



# **Medical Secretary**

## **QQI Level 5 5N2428**

# **Exercise Handbook**

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## Introduction

Welcome to the Medical Secretary course from DCM Learning. The course is highly interactive, and this workbook is designed to help you to take notes during the practical exercises that will take place during the course. This can also be used to assist you through the online events, breakout sessions, periods of self-directed learning (SDL) and in preparing your assessments, as well as being a practical 'aide memoire' for you in your role as a Medical Secretary.

Note that you will have access to all of the slide decks used by your tutor which can also be used as a reference source for your assessment and skills demonstration but remember that you will also do other self-directed learning, such as reading and research (books, articles, relevant websites, videos etc.).

## Module 2 : Medical Terminology Exercises

### Medical Terminology Quiz

Try answering this quiz WITHOUT looking up the answer. Give your 'best guess' if you're not sure which one is correct

Circle the correct answer

1. The general meaning of "corpus" is best described by which of the following?

(A) Abdomen  
(B) Body  
(C) Chest  
(D) Head  
(E) Trunk

*My answer is*

2. Which of the following terms refers to the ability to breathe comfortably only when in an upright position?

(A) Apnea  
(B) Dyspnea  
(C) Eupnea  
(D) Hypercapnia  
(E) Orthopnea

*My answer is*

3. Which of the following terms means drainage from the nose?

(A) Rhinolalia  
(B) Rhinomycosis  
(C) Rhinophyma  
(D) Rhinorrhaphy  
(E) Rhinorrhea

*My answer is*

4. The combining form "cephal/o" refers to which of the following?

(A) Abdomen  
(B) Head

- (C) Neck
- (D) Ribs
- (E) Spine

*My answer is*

5. The prefix meaning outside or outer is which of the following?

- (A) Ana-
- (B) Dia-
- (C) Epi-
- (D) Exo-
- (E) Peri-

*My answer is*

6. The prefix "brady-" means which of the following?

- (A) Away from
- (B) Downward
- (C) Irregular
- (D) Slow
- (E) Without

*My answer is*

7. Which of the following suffixes refers to eating?

- (A) "phagia"
- (B) "phasia"
- (C) "phonia"
- (D) "plegia"
- (E) "praxia"

*My answer is*

8. Which of the following terms refers to pain?

- (A) Arthralgia
- (B) Diplopia
- (C) Dysplasia
- (D) Hemiplegia
- (E) Urticaria

*My answer is*

9. Which of the following is the definition for aphagia?

- (A) Extreme thirst
- (B) Inability to hear
- (C) Inability to swallow
- (D) Loss of hair
- (E) Pain free

*My answer is*

10. Which of the following suffixes means "cutting operation"?

- (A) -ectomy
- (B) -plasty
- (C) -scopy
- (D) -stomy
- (E) -tomy

*My answer is*

11. Which of the following is the CORRECT spelling for the plural of bronchus?

- (A) Bronchuses
- (B) Bronchii
- (C) Bronchi
- (D) Bronchae
- (E) Broncha

*My answer is*

12. Which of the following terms is used to describe a lateral curvature of the spine?

- (A) Kyphosis
- (B) Scoliosis
- (C) Osteoporosis
- (D) Lordosis
- (E) Stenosis

*My answer is*

13. "K" is the chemical symbol for which of the following substances?

- (A) Barium
- (B) Calcium
- (C) Iron

- (D) Hydrogen
- (E) Potassium

*My answer is*

14. Which of the following is the chemical symbol for iron?

- (A) F
- (B) Fe
- (C) Fr
- (D) I
- (E) Ir

*My answer is*

15. Pyloromyotomy is performed in which of the following body systems?

- (A) Cardiovascular
- (B) Gastrointestinal
- (C) Musculoskeletal
- (D) Nervous
- (E) Reproductive

*My answer is*

16. A patient scheduled for echoencephalography will undergo a study of which of the following?

- (A) Abdomen
- (B) Brain
- (C) Heart
- (D) Lungs
- (E) Spine

*My answer is*

17. Which of the following physicians specialises in treating patients with diseases of the liver?

- (A) Hematologist
- (B) Hepatologist
- (C) Nephrologist
- (D) Oncologist
- (E) Rheumatologist

*My answer is*



18. Which of the following branches of medicine specialises in the study of the musculoskeletal system?

- (A) Gynecology
- (B) Nephrology
- (C) Orthopedics
- (D) Pediatrics
- (E) Urology

*My answer is*

19. 19) A patient with encephalitis is most likely to be treated by which of the following specialists?

- (A) Endocrinologist
- (B) Hematologist
- (C) Neurologist
- (D) Oncologist
- (E) Radiologist

*My answer is*

20. 20) Which of the following spellings is CORRECT?

- (A) Abecess
- (B) Abces
- (C) Abscess
- (D) Abscus
- (E) Absess

*My answer is*

**How did you do? You can find the answers at the back of this workbook.**

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## **My Notes on Medical Terminology:**

## Basic Anatomy Quiz

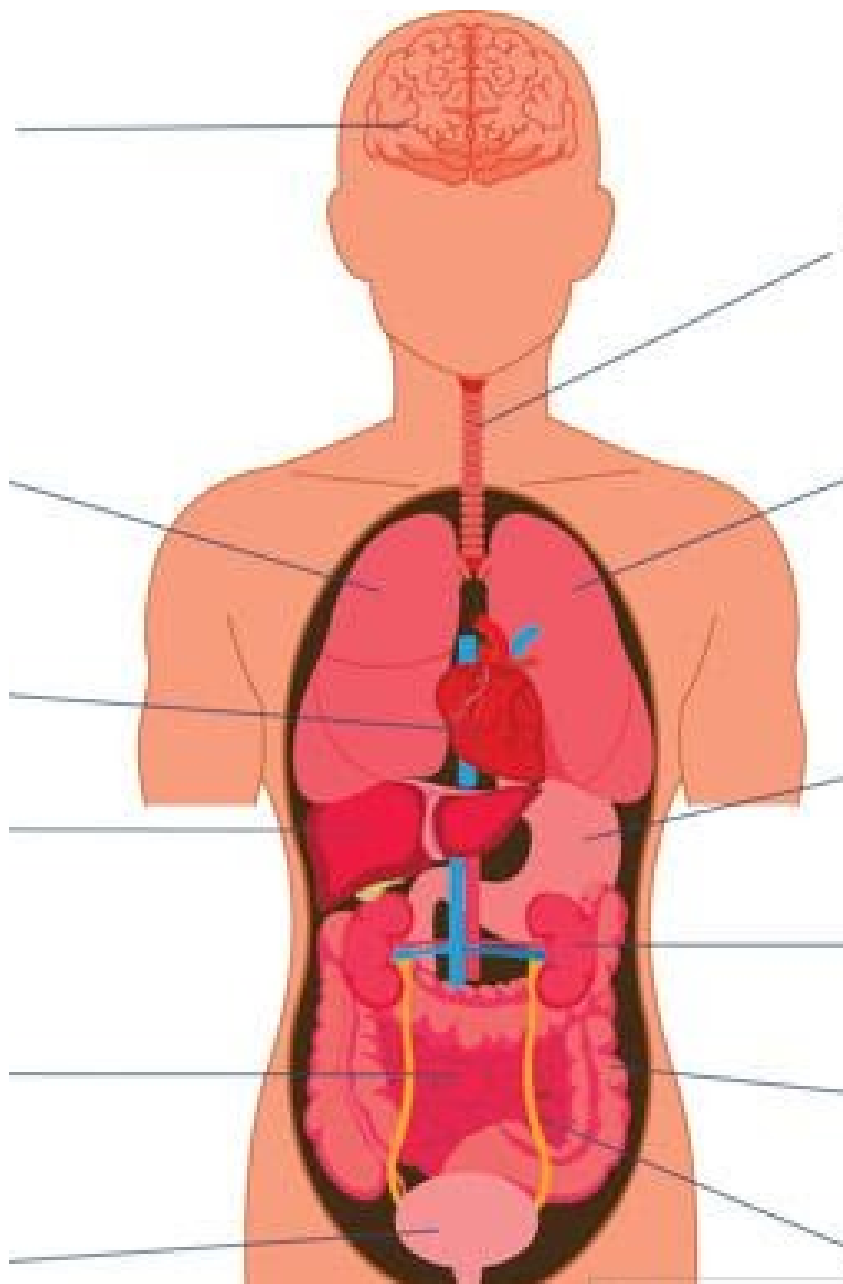
Try answering this quiz WITHOUT looking up the answer. Give your 'best guess' if you're not sure which one is correct. Use the labels in the tables below to complete the diagrams on the next two pages.

