

NEW MEXICO JUNIOR COLLEGE

BOARD MEETING

Thursday, May 10, 2007

Zia Room - Library

4:00 p.m.

AGENDA

- | | |
|---|----------------|
| A. Welcome | Larry Hanna |
| B. Adoption of Agenda | Larry Hanna |
| C. Approval of Minutes of April 20 & April 30, 2007 | Larry Hanna |
| D. President's Report | Steve McCleery |
| E. New Business | |
| 1. Monthly Expenditures Report | Dan Hardin |
| 2. Monthly Revenue Report | Dan Hardin |
| 3. Oil and Gas Revenue Report | Dan Hardin |
| 4. Schedule of Investments | Dan Hardin |
| 5. Fiscal Watch Reports | Dan Hardin |
| 6. Consideration of Bid for Student Apartments | Dan Hardin |
| 7. Consideration of Resolution | Steve McCleery |
| 8. Consideration of RFP | Steve McCleery |
| 9. Consideration of CDL Instructor Position | Robert Rhodes |
| 10. Consideration of New Certificate Programs for Transportation | Robert Rhodes |
| 11. Consideration of Medical Transcription Program | John Gratton |
| 12. Personnel Consideration – Associate Dean of Students | Regina Organ |
| 13. Personnel Consideration – Associate Director of Institutional Effectiveness | Renee Wharton |
| F. Closure of Open Meeting | Larry Hanna |
| G. Public Comments | Larry Hanna |
| H. Announcement of Next Meeting | Larry Hanna |
| I. Adjournment | Larry Hanna |

NEW MEXICO JUNIOR COLLEGE

BOARD MEETING

APRIL 20, 2007

MINUTES

The New Mexico Junior College Board met on Friday, April 20, 2007, beginning at 3:00 p.m. in the Zia Room of Pannell Library. The following members were present: Mr. Larry Hanna, Chairman; Ms. Patricia Chappelle, Secretary; Mr. Phillip Jones; Mrs. Mary Lou Vinson; Mr. Guy Kesner; Mrs. Yvonne Williams; and Mr. Ron Black.

Mr. Hanna called the meeting to order and welcomed visitors and guests present: Marie Wadsworth, Hobbs News Sun.

Upon a motion by Mr. Jones, seconded by Mrs. Vinson, the revised agenda was unanimously adopted.

Upon a motion by Mr. Kesner, seconded by Mrs. Williams, the board unanimously approved the minutes of March 22, 2007.

Under *President's Report*, Shelby McCorvey and Homer Youngblood reported on the recent New Mexico SkillsUSA State Competition placements. Dr. McCleery recognized Matt Kriftcher for the recently received reaccreditation from the Graphic Arts Education and Research Foundation, a national accreditation and certification program. Dr. McCleery reported the Thunderbird Baseball team won the first game against El Paso 15-5. One more win will make the T-Birds conference champs.

Ms. Chappelle moved the board go into closed session for the discussion of limited personnel matters under the provisions of section 10-15-1-H (2) and pending litigation, section 10-15-1-H (7) of New Mexico Statutes Annotated 1978. Mr. Jones seconded the motion. The roll call vote was as follows: Mr. Jones – yes; Mrs. Vinson – yes; Ms. Chappelle – yes; Mr. Black – yes; Mrs. Williams – yes; Mr. Kesner – yes; and Mr. Hanna – yes.

Upon re-convening in open meeting, Mr. Hanna stated that the matters discussed in the closed meeting were limited only to those specified in the motion for closure.

Under *New Business*, Dan Hardin presented the March financial reports and with a motion by Mr. Jones, seconded by Ms. Chappelle, the board unanimously approved the expenditures for March, 2007.

Dr. McCleery recommended the board accept the 2007/2008 budget as presented at the budget work session. After some discussion and upon a motion by Mr. Jones, seconded by Mr. Black, the board unanimously approved the 2007/2008 budget. Upon a motion by Mr. Black, seconded by Mrs. Vinson, the board approved a 5% compensation increase. The vote was as follows: Mr. Jones – yes; Mrs. Vinson – yes; Ms. Chappelle – yes; Mr. Black – yes; Mrs. Williams – yes; Mr. Kesner – yes; and Mr. Hanna – no. The board approved an across the board increase. The vote was as follows: Mr. Jones – yes; Mrs. Vinson – yes; Ms. Chappelle – yes; Mr. Black – yes; Mrs. Williams – yes; Mr. Kesner – no; and Mr. Hanna – no.

Dr. McCleery presented a Supplemental Workforce Housing Memorandum of Understanding for board consideration. Upon a motion by Mr. Black, seconded by Ms. Chappelle, the board unanimously approved the MOU.

John Gratton presented a request for an increase in GED testing fees from \$35 to \$40, with a re-test fee increase from \$5 to \$8. Upon a motion by Mrs. Williams, seconded by Mrs. Vinson, the board unanimously approved the fee increase.

Dr. Gratton presented a proposed late registration fee of \$25 per student who registers during the late registration period. Upon a motion by Mr. Black, seconded by Mrs. Williams, the board unanimously approved the fee.

Dr. Gratton presented proposed changes to Associate in Arts and Associate in Science Degrees as stipulated by the Secretary of Higher Education for the fall 2007 semester. Upon a motion by Mr. Kesner, seconded by Ms. Chappelle, the board unanimously approved the proposed changes.

Dr. McCleery presented a request to move \$40,000 from reserves for repairs to the terrazzo floor. Upon a motion by Mr. Jones, seconded by Ms. Chappelle, the board unanimously approved the request.

Dr. Gratton recommended Mr. Drew Sanders for the Professor of Physical Education/Head Women's Basketball Coach position at a nine month salary of \$46,880. Upon a motion by Mr. Black, seconded by Mr. Jones, the board unanimously approved the employment of Mr. Sanders.

Regina Organ recommended Ms. Elena Cervantes for the Upward Bound Academic Coordinator position at an annual salary of \$36,101. Upon a motion by Mrs. Williams, seconded by Ms. Chappelle, the board unanimously approved the employment of Ms. Cervantes, effective May 21, 2007.

Robert Rhodes recommended Ms. Christie Gressett for the Enrollment and Financial Services Coordinator position at an annual salary of \$34,344. Upon a motion by Ms. Vinson, seconded by Ms. Chappelle, the board unanimously approved the employment of Ms. Gressett, effective April 23, 2007.

Dr. McCleery presented a retirement resolution for Mary Shelton. Ms. Shelton has served the college for 13 years and has elected to retire effective July 1, 2007. The board adopted the resolution with regrets.

Upon a motion by Mr. Jones, seconded by Mr. Kesner, the board meeting adjourned at 5:25 p.m.

NEW MEXICO JUNIOR COLLEGE

SPECIAL BOARD MEETING

APRIL 30, 2007

MINUTES

The New Mexico Junior College Board met on Monday, April 30, 2007, beginning at 9:00 a.m. in the Zia Room of Pannell Library. The following members were present: Mr. Larry Hanna, Chairman; Ms. Patricia Chappelle, Secretary; Mr. Phillip Jones; Mrs. Mary Lou Vinson; and Mr. Ron Black. Not present were Mrs. Yvonne Williams and Mr. Guy Kesner.

Mr. Hanna called the meeting to order and welcomed visitors and guests present.

Upon a motion by Mr. Jones, seconded by Ms. Chappelle, the agenda was unanimously adopted, as presented.

Dr. McCleery presented a resolution authorizing issuance of a series of New Mexico Junior College System Revenue Bonds, Series 2007, in an aggregate original amount of \$4,570,909. Upon a motion by Mr. Jones, seconded by Mr. Black, the board unanimously passed the resolution.

Upon a motion by Mrs. Vinson, seconded by Ms. Chappelle, the board meeting adjourned at 9:20 a.m.

NEW MEXICO JUNIOR COLLEGE

Vice President for Finance

To: New Mexico Junior College Board Members
From: Dan Hardin
Date: May 3, 2007
RE: Expenditure and Revenue Reports for April 2007

April is month ten or 83% of the budget for the 2006/2007 fiscal year. The expenditure report represents funds expended and encumbered. The total year-to-date funds expended and/or encumbered through the month of April is \$29,167,537.00. Current Unrestricted Expenditures for the month of April are \$1,860,690.00. The total YTD Current Unrestricted Funds through April are \$17,369,749.00, which is 81% of the projected budget. We are waiting on the return of funds for new textbooks in the Bookstore that will lower the year-to-date expenditures to below the budgeted amount in the Auxiliary Enterprises. Athletics is showing expenses above the budget for April, but there are some corrections in May that will lower the year-to-date expenditures and get the expenditures back in line with the budget. All other areas are within a reasonable percentage of their budget.

In the Restricted Funds Grants continue to expend funds, most grants do not end their year until September or October. Year-to-date expenditures for the Grants is \$1,152,651.00 which is 63% of their budget. Restricted student aid has expended \$3,762,149.00 for the year. Total restricted funds expended through April 2007 is \$4,914,800.00

In the Plant Funds expenditures are for expenditures and encumbrances for the construction of the Workforce Training Center and the start of phase two of the Student Apartments along with other smaller capital projects.

Total expenditures for the month were \$1,976,236.00, with year to date expenditures of \$29,167,537.00

Revenue generated in April was \$1,712,369.00. This mostly consists of the monthly allocation from the state, the oil and gas and oil and gas equipment tax income, and drawdowns from the state.

The actual oil and gas tax revenue for March was \$591,070.00, the accrual for April was \$316,667.00. Total oil & gas and oil & gas equipment tax revenue year-to-date is \$8,051,270.00, which is \$3,984,600.00 over the projected budget through ten months of the budget.

Restricted Funds had \$47,722.00 in revenue for April, the result of drawdowns from grants and student aid for students.

Total revenue for April 2007 is \$1,712,369.00, with year-to-date revenue of \$29,028,679.00 or 91% of projected budget.

The investment report shows an ending balance in the Local Governmental Investment Pool of \$11,125,000.00. The balances for capital projects are currently \$11,839,281.94, this reflects the capital projects that the Board approved at the April Board meeting. We are expecting a large disbursement from property taxes in May or June. Also, we have over \$1,000,000.00 in draw requests from the state that have not been funded for construction of the Workforce Training Center.

The HED (Higher Education Department) budget was delivered on time to the department staff. I would like to thank the Board for your diligent work on the budget and for allowing the time to complete the HED budget.

This concludes the Financial Report for April 2007.

NEW MEXICO JUNIOR COLLEGE
Expenditure Report
April 2007

83% of Year Completed

Fund	2005-06			2006-07			
	Final Budget	Year-to-Date Expended or Encumbered	Percentage of Budget Expended	Budget	Current Expended or Encumbered	Year-to-date Expended or Encumbered	Percentage of Budget Expended
CURRENT UNRESTRICTED FUND							
Instruction and General:							
Instruction	6,445,190	5,037,994	78%	7,635,427	645,792	5,843,029	77%
Academic Support	1,637,229	1,558,903	95%	2,479,577	212,260	2,037,259	82%
Student Services	1,172,516	1,146,296	98%	1,385,844	132,292	1,100,509	79%
Institutional Support	3,829,760	2,322,152	61%	3,727,145	224,080	2,362,182	63%
Operation & Maintenance of Plant	2,150,250	2,260,298	105%	2,586,633	511,326	2,455,632	95%
Subtotal - Instruction & General	15,234,945	12,325,643	81%	17,814,626	1,725,750	13,798,611	77%
Student Activities	202,274	168,487	83%	199,310	18,318	182,173	91%
Research	0	0	0%	0	0	0	0%
Public Service	0	0	0%	0	0	0	0%
Internal Service Departments	1,015,984	408,496	40%	439,833	11,330	384,975	88%
Student Aid	375,166	426,123	114%	479,226	9,817	449,762	94%
Auxiliary Enterprises	1,695,745	1,552,503	92%	1,682,664	47,502	1,759,540	105%
Athletics	715,560	649,595	91%	789,115	47,973	794,688	101%
Total Current Unrestricted Fund	19,239,674	15,530,847	81%	21,404,774	1,860,690	17,369,749	81%
CURRENT RESTRICTED FUND							
Grants	1,558,078	1,094,672	70%	1,823,022	68,078	1,152,651	63%
Student Aid	4,694,393	3,696,250	79%	4,000,000	47,468	3,762,149	94%
Total Current Restricted Fund	6,252,471	4,790,922	77%	5,823,022	115,546	4,914,800	84%
PLANT FUNDS							
Capital Outlay / Bldg. Renewal & Repl.							
Projects from Institutional Funds	11,024,778	3,790,307	34%	7,890,054	0	2,945,376	37%
Projects from State GOB Funds	3,980,399	216,146	5%	3,431,272	0	3,396,438	99%
Projects from State STB Funds	0	0	0%	0	0	0	0%
Projects from General Fund	0	0	0%	735,262	0	320,772	44%
Projects from Private Funds	1,350,000	602,504	45%	702,664	0	220,402	31%
Projects from State ER&R	73,892	0	0%	77,895	0	0	0%
Projects from State BR&R	353,945	353,945	100%	370,303	0	0	0%
Projects from Auxiliary BR&R	44,702	44,702	100%	16,943	0	0	0%
Subtotal - Capital and BR&R	16,827,716	5,007,604	30%	13,224,393	0	6,882,988	52%
Debt Service							
Revenue Bonds	0	0	0%	0	0	0	0%
Total Plant Funds	16,827,716	5,007,604	30%	13,224,393	0	6,882,988	52%
GRAND TOTAL EXPENDITURES	42,319,861	25,329,373	60%	40,452,189	1,976,236	29,167,537	72%

NEW MEXICO JUNIOR COLLEGE
Revenue Report
April 2007

83% of Year Completed

Fund	2005-06			2006-07			
	Final Budget	Year-to-date Revenue	Percentage of Budget Received	Budget	Current Revenue	Year-to-date Revenue	Percentage of Budget Received
CURRENT UNRESTRICTED FUND							
Instruction and General:							
Tuition and Fees	2,438,805	2,143,273	88%	2,647,425	106,044	2,664,914	101%
State Appropriations	7,546,214	6,396,002	85%	8,800,842	609,558	7,535,122	86%
Advalorem Taxes - Oil and Gas	4,165,200	7,813,994	188%	4,700,000	613,200	8,051,270	171%
Advalorem Taxes - Property	2,588,000	2,152,264	83%	2,800,000	81,914	2,246,232	80%
Interest Income	120,000	164,582	137%	185,000	75,991	411,445	222%
Other Revenues	209,550	210,241	100%	225,050	(7,074)	175,129	78%
Subtotal - Instruction & General	17,067,769	18,880,356	111%	19,358,317	1,479,633	21,084,112	109%
Student Activities	120,000	104,023	87%	110,000	264	107,591	98%
Public Service	0	0	0%	0	0	0	0%
Internal Service Departments	0	0	0%	0	0	0	0%
Auxiliary Enterprises	1,922,200	1,807,514	94%	2,250,052	18,423	2,094,555	93%
Athletics	39,600	29,913	76%	39,100	3,225	32,250	82%
Total Current Unrestricted	19,149,569	20,821,806	109%	21,757,469	1,501,545	23,318,508	107%
CURRENT RESTRICTED FUND							
Grants	1,558,078	1,213,994	78%	1,839,628	9,577	1,196,645	65%
Student Aid	4,694,393	2,723,940	58%	4,000,000	38,145	3,493,931	87%
Total Current Restricted	6,252,471	3,937,934	63%	5,839,628	47,722	4,690,576	80%
PLANT FUNDS							
Capital Outlay / Bldg. Renewal & Repl.							
Projects from State GOB Funds	3,968,012	151,181	4%	3,420,676	163,102	1,019,595	30%
Projects from State STB Funds	0	0	0%	0	0	0	0%
Projects from General Fund	0	0	0%	735,262	0	0	0%
Projects from Private Funds	1,350,000	1,350,000	100%	0	0	0	0%
Interest Income	0	0	0%	0	0	0	0%
Total Plant Funds	5,318,012	1,501,181	28%	4,155,938	163,102	1,019,595	25%
GRAND TOTAL REVENUES	30,720,052	26,260,921	85%	31,753,035	1,712,369	29,028,679	91%

NEW MEXICO JUNIOR COLLEGE

Oil and Gas Revenue Report

April 2007

83% of Year Completed

		OIL		GAS		COMBINED		
Sales	Month of Distribution	Price per BBL	Lea County BBLs sold	Price per MCF	Lea County MCF sold	Monthly Revenue	2006-07 Original Budget	Variance Over (Under) Budget
Actual	July	\$63.05	3,252,614	\$6.92	19,403,806	757,763	316,667	441,096
Actual	August	\$64.01	3,145,974	\$6.24	18,450,466	742,051	316,667	425,384
Actual	September	\$67.80	2,963,641	\$7.32	18,029,382	747,815	316,667	431,148
Actual	October	\$59.37	2,967,899	\$6.38	17,164,332	808,322	316,667	491,655
Actual	November	\$53.95	2,900,596	\$7.07	17,421,063	673,808	316,667	357,141
Actual	December	\$57.48	3,007,935	\$6.80	16,265,150	502,481	316,667	185,814
Actual	January					712,715	316,667	396,048
Actual	February					662,475	316,667	345,808
Actual	March					591,070	316,667	274,403
Accrual	April					316,667	316,667	0
Accrual	May							0
Accrual	June							0
Y.T.D. Production Tax Revenue						6,515,167	3,166,670	3,348,497
Y.T.D. Equipment Tax Revenue						1,536,103	900,000	636,103
Total Year-to-Date Oil & Gas and Equipment Tax Revenue						8,051,270	4,066,670	3,984,600

Source: New Mexico Taxation and Revenue Department

Per Johnson, Miller & Co., C.P.A.'s, an accrual is made for oil and gas revenue for the reporting month.

