



Why is speech to text, text inserts, and templates, so important?

Because better patient documentation leads to better patient care, better time management, and ultimately better quality of life for... YOU!!

1) Speech to Text:

Speech to text is great. It allows you to speak your notes typically **3 to 4 times faster** than typing. Errors are always less than the average typist. Some great comments we often hear are *“I make better, more detailed notes because I can speak quicker, use more detailed words I might otherwise skip to prevent spelling errors”*



2) Inserts and Templates:

Once you are used to speaking your findings, you will start to notice things you say over and over throughout the day. On average, professionals repeat 65% of the same thing over and over. Ask any Radiology or Pathology professional how much they rely on templates and inserts. In many cases entire reports are generated by multiple templates and inserts stitched together, leveraging dynamic, unique, inserts with minimal speech to text used. One of our first clients stood up during our presentation and stated to the owners who were skeptical *“I can only make 8–12 reports here a day. Back home where I use dictation, I average 65 to 75 reports per day”*

Dynamic Template Comparison:

Here is a benchmark between a typical typist typing a note, reading the note, and leveraging a dynamic template. Notice the **[[]]** on the right side template. This is where you can create templates with your most common variables. When launched, you can read over the brackets or accept the defaults.

Typing = 3:75 min @ 35 WPM Read = 1:25 min @ 115 WPM Templates = 33 sec @ 196 WPM

The patient was placed in dorsal recumbency and the surgical site aseptically prepared and draped. A ventral midline incision was made from front cranial to the umbilicus caudally 7 cm. The abdominal organs were all visualized (urinary bladder, kidneys, liver, spleen, pancreas, stomach, gall bladder, small and large intestines) and all were found to be normal. Then starting at the pylorus, the GI tract was run and palpated to the rectum. No abnormalities were found. The abdominal wall was closed with 2-0 thread in a simple continuous pattern. The skin was closed with 2-0 thread in an intradermal pattern. Laser: wound heal and edema along the incisions.

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