BONES	ORGANS
Patella	Liver
Mandible	Brain
Sternum	Heart
Tibia	Large intestine
Clavicle	Small intestine
Coccyx	Left lung
Sacrum	Right lung
Pelvis	Stomach
Femur	Esophagus
Humerus	Ureter
Carpals	Bladder
Metatarsals	Kidney
Scapula	
Skull	
Phalanges	
Radius	
Ulna	
Ribs	

## The Skeleton



## The Major Organs



**How did you do? You can find the answers at the back of this workbook.**

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## **My notes on Basic Anatomy:**

## Constructing Medical Terms

Test yourself with the following words to see if you can break down the component parts.

Term	Prefix	Root Word	Suffix
Bronchitis			
Thrombosis			
Endoscopy			
Bradycardia			
Cardiology			
Apnea			
Cardiomegaly			
Dysuria			
Bilateral			
Bradycardia			
Intravenous			
Epidermis			
Neonatal			
Hepatitis			

Dermatitis			
Cardiology			
Nephrectomy			
Gastroscopy			



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## **My notes on Constructing Medical Terms:**

## Specialist Medical Terminology - The Heart

C K A S A S E I I V N K Y S C  
O A U I C R W S A A L Z P E A  
D U R E D W T S L O Q H H I R  
E Z Z D T R C E R U E T Q R D  
M E D W I U A E R R P T T A I  
B Z Y Y L O T C O I D Z S L O  
O N W A Q S M C Y L T J Q L V  
L Y R B E C Y Y S D B I V I A  
I R Q L O T Y A O A A O S P S  
S Q O X O S O L G P I R Z A C  
M H U S A I M E A N A P B C U  
C O I N N S N F O K G T F Q L  
H S P G F N H H F S O H H B A  
S I T I D R A C O D N E V Y R  
T A C H Y C A R D I A N T Y Q

Find the following words	What do they mean?
ANAEMIA	
ARTERITIS	
BRADYCARDIA	
CAPILLARIES	
CARDIOMYOPATHY	
CARDIOVASCULAR	
CHOLESTEROL	
EMBOLISM	
ENDOCARDITIS	

SPHEROCYTOSIS	
TACHYCARDIA	
VASCULAR	

## Specialist Medical Terminology - Digestion

S C O L O S T O M Y P S H S P

M I S E H U E Y K G I E E A C

D L T B C U V D I S M N P E C

V Y W I G I I U O N C I A R T

Z Z S N C M D H L A Q T T C K

Q Y O P Y I R N N A P S I N G

Y T S H E R D T U I L E T A F

V R P M I P A N F A F T I P F

F J X C Y C S Y E U J N S C G

K I A D I E H I O P M I O V D

L T J D E N E M A G P F H N T

U M S I L U T O B M H A S P O

D J H P T N F C U X P M C A N

A T F P B Z U K H S R U K V B

S I T I R E T N E O R T S A G

Find the following words	What do they mean?
ANTACIDS	
APPENDICITIS	
CIRRHOSIS	
COLOSTOMY	
DYSPEPSIA	
ENEMA	
GASTROENTERITIS	
HEPATITIS	
INTESTINES	

PANCREAS	
TONGUE	
UVULA	

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## **My Notes on Specialist Medical Terminology:**



## Abbreviations and Definitions

Read the report extracts below and complete the tables on the following pages. You need to: -

- Give a definition for each underlined term
- Provide the unabbreviated word for each abbreviated term in bold

### Extract 1

#### XR KNEE LT:

There is narrowing and mild **OA** changes shown in the medial joint compartment and in the patellofemoral articulation. Early OA changes are shown in the lateral joint compartment

### Extract 2

#### XR CHEST:

Heart size normal. The lungs are expanded showing moderate **COPD** but there is no evidence of congestion or active disease.

### Extract 3

Billy Murphy, 90-yo **M** here for a follow-up on his medical issues, which include atrial fibrillation and valvular heart disease. He does have some swelling around the anterior ankle. Lungs clear. Abdomen **neg.** masses, tenderness. **Exts** no edema. Atrial fibrillation: Stable. Good rate control. Continue anticoagulation at this time. Pneumonia: Improving on Zithromax day **3/5**.

### Extract 4

Ciara Jones 78-yo **F** history of carcinoma of the bladder diagnosed in March of 1999, presented for preoperative evaluation. The patient has undergone periodic cystoscopies and on the recent cystoscopy a lesion was found. This has since been shown to be a recurrent bladder carcinoma and the patient is now scheduled for cystoscopic removal.

### Extract 5

Colm is 72 **yo M** lives alone. **Hx**: Bilateral lower extremity edema cellulitis of lower extremities, HTN, venous stasis, renal insufficiency, hypercholesterolemia and obesity. **A&O** self directing. Ambulates and transfers independently with walker. Skin is intact. Incontinent of bladder & bowel at times. No issues are noted with regards to chewing or swallowing. Appetite is fair, states his appetite is not what it used to be.

### Extract 6

Aine 55-**yo F** referred for follow up for recent exercise stress testing. She was recently evaluated for atypical chest pain and had exercise stress testing, she exercised for 9 minutes and 26 seconds and the test was clinically negative. She continues to have some atypical chest pain complaint, no **PND**, no orthopnea, no lower extremity edema, no palpitations, or dyspnea on exertion.