NEW MEXICO JUNIOR COLLEGE
Schedule of Investments
April 2007

83% of Year Completed

Financial Institution	Amount Invested	Date Invested	Maturity Date	Period of Investment (Days)	Account Number	Interest Rate	Interest Earned
State of New Mexico Local Government Investment Pool	11,125,000	N/A	N/A	N/A	7102-1348	5.23%	52,892
Total investments	<u>11,125,000</u>						<u>52,892</u>

Summary of Current Month's Activity	
Beginning amount	11,125,000
Plus: deposits	0
Less: withdrawals	0
Capital Projects	11,835,282
Reserves Invested	-710,282
Total LGIP Investment	11,125,000

Capital Projects	4/30/2007
Technology Upgrade	338,922.32
Workforce Training Center	1,745,686.14
High Tech Start Up	13,346.40
Vehicles	71,524.49
Drawings & Master Plan	10,305.63
Baseball Field	104,308.94
Rodeo Arena	207,836.78
Dormitory Landscape	1,622.23
Millen Fence/Landscape	69,737.27
JASI	169,393.21
Computer Equipment Rebates	5,277.99
Marketing	58,136.04
West Texas ITV	50,000.00
Equestrian Center	150,000.00
Telephone System	0.00
Student Housing Construction	5,146,077.96
Testing Center	250,000.00
Campus Village Development Proj	16,785.00
Continuing Education	16,991.00
Landscaping	300,000.00
Facility Painting	50,000.00
Millen Drive Signalization	95,000.00
Electrical Upgrade	588,560.15
Campus Signage	50,000.00
Campus Paving	100,000.00
Roof Replacement	150,000.00
Interior Lighting-Energy Retrofit	96,140.38
Old Dorms Renovation	182,950.01
Bulk Fuel	20,000.00
Millen Dr. Sewer & Water	425,000.00
Board Room	25,000.00
Concrete Upgrade	50,000.00
Campus Construction	200,000.00
Oil & Gas Training Center	500,000.00
Workforce Training/Outreach	150,000.00
Infrastructure	426,680.00
Total	11,835,281.94

NOTE: Capital projects total does not include encumbered funds

NEW MEXICO JUNIOR COLLEGE

Vice President for Finance

5317 Lovington Highway
Hobbs, NM 88240
Phone: (505)392-5210
Fax: (505)392-2526

To: Board Members
From: Dan Hardin
RE: Fiscal Watch Reports
Date: April 30, 2007

Attached for your approval are the Fiscal Watch reports to be submitted to the Higher Education Department by the end of May. The first report is the Balance Sheet for March 31, 2007. The total current assets consist of Cash and Cash Equivalents in the amount of \$2,363,121.00, which represents cash in the vault and balances in the bank. Investments totaling \$11,125,000.00 are the funds that we have in the Local Government Investment Pool. Accounts Receivable is the gross receivables less allowance for uncollectible. These are receivables from students, grants, drawdown from the state for capital projects, third party billing, etc. A large portion of the Accounts Receivables is a drawdown request from the state for the Workforce Training Center construction project. Inventory is held at the bookstore. Prepaid expense is mainly the college insurance and maintenance agreements prepaid for the entire year. Total current assets are \$15,564,794.00

Non-Current Assets are the same as is in the 2006 audit for Property, Plant and Equipment, net \$26,625,230.00 and Construction in Progress \$7,189,260.00. Total Non-Current Assets are \$33,814,490.00. Total Assets are \$49,379,284.00

Current Liabilities begin with Accounts Payable of \$14,148.00. Under the Banner system, when an invoice is entered into the system that amount is recorded in Accounts Payable, as checks are cut there is also an entry to Accounts Payable. So there is a large amount of activity in and out of Accounts Payable. Accounts Payable includes Dorm Deposits Payable, Gift Certificates from the Bookstore, and General Accounts Payable. Accrued wages payable is salaries payables and accrued vacation payable. At 3-31-2007, accrued wages payable was \$152,725.00. Deferred Revenue is largely tuition and fees that we receive for upcoming semesters, currently, Deferred Revenue is zero. We will start booking deferred

revenue in April when registration opens for the summer and fall sessions. Accrued Liabilities include all of the withholding payables for Federal Income Tax, State Income Tax, ERA, Health Insurance and other payroll related withholdings. Total accrued liabilities as of March 2007 are \$337,275.00. Other Payables are a combination of gross receipts payable, voluntary withholding payables, agency accounts, and scholarships payable. Agency accounts are funds held for the various clubs and organizations around campus. The total of other payables is \$70,900.00. Total Current Liabilities are \$575,048.00 as of March 2007. Long Term Liabilities include the student housing project for \$4,495,067.00.

The Net Assets included Invested in Capital Assets, net of related debt, for a total of \$29,319,423.00. Unrestricted net assets has a total as of March 2007 of \$14,989,746.00, with the total net assets of \$44,309,169.00.

The next fiscal watch report is the Comparison of Operating and Plant Funds. This report was generated using the same numbers that is presented in the Board reports for March 2007. This report compares the March 2006 current revenues to the March 2007 current revenues. Tuition and Fees increased from March 2006 to March 2007 due to the increase in rates for tuition and fees. State Appropriations are showing to be higher in 2007 as compared to 2006 this is due to the increase for compensation and special funding than in the previous fiscal year. Local appropriations are higher in 2007 as compared to last year due to the increase in Oil and Gas revenue. Sales and Service revenue from 2006 to 2007 is up by 9.7 %, this to due to the additional student apartments, and increased sales in the Bookstore. Other revenues include indirect revenue from grants, GEO revenue, copier, interest, and vending which are 77.4 % over previous year. Most of this increase is from interest revenue. Total operating revenue through March 2006 was \$19,289,859.00 compared to \$21,816,963.00 as of March 2007, which is an increase of 13.1 %.

In comparing the year-to-date operating expenditures as of March 2006 to the year-to-date operating expenditures for March 2007, expenditures have increased by \$1,577,876.00 or 11.3 %. A portion of this increase is actual increases in operating from compensation and operating cost. But we must take into consideration that equipment purchases are expensed in the department where the equipment is placed, so it will also increase operating expenditures. Total expenditures for operating funds as of March 2006 are \$13,931,183.00 compared to \$15,509,059.00 as of March 2007, which is an increase of 11.3 %.

The revenue for Plant funds from March 2006 to March 2007 is considerably different. 2006 had the \$1,350,000.00 input from the Maddox Foundation for the Western Heritage Museum, while 2007 has the drawdown from the GOB for Workforce Training Center construction. The year-to-date expenditures are

higher in 2007 because of encumbering funds for the Workforce Training Center construction. In 2006 we were completing the John Watson Student Apartments.

The next report is the comparison of the budget to actual as of March 2007. These numbers are also taken from the March Board reports presented at the April Board meeting. Revenues are strong and are at or over 75% of the budget for all areas. The expenditure comparison of budget to actual is also the same as will be presented in the April Board meeting. Encumbrances and seasonal expenditures account for most of the percentage of expenditures to budget being over 75%. The budget for the Plant fund revenues is the drawdown from the GOB (General Obligation Bond) for the Workforce Training Center construction. Expenditures show the amounts that have been expended and/or encumbered for the capital projects, the large portion of the \$6,882,988.00 is the construction of the Workforce Training Center. The equipment ER&R is allocated in the Plant funds, but it is expended in the departments where the equipment is purchased. We move the budget from ER&R to the department to cover the expenditure for equipment as it is purchased.

We hope this explanation gives you a good understanding of the Fiscal Watch reports that we are asking you to approve.

Respectfully,



Dan Hardin

NEW MEXICO JUNIOR COLLEGE
Summary of Operating and Plant Funds
(Unadjusted and Unaudited)
Fiscal Year 2006 - 2007

March 31 2007

Operating Funds	FY 2006-2007 Original Budget	FY 2006-2007 Actual as of 3-31-07	Percentage of Budget Earned or Expended
REVENUES			
Tuition & Fees	2,647,425	2,558,870	96.66%
State Appropriations	8,800,842	6,925,564	78.69%
Local Appropriations	7,500,000	9,602,388	128.03%
Sales & Service	2,250,052	2,076,132	92.27%
Other	559,150	654,009	116.96%
Total Revenues	21,757,469	21,816,963	100.27%

EXPENDITURES			
Instruction & General	17,783,699	12,072,861	67.89%
Student Social & Cultural	198,761	163,855	82.44%
Internal Services	445,659	373,645	83.84%
Student Aid	476,346	439,945	92.36%
Auxiliary Enterprises	1,681,148	1,712,038	101.84%
Intercollegiate Athletics	787,401	746,715	94.83%
Total Expenditures	21,373,014	15,509,059	72.56%
Increase (decrease) in Fund Balances	384,455	6,307,904	

Plant Funds			
REVENUES			
Interest Income	0	0	0.00%
State Funds	3,420,676	846,493	24.75%
Other	735,262	-	0.00%
Total Revenue	4,155,938	846,493	20.37%

EXPENDITURES			
Capital Projects	12,759,252	6,882,988	53.95%
Building R&R	370,303	-	0.00%
Equipment R&R	77,895	0	0.00%
Auxiliary R&R	16,943	-	0.00%
Total Expenditures	13,224,393	6,882,988	52.05%

Increase (Decrease) in Fund Balances	-9,068,455	-6,036,495
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NEW MEXICO JUNIOR COLLEGE

Balance Sheet (Unaudited and Unadjusted) As of 3/31/07

Assets

Current Assets:

Cash and Cash Equivalents	2,363,121
Investments	11,125,000
Accounts Receivable, net	1,399,238
Inventories	215,917
Prepaid Expenses	461,518

Total Current Assets 15,564,794

Non-Current Assets

Property, Plant and Equipment, net	26,625,230
Construction in Progress	7,189,260

Total Non-Current Assets 33,814,490

Total Assets 49,379,284

Liabilities

Current Liabilities

Accounts Payable	14,148
Accrued Wages Payable	152,725
Deferred Revenue	0
Accrued Liabilities	337,275
Other Payables	70,900

Total Current Liabilities 575,048

Long Term Liabilities

Notes/Bonds Payable	4,495,067
---------------------	-----------

Total Long Term Liabilities 4,495,067

Total Liabilities 5,070,115

Net Assets

Invested in Capital Assets, net of Related Debt	29,319,423
Unrestricted	14,989,746

Total Net Assets 44,309,169

NEW MEXICO JUNIOR COLLEGE
Comparison of Operating and Plant Funds
(Unadjusted and Unaudited)
Fiscal Year 2005-2006 and 2006-2007

Percentage
Increase
(Decrease)

Operating Funds

	Actuals as of 3/31/2006	Actuals as of 3/31/2007	
REVENUES			
Tuition & Fees	2,111,804	2,558,870	21.2%
State Appropriations	5,806,460	6,925,564	19.3%
Local Appropriations	9,110,505	9,602,388	5.4%
Sales & Service	1,892,377	2,076,132	9.7%
Other	368,713	654,009	77.4%
Total Revenues	19,289,859	21,816,963	13.1%

EXPENDITURES

Instruction & General	10,893,399	12,072,861	10.8%
Student Social & Cultural	156,229	163,855	4.9%
Internal Services	403,094	373,645	-7.3%
Student Aid	413,038	439,945	6.5%
Auxiliary Enterprises	1,458,147	1,712,038	17.4%
Intercollegiate Athletics	607,276	746,715	23.0%
Total Expenditures	13,931,183	15,509,059	11.3%
Increase (decrease) in Fund Balances	5,358,676	6,307,904	

Plant Funds

REVENUES			
Interest Income			
State Funds	151,181	856,493	466.5%
Other	1,350,000	-	100.0%
Total Revenue	1,501,181	856,493	-42.9%

EXPENDITURES

Capital Projects	4,354,946	6,882,988	58.0%
Building R&R	353,945	-	-100.0%
Equipment R&R	-	-	
Auxiliary R&R	44,702	-	-100.0%
Total Expenditures	4,753,593	6,882,988	44.8%

Increase (Decrease) in Fund Balances -3,252,412 -6,026,495

**Resolution
Western Heritage Museum**

WHEREAS; The Western Heritage Museum and Lea County Cowboy Hall of reflects the strength of this County and the vision and leadership of all the individuals, businesses and organizations that were involved in its completion.; and,

WHEREAS; in the short time it has been open, the Western Heritage Museum and Lea County Cowboy Hall of Fame has strengthened and enriched the lives of our citizens by, serving as a repository and steward for the county's unique histories, culture, achievements and values; and,

WHEREAS; The New Mexico Junior College Board recognizes its responsibility and significant role for the fiduciary and policy oversight of the Museum; and,

WHEREAS; the Board is committed to a partnership with the Lea County Cowboy Hall of Fame, the Western Heritage Museum Advisory Board, and the J. F Maddox Foundation in pursuing mutual goals for the continued growth and success of the Museum; and,

WHEREAS; The Board recognizes the need to forge additional relationships with other community partners;

THEREFORE, BE IT RESOLVED THAT;

The New Mexico Junior College Board is committed to provide the resources necessary to ensure a museum that addresses the diverse cultural, educational, and historical relevance of Lea County and the region; and,

IT IS FURTHER RESOLVED THAT;

The administration of New Mexico Junior College and the Western Heritage Museum Advisory Board should pursue partnerships with local government, schools, libraries, and other community organizations to foster civic participation and pursuit of common goals; and,

IT IS FURTHER RESOLVED THAT;

The administration of New Mexico Junior College is directed to seek a new Director who can provide professional oversight of the Western Heritage Museum and be committed to consolidate the achievements of the past and to also ensure that the museum adapts and grows such that we may pass our heritage on to the next generation.


