Neil S Duffy
General Practitioner
West Derby Health Centre
Field Road
LIVERPOOL
L14 0WJ

Dear Dr Duffy

**Louise Evans dob 21 01 1989
20 Paradise Street Liverpool L25 0BQ
NHS No 3589743214**

Thank you for referring this 20 year old patient with a long history of menorrhagia. I understand she was initially treated at The Royal Children's Hospital and was discharged once she turned 16. She now describes a random variable bleeding pattern which was beginning to improve on Marvelon although she did describe the re-onset of migraine. She is also aware of some lower abdominal pain, some occasional bowel disturbance with loose stools and pain on defaecation. She has no urinary symptoms or vaginal discharge. She has a previous history of pelvic infections which she thinks was related to a retained tampon. A pelvic examination has revealed a mild rectocele, but otherwise she is well.

Abdominal examination today demonstrated a soft abdomen that was tender suprapubically, there was no rebound or guarding. A gynaecological examination was also performed.

We have had a lengthy discussion this afternoon regarding Louise's symptoms. In the first instance I have advised she continues with tranexamic acid and mefenamic acid. I understand that there was some confusion regarding the dosage and we have clarified that today. For your information, I have enclosed both a copy of her medical summary and details of her current medication. I have also arranged an ultrasound scan to exclude any pelvic pathology and she has agreed to manage her diet more appropriately to see if there is a gastrointestinal component to her problem.

EvansL (candidate's initials) + appropriate automatic file name and path

We will offer further review in due course and if her pain has settled and her scan is within normal limits she is keen to recommence her oral contraceptive pill. We will keep you informed of her progress.

Yours sincerely

There should be 4/5 clear line spaces between the complimentary close and the signatory.

Linda Walker
Advanced Nurse Practitioner

Encs

Cc Mr R Blake Consultant Gynaecologist
File

Page numbers should only appear on the second page of the letter.

Sample

**Bankfield NHS Foundation Trust
Bank Road
LIVERPOOL
L18 9NY**

0151 123 4567

Our ref EB/Candidate's initials/CLINIC or Clinic

(Date of assignment)

CONFIDENTIAL

Dr Neil S Duffy
General practitioner
West Derby Health Centre
Field Road
LIVERPOOL
L14 0WJ

Dear Dr Duffy

**Louise Evans dob 21 01 1989
20 Paradise Street Liverpool L25 0BQ
NHS No 3589743214**

Thank you for referring this 20 year old patient with a long history of menorrhagia. I understand she was initially treated at The Royal Children's Hospital and was discharged once she turned 16. She now describes a random variable bleeding pattern which was beginning to improve on Marvelon although she did describe the re-onset of migraine. She is also aware of some lower abdominal pain, some occasional bowel disturbance with loose stools and pain on defaecation. She has no urinary symptoms or vaginal discharge. She has a previous history of pelvic infections which she thinks was related to a retained tampon. A pelvic examination has revealed a mild rectocele, but otherwise she is well.

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Linda Walker
Advanced Nurse Practitioner

Encs

Cc Mr R Blake Consultant Gynaecologist ✓
File

Page numbers should appear on the second page of the letter only.

Sample

**Bankfield NHS Foundation Trust
Bank Road
LIVERPOOL
L18 9NY**

0151 123 4567

Our ref EB/Candidate's initials/CLINIC or Clinic

(Date of assignment)

CONFIDENTIAL

Dr Neil S Duffy
General Practitioner
West Derby Health Centre
Field Road
LIVERPOOL
L14 0WJ

Dear Dr Duffy

**Louise Evans dob 21 01 1989
20 Paradise Street Liverpool L25 0BQ
NHS No 3589743214**

Thank you for referring this 20 year old patient with a long history of menorrhagia. I understand she was initially treated at The Royal Children's Hospital and was discharged once she turned 16. She now describes a random variable bleeding pattern which was beginning to improve on Marvelon although she did describe the re-onset of migraine. She is also aware of some lower abdominal pain, some occasional bowel disturbance with loose stools and pain on defaecation. She has no urinary symptoms or vaginal discharge. She has a previous history of pelvic infections which she thinks was related to a retained tampon. A pelvic examination has revealed a mild rectocele, but otherwise she is well.

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Yours sincerely

There should be 4/5 clear line spaces between the complimentary close and the signatory.

Linda Walker
Advanced Nurse Practitioner

Encs

Cc Mr R Blake Consultant Gynaecologist
File ✓

Page numbers should appear on the second page of the letter only.

Sample

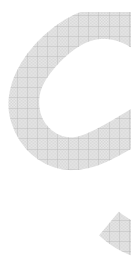
TASK 3 – Patient Information Sheet about Menorrhagia**PATIENT INFORMATION LEAFLET FOR MENORRHAGIA****What is Menorrhagia?**

Heavy periods are known as menorrhagia and this term describes periods which are heavy and/or prolonged. Menorrhagia is not unusual, especially in young girls when they first begin having periods. It tends to occur more commonly in women aged between 40 and 50 years or in women approaching the menopause.

Menorrhagia may be due to a number of different medical conditions which affect the reproductive system. In most women with heavy periods, however, there appears to be no apparent medical reason for their condition. In these women, heavy periods are called dysfunctional uterine bleeding.

What are the Symptoms?

It is difficult to measure blood loss accurately. Periods are considered heavy if they cause such things as:

- 
- flooding
 - the need for double sanitary protection
 - soaking of bedclothes
 - passing clots
 - your normal lifestyle is restricted because of heavy bleeding.

Continual heavy blood loss can lead to anaemia which means that you may feel more tired than usual, or have low energy levels.

How is Menorrhagia Diagnosed?

The GP will be able to carry out some tests which will include examining the abdomen and checking the position of the womb. The GP will probably carry out a cervical smear test and will take some blood to check for anaemia. He/she will need to ask you some questions about your periods. How frequent they are, the number of days between each period and how many days the period lasts for. The GP may refer you to the specialist at your hospital (gynaecologist) for further investigations to establish if there is a cause for your heavy bleeding

Treatment

Heavy periods can either be treated by surgery or medicine or a mixture of both. If an underlying medical condition is diagnosed, then the correct form of treatment for this should lead to an improvement in your heavy bleeding. If there is no obvious cause for your heavy bleeding then the problem is termed dysfunctional uterine bleeding. If you find the problem is difficult to cope with, or embarrassing, then your GP may prescribe some medical treatments to relieve your symptoms.

If medical treatment fails to control your heavy periods and you do not wish to have any more children, your gynaecologist may offer you surgery.

It is important that you are involved in the decisions on which your treatment will be based. Issues to be discussed with your gynaecologist include your lifestyle, your symptoms, your age, and whether or not you wish to have children.

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Liverpool
L18 9NY

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Sample 1