## **Definitions**

## **Abbreviations**

Read the case study below and use the table on the following page to

- Identify which specialty/specialties this case falls under.
- Give a definition for each underlined term.
- Provide the unabbreviated word for each abbreviated term in bold

54-**yo F** with a long-standing history of hypertension and dyslipidemia. She experiences occasional chest discomfort described as sharp in nature and on one occasion radiating through to her back, symptoms are always attributed to indigestion. Recently worse with movement and associated with an inability to take a deep breath. She denies dyspnea on exertion, shortness of breath, orthopnea, or lower extremity edema. She does experience occasional palpitations at night unrelated to any other symptoms. In addition to above, diabetes mellitus for two years, osteoarthritis, and **HRT** since 1999. Partial hysterectomy 1997.

She is married and has two children. She is a housewife. Abstains from alcohol, tobacco, or drugs. She does not exercise regularly. Follows a regular diet with no restrictions. Caffeine, drinks decaffeinated coffee one to two cups per month and drinks a glass of tea three times per week. Mother deceased at age 68 with **CHF**.

She has gained approximately 20 pounds within the last eight months. Positive for occasional seasonal allergy symptoms. Restless at night and sleeps poorly. Joint pain particularly of the hips and knees secondary to osteoarthritis. Low back pains of the last four months radiating into the buttocks, on Naproxen therapy with some relief.

CURRENT MEDICATIONS: Glucotrol 1½ every day, Actos one every day, Prinzide 20/25 1½ every day, Gemfibrozil 2 every day, and Cenestin 0.625 mg every day.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

Weight 290 pounds, height 5'4". Overweight, well-developed F in no acute distress. Blood pressure 144/82. Apical pulse 80. Respiratory rate 18.

IMPRESSION: Mother deceased at age 68 with CHF.

1. Hypertension.
2. Diabetes mellitus type 2.
3. Dyslipidemia.
4. Obesity.

We will obtain records according to the patient; she had stress testing and echo done. The patient will be referred back to **CNSp** for enrollment and will be followed up for a research protocol.

### **Specialties**

### **Definitions**

### **Abbreviations**

### **My Notes on Medical Abbreviations:**

## Module 3: Patient Confidentiality and Ethics Exercises

### Confidentiality Scenario

Imagine you are working as a Receptionist in a doctors clinic and read the scenario below.

Consider what the potential problems are in this scenario and how confidentiality was/could be broken.

Now use the table on the next page to: -

- Note what was done correctly
- Explain the potential problems regarding confidentiality

- Every 6 weeks The Practice holds a vasectomy clinic. Normal Saturday morning surgery continues as usual.
- Patients for both clinics come along and book in at reception and take a seat in the waiting room all together. No one is aware that there are two clinics going on at the same time. Nothing is advertised to say that there is a vasectomy clinic taking place that morning.
- The Practice does its utmost to ensure that patients have privacy and confidentiality.
- The team running the vasectomy clinic work all day and before lunch order sandwiches from a local coffee shop. The shop delivers the order which saves someone having to go and collect the order.
- The receptionist places the usual order for sandwiches for the vasectomy clinic being held that day – she uses the back-office telephone so no one can hear her in the waiting room.
- The person taking the order at the sandwich bar asks the receptionist “*is that for the vasectomy clinic?*” the receptionist confirms that it is.
- When the lady arrives with the sandwiches, she goes up to the reception desk and says, “*I have an order here for the vasectomy clinic*”.
- The receptionist thanks her and phones through from the front desk to the nurse in the clinic to come through and collect the sandwiches.

[illegible]

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## **My Notes on Patient Confidentiality and Ethics:**



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## Legislation Exercises

Discuss Equality in Employment and the impact stereotyping, prejudice and unconscious bias might have on your role.

Identify and Discuss the impact of Health and Safety Legislation within your role and workplace.

Discuss GDPR and the impact that will have on your role. Refer to the 6 main principles of this legislation

## Data Breach Exercises

### Exercise 1: Data Loss

<b>FORM No.</b>	FORM-DB-07		
<b>DATE OF REPORT</b>	21/02/2020	<b>DATA BREACH TYPE</b>	Data Loss
<b>REPORTED BY</b>	xxxxxxx	<b>FINANCIAL DATA COMPROMISED</b>	FALSE
<b>LOCATION</b>	Ward	<b>No. INVOLVED / AFFECTED</b>	1-10
<b>REPORTED TO ODPC</b>	FALSE	<b>AFFECTED PARTY NOTIFIED</b>	Yes
<b>SUMMARY</b>	<p>Patient MRN 12345 received prescription belong to patient MRN 13245. Patient MRN 12345 called the ward to inform me that she had received the incorrect prescription. I asked her to shred and dispose of it and she agreed to do so, I apologised to her and asked her if she need a prescription for herself and she stated no that she was happy to buy analgesia over the counter. I advised her to contact me if she needed a new prescription. I went and spoke with patient MRN 13245 and informed her what happened, she had no concerns on the prescription given was a patient name and address, no hospital number and no date of birth</p>		
<b>ACTIONS TAKEN TO INFORM AFFECTED / OR REASONS NOT TO DO SO</b>	Both parties affected spoken with		
<b>ACTIONS TAKEN TO RECOVER / SECURE PERSONAL DATA THAT HAS BEEN COMPROMISED.</b>	Prescription will be shredded by recipient		

<b>ACTIONS TAKEN TO LIMIT DAMAGE / DISTRESS TO THOSE INVOLVED</b>	Both parties reassured
<b>ACTIONS TAKEN TO PROVIDE REPETITION OF INCIDENT</b>	Staff education

**What do you think happened?**

**How could it be prevented?**

## Exercise 2: Unauthorised Disclosure

<b>Form No.</b>	FORM-DB-09		
<b>Date of report</b>	07/03/2020	<b>DATA BREACH TYPE</b>	Unauthorised Disclosure
<b>Reported by</b>	No data provided	<b>FINANCIAL DATA COMPROMISED</b>	TRUE
<b>Location</b>		<b>No. INVOLVED / AFFECTED</b>	one
<b>REPORTED TO ODPC</b>	FALSE	<b>AFFECTED PARTY NOTIFIED</b>	Yes
<b>SUMMARY</b>	Sent an appointment letter to a patient with a blood requisition form attached with the patient's DOB and address. The incorrect address was on the envelope and I received an email from the receiver, and he informed me of the data breach.		
<b>ACTIONS TAKEN TO INFORM AFFECTED / OR REASONS NOT TO DO SO</b>	I informed Shirley of the incident and she contacted the relevant person about the data breach. The appointment letter was already posted back to me. I received the appointment letter in the post the following day and gave it to Shirley.		
<b>ACTIONS TAKEN TO RECOVER / SECURE PERSONAL DATA THAT HAS BEEN COMPROMISED.</b>	I informed the data protection officer. She contacted the relevant person and the letter was already posted back to the hospital.		
<b>ACTIONS TAKEN TO LIMIT DAMAGE / DISTRESS TO THOSE INVOLVED</b>	I reported the incident to Shirley, and she is following up.		