Larry Hanna – NMJC Board Chair

5-10-07
(Date)


Pat Chappelle – NMJC Board Secretary

05/10/2007
(Date)




Memo

DATE: May 4, 2007
TO: New Mexico Junior College Board Members
FROM: Steve McCleery *SM*
SUBJECT: Consideration of RFP

I am recommending that we develop a Request for Proposal (RFP) that commissions a writer/researcher to research and write a book on the history and development of New Mexico Junior College. Upon completion of the RFP process, I will recommend you move money from reserves to cover the cost of the project.

Thank you for your consideration.

Memo

To: Dr. Steve McCleery
From: Robert Rhodes 
Date: May 3, 2007
Re: Consideration of New CDL Instructor Position

I would like to submit the following documentation to request an additional position in the Division of Extended Learning. Last year the Board approved a CDL Instructor position to instruct individuals seeking a Commercial Driver License. We are currently at capacity with both our equipment and instructional resources. To meet the current industry demands, I would like to propose hiring an additional CDL Instructor and leasing the needed equipment. Please see the attached revenue projections (attachment 1), personnel requisition (attachment 2), and job description (attachment 3). I appreciate your consideration of this request.

Proposal to provide addition CDL evaluations, instruction, and testing to meet the needs of the community.

We are currently at capacity for our equipment and instructors. We have a request from one company to provide a minimum of 15 evaluations monthly. This evaluation is a two contact hour program in which a certified instructor/examiner evaluates the driving skills of current employees. This would generate \$200 per evaluation for annual revenue of \$33,000. (15 per month for at least 11 month a year)

Our CDL licensing activity is also at capacity because we need the examiner to be separated from the instruction this requires that several examinations be sent elsewhere. Conservative estimate indicates that we are losing approximately 20 examinations monthly at \$150 per exam. This would create an additional revenue of \$33,000.

Our CDL Instruction program is also at capacity with a waiting list for local employers. This has been increased because of the approval for WIA funding and the layoffs at the cheese plant. If we expanded the capacity in the program to allow for one additional class monthly (for 11 months a year) we would increase the training and outreach revenue by \$72,864 and the Credit based funding for tuition and fees \$15,136 and a formula reimbursement of \$64,933 funded two years out. (Based on 352 tier 2 credit hours annually)

To expand the program to meet these needs, we are requesting permission to hire one additional staff member who will be certified as an instructor and examiner. The additional equipment would be obtained through a lease agreement. The only additional cost would be for fuel at approximately \$250 a month

Instructor\$40,000
Fringe\$10,000
Total\$50,000

Equipment\$42,000

Based on 400 miles monthly but variable based on usage

Fuel \$2,800

Total Revenue for Training and Outreach\$138,864

Total Expense for Training and Outreach.....\$94,800

Net Revenue\$44,064

Net Revenue for Instruction Tuition and Fees Year 1...\$15,136

Net Revenue Formula Funding\$64,933

Total Net for Instruction.....\$80,069

Budget and Detail

Activity		Training and Outreach	Instruction
Revenue			
Driver Evaluations	15 monthly @ \$200 ea	\$33,000	
CDL Testing	20 monthly @ \$150 ea	\$33,000	
CDL Instruction	11 additional classes of 4 @ \$2,000 per student. (\$2,000 includes tuition and fees) Generates 8 Credit Hours per student	\$72,864	\$15,136
Formula Funding	Internet delivery of skill-based training to improve workplace skills	0	\$64,933
Total Revenue Y1		\$138,864.00	\$15,136
Total Revenue LT			\$64,933
Total Revenue Combined		\$138,864.00	\$80,069.
Expenses			
Staffing	CDL Instructor Examiner	\$40,000	
	Fringes	\$10,000	
Truck Lease	Based on 400 miles a month for 12 months	\$42,000	
Supplies (Diesel)		\$2,800	
		\$94,800.00	
Net after Expenses		\$44,064	\$80,069

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Fringe	\$10,000
<u>Total</u>	<u>\$50,000</u>

Equipment\$42,000

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Supplies (Diesel)		\$2,800	
		\$94,800.00	
Net after Expenses		\$44,064	\$80,069

CDL Instructor


Position Description: This position reports to the Dean of Extended Learning. Duties and responsibilities shall be, but are not limited to, the following: 1) Assist the Coordinator of Transportation Training in the development, planning, and promotion of CDL programs; 2) Assist with curriculum development for CDL training and other related programs; 3) Instruct the classroom and driving portions of the CDL Truck Driving Academy and other related programs; 4) Develop and locate appropriate instructional resources such as textbooks, PowerPoint presentations, and videos/DVDs; 5) Organize instructional materials, classroom, and lab setting to meet industry standards; 6) Assess student learning; 7) Maintain student records; 8) Conduct routine maintenance and service of equipment; 9) Manage inventory associated with the CDL Truck Driving Academy; 10) Actively seek opportunities to partner with entities to promote enrollment in CDL training programs; 11) Maintain safe storage of equipment designated for CDL programs; 11) Attend professional training as directed by the Coordinator of Transportation Training or the Dean; 17) Perform any other duties assigned by the Dean to further the mission of the Extended Learning Division or New Mexico Junior College; 18) Participate in a process of continual personal and professional improvement; 19) Actively participate in the institutional goals and objectives designed to support the mission of the college; 20) Serve on college committees as assigned; and, 21) Nothing contained herein shall limit the President in assigning the employee to any of the various college activities for which he/she would be qualified, in order to meet the needs of New Mexico Junior college.

Qualifications: High school diploma or GED required, associates degree preferred. Preference will be given to candidates with 5 or more years of CDL driving experience. Current Class A CDL License is required. Must have communication, problem solving, and organizational skills. CDL training experience is preferred. Some travel, evenings, or weekends may be required. Must be committed to excellence and promoting success through learning. NOTE: **Computer proficiency is required.**

Salary/Benefits: This is a twelve-month faculty position. Salary range is based on NMJC 12-month faculty schedule and is commensurate with education and experience.

Application Deadline: Open until filled. To ensure consideration, all application materials must be received as soon as possible.

Memo

To: Dr. Steve McCleery
From: Lisa Hardison 
Date: May 2, 2007
Re: New Certificate Programs for Transportation

Please find the attached degree plans for the Certificate of Completion in Commercial Transportation and the Certificate of Completion in Transportation and Petroleum Safety. As newly developed degree programs, I would like to submit them for Board approval. Each degree plan has successfully completed the processes set forth by the Curriculum Committee and will be submitted to the New Mexico Higher Education Department upon Board approval. I appreciate your consideration of this request.



New Mexico Junior College

May 10, 2007

State of New Mexico Higher Education Department:

The degree plan for the Certificate of Completion in Transportation and Petroleum Safety successfully completed the processes set forth by the Curriculum Committee and was approved by the NMJC board and President on May 10, 2007. Please accept this letter and the attached degree plan with our approval for consideration by the HED.

Respectfully,

Laurence Hanna, NMJC Board Chair

Dr. Steve McCleery, NMJC President

New Mexico Junior College
Certificate of Completion in Transportation and Petroleum Safety
Plan of Study

Requirements: A total of 7-14 credit hours from the following courses are required to complete this certificate. Students entering this program must be at least 18 years of age and have passed a Department of Transportation (DOT) Drug Screen and Physical. Students should consult with a counselor or advisor for possible certificate revisions and for proper sequential order of program completion. Students must have a grade of a "P" or "Pass" in each course.

<i>Course#</i>	<i>Course Name</i>	<i>Credit Hours</i>
TD 113	Introduction to Petroleum Safety	3
TD 123A or TD 123B	Basic Operational Theory (Optional for individuals who already have a CDL Permit)	3
TD 124A or TD 124B	Operational and Safety Skills Lab (Optional for individuals who already have a CDL License)	4
TD 114	Field Experience for Operator Assistants	<u>4</u>
	Total Credit Hours	14

New Mexico Junior College
Certificate of Completion in Transportation and Petroleum Safety
Plan of Study

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<i>Course#</i>	<i>Course Name</i>	<i>Credit Hours</i>
TD 113	Introduction to Petroleum Safety	3
TD 123A or TD 123B	Basic Operational Theory (Optional for individuals who already have a CDL Permit)	3
TD 124A or TD 124B	Operational and Safety Skills Lab (Optional for individuals who already have a CDL License)	4
TD 114	Field Experience for Operator Assistants	<u>4</u>
	Total Credit Hours	14

New Mexico Junior College
Certificate of Completion in Commercial Transportation
Plan of Study

Requirements: A total of 4-7 credit hours from the following courses are required to complete this certificate. Students entering this program must be at least 18 years of age and have passed a Department of Transportation (DOT) Drug Screen and Physical. Students should consult with a counselor or advisor for possible certificate revisions and for proper sequential order of program completion. Students must have a grade of a "P" or "Pass" in each course.

<i>Course#</i>	<i>Course Name</i>	<i>Credit Hours</i>
TD 123A or TD 123B	Basic Operational Theory (Optional for individuals who already have a CDL Permit)	3
TD 124A or TD 124B	Operational and Safety Skills Lab	<u>4</u>
	<i>Total Credit Hours</i>	<i>7</i>

REQUEST TO IMPLEMENT A MEDICAL TRANSCRIPTION PROGRAM at New Mexico Junior College

RATIONALE FOR OFFERING THIS PROGRAM — Career Step offers a turn-key, vocationally oriented curriculum that can be private labeled and offered to the students of partner colleges. Advantages to New Mexico Junior College of offering the Career Step Medical Transcription Program are:

- *Profitable:* Programs require minimal oversight and administration
- *All-inclusive:* Programs are turn-key and include all required materials
- *Adaptable:* Program can be tailored to meet the specific needs of the school
- *Flexible:* Program options include credit, non-credit, or certificate programs
- *Fully-Supported:* Career Step provides full technical and content support
- *Online:* Students can work from home at their own pace
- *Timely:* Programs can be implemented quickly - usually within a couple of weeks
- *Scalable:* Programs can accommodate one student or thousands of students
- *Competency-based:* Programs prepare students for real-world employment

The primary goal of partnering with Career Step's Academic Partner Program is to provide New Mexico Junior College with a nationally recognized quality medical transcription program without incurring additional institutional costs.

This relationship will enable us to:

- Increase enrollment without utilizing additional school resources
- Add a profitable new program
- Offer students affordable training for an in-demand career
- Provide access to up-to-date online curricula
- Easily access support, including technical and placement services
- Capitalize on longstanding employment relationships with industry employers
- Provide program options including credit or certificate programs
- Access marketing consultation and support for launching the program

Career Step was recognized as an "Inc. 500 Company" - ranked the 335th fastest growing privately-held business in the country, according to Inc. Magazine. Career Step has been in business for over thirteen years and is headquartered in Springville, Utah. Since its founding, Career Step has provided distance education services to tens of thousands of students from all 50 states. According to the webpage information, Career Step's online skills assessment testing service has become the most widely used recruiting tool in the medical transcription and medical coding industries. Career Step is approved by the Approval Committee for Certificate Programs (ACCP), a joint committee established by AAMT and AHIMA for certifying and approving medical transcription education programs. Career Step's programs have been featured on the Wall Street News Hour, and many other journals and magazines, including HOME Business Journal,

Opportunity World, Home Business Connection, and Inc. Magazine. Career Step is America's leading provider of online medical transcription and medical coding training as well as leading edge technology solutions to companies throughout the healthcare industry. Career Step maintains a relationship with about 20 transcription companies who provide their own dictation to Career Step. Students who complete this virtual practice successfully, can go directly to work for one of these companies.

Providing this course for our students using this company will allow us to meet a need for our students without incurring the cost of implementing a new program.

Minimum Enrollment Requirements

The student most likely to successfully complete the Medical Transcriptionist training program, \ must be a high school graduate (or equivalent) and be self motivated. Additionally, prospective students should possess basic computer and keyboarding skills, and a high degree of English language literacy.

Length of Program and Graduation Requirements

Both the Career Step Medical Transcription and the Career Step Medical Coding training programs are designed to be completed in 640 hours, or full time for a period of four (4) months. Career Step provides access and services for a period of eight (8) months beyond the initial four (4) month period, providing all students with access to all materials and services for a period of twelve (12) months. The twelve (12) month period begins with online course activation (for online students) or from the date of the first shipment (for text students). At the end of the initial twelve (12) month period, students will no longer receive course access or Career Step services. Extensions beyond the twelve (12) month enrollment are available. All extensions are subject to the current extension policy at the time an extension is purchased.

Credentials Awarded to Indicate Satisfactory Program Completion

Upon successful completion of the program and final examination (providing that the student's account is current), a student will receive a Certificate of Graduation from Career Step. The type of graduation certificate awarded to a student will depend on the scores received on the two-part final exam.

Standard Graduation: 85% - 89% on both portions of the final

Graduation with Honors: 90% - 94% on both portions of the final exam

Graduation with High Honors: 95% - 100% on both portions of the final exam

Students may take a final exam up to three times. Each final exam will be unique. A Certificate of Completion is available for students who are unsuccessful in passing the final within three attempts.

Licensing Requirements, Graduation and Employment Information

Currently there are no state or federally mandated licensing requirements for employment in the field of medical transcription. Entry-level employment opportunities are abundant and employment decisions are typically made on the basis of demonstrated competency. Because the Career Step program is competency based and practicum focused, Career Step graduates tend to do very well in securing employment. While Career Step does not require graduates to report on employment outcomes, Career Step makes every effort to capture employment information on its graduates. The following statistics are based on voluntary responses from graduates for the 2004 calendar year:

Total number of graduates: 419

Total number of graduates reporting employment: 254

Percentage of graduates reporting employment: 61%

Of those graduates reporting employment information, over 90% found employment within sixty (60) days of graduation.

More Information: More in-depth information can be obtained on the website

<http://www.careerstep.com/>.

OVERVIEW OF CONTENTS OF THE MEDICAL TRANSCRIPTION PROGRAM

This program is self-paced and is offered completely online. The following topics and descriptions are taken from the pages that are seen when a student logs on to the website as they progress through the course. These descriptions are provided as an overview only, as the practice pages, lessons, quizzes, dictations, resources, and other information are too numerous and detailed to view in this format.

A list of all the topics covered in the program is provided below after the description of the Online Audio. Following the list, each of the topics in the list is described in more detail for a more thorough understanding of that set of activities pertaining to the topic.

Below is the first page a student will read upon logging onto the class, followed by a description of additional pages and menus the student will encounter:

Congratulations on taking a major step toward improving your skills and employment options. Whether your interest is starting a new career, changing careers, working at home, refocusing your priorities to be a parent first, or expanding your skills while maintaining your current employment, this course is designed to help support your goals.

Notice the highlighted box containing the announcements. It is a good idea to glance at this page now and again to be sure you receive notice of any major changes or updates. We consider it one of the major benefits of taking a course online to have improvements and corrections incorporated into the existing course. This allows us to give you the most current, accurate, up-to-date material available.

New students should begin by going to the menu that directs "Choose a Unit" and select the "Program Orientation" unit. All others can return to the page where you last chose "LOG OUT" by pressing the "RESUME STUDIES" button.

UNIT MENUS:

This training course is organized around topical units of study. The different units can be accessed using the pull-down menu to the top left where it directs you to "Choose a Unit." The first unit is "Course Orientation." We suggest you complete the units in the order they are listed

in the Unit pull-down menu. After accessing a unit, you can simply use the "NEXT" button to guide you through each unit from the first session page to the last session page in the unit. You will return to the home page of the course at the end of every unit. To continue, select the next unit in the list.

SESSION MENUS:

Units are divided into one or more sessions. These are workable blocks of daily study intended to take one or two hours each. Inside each session are the actual lessons. Notice the second menu beside the unit pull-down menu that allows you to choose a session (or topic) for the current unit. The pages listed in this menu will take you to the beginning of each session. You must then use the "NEXT" button to proceed through the session from beginning to end. You should plan to work through sessions and any tests following a session in the order they are presented.

GETTING HELP

At the bottom of every page is a "HELP" option. Choosing "HELP" will direct you to a page that allows you to send your questions without having to stop studying, or close your online connection. When you submit your question, you will be returned to your previous location. These questions are emailed directly to our staff, who will address your questions promptly.

When you send your question, it will send the web address of the page you were on when you chose the "HELP" option. Therefore, in order to expedite the process, choose the "HELP" option from the page that concerns you, rather than from the home page. Also, be very specific in explaining your questions and concerns. Broad or vague questions generally cannot be answered without requesting more details, which delays the final response to your query.

You are encouraged to initiate communication with us using the "HELP" option rather than emailing a specific individual.

COURSE CONTENT

Each page in the online course presents relevant medical transcription information. It is important that you familiarize yourself with all the content in the course. All the topics covered in this course will help you become a better medical transcriptionist. It will benefit you to read all the material carefully.

Some footnotes are included in traditional fashion at the bottom of the table or page. Others, however, are simply links designated by an asterisk. By clicking on the asterisk(s), a separate window will open that contains the footnote. Be sure to notice these.

Extra browser windows can be very helpful. For example, the student forum will automatically open in a separate window. You can resize the windows and view them side by side. You can also open a new browser window yourself. Many people have reported that they print several pages so that they do not have to keep pressing back and next. While you are welcome to use any method you prefer, you may find it useful to open another window and view one page in that window while continuing with the next page in another. Opening a new window can usually be done by holding down the control key while pressing the 'n' key on your keyboard. You can also use the menus on your browser; look for something that implies that you can open a new window.

Again, be sure you complete each unit and each session of each unit. The units are listed in order. Selecting "NEXT" will step you through the entire unit sequentially. If you wish to study in a different order, you should track where you have been to ensure that you complete the entire course.

EXERCISES

Each session contains a number of exercises and/or tests similar to the exercise at the end of this page.

Exercises and tests are set apart from regular reading material. Most often, there is reading material and several activities on one page. Be sure to read and complete them all. There are specific instructions preceding every activity. Read them carefully before you do each one. There are a variety of types of exercises. Some only require you to click a button, or check a box. Others require that input be typed by you. Some exercises will have nothing for you to fill out until you click on an image, a button, or some other item. Other exercises are not graded but are simply for practicing your typing speed or inventing sentences. It is imperative that you read the instructions for each.

Exercises are not recorded. Once you have clicked the "Correct" button your answers will be graded and the results will be displayed. This page is not a permanent page. You will not be able to access it again unless you save the page or resubmit the exercise. If you want to save a graded results page for your own records, you can choose "File," then "Save As" from your browser menu. Alternatively, choosing "File," then "Print" from your browser menu will produce a printed copy of the page.

TESTS

Tests are similar to exercises; they further review material discussed in the sessions and help prepare you for the final exam. However, unlike exercises, the scores for each "Test" are saved in your Gradebook. Once you have submitted a test for correction, the graded results are automatically recorded and stored in your personal Gradebook. This allows the student and administration to track progress through each unit. These tests are for your benefit. **You can take each unit test as often as you like.** Many students like to review each test before taking the final exam. (Please note that all scores will be recorded each time you take a test. Taking a test more than once does not erase or replace previous test scores. Students should pay attention to the best score as indication of how well they have done overall. Students should view the unit tests as an opportunity to review material as often as necessary. Only the score on the final exam will determine whether or not a student passes the course.)

While the unit tests do not affect the final score of the course, you should prepare for each unit test by reviewing the material that precedes it. Progressing through the course sequentially using the "NEXT" option will help you prepare for each test. Tests are listed in the session pull-down menu after the session they are found in, but we recommend using the session pull-down link to access a test only after reviewing the material it pertains to. Please note that not all units and sessions have tests.

There is a test at the end of this unit. This will orient you with the format of tests that will appear throughout the course.

PROFILE

The student PROFILE is your personal file. This is where you will find your personal information (name, address, phone, e-mail, etc.), as well as your enrollment information (start date, end date, etc.).

You will be able to update your own information from this page. Please make sure to provide a current address and phone number and keep this information updated if it changes. Here you can also update your email address or change your password.

This is also where you will find the link to your GRADEBOOK. You will need to first select PROFILE and then click on the GRADEBOOK link to view your test scores

When comparing large amounts of text, it is impossible for a computer to determine that "The patient reported that he felt much better after he took the medicine." and "The patient reported that the medicine made him feel much better." And "The patient reported "The medicine helped me feel much better." convey essentially the same concept. While medical transcription is a very particular field, and it is required that you transcribe what is dictated, it is very common to have several possible transcriptions for the same dictation and have them all be correct. Therefore, some exercises and tests produce a comparison between the text you input and our answer key. The computer produces a colorful comparison that notes where your answer differs from ours. It will also produce a score based on that comparison. Here are some tips to help you evaluate this comparison. Below is a sample of the tips given to students:

1. Determine if your response differs from ours based on punctuation, capitalization, or spelling. While there may be occasional exceptions, these types of differences are generally unacceptable in the medical transcription business.
2. If you feel your response is valid despite the difference, be willing to reevaluate your response and determine if the author has not provided a clearer, or more precise alternative. If you remain confident that your response is equally valid, simply make note of the other possibilities.
3. If the comparison has too many differences, it becomes difficult to read. Go back to the exercise and verify that you have entered the appropriate text for that exercise and that you have selected the proper key number for comparison.
4. When you first begin the transcription, it is likely that you will experience many differences. Do not be discouraged. Keep practicing. The differences will only help point out words that may have been misunderstood or misinterpreted. This will help you identify more medical terms, and improve your understanding of their meaning as you see them in context.

GRADEBOOK

Your gradebook is your personal record of all the tests you have taken during your enrollment in the course. As mentioned before, only tests are saved in your gradebook. No other exercises in the course are recorded for you. Your gradebook will help you track which tests you have completed. You must complete each test contained in the course before you can take the final exam.

REFERENCES

The reference section contains links to features that could be called extracurricular: the pronunciation list and the FAQ. The "REFERENCES" link is at the bottom of almost every page in the course. Once you have selected this option, you will no longer have the option of logging out or moving through the pages with NEXT and BACK buttons. You will need to select the "RESUME STUDIES" option at the top of each page in the reference section, and you will be returned to the page you were on before you entered the References section. The menu beside the units menu will direct you to the different topics. Each item is discussed individually.

FREQUENTLY ASKED QUESTIONS (FAQ):

If you have a question, look at the FAQ page first. If a question has been asked before, you can view the response and continue your studies without delay. If your question is not in the list of frequently asked questions, you are welcome to submit it by using the "HELP" option. The FAQ page is never final, questions will be added as they arise, so you may wish to check back each time you have a new question.

PRONUNCIATION LIST:

Medical transcription involves thousands of unfamiliar terms and names. Over 7,000 medical terms are found throughout the course. For your convenience, these terms have been marked in the course with colored text designating them as pronunciation links. Words highlighted as follows are medical terms: pathology, cardiothoracic, jejunojejunostomy. Others are medications: Cefotan, Marcaine, albuterol. To listen to these words, simply click on the different words as you come across them. (Try clicking the words above.)

These same words are also contained in an inclusive Pronunciation List, which you can reference at any time from the References area. The Pronunciation List will open in a separate window for your convenience.

Whether you are working with the Pronunciation List or simply listening to the words as you go along, you will need RealPlayer to hear the words pronounced. We will discuss the RealPlayer more in the "Audio" session of this unit.

ONLINE AUDIO

In order to be listened to, the terms in the pronunciation list must be downloaded from our website to your computer. Detailed instructions on how to download these files are found in the REFERENCES area.

There are two types of audio files used in this course, mp3 files and RealAudio files. This means you have to have certain software installed to hear both types of files. For the RealAudio files, you will need the RealPlayer. For the mp3 files, the Express Scribe software that goes with your footpedal is included as part of your course materials and can be used. (For Macintosh users, you can use QuickTime Player with your footpedal.) However, since we cannot email you the footpedal, it is unlikely that you have yet received the Express Scribe Software. The Express

Scribe is simply a player that allows the footpedal to operate the controls (play, stop, rewind) for listening to an audio file. Most computers are capable of playing mp3 files with internal software. You can and should complete the mp3 TEST even without Express Scribe .

Below are 2 audio samples like those you will find in the course. Follow these steps to help you determine if your system will be sufficient for completion of the online course.

COURSE UNITS

Orientation

Keyboard Kinetics

Medical Word Building

Grammar and Style Essentials

Using Resources

Human Anatomy

Medical Plurals

Pharmacology

Slang/Jargon

Foreign Terms

How to Look Up Words

Word Differentiation

Formatting

FOMS Intro

Physical Examination

Lab Data

Cardiology

Dental

ENT

Emergency Room

Gastroenterology

Neurology

OB/GYN

Ophthalmology

Orthopedics

Pathology

Pediatrics

Physical Medicine

Radiation Therapy

Radiation

Surgery

Urology

Abbreviations

MidTerm Exam

Editing and Proofreading

Transcription Tips

Clinic Notes Transcription

Intermediate Transcription

Advanced Transcription

Technology and Employment

Final Exam Information

OVERVIEW OF THE UNITS

MEDICAL WORD BUILDING

Medical terminology is the most difficult and extensive written section of the training. Throughout this course and in medical transcription, students will be exposed to an entirely new vocabulary that is probably totally foreign to his/her experience.

English medical terms are primarily adopted from the Latin and Greek languages, this makes learning these terms much like learning a new language. The good news is that because of this, medical terminology follows relatively consistent language rules, which should help students assimilate the terms. This unit takes that into account and breaks down the terms into their respective word parts, i.e., prefixes, suffixes, and root words, and teaches how to combine them. By learning these pieces and the rules for combining them, students will be able to create literally thousands of new medical words.

It is important to remember that never in an actual transcription setting will students be required to translate from the English definition of a medical term to its proper medical form. In other words, dictators will not require students to "put in a word that means profuse sweating" as they dictate. They will always use the appropriate medical term (in this case, diaphoresis) and the student will only be expected to hear it and then spell it correctly in the report.

Students will learn root words, then prefixes, and suffixes. They will also learn how to combine root words properly with those suffixes and prefixes to create the appropriate medical term. Some of the suffixes create adjectives and others create nouns. It is important to learn the adjectival endings well, because they may be required to identify adjectives, for several reasons, in medical reports. This will make that job easier. Also, students will see many definitions and be required to build many words which employ adjectival endings.

GRAMMAR AND STYLE ESSENTIALS

One very important skill required for producing quality medical transcription is a working knowledge of English grammar. You need to know how to construct a proper sentence with the correct employment of usage, capitalization, and punctuation. It is essential that you be familiar and comfortable with the basic rules of English grammar. As a transcriptionist, the responsibility of creating a document as accurately as possible lies with you. Generally speaking, at your worst, you will be permitted two errors per page. This includes punctuation, grammar, spelling, and formatting. Furthermore, although sometimes doctors will dictate punctuation in their reports, they will often dictate it wrong, and you are responsible for seeing that it is corrected. For example, an entire two-page document will sometimes be punctuated entirely with commas, creating a ridiculously long sentence.

This unit on grammar is designed to be a refresher course. You learned English in junior high and high school, and this is a review of some of those rules. You will rarely, if ever, be required to come up with original sentences. You will only be editing and clarifying the work of the dictating physicians. Keep that in mind as you work through these exercises. As will be the case throughout the course, you are tested at the end of each session. Your scores should never be less than 85% before going on.

HUMAN ANATOMY, PHYSIOLOGY, AND DISEASE PROCESSES

Human anatomy, physiology, and disease processes are an important part of medical terminology. A good understanding of the body, its systems and pathology, will prove tremendously helpful during transcription. Some of the most commonly used words deal with basic human anatomy or body structures.

However, medical transcription as a career deals largely with practical-application medical terms. This means that you as a transcriptionist are not likely to be transcribing research summaries, theories, or theoretical papers (although occasionally a paragraph or two may be required in a medical report or correspondence). Therefore, it is highly unlikely that you will get into any detailed or theoretic postulations on medical principles. Instead, you will be deciphering the

physical manifestations a patient has been experiencing, his/her actual presentation (this includes the examination, as well as any laboratory tests, x-rays, or other types of studies), the treatment of any problems, how they react to that treatment, and any future suggestions for the patient.

In this setting, a rudimentary understanding of bones, muscles, arteries and veins, ligaments, joints, and organs, as well as body functions (or physiology) such as the respiratory, digestive, and reproductive systems becomes important. The more terms you are familiar with, the less time you will spend wandering aimlessly through your reference books.

The key word here is rudimentary. Do not be overwhelmed by everything in this unit. You are not expected to be a doctor or to know everything that a doctor knows. It is neither your responsibility nor your right to change in a fundamental way anything a dictator diagnoses, treats, or prescribes. In fact, doing so will probably get you fired. It is the case, however, that you may be able to easily locate a word or understand a sentence in a report because you know the meaning of a word or the location in the body to which a specific term refers.

Again, for the purposes of this unit and the terminology lists, spelling should be your primary concern as a transcriptionist. Notice first of all what type of word it is, i.e., a muscle or an artery, and also where in the body it is located, i.e., extremities, torso, or head. While a majority of your exercises in this unit are centered around the spelling of medical words, you will also be required to answer questions relating to word differentiation and disease processes.

In the following sessions you should notice similarities between the names of arteries, veins, bones, ligaments, nerves, and muscles and where they are found in the body. Specifically, you may see the same word appear in reference to many of these structures. For example, a bone of the forearm is called the ulna. There is, consequently, an ulnar nerve, ulnar artery, ulnar ligament, radioulnar joint, etc. These exercises will give you experience identifying the appropriate spelling and writing the same words in several different situations. Notice also that when the same term is used multiple times for different structures, they are in the same area of the body, as noted in the example of ulna/ulnar. This makes your job of knowing the spelling and approximate body location much easier.

This unit provides supplemental information on different physiological and anatomical structures and body systems. However, the information is fairly basic, on a par with high school or freshman-level college anatomy. Use the information to reiterate the portions of anatomy and physiology which are relevant to medical transcription. You will be given tips about when and where you are likely to see the terms you are learning, in a real world environment.

It could be said that medicine itself is simply the diagnosis and treatment of disease. It is impossible to overestimate the importance of understanding something about disease processes and relating it to the medical reports you will eventually be transcribing. All of these terms will become a part of your daily life as a transcriptionist.

In the following sessions, you will learn what types of injuries and diseases relate to a particular part of the human body or system. Although there are far too many individual diseases, syndromes, injuries, signs, and treatments for you to learn every one of them here, we have made every effort to include the most common ones. It may or may not be the case that your job as an MT will require a broad knowledge of all types of medical reports, as we cover in this unit, but your marketability will increase with every term you learn and can identify either by spelling or by meaning.

As you work through the following sessions, try not to be overwhelmed by all of the information. You are not expected to know everything, and you will have ample opportunity to look things up to determine meaning or verify appropriate context. Concentrate on developing and fine tuning your editing skills. Does a word or a sentence look correct to you, and why or why not? Pay close attention to sections of this unit that relate what you are learning to what you will eventually be doing. This is what you will actually be transcribing, both in the course and in the real world.