<b>ACTIONS TAKEN TO PROVIDE REPETITION OF INCIDENT</b>	I have insured the address is now correct.
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**What do you think happened?**

**How could it be prevented?**

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## **My Notes on Legislation:**

## Module 4: Information Sources & Reports/Medical Records Exercises

### Introduction to Health Services in Ireland

What is happening in the Health Service today?

Complete the PEST analysis below to highlight positive and negative issues and concerns you may need to consider as a professional Medical Administrator:

<b>Political</b>	<b>Economic</b>
<b>Social</b>	<b>Technological</b>

## **My Notes on Health Services in Ireland:**



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## Information Sources

Identify where you may obtain further information.

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## **My Notes on Information Sources:**

## Healthcare Records & Reports

What are the components of a good Healthcare Record?

What are common errors would you find in Healthcare Records?

What would be the consequence of these errors?

## Case Notes using SOAP

**SOAP** is an acronym to help with the structure and content of case notes. SOAP stands for:

**Subjective:** The reason the patient is being seen, including description of symptoms provided by the patient or other individuals.

**Objective:** Details drawn from the provider's examination of the patient's condition, including lab data.

**Assessment:** What the provider thinks is wrong with the patient, based on subjective and objective details.

**Plan:** What the provider recommends be done regarding the patient's condition. This may include obtaining lab work, referral to a specialist, or ongoing treatment and follow-up details

Rewrite the case notes below using SOAP. Correct the spellings where necessary.

## Case Note 1

Clara, 95 yo F alert oriented and self-directing with some input from daughter. DX: CVA 9/09 DM, HTN, early stage dementia, hypalipidemia, heart murmur, UTI (resolved) lives with daughter and son-in-law. Daughter provides 24-hour supervision and is primary caregiver. Sensory vision WNL with glasses, somewhat hard of hearing, speech is clear with mild disphasia, ambulates with cane or rolling walker independently, sometimes needs supervision or contact guard on stairs, transfers independently, client is continent of bowel, incontinent of bladder, wears disposable undergarments. Client is on an 1800 diabetic low cholesterol, low salt, cardiac diet – daughter prepares most meals. She may need HCA to prepare meal on request. Daughter states appetite is good. No problems chewing or swallowing. Has her own teeth with partial upper. Height 5' 2", weight 118lbs. Daughter assists with meds. Meds from local pharmacy, daughter picks them up. Client needs assist with personal care some meal prep, continue same care plan of home help 6 hrs/wk to meet needs.

## Case Note 2

Client is 72 yo M lives alone. Hx: Bilateral lower extremity edema cellulitis of lower extremities, HTN, venous stasis, renal insufficiency, hypercholesterolemia and obesity. A&O X3, self directing. Ambulates and transfers independently with walker. Skin is intact. Incontinent of bladder & bowel at times. No issues are noted with regards to chewing or swallowing. Appetite is fair, states his appetite is not what it used to be. He is very intent on healthy eating and is eager to stop eating high sodium foods. He is 5'8" and is 352#. Senses WNL with glasses for reading. Sleeps on a hospital bed which is easier for him to transfer into. Client has his own car which he only drives in the summer. Client does his own grocery shopping, laundry, meds and MD appointments. However, due to his weakness and limited physical abilities, personal care is recommended 6hrs a week to help with household chores and washing his lower extremities.

### Case Note 3

Client is 61 y/o F. Client was unable to answer most questions and her spouse answered for her as her self-directing other. DX: early dementia and, per her MD, it is progressing fast. Obesity, HTN, DJD and depression. Client was able to state name and address but asked spouse for all other info. Allergic to PCN. Client's husband is doing everything for her 24/7 and only leaves the house for his own MD appointments. A neighbour comes to sit with her at those times. Client attends Mental Health counselling once a week. Sensory is WNL, skin is intact, ambulates with a cane. She also has a walker. Client transfers with some assist. Continent of bowel and incontinent of bladder, refuses to wear disposable briefs so husband toilets her regularly through the day and night. Sleep is disturbed. Client is active at night and wants to sleep during the day. Diet: low salt, spouse prepares and serves all meals. Height 5'2" weight 176lbs. appetite good. No problems chewing or swallowing. Client requires assist with showers and incontinent care. Spouse states she falls a lot and always has contact guard. Client's spouse is at his wits end caring for client and is looking for maximum assist. We explained we don't provide for client supervision. Discussed Medical Day Program and both client and spouse were agreeable. Nurse made referral. Recommend home help 1hr/3dy/wk to assist with identified need.

## Dictation Exercise 1

Listen to the recording below and dictate the material in the box below.  
You can also access this recording under Module 4 in the online course.



## Dictation Exercise 2

Listen to the recording below and dictate the material in the box below.  
You can also access this recording under Module 4 in the online course.



**How did you do? You can find the answers at the back of this workbook.**



## Case Study 1: Inadequate notes and improper advice

Mrs. B was a homemaker with a four-year-old son. She had been trying to have a second child for some time and eventually conceived. She rang Dr L, senior partner at her practice, to inform him of her positive pregnancy test.

Her son developed chickenpox and seemed “under the weather” so Mrs. B phoned her surgery to make an appointment with her GP. While she was talking to the receptionist, she asked if being eight weeks pregnant she was at risk being exposed to chickenpox at home. The receptionist tried to be reassuring and told Mrs. B that there was no risk from chickenpox and that only German measles or rubella would cause concern.

Mrs. B’s husband took their son to the appointment with GP Dr Y the next day. Dr Y confirmed the diagnosis of chickenpox by inspecting his widespread vesicles. He had noted that examination of his ears, nose and throat had been acceptable and that his chest was “fine.” His management notes were minimal and just stated: “advice given.”

On a separate occasion, Mrs. B visited Dr Y to arrange antenatal care. She did not mention her son’s chickenpox because she had felt reassured by the advice he had given her husband when he had attended with their son. Dr Y made no notes of this consultation although he arranged a dating ultrasound scan and an appointment at the antenatal clinic.

Mrs. B developed the same spots as her son and immediately panicked about her pregnancy. She became anxious that the baby could be harmed so rang her surgery to make an appointment with her GP. The receptionist informed her that only emergency appointments were available so she could not get an appointment that day. She also told Mrs. B “nothing could really be done for chickenpox.” Mrs. B was still anxious, so the receptionist agreed to put her through to the practice nurse. The nurse also tried to reassure her and reiterated the receptionist’s advice.

Mrs. B, who had had two miscarriages in the past, still felt very anxious about her pregnancy. She felt upset and rang her husband at work. He rang the surgery and demanded that his wife should have an appointment with a GP that day. An appointment was eventually made with Dr L who made no notes of the consultation. Mrs. B stated that Dr L said there was “no need to worry about any risks to her pregnancy with respect to her chickenpox.”

Mrs. B went on to have a normal 20-week scan. Her chickenpox was never discussed in her antenatal appointments. She had a normal delivery at term. Her baby, CB, was 4.54kg and breastfed well.