PHARMACOLOGY

In simplest terms, pharmacology deals with the use of drugs and/or medications as they are used in the prevention and treatment of illness. Drugs, in synthetic or natural forms, have been a part of the practice of medicine in every known human society, civilized and primitive. For millennia, the origin of drugs has been in plants and animal sources (and many drugs still come from those sources), but in modern Western medicine most drugs are synthetic, based on incredible progress in the past century in the fields of organic chemistry and biotechnology.

As you might suspect, the subject of pharmacology is broad, deep, and complex. Depending on the medical field that sparks your interest, you may have greater or lesser exposure to the language of pharmacology. It is highly unlikely, of course, that you can avoid it entirely! Pharmacology careers run the gamut from pharmacist's assistants to medical doctors who specialize in fields such as pediatric pharmacology.

This section of your course, like others in this unit, is not an in-depth treatment of the subject. Its purpose is to introduce you to some of the language of pharmacology and to provide a brief overview of certain aspects of pharmacology that might become an issue, no matter what branch of the medical workplace you choose to pursue. As throughout the course, exercises will help you to focus on your study, review the material presented, and evaluate your understanding of the materials. As always, keep your dictionary handy since it is likely that you will come across new terms to add to your ever-increasing medical vocabulary.

FOREIGN TERMS

As you have already learned, **most medical words come into English from Latin and Greek**. Some of them, like medical plurals, even bring the Latin and/or Greek grammar rules with them. Over time, as the words are more widely used, it is likely that the Latin plurals will gradually disappear from common usage: the plural of *ganglion* is equally acceptable as *ganglia* (Latin plural) and *ganglions* (English plural).

Fortunately for you, in the workplace where you are using medical terminology, you simply have to be able to identify a term and perhaps make sure it is spelled right, without having to know Latin grammar. **You are exposed to a goodly number of such terms and their definitions in your course work, and it is important for you to master them.** Most of them come, as noted, from the Latin, but some are Greek and others are French.

Some terms are introduced into English usage without undergoing any changes to standardize the term with other medical usage. The medical vocabulary simply includes such terms in their natural non-English form, and they are often pronounced with non-English pronunciations. **It is useful for you to learn many of these terms so that you recognize them when you come across them.** One of the tests of a master of medical language is the ability to use words like *en bloc* and *in situ*, knowing what they mean and how to spell them.

Not only does the vocabulary of medicine incorporate such terms, but legal vocabulary does as well: *pro bono*, *per annum*, *a priori*, *non sequitur*. These terms, and many others like them, are not at all uncommon in English conversation and writing. The following lessons introduce you to such terms. These are presented, along with their abbreviations and their definitions, with an occasional instance which demonstrates how they are used. The list is by no means exhaustive, but is intended as a good basic introduction.

FORMATTING

The format of a report or type of report is likely to be different for each individual client. There are universal headings and heading series which are generally used in certain types of reports, such as discharge summaries or operation reports. These headings will be provided for you in this unit. The rule governing the use of headings in reports is simply to type whatever is dictated. Unless you receive specific instruction regarding headings, you should always type what is said. However, there are some hospitals, clinics, or departments within a hospital which require you to always use a specific series of headings. It will be your responsibility to determine if your clients have such requirements and if so, what they are. Again, you will see a consistency within clients you work for, regardless of where you live or the types of reports you do.

In addition to having specific headings which are used in medical reports, each client will have different formatting rules. These include such specifications as the type size (such as pica or elite), line length, number of lines per page, how identifying information is presented, dates in reports, drug specifications, etc. Some hospitals even have such rules as a doctor's name can never be broken up on two different lines, or a dosage must accompany its medication on the same line. You need to ask your employer about such specifications and be sure to follow them when doing your transcribing.

A more common feature of formatting is mentioned in the abbreviations unit, namely expanding dictated abbreviations. For example, if the doctor dictates "the patient presented for MI," you may need to type "the patient presented for MI (myocardial infarction)," or even "the patient presented for myocardial infarction." Make sure that you determine if your client requires abbreviation expansion.

Although all rules are subject to specific clients, there are general guidelines which apply to all transcription (unless specifically contraindicated by the client). These include things such as medications, dates, abbreviations, arabic numbers, etc. A brief overview of these will be given in this unit. These are guidelines generally accepted within the medical community and by the American Association of Medical Transcriptionists.

PHYSICAL EXAMINATION

The **physical exam data** and the **laboratory data** are found in most medical reports, including the ones you will study in the Focus on Medical Specialties. For this reason, they are the first components of medical reporting that you will be exposed to here.

The physical examination performed on a patient by a medical professional is an essential component of any medical evaluation and treatment protocol.

- *Thorough physical examinations are performed upon admission to a hospital for any reason. The admitting physical examination becomes a part of the Admitting History and Physical Exam report.*
- *Patients who visit a medical clinic or go in for physical rehabilitation also undergo physical*

examinations. The physical examination will likely be included in the dictated and transcribed clinic note.

Some of these physical examinations may be comprehensive, others not. Some may be comprehensive relative to a certain system. For example, an orthopedic rehabilitation physical exam may minimize all systems except the extremities, and the extremity exam may be very comprehensive.

Elements of the physical exam may include some or all of the following.

- **Vital signs (temperature, blood pressure, respiratory rate, pulse, height, weight).**
- **General overall appearance, including age.**
- **Head, eyes, ears, nose, and throat (HEENT).**
- **Skin/integument.**
- **Lymphatic.**
- **Neck.**
- **Chest.**
- **Lungs.**
- **Cardiovascular.**
- **Abdomen.**
- **Genitourinary.**
- **Rectal.**
- **Musculoskeletal.**
- **Extremities.**
- **Neurological.**
- **Psychiatric.**

In addition to the physical examination, many medical documents include **a review of systems**. The review of systems is similar in format to the physical examination. However, it represents the patient's **subjective report** of systemic problems that he or she has: headache, diarrhea, sore throat, blurry vision, for example. The physical exam is the doctor's objective evaluation of the body and its systems.

The next page contains a sample physician's patient intake form. You will note the following fields:

1. *The reason for the patient's visit.*
2. *The medications he/she takes.*
3. *Any operations or procedures the patient has undergone.*
4. *The patient's family history.*
5. *The patient's social history.*
6. *The review of systems.*

The patient fills out all of the relevant material under each heading. **This same sequence of information is a part of most hospital history and physical examination reports and discharge summaries.**

At the bottom of the page is a place for the doctor to assess the *patient's condition and problems, based on the historical facts, the review of systems, and his examination of the patient*. Note also the field in which he can enter the planned patient care. **As you proceed into the Medical Specialties Unit, you will see all of these subjects in context as they relate to specific specialties.**

A physical examination form completes the patient intake document. This particular form comes from an ENT specialist. Note that the physical exam form allows quite a bit of detail on the head and neck and the structures associated with them. If the form had come from the office of a gastroenterologist or an obstetrician, the details would reflect those specialties. Even so, all the body systems that are routinely evaluated by physical exam are represented on the form.

Several sample physical examination narratives follow the form. **Read each one of these carefully, using your dictionary as necessary so that they make sense to you. Note the variations in format in the physical examination examples that you study, and complete all the exercises.**

Physical Exam - Example

PHYSICAL EXAMINATION: The patient is a quiet, well-developed, well-nourished young girl in no acute distress, but somewhat uncomfortable. Temperature 97.5 axillary, pulse 76, respirations 12, weight 58 pounds. Ears: Right ear slightly erythematous, slightly bulging, good light reflex and landmarks; left is gray, clear. Eyes: Sclerae clear, extraocular muscles intact, pupils equal and reactive to light; fundi show normal disks and vessels. Nose: Crusty and clear with blood-tinged discharge, erythema, and chafing below the nares. Mouth: Only able to open slightly, mucous membranes moist. Throat: Erythema, right tonsillar area much greater than left, but both erythematous without exudates. Neck: Supple with large 3-4 cm submandibular nodes, 1-2 cm left submandibular node, tender, not stiff, good anterior occipital movement. Chest: Lungs equal movement without retractions, clear to auscultation without rales, rhonchi, or wheezes. Heart: Regular rate and rhythm, S1, S2. Abdomen: Good bowel sounds, soft, nontender, no hepatosplenomegaly or masses. Extremities: Normal muscle strength. Vascular: 2+ pulses. Neurologic: Normal. GU: Deferred.

LABORATORY DATA

One of the most basic diagnostic tools available to the medical professional is the analysis of laboratory data.

- A series of laboratory values is drawn at the time of a patient's hospital admission and throughout the hospitalization.
- Laboratory reports are frequently a part of clinical medicine - a visit by a patient to the doctor's office - as well.

It is important for the working medical transcriptionist to be familiar with the subject of laboratory data as the results of laboratory studies are frequently cited in medical reports. The amount of laboratory information will vary from one report to another, depending upon the number and severity of a patient's medical problems.

You are exposed to some of the various laboratory studies in several different places in the course curriculum:

- the abbreviations lessons,
- the medical specialties units,
- the editing and proofreading module,
- and in the transcription practicum itself.

Thus, by the time you finish the entire course, *you will have had very extensive experience with laboratory information as it appears in the context of medical reports.* The purpose of these lessons is to provide an introduction to the subject that should make mastering laboratory data that much easier for you.

You may want to print out and file this page in an easily accessible place to refer to when you get into the sections of the course which contain extensive laboratory data information.

The laboratory data portion of a medical report is a review of the results of certain kinds of tests that have been performed on a patient.

Such tests may analyze the components of **blood, serum, urine, stool, sputum, cerebrospinal fluid, various other fluids, and expired air.** Most medical text documents refer to these laboratory results almost exclusively by their abbreviated — usually acronymic - forms, as you will observe in the samples throughout the course.

Medical laboratories generally supply standard forms that are filled out with the results of lab analysis. **In a narrative report such as a history and physical examination or a discharge summary, the information on these forms will be expanded into a paragraph format.**

- Following are a few of the laboratory tests that are routinely performed.

The helpful appendices in your Dorland's or Stedman's dictionary also list a goodly number of these, including not only the lab tests themselves, but also the normal ranges for lab values. Check them out!

This lab data material introduced here is not intended to be a comprehensive curriculum in the subject. **It is designed simply to present some basic laboratory terminology and demonstrate how it relates to the practice of medicine in the most general terms.** You will notice in the course material (in Medical Specialties, and in the transcription modules particularly) that lab data often includes the results of x-rays, electrocardiograms, and other such procedures, as well as chemistry study results. Only the chemistry studies will be considered in this lesson set.

CARDIOLOGY

Cardiology is the branch of medicine that deals with the heart; pulmonology deals with the lungs; and vascular diseases and surgeries are related to the blood vessels. Cardiology and vascular surgery are often combined into one medical specialty, as in cardiovascular. Because the heart, lungs, and blood vessels are so closely related as to function and disease, they are included in one unit.

This unit covers one of the specific medical specialties that make up the "Focus on Medical Specialties" study of this course. This unit is designed to do several things. First it will introduce you to the various kinds of reports you will type as a transcriptionist, and it will provide an opportunity for you to study them in depth. All the reports in this unit are actual reports that were returned by actual transcriptionists to actual medical facilities. They show you what medical transcription is: the language, the formats, the types of reports. Since this unit consists of reports sent to a number of different facilities, you will note variations in style and sometimes in format.

Do not be overly concerned about this. In addition, there are bracketed notes of explanation throughout the text, which indicate alternative ways of doing things, explain why certain things are done the way they are, and give you information on how to post notes for unintelligible dictation. The "Focus on Medical Specialties" units are comprehensive in scope, meaty in content, and are an excellent cross-section of 98% of what you will see as a transcriptionist. Like anything else, these units are only as valuable as the attention you give to them and the use you make of them.

If you will use these reports as intended, you should have no difficulty in performing the transcription portion of the course, acing the final exam, and moving into the transcription workplace. However, just to sit down and try to simply read the reports is a sure cure for insomnia, so following are some suggestions on how to utilize this resource to your best advantage, both for expected course work and as a reference when you enter the workplace.

EXPECTED COURSE WORK

1. Work through one session at a time. Then break and do something else, even for a few minutes. Then do another session.
2. Do not skip any of the exercises. First, they help keep you alert, and second, their purpose is to help you learn. New abbreviations with meanings that are not expanded in the text may be included in exercises. You should enter your answer in the space provided and then choose the "Correct" button to see the correct answer, probably for the first time. That is okay. It is another way to learn.
3. Read some of the reports aloud or have someone read them to you. If you get tired, start reading aloud. Get the sounds of medical language in your head.
4. Read with great concentration. Look for mistakes. Make sure you understand every sentence and that sentences make sense. If you see a sentence with an error and correct it, you will be miles ahead in your comprehension of medical reports and it will be good training for finding errors in your own work.

RECOMMENDED, BUT NOT REQUIRED

1. Add new terminology to your hard copy or online word list. One student makes two lists on her computer as she works through the text, the first a general alphabetized list, the second by specialty. When she is ready to transcribe a report, she refers to her report specialty list that matches the transcription assignment. Because the specialty list is shorter, she can find a word more easily. This type of exercise is not required and it is time consuming initially, but it helps fix the terminology in her mind and will save her time when she is actually producing reports. Unfamiliar words become familiar by typing them frequently. The terminology in this unit is valuable because it is all in context.
2. You may choose to use a word processor on your workstation to type some or all of the reports. This will help prepare you for the workplace and will be in addition to all the medical language usage you are expected to master in other online units. Save the reports and use them as references for formats, dosage notations, how procedures are done, all sorts of alternatives, many of which could be a problem without these examples. When you get a job and have your first exposure to dictation, you can review the kind of report you will be transcribing.

DENTAL

Dental is a term denoting teeth, and is one which you are probably familiar with. It is possible that you could work for a dentist or oral surgeon as a transcriptionist, in which case you would type primarily dental reports. However, as a hospital transcriptionist, you will find that dental reports are quite rare. These would include the removal of teeth, root canals, assistance for severe facial trauma, and capping, and occasionally some reports related to TMJ (temporomandibular joint) problems. It is rarely necessary to hospitalize a patient primarily for a dental consideration, and therefore, a discharge summary with a D.D.S. as the primary physician is unlikely. In hospital transcription, you will almost exclusively do operative reports related to dentistry.

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ENT OR OTORHINOLARYNGOLOGY

ENT stands for ears, nose, and throat. This is a specialty of medicine that deals with disorders/operations, obviously, of the ears, nose, and throat. As the title of this section indicates, the medical name of the specialty is "otorhinolaryngology." As you remember, "oto" means "ear," "rhino" "nose," and "laryngo" "throat."

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EMERGENCY ROOM

Emergency room reports are just what they sound like: descriptive reports of emergency room visits. They include a brief history, physical examination pertinent to the problem, any tests performed and treatment given, and finally the followup procedure or instructions. They are some of the most interesting reports to type. They can involve anything from a broken finger, to a heart attack, to a peanut in the nose, to a psychotic episode. They are generally only a page in length, and, as a majority of emergency room problems are not, in fact, emergencies, the terminology is not particularly specialized and quite easy to learn.

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GASTROENTEROLOGY

Gastroenterology is the study of the stomach and the intestines and their diseases, often referred to in the short form as "GI" reports. Stomach complaints are an extremely common reason for admission to the hospital, and there are several reports related to them which are routinely done. Some of these would include colonoscopy, endoscopy, colectomy, flexible sigmoidoscopy, gastric

stapling and anastomosis, Whipple procedure, esophagogastroduodenoscopy, Billroth operation, and others. These reports are done both for treatment and for determining the etiology of a variety of complaints, including but not limited to peptic ulcer disease, hiatal hernia, diverticulum, heartburn [gastroesophageal reflux disease], irritable bowel syndrome, Crohn disease, chest or abdominal pain, elevated LFTs, and GI malignancies.

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NEUROLOGY

Neurology is the branch of medicine that deals with the brain and central nervous system, diseases associated with them, and the procedures related to them. The neurologist or neurosurgeon is concerned with the function of nerves in the body, particularly in the spine. Neurology or neurosurgery reports often describe procedures performed on the spine, such as foraminotomy, laminectomy, or spinal disc surgery. Other neurosurgical procedures include spinal fusions and the repair of spinal cord fractures. Neurologists and neurosurgeons also diagnose and treat brain tumors and brain injuries. They also are concerned with such intracranial problems as pituitary adenomas and problems with the internal auditory canal.

While neurology addresses primarily the physiological aspects of brain function, psychiatry deals with the study, treatment, and prevention of mental disorders. These may have their origin in physiological anomalies, such as chemical imbalances or brain injuries, but they may also have no apparent organic basis. Instead, they may arise from environmental problems, childhood abuse, hereditary factors, social factors, addictive behaviors, cultural factors, and life stresses.

Specialists in neurology are called neurologists or neurosurgeons. Medical specialists in the study of psychological disorders and problems are psychiatrists. Psychologists and psychological counselors do not necessarily have medical degrees, but they too deal with mental disorders or anomalies.

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OBSTETRICS AND GYNECOLOGY

Obstetrics is the branch of medicine that deals with the management of pregnancy, labor, and the period following labor. The reports that will be typed in obstetrics all deal with various stages of having a baby, prenatal care, normal vaginal deliveries, cesarean sections, missed or spontaneous abortions, as well as therapeutic or elective abortions, and postpartum tubal ligations. Although the trend these days is towards shorter hospital stays for normal births, you will still type admissions and discharge summaries for normal obstetrics. This specialty also includes ultrasounds and the detection and treatment of problems related to pregnancy—such as gestational diabetes and hypertension, surgery on the fetus, toxemia, premature rupture of membranes, bleeding during pregnancy, complications of birth, and other problems.

Gynecology is the branch of medicine that treats diseases of and problems with the female reproductive system. This would include dysmenorrhea, menometrorrhagia, cervical or uterine cancers, ectopic or tubal pregnancies, infertility, fertility. Surgeries for these problems include laparoscopies, hysterectomies, oophorectomies, salpingectomies, tubal ligations, and hysterosalpingograms.

While there are two different technical terms for these fields, a specialist who deals with women is certified in both obstetrics and gynecology, and the department within the hospital is the same. In other words, they go together, in that a doctor is trained in the treatment of both, and the terminology and transcription applications are very similar.

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OPHTHAMOLOGY

Ophthalmology is the study of the eyes. By far the most common ailment and resultant surgery performed on the eyes is cataract and cataract extraction with phacoemulsification and lens implantation. There are other eye problems, however, such as strabismus, diplopia, anisocoria, exotropia and retinopathies. These tend to be specialized reports and have unique terminology.

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ORTHOPEDICS

Orthopedics is the branch of medicine that is primarily concerned with the preservation and/or restoration of the function of the skeletal system, its articulations, and associated structures. The skeletal system is in simple terms, the bones. This means that anything associated with orthopedics is associated, in some way, with the bones and body parts affecting their performance, and more often the bones of the limbs—the arms and legs. Common procedures performed by an orthopedist are repair of fractures—open reduction, internal fixation (as well as closed reduction) and casting, the institution and revision of total prosthetics, such as a total knee or total hip arthroplasty, amputations, trigger finger releases, excisional biopsies, carpal or tarsal tunnel releases, and other procedures and operations.

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PATHOLOGY

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parts of the body. Specifically, pathology reports consist of overall (gross) descriptions, microscopic descriptions, and diagnoses of various biopsies—such as a liver or breast biopsy, tonsils and adenoids, pieces of bones that were removed, products of conception, gallbladders, appendices, or any other structure removed from the body.

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PEDIATRICS

Pediatrics is that branch of medicine devoted to the care of children. Specifically, this includes the ages of infant through eighteen. Pediatricians deal with all types of medical problems, as they relate to minors. Our bodies go through so many changes from birth through adulthood; they are forming, growing, changing, and developing at such rapid rates that they are subject to different types of problems than adult bodies are. A pediatrician deals especially with those problems.

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If you will use these reports as intended, you should have no difficulty in performing the transcription portion of the course, acing the final exam, and moving into the transcription workplace. However, just to sit down and try to simply read the reports is a sure cure for insomnia, so following are some suggestions on how to utilize this resource to your best advantage, both for expected course work and as a reference when you enter the workplace.

PHYSICAL MEDICINE AND REHABILITATION

Physical medicine and rehabilitation is the branch of medicine that covers the ongoing treatment for physical problems, such as severely broken bones, torn ligaments, knee and hip replacements, rehab for spinal injuries, postsurgical rehab, and similar conditions. Physical medicine includes the subspecialties of physical and occupational therapy. The doctor who specializes in physical medicine is called a physiatrist and his/her specialty is called physiatry or physiatrics. Sports medicine is generally a subspecialty of this field as well. Physical medicine can be part of a hospital course, as well as outpatient treatment for prolonged periods of time. Physical therapy and rehab are also done for internal structures, primarily reconditioning the heart, as in a patient status post a heart attack. As with the previous chapters, the transcription of physical medicine reports is usually done as a separate department within a hospital. Also, any

physical therapy and rehabilitation center's primary concern is some type of physical therapy, either for admitted patients or on an outpatient basis.

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RADIATION THERAPY

Radiation therapy is a treatment for cancer. It is usually done in conjunction with chemotherapy, and can be done on most parts of the body. The types of reports encountered in radiation therapy are consultation reports, which are basically detailed histories and physical examinations to determine the need for radiation therapy; procedure reports, which include dates and times, fields, and dosage of radiation; and finally progress notes, or followup examinations of patients after they have completed their course of radiation therapy.

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RADIOLOGY

The term "x-ray" is certainly familiar to you, a picture of a bone or the representation of the lungs. Radiology is the branch of medicine dealing with radioactive substances and radiant energy and with the diagnosis and treatment of disease by both roentgen rays and ultrasound radiations. Simple x-rays are a large part of this field. However, other procedures, such as CTs, MRIs, ultrasounds, and nuclear scans that fall under the category of radiology but are not simple x-rays as you may understand them.

Depending on who you work for, you can do a wide variety of radiographic examinations or a very limited number. In other words, if you work for a small hospital, clinic, or doctor's office it is possible that you will type x-ray reports, but only those that can be performed in such an institution—chest x-rays, back x-rays, and orthopedic x-rays. However, a larger hospital will have an extensive radiology department that may encompass a multitude of different types of radiologic examinations to include all the simple x-rays but also MRIs, CTs, voiding cystourethrograms, mammograms, GI studies, nuclear studies, cholangiograms, obstetrical ultrasounds, and many others. The vocabulary for simple bone and chest x-rays is easier and more limited than that used for the more complex types of examinations. Radiology subtypes are broken down in this chapter for your specific reference.

In addition, chest x-rays that are performed outside of a large hospital, on an outpatient basis, will usually be less complex than those done on a patient in a hospital. Specifically, it is likely that only an inpatient will have an extremely complicated medical condition followed with serial x-ray studies on a chest exam, and only such a patient will have various lines and tubes in place and resultant complications from them. These are all carefully monitored in the hospital setting by combinations of roentgenographic studies.

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GENERAL SURGERY AND PLASTIC SURGERY

General surgery is a specific department of medicine within a hospital that treats general disorders of the body, generally with surgical intervention. The most common and well-known types of disorders included in this category are appendicitis and cholecystitis (acute inflammation of the appendix and gallbladder, respectively). These are treated by removal of the offending organs—appendectomies and cholecystectomies. In fact, as the name would indicate, most of the treatment rendered by doctors in this category consists of surgery. A general surgeon may perform a laparoscopy to determine the nature of a patient's complaint and then oftentimes remove the offending organ.

Plastic surgery is a branch of medicine that deals with surgical reconstruction. This type of surgery is often considered "elective" and solely for cosmetic purposes by the general public, which is often the case with face lifts, "nose jobs," or breast augmentations. However, plastic surgery serves both useful and life-saving functions as well. Rhinoplasties (reconstructive nose surgery) are used to alleviate congestion and sinus problems and open clogged breathing passages. Blepharoplasties tighten up drooping eyelids, increasing the field of vision. These are common types of plastic surgery. Breast augmentations and reconstructions are oftentimes performed following mastectomies for breast cancer. Furthermore, burn victims' lives are sometimes only spared by extensive grafting, and they are able to sustain normal living as a result of reconstructive dermal and subdermal surgery.

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UROLOGY

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Urology is the branch of medicine that deals with both the male and female urinary tracts, as well as the male genital organs. Many different problems are treated by urologists. Some of these are: Testicular torsions or other testicular problems; hemorrhoids; hernias; bladder incontinence; urinary tract infections; bladder, prostate, and rectal cancers; and inability to urinate. These problems are treated with such surgeries as orchiopexies, transurethral resections of the prostate, transurethral resections of the bladder or bladder tumor, hemorrhoidectomies, herniorrhaphies, prostatectomies, stent placements, catheter placements, and vasectomies. They may also be treated with various drug regimens.

Prostate cancer is one of the most common cancers and is treated by urologists. Additionally, urinary tract infections, hemorrhoids, and hernias are quite common. Thus, all hospitals have urology departments and as far as transcription is concerned, there are many urology reports to be typed in hospital settings. The terminology is relatively specialized, but mostly as related to the anatomy.

ABBREVIATIONS

In medical reports, there is a lot of repetition. Specifically, people acquire the same diseases and syndromes, have the same body parts and symptoms, and the same tests and laboratory values are performed all over the world. As a result, many of these terms and phrases have come to be known by their respective abbreviations. This speeds up dictation, and the abbreviations have become so commonly used among medical personnel that the meanings are universally known. You will be a more productive and efficient transcriptionist if you are familiar with the common abbreviations. Be aware that the abbreviations you will study in this material are not *all* of the abbreviations used in medical dictation. You will be exposed to others as you work through the course, and to still others as you master medical transcription in the workplace.

However, the spoken word is often easy to confuse, especially when it is being said fast or mumbled into dictation equipment. If you are unfamiliar with the abbreviations from the outset, it is extremely difficult to differentiate between certain letters, for example, an "S" and an "F" or a "D" and a "T." Therefore, while you are doing the following exercises, you should say the configuration of letters out loud a few times to familiarize yourself with the sound. When you hear the same abbreviation in an actual report this will make it easier to understand and recognize.

Often hospitals and doctors will require you to expand dictated abbreviations. That means that not only do you need to be able to identify what letters are being said, but also what they stand for. The more of these you are able to identify without having to look them up, the faster and more efficient a transcriptionist you are.

The most common method of dictating entails simply listing the letters in the appropriate order, such as A-B-C, saying each letter individually. Another way of dictating an abbreviation is to pronounce the abbreviation as a word. This is rare, and you will be introduced to it as it occurs. Several abbreviations you will need to memorize. Abbreviations have been broken down into categories of usage. This is to help you not only associate the letters themselves with their

respective meanings, but also with their appropriate context. Pay attention to the classification into which each abbreviation fits. Learn these abbreviations thoroughly and what they stand for.

EDITING AND PROOFREADING

Editing is an integral part of medical transcription. One thing that has become fairly obvious as our student body has grown and as more and more people have been taking the final examination is that there needs to be more opportunity for students to train in proofreading and editing. It is apparent that while students master the medical language and its concepts, many have not mastered the skill of recognizing their own mistakes when they make them during the transcription process.

Of course, this is a vital skill when the student graduates and enters the workplace. If she (or he) wants to get and keep a job, she simply must learn to find and correct errors, not only in the typing of the text but in the dictation itself. The purpose of this workbook, therefore, is to provide that opportunity.

It is often the case that transcriptionists do not want to edit their work, because that takes time away from producing new work and thus making more money. However, you jeopardize your job if you are careless or unwilling to invest the time necessary to make your reports as perfect as possible. Although you were probably required to write papers and edit them in high school, if your training or education did not comprise much writing beyond that, you may not have ever learned the skills necessary to edit your own documents. Unfortunately, over the years we have found this to be the greatest weakness of our graduates.

In grading the final examinations, we have discovered two major problems with those exams that do not receive a passing grade. First, students put in terms or phrases that they are not certain of, and they do not let us know that they are not sure about them. It is important, in the transcription you do for the course, the final examination, and the transcription you will do for an employer or client, NEVER to guess and NEVER to put in a word that you cannot verify. Even transcriptionists with years of experience sometimes come across things they have not heard before and cannot find in available reference materials (new drugs, new operative techniques and procedures, even new terms for diseases, or sometimes terms that are simply not intelligible in the dictation). All they can do is leave a blank and add a note with a question. (How this is done depends on client or employer instructions). We expect no more, nor less, of you. If you cannot verify something, leave a blank and add a note with a question.

This is the reason that we have incorporated this material into your training. It will be necessary for you to proofread. You should learn how to do this and begin practicing as soon as you transcribe your first report. The sooner you form a routine for doing your work that includes editing, the easier and faster you will be able to accomplish it on a daily basis.

It is not only your mistakes that you will need to edit as you transcribe. In the transcription workplace, it is often necessary for the transcriptionist to edit and correct mistakes in the dictation itself. You will hear such things as, "There was no complications," and you will need to correct that. Occasionally too, the dictator may use a word or phrase that you know to be wrong (for example, "the absence of the gallbladder was indicative of a prior hysterectomy"). If you know the correct word, you can put it in. If you cannot ascertain by context or other indicators, leave it blank and add a note. In the example cited, you may believe that you know the answer. The removal of a gallbladder is called a "cholecystectomy," right? However, without context you have no way of knowing whether the word "gallbladder" should be "uterus," or whether the word "hysterectomy" should be "cholecystectomy." If you have no context, all you can do is add a

note. Developing your skills as a proofreader will help you to identify problems like this so that you can make the necessary changes or add the necessary notations. As a transcriptionist, you should have to do only minimal editing, but occasionally you will have to do major editing rather than send back a report with obvious dictation errors. For this reason, there are dictation errors on the final examination. The exercises in this material will also help you prepare so that you can recognize those.

Obviously, the essence of good editing and proofreading is assiduous attention to detail. The difference between a transcriptionist who is poor to mediocre and one who is top-notch is in the handling of the details. So, as you work through this material, pay attention to the details: punctuation, spelling, sentence structure, proper word usage. Proofread one sentence at a time or, if necessary, one word at a time. Make sure that everything you read makes sense. If, for any reason, it does not make sense, question it, and if possible, correct it. Look for sentence fragments that do not communicate anything (some sentence fragments do), and look for run-on sentences. First, read through the reports and make the corrections. In editor's lingo, this is called "blue-penciling." Then type the corrected reports and compare to the keys. If your corrections are different from the answer keys, try to figure out why. The important thing is to spot and correct every mistake you can. This is harder to do in your own work, but even in your own work, it will be easier with this practice behind you. As you do the exercises in this material, and then move on to edit and correct mistakes in your transcription of the modules, it should become easier and easier for you to see the errors, and you will be building your skill as an editor.

We are often asked about voice recognition software and the predicted impact this will have upon medical transcription. Although many such products are presently available, there is little to worry about. Most of what a transcriptionist does--the thinking, reasoning, and correcting--will never be accomplished by a nonthinking entity, i.e. a computer. It is the case that some shorter and more repetitious reports, such as normal radiology reports, may be effectively plugged into a voice recognition system. However, most of these will still need to be edited, either by the dictator, the highest paid medical professional (which makes no sense at all), or by a transcription expert. Currently, many transcriptionists move from full-time transcriptionists to either part-time or full-time editors. Even if, in some instances, voice recognition is implemented, editors will always be required to assure accuracy. The more skilled an editor you become in doing your own work, the more versatile you will be as a transcriptionist and employee. In any case, editing will always be necessary because medical reports, as vital statistics, ongoing patient care records, and legal documents, must be as perfect as is reasonable.