When CB was three months old, the health visitor noticed a squint and a referral was made to a pediatrician. At five months old, it became evident that CB had an abnormal posture. Mrs. B’s chickenpox at eight weeks gestation was noted by the pediatricians, and congenital varicella syndrome (CVS) was diagnosed. CB had a severe visual impairment, asymmetrical four limb motor disorder, scoliosis and learning difficulties. Mrs. B was completely devastated that her chickenpox had not been managed while she was pregnant and she made a claim against her GP, Dr L. The opinion of a GP expert was sought. He

thought the standard of care was indefensible because the receptionists had provided clinical advice without discussing it with a doctor first.

He felt that Mrs. B should have been able to speak to a doctor. Had a doctor seen Mrs. B when she had the chickenpox contact, he stated that varicella antibody testing should have been arranged. If varicella IgG had been negative, then Mrs. B should have been offered varicella zoster immune globulin (VZIG). It was his opinion that a “reasonable GP” would have concluded that there was no benefit in giving VZIG when Mrs. B was seen with the rash.

The claim was settled for a high amount. Dr L was criticised in his capacity as a senior partner in the practice of allowing administrative and nursing staff to provide negligent medical advice.

It was also agreed that he had personally provided negligent advice to Mrs. B concerning the risks to her and her unborn baby resulting from exposure to the varicella virus. He had also failed to test Mrs. B for immunity to the varicella virus and administer VZIG once the results were known.

**What mistakes do you believe were made by the medical secretary in this case study?**

## Case Study 2: Improper advice

Mrs. G, a 50-year-old baker, became unwell with what appeared to be flu. There was an outbreak of flu in the area at the time. Mrs. G telephoned her GP surgery and spoke to a receptionist who told her to take bed rest, plenty of fluids and paracetamol.

By the next day, Mrs. G was feeling worse. She had a headache and appeared to her daughter to be confused. Mrs. G's daughter telephoned the GP surgery and spoke to a receptionist who said that Mrs. G was suffering from flu and did not need to see a doctor.

Mrs. G attended her local emergency department two days later, complaining of left-sided chest pain. She was afebrile with tachycardia, and there were no significant signs in her chest. A CXR showed left-sided consolidation and pneumonia was diagnosed. Her blood tests showed leucopenia and significant metabolic derangement because of her infection.

Mrs. G was treated with intravenous fluids and antibiotics. Despite receiving optimal therapy, she continued to deteriorate and died five days after admission. Mrs. G's daughter sued the partners at her mother's GP practice, alleging that they had been negligent in allowing a receptionist to refuse a home visit twice and offer advice without medical assessment or input. It was alleged that had Mrs. G been seen when requested, then earlier treatment or hospital admission would have saved her life.

A GP expert examined the details of the case. The expert felt that the initial advice given by the receptionist would have been appropriate, in the middle of a flu outbreak, but was uncertain as to what had actually transpired, as the call had lasted for less than a minute and no significant details were logged.

The expert felt that when Mrs. G's daughter had telephoned for further advice, in the context of a patient who was apparently confused and deteriorating, it was inappropriate for the receptionist to give any advice without asking a doctor's opinion. It was difficult to know what was actually said during the conversation as, again, the log of the call included few details.

An expert respiratory physician commented that it was likely that if Mrs. G had been admitted to hospital after the second alleged request for a visit, she would have survived.

The case was settled for a sum equivalent to €70,000. It would have been difficult to defend the case in the view of the expert opinions, without evidence that the substance of the telephone calls differed significantly from Mrs. G's daughter's account.

**What mistakes do you believe were made by the medical secretary in this case study?**

## **My Notes on Healthcare Records:**

## Module 5: Professional Administration Skills Exercises

### Working as a Medical Secretary/Administrator

Key Elements of your Role	Skills Required	Challenges

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Discuss the Do's and Don'ts of Patient Care

Discuss effective handling of patient complaints

Discuss primary methods of effective communication with

- a) Patients
- b) Medical Staff

Identify ways to practice effective time keeping within your role.



## Team Mapping Exercise

Draw a map of the teams you are likely to work with. Start with the patient and think about everyone they may come into contact with as part of their ongoing care.

Choose any healthcare scenario you wish and see how many teams and other medical professionals you may be working with for the benefit of the patient.

## **My Notes on Working as a Medical Secretary:**

# Appendix 1: Answers

## Medical Terminology Quiz

1. The general meaning of "corpus" is best described by which of the following?  
  - (A) Abdomen
  - (B) Body**
  - (C) Chest
  - (D) Head
  - (E) Trunk
  
2. Which of the following terms refers to the ability to breathe comfortably only when in an upright position?  
  - (A) Apnea
  - (B) Dyspnea
  - (C) Eupnea
  - (D) Hypercapnia
  - (E) Orthopnea**
  
3. Which of the following terms means drainage from the nose?  
  - (A) Rhinolalia
  - (B) Rhinomycosis
  - (C) Rhinophyma
  - (D) Rhinorrhaphy
  - (E) Rhinorrhea**
  
4. The combining form "cephal/o" refers to which of the following?  
  - (A) Abdomen
  - (B) Head**
  - (C) Neck
  - (D) Ribs
  - (E) Spine
  
5. The prefix meaning outside or outer is which of the following?  
  - (A) Ana-
  - (B) Dia-
  - (C) Epi-
  - (D) Exo-**
  - (E) Peri-
  
6. The prefix "brady-" means which of the following?  
  - (A) Away from

- (B) Downward
  - (C) Irregular
  - (D) Slow**
  - (E) Without
7. Which of the following suffixes refers to eating?
- (A) "phagia"**
  - (B) "phasia"
  - (C) "phonia"
  - (D) "plegia"
  - (E) "praxia"
8. Which of the following terms refers to pain?
- (A) Arthralgia**
  - (B) Diplopia
  - (C) Dysplasia
  - (D) Hemiplegia
  - (E) Urticaria
9. Which of the following is the definition for aphagia?
- (A) Extreme thirst
  - (B) Inability to hear
  - (C) Inability to swallow**
  - (D) Loss of hair
  - (E) Pain free
10. Which of the following suffixes means "cutting operation"?
- (A) -ectomy
  - (B) -plasty
  - (C) -scopy
  - (D) -stomy
  - (E) -tomy**
11. Which of the following is the CORRECT spelling for the plural of bronchus?
- (A) Bronchuses
  - (B) Bronchii
  - (C) Bronchi**
  - (D) Bronchae
  - (E) Broncha

- 
12. Which of the following terms is used to describe a lateral curvature of the spine?
- (A) Kyphosis
  - (B) Scoliosis**
  - (C) Osteoporosis
  - (D) Lordosis
  - (E) Stenosis
13. "K" is the chemical symbol for which of the following substances?
- (A) Barium
  - (B) Calcium
  - (C) Iron
  - (D) Hydrogen
  - (E) Potassium**
14. Which of the following is the chemical symbol for iron?
- (A) F
  - (B) Fe**
  - (C) Fr
  - (D) I
  - (E) Ir
15. A pyloromyotomy is performed in which of the following body systems?
- (A) Cardiovascular
  - (B) Gastrointestinal**
  - (C) Musculoskeletal
  - (D) Nervous
  - (E) Reproductive
16. A patient scheduled for echoencephalography will undergo a study of which of the following?
- (A) Abdomen
  - (B) Brain**
  - (C) Heart
  - (D) Lungs
  - (E) Spine
17. Which of the following physicians specializes in treating patients with diseases of the liver?
- (A) Hematologist
  - (B) Hepatologist**
  - (C) Nephrologist