The English language is one of the most difficult languages there is for two main reasons: first, many languages have had substantial influences upon it throughout the centuries. Second, English has a much larger vocabulary than any other human language. In the most recent unabridged dictionaries, there are over 635,000 words! Spelling in and of itself is something that we begin teaching our children in the earliest years of formal schooling. They must memorize rules for silent letters and vowel combinations, double consonants, and of course exceptions to all the rules they learn. As adults, we have mastered all of these, right? Well, at least we should have mastered many of them. Some people believe that our language should be simplified. Of course, we Americans are notoriously resistant to change. Maybe you can appreciate the following suggestions for doing such simplification. (Followed by several examples.)

In your own medical records, you will be in real trouble if you use the Euro system for spelling. Spelling, or more accurately, identifying misspellings, is one of the biggest parts of editing. You need to be sure that all of the words in your reports are spelled correctly--both medical and otherwise.

In this day and age, with computers so prevalent, this is much easier than it was when medical transcriptionists worked on typewriters. The first rule of proofreading is simple: run a spellcheck. It is always surprising to us when we receive a final examination that has not been spellchecked. And believe me, it is very easy to tell. A spellchecker will catch anything that is standard English that is spelled wrong. Let your software do some of your work for you. It is a valuable tool. You should keep in mind, however, especially as you are starting out, that it will very likely NOT pick up misspelled medical terms. Even though you can purchase medical spellcheckers, we strongly advise against this initially. It is easy to get lazy about learning the correct spelling if you rely solely upon a medical spellchecker, and it may work against you when you test for an employer.

Our materials focusing on medical terminology have been designed to help you learn the spelling of the medical terms. You should have completed them by now and have a good foundation of medical terminology. It is our expectation in this module that you know and can identify misspelled medical terms within reports. But before you begin to develop and exercise those skills, we will review more basic English spelling.

INTRODUCTION TO TRANSCRIPTION

You are now ready to get started on the most challenging and difficult part of the course:

- **The actual transcription**, starting with clinic notes.

*All of the reports that you will hear and type in this module are **physician dictation**.*

- This includes dictators who are not native English speakers.
- It includes native English speakers who are mushmouths.
- It includes dictators who are deliberately trying to talk as rapidly as they can.
- It includes dictations made against extensive background noise, even a few with phones ringing loudly.
- It includes dictators who talk with their mouths full.

*Although transcribing these may be hard for you, **it is excellent preparation for working as a medical transcriptionist**. In fact, it is the only way that you can get the experience you need to get a job--especially an at-home job.*

By now, you have familiarized yourself with the tips and techniques in the unit entitled Transcription Tips. It is impossible to overemphasize the importance of your understanding the principles in that unit and utilizing them effectively as you work through the entire transcription practicum portion of the coursework.

As mentioned, this practicum includes a range of difficulty.

- Not all of the speakers are hard to understand or difficult to hear--some of them are even easy. They are reflective of the spectrum you will encounter in a "real" job.

Specifically, these are clinic notes. But, what does this mean?

CLINIC NOTES VERSUS ACUTE CARE MEDICAL RECORDS

You can imagine, I am sure, that a patient who requires hospitalization is dealing with problems and complaints that are more severe than a patient who is going to the doctor for a checkup, a

minor illness, or other office visit. Clinic notes are more or less detailed records of such clinical visits. They do contain some terminology which is unique to a clinic or doctor's office setting (such as a pregnancy test or eyesight evaluation), but for the most part, the content of these reports is somewhat easier than you will see in hospital records.

The dictation found in both the **Intermediate** and **Advanced** transcription modules consists primarily of **acute care reports**. These are the detailed records of patients who are admitted to the hospital for observation, acute illness, long-term management, or operations. They also include the plethora of reports generated as a result of a hospital admission: x-ray reports, MRIs, CTs and ultrasounds, physical or respiratory therapy sessions, gross and microscopic pathology examinations, autopsies, gastroenterology procedures, and other specific report types related to the components of a patient's hospital care.

Because clinic notes are less specialized in content, many services begin their new transcriptionists on them, and slowly (or rapidly, depending on the talent, ability, and preparation of the transcriptionists involved) work them into the more difficult acute care records. We want our students to have every advantage, even an edge, over not only other new MTs, but also experienced MTs. This practicum is designed to provide that advantage.

Years ago, when I began transcribing (and my very first job was at home), hospital, or acute care, reports comprised over 95% of what was outsourced. This means that if you worked at home (either for your own client or for a service) it was highly probable that you would transcribe these types of reports. There were several reasons for this. The most significant reason was that in the mid 1980's, we had not entered "the computer age" yet. Clinic notes, since they are smaller and less specialized in terminology, were commonly handwritten by the physician. If not, then a few short lines were typed (either from notes or dictation) on "sticky-back paper," cut out, and then stuck into patient's file. In either case, the effort did not generally warrant outsourcing tapes and the corresponding transcription work entailed by that.

However, computer and telecommunications technology have advanced considerably since the mid 1980's. It is now remarkably easy to share electronic information with other computers in satellite clinic offices, hospitals, or even in a physician's home. Geography does not really matter. Therefore, a clinic or conglomeration of clinics can share patient records with each other cheaply and easily. Of course, if the record is only a scribble in a chart in one doctor's office, it is difficult, if not impossible, to do this. If the record is accurately recorded electronically, on the other hand, it is very easy to do this. So, it is now the case that probably only 60% to 70% of all the dictation that is outsourced consists of acute care records, and the remaining 30% to 40% is clinic notes. This does not mean that fewer acute care records are outsourced, but rather that the overall pool of dictation which needs to be recorded in the computer has increased substantially. Part of the increasing demand for MTs is the result of this trend.

INTERMEDIATE TRANSCRIPTION

This is the intermediate transcription unit. These reports are dictated by professional medical readers. Although they are taken from real patient histories and examinations, they are NOT dictated by real doctors. The names, dates, and places have been changed to protect confidentiality. The dictation is designed to get progressively more difficult as you proceed. Initially, the dictators speak slowly and articulate the words clearly. Remember, this is not typical for actual doctor dictation. This portion of the course is meant as a step to prepare you for the real stuff.

While this transcription should be relatively easy, do not be discouraged if you have trouble with it. You are just beginning to hear, recognize, and locate these new medical terms. In fact, this is the primary function of this portion of the course. Working your way through these specially prepared tapes should make your transition into actual doctor dictation much easier. It also provides you with a greater scope and variety of hands-on training.

This unit contains a variety of reports from several fields of medicine. The reports contain editor's notes and comments. Expanded abbreviations are in parentheses () for your information. You would not actually expand abbreviations in your transcription except in diagnoses or if preferred by your employer. In some cases, we have altered the dictation to correct grammar and/or for clarification, and these changes are enclosed in brackets [].

As you work through these reports, attempt to find all terms in your reference materials. If you cannot understand or locate a term or sentence, determine what type of report it is: for example, is it a radiology report? a cardiac discharge summary? an obstetrical operative report? If you are able to determine the medical specialty of the report you are typing, refer to the corresponding medical specialty unit and try to find a similar report with a corresponding term. There is a lot of repetition within any given specialty, and you will likely be able to locate a drug, instrument, procedure, disease, etc., in a report which has the same characteristics.

The transcribed reports have been formatted according to the AAMT guidelines for style. Please refer to the units entitled "How To Look Up Words," "Plurals," and "Formatting." If you follow these guidelines, your work will look concise and consistent, but remember to defer to your employer's wishes if they prefer other formats.

Again, treat this dictation as actual work. When actually working as a transcriptionist, you will have to use dictionaries, word books, and drug lists to find difficult or unfamiliar words. Doing this will give you the best possible experience for being a medical transcriptionist. It will prepare you to think for yourself and use all available resources to locate and properly use and spell new medical terms. Remember, no one will have previously typed the reports which you will need to transcribe once you are working.

ADVANCED TRANSCRIPTION

This is the advanced transcription unit. As a general rule, dictation is not a doctor's favorite activity, and often, he will rush through it or will be easily distracted. While the intermediate reports should have been challenging and helpful, they were designed to make your life as a student simpler and to ease you into the rigors of medical transcription. Remember, doctors simply do NOT talk slowly and clearly, articulating and spelling every unusual word. On the contrary, words which are new and unfamiliar, long, and seemingly hard to pronounce to YOU are a part of a doctor's everyday vocabulary. Erma Bombeck says that English is a doctor's second language; his first is Medicaese!

You are now ready to begin transcribing doctors' actual dictated reports. There are over 200 reports in this section of the course. You will get the majority of your training and experience from doing this actual work. Remember, these are REAL doctors dictating REAL cases. They do NOT have your best interests in mind as they dictate. To them, dictation is an inconvenient part of their daily routine, and they are primarily concerned with just getting it over with. Do not be discouraged by difficult dictation. Over time, you will get used to specific dictators and be able to easily understand what they are saying.

These reports are set up generally to range in difficulty from easiest to the most difficult. The latter reports provide the greatest challenge. Certainly not all, or even most, doctors are in the "difficult" category. As stated previously, ALL of these tapes are dictated by real doctors. As a transcriptionist you will encounter all different kinds of dictators: men and women, native English speakers and people with strong foreign accents, slow and clearly articulating speakers, mush mouths, and people who like to eat and talk at the same time. This is a representative sample of different kinds of dictators. If you are able to get through all of these successfully, you will have a strong background with which to begin working as a medical transcriptionist.

This unit contains all kinds of reports: radiology, pathology, internal medicine, surgery, radiation therapy, emergency room reports, etc. As these are actual cases, you will find several areas throughout the dictation where it sounds as if something is missing. This is exactly the case. In order to protect the confidentiality of the patients, all identifying information has been deleted. This leaves glitches in the dictation. In most cases, where a glitch indicates that some information may be missing, () has been inserted to call your attention to it. This is so that you don't waste your time or energy listening to these areas repeatedly trying to hear something that is not there.

The reports contain editor's notes and comments. Expanded abbreviations are in parentheses for your information. In some cases we have altered the transcribed report to correct grammar and/or for clarification to show you what should be typed as opposed to what is said. These portions are enclosed in brackets []. Some terms and phrases are listed in the footnotes only to emphasize their importance to you, i.e., these are things you need to know and are often missed on the final exam (hint!). Add these terms to your personalized, alphabetized notebook.

Regarding format, the transcribed reports in the "Advanced Transcription" unit have been formatted according to AAMT guidelines for style. Please refer to the units entitled "How To Look Up Words," "Plurals," and "Formatting." If you follow these guidelines, your work will look concise and consistent, but remember to defer to your employer's wishes if they prefer other formats. Some hospitals like to have all abbreviations expanded in parentheses immediately following them; some hospitals like their diagnoses lined up immediately underneath the heading and some immediately to the right of it; some hospitals or doctors use or require headings to be used where none is dictated; and for others they are optional or doctor's preference.

Finally, as with the intermediate reports, treat this as actual work. When actually working as a transcriptionist, you will not have the typed report available for referral. Instead, you will have to use dictionaries, word books, and drug lists to find difficult or unfamiliar words. Doing this will give you the best possible experience for being a medical transcriptionist. It will prepare you to think for yourself and use all available resources to locate and properly identify and spell new medical terms.

EMPLOYMENT AND TECHNOLOGY

Working

Now that you have finished the course, you are ready to start making money. Congratulations! Recognizing that there is always trepidation with a new job, especially one you have not done before, you should nevertheless feel prepared to tackle the challenges of employment in a variety of environments. You can work as a medical transcriptionist in different ways, or you can work for different institutions, such as hospitals, departments within hospitals, specialty clinics, and doctors' offices.

There is a substantial difference in the type of work which is done in a doctor's office as opposed to a hospital. You were able to gain experience in both areas in the course. Doctors' office chart notes or clinic notes were the first transcription module. No doubt you noticed the difference between the Clinic Notes Transcription Module and Intermediate and Advanced Transcription. The information in a chart on a patient visiting a doctor (as with clinic notes) is likely to deal with a problem which is less serious, the language more general, the reports shorter, and any treatment comparatively uncomplicated. In a word, it is simpler.

On the other hand, with hospital or acute care work, as in the records of the Intermediate and Advanced Transcription Modules, you can expect to type complicated medical histories, extensive procedures and lengthy operations, radiology descriptions, pathology reports, more in depth and detailed reports dealing with more severe problems from a wide range of medical specialties.

One question which is commonly asked by prospective MTs is, "can I choose to work only on one specialty?" The short answer is "no." You will probably not have the luxury of doing the type of work you like best, especially working on only one type of dictation. As a transcriptionist you are more valuable the more versatile you are. It may be possible, however, for you to "specialize" somewhat in your job search or once you begin working for an employer.

For example, some companies, even larger ones, specialize in clinic work or emergency room records. If you really want to work on emergency room records, you could limit the scope of your job search. Of course, the number of services which are thus limited are rare, so you limit your opportunities also.

You may also want to select a specialty or several specialties that you would like to work on, perhaps because you find them easier or because they interest you, such as orthopedics or obstetrics and gynecology. There is no guarantee that you will have the option to specialize in this way, but it may not hurt to ask. Just remember that you have a great breadth of experience in all report types and all specialties because of your completion of the course. Market yourself by maximizing this broad experience. Once you are employed, many companies will want you to work on the same account or accounts simply because you are most productive as an MT the more familiar you are with the dictators and content.

An obvious and important decision to make concerns where you want to work at home or in-house. In-house employment can be in a hospital setting, an MT service, a doctor's office, or a clinic, to name a few (although it does sound like they mean the same thing, doesn't it?). There is no question that medical transcription is a cottage industry, one of the first and most successful. Transcriptionists have been able to work at home for over 40 years. In recent years, however, there has been a remarkable trend towards working at home overall, increasing dramatically the number of people who work from home in many different fields. This has spawned technological advances which greatly enhance the medical transcription industry.

Specifically, vast improvements in both computing capability and communications technology make it fast, efficient, and relatively inexpensive for medical institutions to contract work outside of their facilities. A large percentage of medical transcription done in the United States is done out of people's homes. You may have been attracted to this field precisely because it offers this opportunity. There is a serious and growing demand for qualified transcriptionists capable of working either in regular workplace settings or out of their homes.

There are several advantages to working at home. If you have children, you are able to work around school, activities, meals, or nap schedules. Even more important, you can spend more time with those you love and who need you most--your family. Additionally, working at home

generally means a greater flexibility in schedule--you can set your own hours, determine when and how you work without having to conform to a standard workday or preset hours. You have the freedom to work on your own and at your own pace, without anyone breathing down your neck or looking over your shoulder. You also no longer have to fight morning and/or evening traffic "rush hours," and you can plan your traveling around these busy times, saving money and eliminating an enormous frustration factor. After years of working at home, I rarely see rush hour traffic because I simply never go out when the crowds are on the road. You can spend less money on the more formal clothing required in an office setting, and you can be comfortable when you work. You can also determine how much you want to work and from that, how much money you make!

Undoubtedly by now you have already considered the advantages to working at home. You have invested a great deal of both time and your money in learning a skill which affords you such an opportunity. Working at home, however, is not your only option when you are ready to enter the marketplace.

There are also valid reasons for considering a position in-house (ironically in-house means not *your* house:). For example, you may feel uncertain about your skill level at this point and would be more comfortable having the security of a supervisor on hand to help you.

Another consideration is that it may be easier to find work in a hospital. A large percentage of qualified and experienced transcriptionists work at home, which often leaves hospitals high and dry. In-house medical transcription departments encounter great difficulties hiring capable people. If you are struggling with finding an at-home job, it may be relatively easy as a new graduate to be hired on right away by a hospital.

Hospitals do pay MTs relatively good wages, especially compared to unskilled labor (generally \$8.00 - \$20.00 an hour, depending on where you live). In recent years, as well, some hospitals have instituted production incentives, which make overall pay more competitive with that of services. If you struggle to stay on task when at home, the consistent hours and the stable income of a per-hour wage may be appealing. Additionally, health care providers often provide their own employees with excellent health care insurance, sick leave, and overtime benefits. Some MT services do have benefits, but it is generally more difficult to get the quality and quantity of benefits offered by a health care facility.

Finally, there is a socialization factor involved in working in-house. Many people enjoy being in an office where they can interact daily with other people, generate new friendships, and be involved in various employee parties and functions. If you are someone who thrives on social interaction, this may be a good option for you. Whatever your individual goals are with your new skill, you will require some basic knowledge about how to reach them. We focus not only on where the jobs are, but how you can find them and get hired, as well as how to set yourself up as an independent medical transcriptionist.

FINAL EXAM

NEW MEXICO JUNIOR COLLEGE

Personnel Recommendation for Board Consideration

The following candidate is being recommended for employment as follows: Date 5-8-07

Candidate's name Chris P. Polson

Position title Associate Dean of Students

New position Existing position Classification Faculty Professional Other _____

Is candidate related to another NMJC employee? yes no If so, to whom _____

Effective date of employment 5-25-07 Standard contract length 12 mos. 9 mos. other _____

Funding source Institutional Funds

Paid advertising beyond *standard higherjobs.com; Midland Reporter Telegram

(*Standard: The Hobbs News-Sun, Direct Mail to approximately 51 colleges in a 5-state region, NM Dept. of Labor, NMJC Website, KLMA Radio & Lubbock TX Workforce Development Website)

Posted salary range \$37,397 to \$46,746 Recommended annual salary \$48,954 Prorated salary yes no

Account number(s) with respective % allocation(s) 11505 3081 61301 141 - 50% 12015 3082 61301 210 - 50%

Recommended and approved by:

Supervisor
Regina Organ
Vice President

Dean/Director
Stan McCuey
President

Selection Committee Members: Robert Bensing - Dean of Enrollment Management

Charley Carroll - Director of Physical Plant

Eric Garcia - Part-time Resident Hall Supervisor

Sandy Hardin - Administrative Secretary to the Associate Dean of Students

Laura Marquez - Director of Financial Aid

Comments: Bill Morrill - Assistant to the President of Internal and External Affairs

Regina Organ - Vice President for Student Services

Demond Thomas - Coordinator of Intramurals/Student Activities

Jimmy Voight - Professor of PE/Head Men's Basketball Coach

Mr. Polson, with a Bachelor's degree in Business/Human Relations and more than eight years applicable experience, meets and/or

exceeds the minimum requirements for this position.

ABBREVIATED RESUME

Position

Associate Dean of Students

Personal Data

Name: Chris P. Polson

Education

B.A., College of the Southwest, Hobbs, NM, 1998

Major: General Business

Minor: Human Relations

A.A., Otero Junior College, La Junta, CO, 1996

Professional Experience

New Mexico Junior College, Hobbs, NM
Admissions Specialist 7/2006 to Present

College of the Southwest, Hobbs, NM 2002 to 2006
Director of Admission/Assistant Director of Admission/
Senior Admission Specialist/Admission Specialist/
Financial Aid Officer

National Bank of Commerce, Franklin, TN 2000 to 2002
Assistant Branch Manager/Financial Service Associate

Power-N-Health Unlimited, Inc., Hobbs, NM 1999 to 2000
Assistant Manager

Brown's Shoe Fit Company, Hobbs, NM 1998 to 1999
Assistant Manager

Otero Junior College, La Junta, CO 1995 to 1996
Resident Assistant

Organizations/Awards

Member-Hobbs Jaycees, 1998-2000

Member-President's Advisory Council, College of the Southwest, 1997-1998

President-Fellowship of Christian Athletes, College of the Southwest, 1997-1998

Student Mentor, College of the Southwest, 1997-1998

President- Student Dormitories, Otero Junior College, 1995-1996

Participant-Intercollegiate Baseball, College of the Southwest & Otero Junior College, 1994-1998

NM Army Reserve Scholar/Athlete of the Year, AHS, 1993



New Mexico Junior College

Career Opportunities

Position Announcement • February 2007

Position Title: Associate Dean of Students

Position Description: The position is responsible to the Vice President for Student Services. The duties and responsibilities of the Associate Dean of Students shall be, but not limited to, the following: 1) General supervision of the Student Life Department which includes, but is not limited to, Residential Life, Student Activities, and the Campus Intramural Program; 2) Must be able to create and maintain a positive, student centered community; 3) The Associate Dean will provide dynamic, innovative leadership of the assigned areas; 4) Responsible for the selection, training, and evaluation of appropriate staff including workstudy student employees; 5) Responsible for the ongoing evaluation of the Residential Life and Student Activities program via semester and year end reports and other means as may be deemed appropriate; 6) Serve as a liaison between the Residential Life staff, Student Activities staff, and the Vice President for Student Services; 7) Responsible for making and distribution of parking permits and student I.D.'s; 8) General supervision of Internet Café; 9) Serve as liaison between Food Service and campus Administration; 10) General administration of residential life area including all campus housing facilities, staff, work schedules, and related budget management; 11) Provide/maintain a safe and secure housing environment with close cooperation with NMJC security and, as necessary, with local law enforcement personnel and provide residential students education about personal and community safety; 12) Serve as campus judicial officer for housing/residential violations; 13) Develop recreational/special events for housing residents; 14) Responsible for maintaining all appropriate housing records; 15) Work with other college officials in the provision of housing for summer camp programs; 16) Work closely with Physical Plant personnel regarding residence hall maintenance; 17) Provide leadership, supervision, and guidance for the provision of a variety of appropriate educational/recreational activities for a diverse student body; 18) General supervision of Student Center game room; 19) Serve as advisor/liaison to NMJC Student Programming Committee; 20) Accept other duties as may be assigned by the Vice President for Student Services; 21) Actively participate in the institutional goals and objectives designed to support the mission of the college; 22) Actively participate in the student recruiting and retention goals and objectives designed to support the mission of the college; 23) Serve on college committees as assigned; and, 24) Nothing contained herein shall limit the President in assigning the employee to any of the various college activities for which he/she would be qualified in order to meet the needs of New Mexico Junior College.

Qualifications: Bachelor's degree and/or related work experience required. (Masters degree in Education Administration, Student Personnel Administration, or Social Sciences field preferred.) All degrees must be from regionally accredited institutions. Strong organizational skills; the ability to communicate effectively, verbally and in written form, with NMJC's diverse community is preferred. Must be highly motivated and have a strong desire to work extensively with community college students. Computer proficiency is required.

Salary/Benefits: This is a twelve month professional position with a salary range of \$37,397 to \$46,746, depending upon, education and experience. Standard NMJC benefits apply.

Application Deadline: April 13, 2007 @ 5:00 pm MDT. To ensure consideration, all application materials must be received by the deadline. **Application materials sent via email will not be accepted.**

To Apply: Submit NMJC application form (available at www.nmjc.edu), letter of application (cover letter), resume, unofficial transcripts (official transcripts required prior to employment), and three or more letter of reference to:

**Human Resources
New Mexico Junior College
5317 Lovington Highway
Hobbs, NM 88240**

New Mexico Junior College is an Equal Opportunity, Affirmative Action Employer and does not discriminate against any applicant for employment because of race, color, religion, sex, sexual orientation, national origin, age, disability, or veteran status. Qualified applicants are encouraged to apply.

"Equal Opportunity Education and Employment"

5317 Lovington Highway, Hobbs, NM, 88240 • Phone: (505) 392-5229 • Fax: (505) 392-3589 • Toll Free: 1-800-657-6260 • E-mail: mehernandez@nmjc.edu

APPLICANT LIST

Position: Associate Dean of Student

<u>Applicant</u>	<u>Interview</u>	<u>Offer</u>	<u>Remarks</u>
Hahn, Alice E.	No	No	Incomplete application materials.
Polson, Chris P.	Yes	Yes	Start date: Pending Board approval.
VanVechten, Daniel A.	No	No	Incomplete application materials.
Campbell, Kristi A.	No	No	Incomplete application materials.
Smith, Jason H.	No	No	
Dorado, Agustin	Yes	No	
Betzen, Adrienne J.	No	No	
Fuentes, Sheila D.	No	No	
Brisbin, Kathleen J.	No	No	
Pruitt, Debbie G.	No	No	

NEW MEXICO JUNIOR COLLEGE

Personnel Recommendation for Board Consideration

The following candidate is being recommended for employment as follows: Date 5-8-07

Candidate's name Agustin Dorado

Position title Associate Director of Institutional Effectiveness

New position Existing position Classification Faculty Professional Other _____

Is candidate related to another NMJC employee? yes no If so, to whom Jose Dorado, Part-Time Faculty (brother)

Effective date of employment *6-1-07 Standard contract length 12 mos. 9 mos. other _____

Funding source Institutional Funds

Paid advertising beyond *standard None

(*Standard: The Hobbs News-Sun, Direct Mail to approximately 51 colleges in a 5-state region, NM Dept. of Labor, NMJC Website, KLMA Radio & Lubbock TX Workforce Development Website)

Posted salary range \$46,703 to \$58,379 Recommended annual salary \$57,873 Prorated salary yes no

Account number(s) with respective % allocation(s) 11000 1032 61301 131 100%

Recommended and approved by:

Bencie Wharton
Supervisor

Steve McCreery
Dean/Director
President

Vice President

Selection Committee Members: Teresa Crafton – Associate Director of Institutional Effectiveness

Toni Dunn – Professor of Business/Office Technology

John Gratton – Vice President of Instruction

Lisa Hardison – Dean of Extended Learning

Terry Holloman – Professor of Reading/Writing in Transitional Studies

Comments: Mechile Mershon – Institutional Effectiveness Assistant

Mr. Dorado, with a Master's in Anthropology and more than 21 years applicable experience, meets and/or exceeds the minimum requirements for this position.

*Pending background check.

ABBREVIATED RESUME

Position

Associate Director of Institutional Effectiveness

Personal Data

Name: Agustin Dorado

Education

M.A., Texas Tech University, Lubbock, TX, 1981

Major: General Anthropology

B.A., Eastern New Mexico University, Portales, NM, 1978

Major: Anthropology

Minor: Spanish

A.A., New Mexico Junior College, Hobbs, NM, 1976

Major: Liberal Arts

Professional Experience

Cape Cod Community College, West Barnstable, MA

Dean, Learning Support Services 2006 to Present

Associate Dean, Learning Support Services 2003 to 2006

Associate Dean, Arts and Humanities 2001 to 2003

Associate Dean, Business, Health and Social Sciences 1998 to 2001

Associate Dean, Fine Arts, Community and Evening Services 1996 to 1998

Associate Dean, Division of Arts and Languages 1994 to 1996

Assistant Academic Dean/Affirmative Action Officer 1992 to 1994

Assistant Dean, Continuing Education 1988 to 1992

Director, Community Services 1985 to 1988

New Mexico Junior College, Hobbs, NM 1983 to 1985

Community Development Assistant

Grants

McNair Reserve Funds 2006-2007: College Success Program; Disadvantage Student Program;

Massachusetts Educational Opportunity Program

Funds to participate in pilot program of on-line eTutoring through Connecticut Distance Learning Consortium.

Awards and Honors

Pride in Performance Award, Cape Cod Community College, 1988

Teaching Assistantship, Michigan State University, 1982-1983

Summer Fellowship, Michigan State University, 1982

Honorable Discharge, U.S. Air Force; Vietnam Veteran

Publications

Dorado, Agustin. Social Change: The Effects of Emigration in the Municipio of Mezquitic, Jalisco.

Master's Thesis, Texas Tech University, Lubbock, TX.

Dorado, Agustin and Agogino, George. The San Andrew Huichol. From *Discover Mexico Magazine*, Vol. 21, Number 1, January/February 1981. Publishers: Almo Company, Los Angeles, CA.



New Mexico Junior College

Career Opportunities

Position Announcement • April 2007

Position Title: Associate Director of Institutional Effectiveness

Position Description: The Associate Director of Institutional Effectiveness reports to the Director of Institutional Effectiveness. The primary duties and responsibilities of the Associate Director of Institutional Effectiveness shall include, but are not limited to, the following: (1) provide leadership for the development, implementation, and continuous improvement of a college-wide assessment plan in conjunction with college constituencies; (2) maintain a comprehensive institutional planning & assessment management system (TracDat) to be utilized in creating the institutional portfolio of student learning and institutional improvement; (3) facilitate campus-wide utilization of the planning & assessment management system (TracDat); (4) consult with academic units in developing, measuring, and analyzing learning outcomes and with administrative units in developing, measuring, and analyzing performance outcomes; (5) act as a team member in management of the NCA re-accreditation self-study and provide data resources as needed; (6) assist the institutional research function by helping, carrying out and/or coordinating data gathering functions to respond to governmental, higher education agency, and institutional management needs; (7) participate in a process of continual personal and professional improvement; (8) actively participate in the institutional goals and objectives designed to support the mission of the college; (9) serve on college committees as assigned; and, (10) nothing contained herein shall limit the President in assigning the employee to any of the various college activities for which he/she would be qualified in order to meet the needs of New Mexico Junior College.

Qualifications: Master's degree required. All degrees must be from an accredited institution. A minimum of two years teaching experience is preferred. Experience working in a community college environment is preferred. The successful candidate must possess the following knowledge, skills, and abilities: (1) knowledge of assessment techniques and strategies; (2) knowledge of assessment of student learning techniques and strategies preferred; (3) experience with data organization, manipulation, analysis, and reporting; (4) ability to plan, organize, and participate in analytical studies; (5) experience working in a PC environment including word processor and spreadsheet software applications; (6) experience with databases such as Visual FoxPro and Access preferred; (7) experience with statistical software such as SPSS or SAS preferred; (8) strategic planning experience; (9) familiarity with systems thinking and ability to see the "big picture;" (10) strong interpersonal skills – must be able to establish and maintain cooperative working relationships with others; (11) ability to efficiently and effectively work in a fast paced environment with multiple responsibilities; (12) ability to prioritize workload and meet deadlines; (13) ability to act calmly and effectively in busy or stressful situations; and, (14) willingness to continuously learn and grow in responsibilities.

Salary/Benefits: This is a 12 month professional position with a salary range of \$46,703 to \$58,379 depending upon education and experience. Standard NMJC benefits apply.

Application Deadline: Open until filled. To ensure consideration, all application materials must be received as soon as possible. Application materials sent via email will not be accepted.

To Apply: Submit NMJC application form, letter of application, resume, unofficial transcripts (official transcripts required prior to employment), and three or more signed letters of recommendation to:

**Human Resources
New Mexico Junior College
One Thunderbird Circle
Hobbs, NM 88240**

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One Thunderbird Circle, Hobbs, NM, 88240 • Phone: (505) 492-2793 • Fax: (505) 492-2796 • Toll Free: 1-800-657-6260 • E-mail: mehemandez@nmjc.edu

APPLICANT LIST

Position: Associate Director of Institutional Effectiveness

<u>Applicant</u>	<u>Interview</u>	<u>Offer</u>	<u>Remarks</u>
Chapman, Linda S.	Yes	No	
Dorado, Agustin	Yes	Yes	Start date: Pending Board approval.