- (D) Oncologist
- (E) Rheumatologist

18. Which of the following branches of medicine specializes in the study of the musculoskeletal system?

- (A) Gynecology
- (B) Nephrology
- (C) Orthopedics**
- (D) Pediatrics
- (E) Urology

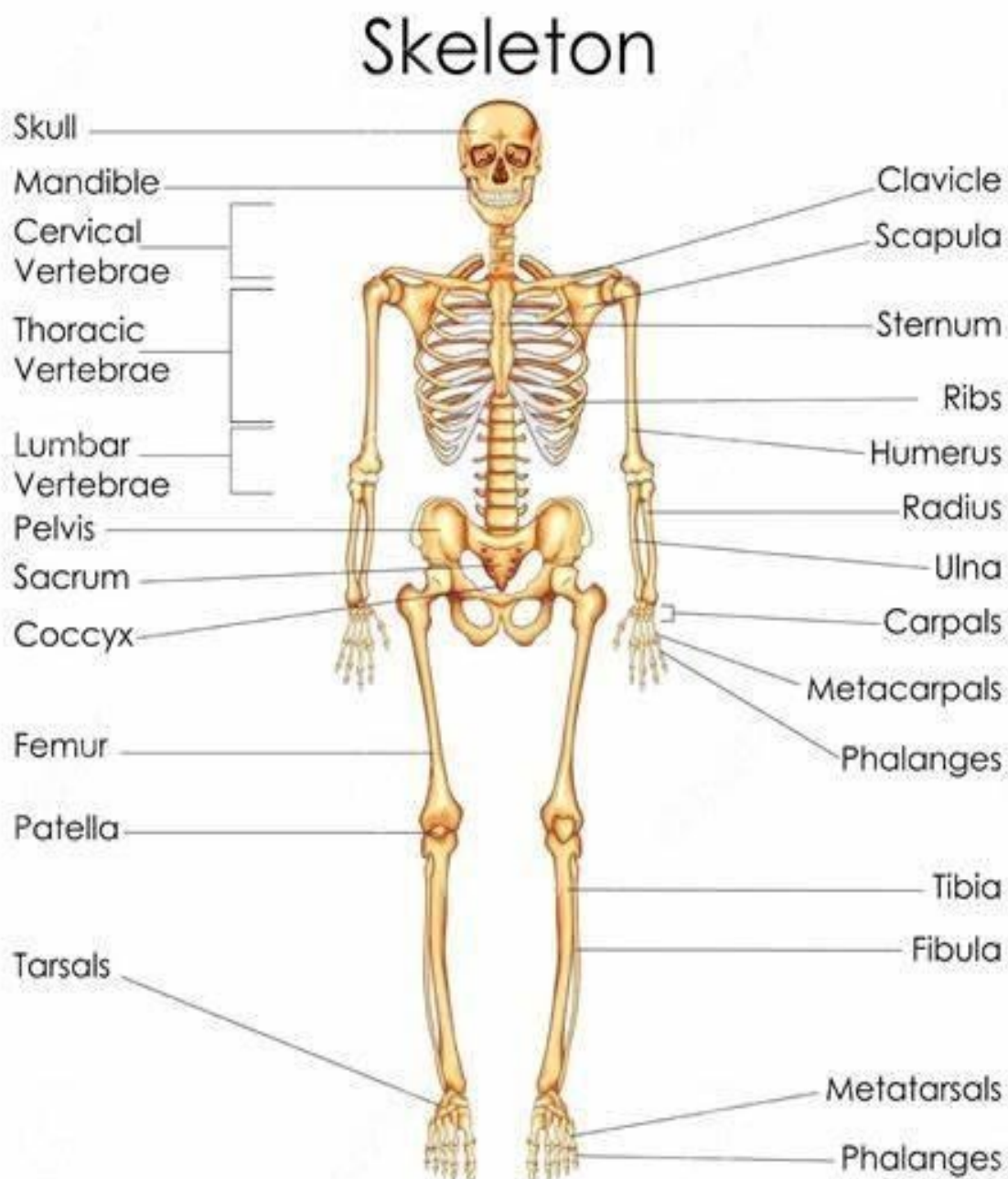
19. A patient with encephalitis is most likely to be treated by which of the following specialists?

- (A) Endocrinologist
- (B) Hematologist
- (C) Neurologist**
- (D) Oncologist
- (E) Radiologist

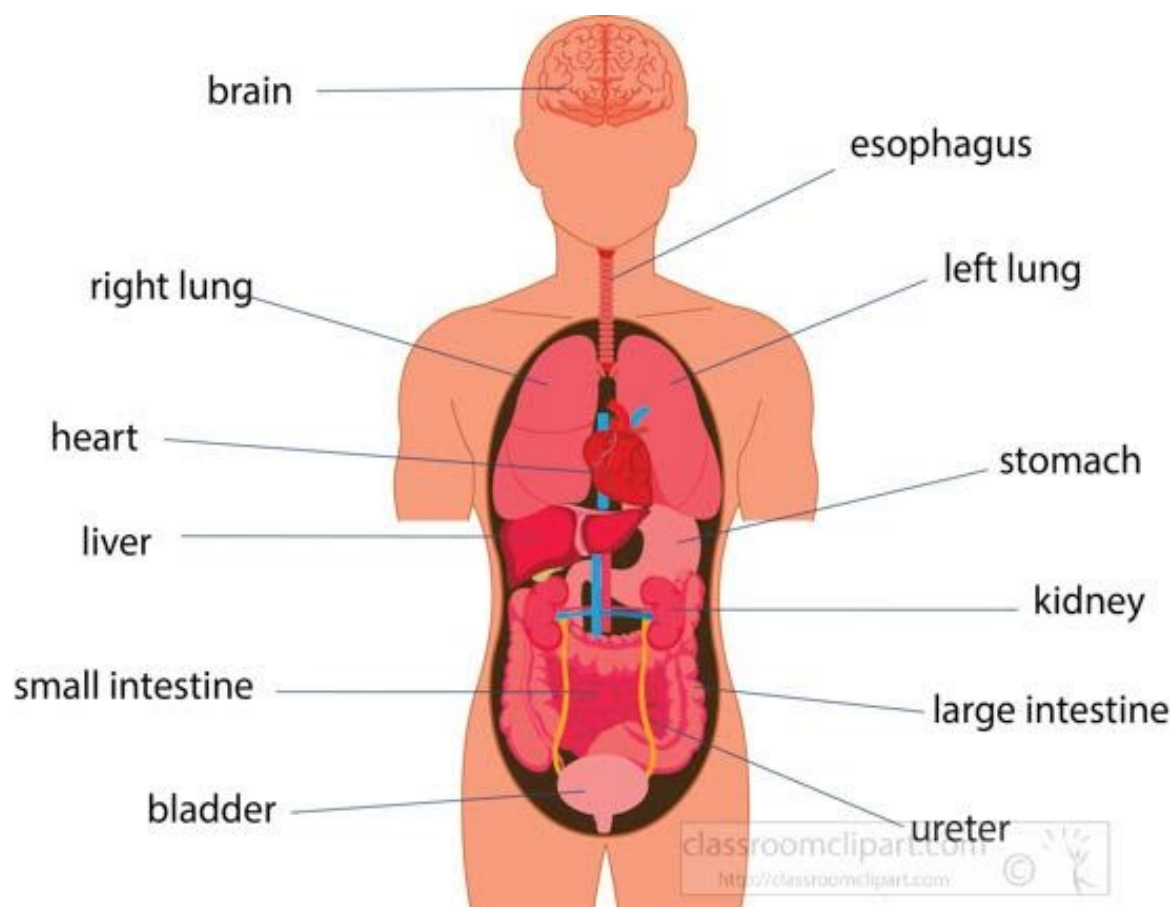
20. Which of the following spellings is CORRECT?

- (A) Abecess
- (B) Abces
- (C) Abscess**
- (D) Abscus
- (E) Absess

## Basic Anatomy Quiz - Bones



## Basic Anatomy Quiz - Organs





## Constructing Medical Terms

Test yourself with the following words to see if you can break down the component parts.

Term	Prefix	Root Word	Suffix
Bronchitis		bronchi (bronchial tubes)	itis(inflammation)
Thrombosis		thrombo (blood)	sis(condition)
Endoscopy	endo (internal)		scopy (instrument for viewing)
Bradycardia	brady (slow)	card (heart)	ia (condition)
Cardiology		cardi (heart)	ology (study of)
Apnea	a (not)		pnea (breathing)
Cardiomegaly		cardi (heart)	megaly (enlargement)
Dysuria	Dys (painful/bad))	uria (urination)	
Bilateral	Bi ((two/double)	lateral (sided)	
Bradycardia	Brady (slow)	caridia (heart)	
Intravenous	Intra (within)	ven (vein)	ous (pertaining to)
Epidermis	Epi (upon)	demis (skin)	
Neonatal	Neo (new)	natal (born)	

Hepatitis		Hepat (liver)	itis (inflammation)
Dermatitis		Demat (skin)	itis (inflammation)
Cardiology		Cardi (heart)	ology (study of)
Nephrectomy		Nephr (kidney	ectomy (removal)
Gastroscopy		Gastro (stomach)	scopy (instrument for viewing)

## Specialist Medical Terminology - The Heart

Find the following words	What do they mean?
ANAEMIA	A lower-than-normal number of red blood cells
ARTERITIS	Inflammation of the arteries
BRADYCARDIA	A slow heartbeat
CAPILLARIES	small blood vessels
CARDIOMYOPATHY	Disease of the heart muscle
CARDIOVASCULAR	The circulatory system, which comprises the heart and blood vessels
CHOLESTEROL	The most common type of steroid in the body
EMBOLISM	The obstruction of a blood vessel by a foreign substance or a blood clot
ENDOCARDITIS	an inflammation of one or more of the heart valves and lining tissues of the heart
SPHEROCYTOSIS	A genetic disorder of the red blood cell
TACHYCARDIA	A rapid heart rate
VASCULAR	Relating to blood vessels

## Specialist Medical Terminology - Digestive System

Find the following words	What do they mean?
ANTACIDS	Medicines that neutralise acid in the stomach
APPENDICITIS	Inflammation of the appendix
CIRRHOSIS	Liver disease
COLOSTOMY	An artificial exit from the colon created to divert waste through a hole in the colon and through the wall of the abdomen
DYSPEPSIA	Indigestion
ENEMA	Liquid injected into the rectum
GASTROENTERITIS	Inflammation of the stomach and the intestines
HEPATITIS	Inflammation of the liver
INTESTINES	Organs of the stomach
PANCREAS	Organ in the abdomen
TONGUE	Organ in the mouth
UVULA	Issue at the back of the mouth hanging over the tongue

## Abbreviations and Definitions

<p><b>Extract 1</b></p> <p><b>XR - X ray</b>  <b>LF - left</b>  <b>OA</b> - Osteoarthritis  patellofemoral articulation - the knee joint</p>	<p><b>Extract 2</b></p> <p><b>COPD</b> - Chronic Obstructive Pulmonary Disease  congestion - extracellular fluid</p>
<p><b>Extract 3</b></p> <p><b>M</b> - Male  atrial fibrillation - irregular heartbeat  valvular - relating to the valves of the heart  neg - negative  Exts- extremities  Edema - fluid retention  atrial fibrillation - irregular heart beat  Pneumonia - infection of the lungs  <b>3/ 5</b> - 3 days</p>	<p><b>Extract 4</b></p> <p><b>F</b>- female  carcinoma - cancer  preoperative - before an operation  cystoscopy - examination of the lining of the bladder  lesion - damaged tissue (ulcer abscess or tumour)  Ambulates - walks/moves about</p>
<p><b>Extract 5</b></p> <p><b>yo</b> - years old  <b>M</b> - male  <b>Hx</b>- history  Bilateral - two/double sided  cellulitis - skin infection  venous - relating to veins  renal- relating to the kidneys  hypercholesterolemia - high cholesterol  <b>A&amp;O</b> - alert and orientated</p>	<p><b>Extract 6</b></p> <p><b>yo</b> - years old  <b>F</b> - female  <b>PND</b> - Paroxysmal nocturnal apnoea  atypical - not typical, irregular  orthopnea - shortness of breath  palpitations - sensation of feeling your heartbeat  dyspnea - difficulty breathing</p>

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## Case study

### Specialty - Cardiology

**yo - years old**

**F - female**

hypertension - high blood pressure

dyslipidemia. - abnormal amount of lipids in the blood (cholesterol, fats)

dyspnea - shortness of breath

orthopnea - shortness of breath/difficulty breathing when lying down

edema - fluid retention

osteoarthritis - common form of arthritis

**HRT** - hormone replacement therapy

hysterectomy - removal of the uterus.

**CHF**.- chronic heart failure

Apical pulse - pulse site on left side of chest

**CNSp** - Clinical Nurse Specialist

## Confidentiality and Ethics Case Study

- The Receptionist did the right thing in placing the order away from the front desk.
- She should have corrected the sandwich bar when they asked if it was for the vasectomy clinic – she should have given them the name of a member of staff as a contact name. Therefore, not confirming that it was for the vasectomy clinic – but for a member of staff.
- Another problem it could bring is that the person delivering the sandwiches does not know that the surgery is holding another clinic that day assuming that everyone in the waiting room was in fact there for the vasectomy clinic. She is likely to know people who are sitting in the waiting room.
- They have been told in the past when a delivery has been made that it is for a vasectomy clinic. This should not have happened. Having a vasectomy clinic should not have been “broadcast” outside the surgery.
- The fact that there are two surgeries running side by side (normal Saturday morning surgery and a vasectomy clinic) could lead to misunderstanding! How?
- When the person from the sandwich bar came in and said I have an order for the vasectomy clinic – everyone in the waiting room could have possibly overheard and someone could jump to the wrong conclusion and assume that someone waiting to see the Doctor in the normal Saturday morning clinic could actually be there for the vasectomy clinic.
- This could bring along several more problems:
  - People jump to the wrong conclusion
  - People assume and love to gossip
  - People often put two and two together and get six
  - People get it wrong
  - Patients are all local people
- They might see a male patient in the waiting room and possibly jump to the wrong conclusion – and think that he is waiting on a vasectomy when in fact he is there to see the Doctor carrying out the normal Saturday morning clinic.
- Every single patient in your Practice deserves confidentiality – so give it a thought when next time you are giving information over the telephone.
- So, remember - simply ordering a sandwich *could* break patient confidentiality.

## Data Breach Exercise 1: Data Loss

### What happened?

This data breach occurred in a hospital setting and involved two patients. A patient reported receiving a medical prescription written for another patient. Both patients involved seemed to have no concerns about the error and accepted the apology given by the nurse involved. The data breach was reported to the hospital's Data Controller using the appropriate system.

### Issues to consider:

- Confidentiality and Integrity is one of the main principles of Data Protection. Personal data should be processed in a manner that ensures security and confidentiality. Clearly this was not adhered to in this case
- Accountability - compliance with GDPR is the duty of all involved parties. The hospital's Data Controller is not required to notify the Office of the Data Commissioner if the personal data breach is unlikely to result in a risk for the rights of the patients involved.
- Potential consequences may include identity theft, loss of control of both the patient's personal data, fraud, medical consequences should the patient used the medication prescribed for a different patient with a different condition and damage to the professional reputation of the medical professionals involved
- Communication to the patients involved must be in clear language and describe the nature of the data breach, the name and contact details of the Data Controller should they wish to seek more information, describe the likely consequences of the breach for the patient and describe what measures will be taken to ensure this does not happen again

### How could this be prevented from happening again?

Staff education is the common suggestion. There should also be a review of the current practices and procedures by the staff and the Data Controller to ensure as far as possible this type of data breach does not occur again.



## Data Breach Exercise 2: Unauthorised Disclosure

### What happened?

An appointment letter including a form bearing personal medical data, was sent to an incorrect address. The recipient emailed the hospital to inform them of the data breach and posted the appointment letter back to the hospital the next day. The officer involved reported her mistake to her manager (Shirley) and the data protection officer (the Data Controller) was also informed.

### Issues to consider:

- Confidentiality - was the patient whose appointment letter was sent to the wrong address informed of the incident?
- Accuracy and precision - this is an easy mistake to make but as a medical professional errors of this nature should not occur
- Accountability - the person who made the error has reported the incident to her manager and the Data Controller however no consequence is reported on the form and no substantial action to prevent it from happening again has been noted
- Potential consequences may include identity theft, loss of control of both the patient's personal data, fraud and damage to the professional reputation of the medical professionals involved

### How could this be prevented from happening again?

Again, further training for the individuals involved not only in the requirements of GDPR but also in relation to the standard of work required.

A review of the current systems may be put in place to ensure details are checked before personal data is used and in this case, correspondence is sent.

A review of the skills and accuracy of the member of staff involved may be required especially if other similar incidents occur

## Further Information

Data Breach Notification Guidance can be found on the The Office Of the Data Commission website. The information below is taken from that website and poses some questions to ask yourself.

### "Prevention is better than Cure"

Complying with the relevant reporting requirements following a data security breach is no substitute for the proper design of systems to secure personal data from accidental or deliberate disclosure. Our general advice on data security is here. But we accept that, even with the best-designed systems, mistakes can happen. As part of a data security policy, an organisation should anticipate what it would do if there were a data breach.

### Some questions you might ask yourself:

- What would your organisation do if it had a data breach incident?
- Have you a policy in place that specifies what a data breach is? (It is not just lost USB keys/disks/laptops. It may include any loss of control over personal data entrusted to organisations, including inappropriate access to personal data on your systems or the sending of personal data to the wrong individuals).
- How would you know that your organisation had suffered a data breach? Does staff at all levels understand the implications of losing personal data?
- Has your organisation specified whom staff tell if they have lost control of personal data?
- Does your policy make clear who is responsible for dealing with an incident?
- Does your policy meet the requirements of the Data Protection Commissioner's approved Personal Data Security Breach Code of Practice?

## Useful Links

<https://www.dataprotection.ie/en/resources/breach-notification-guidance-under-data-protection-acts-1988-2003>

## Dictation Exercise 1

### Exercise 1

**Patient Name:** Myra Kelly

**D.O.B:** 01/01/1900

**Hospital Number:** 12345

#### **MRI FOOT RT:**

There is evidence of previous surgery involving the first metatarsal and the heads of the second, third, fourth and fifth metatarsals. The metallic screws inserted into the first metatarsal are causing image artefact which is obscuring the localised anatomy. There is altered bone marrow signal involving the middle phalanx of the third toe which may be secondary to trauma, however clinical correlation is suggested. The remainder of the visualised skeleton and overlying soft tissues show no other specific abnormality.

**Reported By:** Radiologist

**Validated On:** 29/03/2019

## Dictation Exercise 2

**Patient Name:** Padraig Fitzpatrick

**D.O.B:** 01/01/1950

**Hospital Number:** 72346

#### **US ABDOMEN AND RENAL TRACT:**

The gallbladder contains several moderate size gallstones each of approximately 0.5 cm. The liver is slightly enlarged at 17.0 cm with an echo pattern indicating diffuse fatty infiltration. There is no evidence of discrete cystic or solid mass lesion on liver. Both kidneys are normal in size, shape and echogenicity with the right kidney measuring 9.0cm and the left kidney measuring 10.2 cm. The common bile duct, pancreas, spleen and the abdominal aorta are well visualised and show no abnormality.

**Impression:** Cholelithiasis. Mild hepatomegaly due to fatty infiltration. There is no other upper abdominal or renal abnormality.

**Reported By:** Radiologist

**Validated On:** 29/05/2019

## Case Study 1 - Inadequate Notes and Improper Advice

### Key Learning points

- Clear and accurate note keeping is an important aspect of providing good clinical care. It is also vital when trying to defend a case. Dr Y's records were minimal, and some consultation notes were completely missing. The case was consequently impossible to defend.
- Reception staff should not provide medical advice. It could be easy for them to act outside their competence so clear roles and responsibilities should be set.
- The opinion of a GP expert was sought. He thought the standard of care was indefensible because the receptionists had provided clinical advice without discussing it with a doctor first.

## Case Study 2 - Improper Advice

### Key Learning points

- Telephone advice can be an acceptable method for managing patients, particularly during community outbreaks of disease, however it should be delivered by appropriately trained healthcare professionals and be supported by an explicit protocol that should include follow-up arrangements.
- There should be a cautionary approach with a bias towards face-to-face assessment where there is any potential cause for concern. Where non-healthcare staff are expected to provide general advice, this is even more essential, and any protocol should have built-in provisions on medical input. Call logs should record the pertinent details.