

Producing Operative Notes using Microsoft Word with Forms Fields

C James, A Cook, R Ray, R Goddard, G Slater

Citation

C James, A Cook, R Ray, R Goddard, G Slater. *Producing Operative Notes using Microsoft Word with Forms Fields*. The Internet Journal of Orthopedic Surgery. 2006 Volume 5 Number 1.

Abstract

It is vital in this evolving medico-litigious era that medical notes are accurate, reproducible and legible. We describe our method of producing operative notes that fulfil these criteria and are simple to create using Microsoft Word with the aid of Form Fields. This effective method is available to all orthopaedic surgeons and does not entail the cost that comes with other operative note programs

INTRODUCTION

We describe the use of Form fields with Microsoft Word as a simple, effective way to produce typed operation notes.

'Form' fields in Microsoft Word is available with all computers using Microsoft Windows software. Forms may be inserted into the Words template and then protected, with users only able to insert information using form fields. The template cannot be altered in any other way. As a result the completed forms are consistent in appearance and content.

Forms offers three types of information input: 1) text , 2) check boxes , 3) drop down lists, and these allow direct formatting of the word template to fit the operation. Text fields provide a place to type information; check box fields give you a choice of items to select or deselect; and dropdown list fields let you choose an entry from a list.

We use forms for all of our orthopaedic operations including elective and trauma. Whilst many operations are standardised in their manner, this simple method allows surgeons to carry the Forms programmes on a memory stick or laptop and input into theatre computers that will print off operative notes directly.

Figure 1

Figure 1: Example of knee arthroscopy operation note with grey areas representing form fields and enlarged drop down box for side.

The screenshot shows a Microsoft Word document titled "LEFT KNEE ARTHROSCOPY". The document is a form for an operation note. At the top, it says "OPERATION NOTE" and "MAIDSTONE HOSPITAL". Below that, there are fields for "Number" (23456), "Date" (05 January 2007), "Name" (JAMES), "Consultant" (Mr G.S. Slater), "Surname" (CHRIS), "D.O.B." (06/01/2007), "Surgeon" (Mr Guy SLATER), "Assistant" (Dr J. DICKINSON), and "Anaesthetist" (Dr J. DICKINSON). The main title of the form is "LEFT KNEE ARTHROSCOPY". Below this, there are several rows of form fields, some with dropdown menus. A dropdown menu is open for the "LEFT" field, showing options: "MCL", "Normal", and "LCL". The form also includes a diagram of a knee joint and a list of structures to be examined: "Medial meniscus: Normal", "Lateral meniscus: Complex: low", "Anterior Cruciate: Normal", "Posterior Cruciate: Normal", "Lateral Tibia: Normal", "Medial Tibia: Normal", "Medial gutter: Normal", "Medial femur: LOCALISED", "Mediomeniscal joint: GRADE III", "Systemic: Normal". At the bottom, there are "POST OPERATIVE INSTRUCTIONS" which include: "1) Home: regular observations", "2) Home later today", "3) Reduce dressing to split +/- change 3 days post-op", "4) Remove splint 12 days post-op", "5) Follow-up 10 days".

BACKGROUND

Accurate operative notes are part of good medical practice as outlined by the General Medical Council who state that all U.K doctors should " keep clear, accurate and contemporaneous patient records which report the relevant clinical findings, the decisions made, the information given to the patients and any drugs or other treatments prescribed".(1)

The RCS England has also advocated the requirement for high quality operation notes (2) and thus it is now essential, especially in the present medico-litigious climate that accurate and suitable notes for each operation are compiled. (3)

There are currently different methods of producing operation notes, with the commonest being handwritten. These may be variable for a single operation and are often not completed by the primary surgeon. They also depend upon handwriting that is fully legible (4, 5). Dictated notes are similar in their variability and are also dependant upon the typist.

Proforma sheets and aide memoirs have been shown to improve the accuracy of the notes (5,6) but the most accurate method has been shown to be with Word programmes and databases such as the BOIS (Belfast Orthopaedic Operating System (7,8).

METHODS

The form field is accessed in Word via: View- Toolbars – FORMS to create the form fields in a specified area of the word document.

We have used an example from an arthroscopy form Figure 1. This is a good representation as it is usually a standardised procedure but can have very variable findings that need changing on the form. The drop down and text boxes allow the details of the patient and of the operation to be accurately inserted into word form.

SUMMARY

Windows Word with Forms Fields is a simple and effective way to produce operative notes. Word is accessible to most surgeons, and computers in the UK should be present in all operating theatres. Previous studies have shown that

operation details are more accurate if compiled from computer than if by hand. There are other databases that can produce similar forms, but these involve the cost of buying the software, whilst our method is very cost effective being free with Windows Word. It is also a very simple program to use with internet instructions available on the Windows website. As with all operative notes, the form should be completed after each operation rather than at the end of the list and can then be printed to any desired quantity. It is also possible to protect the program with password aiding patient information security.

Whilst we use this for orthopaedic operations it is certainly a simple method available to all surgeons and we advocate the use for operative notes within all surgical specialities.

References

1. Good Medical Practice. General Medical Council. London: GMC, 1998.
2. Good Surgical Practice. Royal College of Surgeons of England. Sept 2002
3. Reed MW, Phillips WS. Operating theatre lists - accidents waiting to happen? *Ann R Coll Surg Eng* 1994; 76:279-280
4. Baigrie RJ, Dowling BL, Birch D, Dehn TC . An audit of the quality of operation notes in two district general hospitals. Are we following Royal College guidelines? *Ann R Coll Surg Engl* 1994; 76(1 Suppl):8-10.
5. Rogers BA. Operation notes: an audit of the Royal College of Surgeons of England guidelines. [[www.edu.rcsed.ac.uk/lectures/lt3 ...](http://www.edu.rcsed.ac.uk/lectures/lt3...)] . Website Royal College of Surgeons Edinburgh , 1-6. 2003.
6. Improving the standard of operation notes in orthopaedic and trauma surgery: the value of a proforma
7. O'Bichere A, Sellu D. The quality of operation notes: can simple word processors help? *Ann R Coll Surg Engl* 1997; 79(5 Suppl):204-208.
8. Dale RF, Midwinter MJ. Use of database management system by surgeons to produce operation notes. *Ann R Coll Surg Engl* 1996; 78(6 Suppl):272-275.
9. A. McCaughey (UU), T. Leath (UU), D. Beverland (MPH), J. Murphy (MPH), M. Heaney (MPH), A. Hashim (UU) Belfast Orthopaedic Information System

Author Information

Chris James, MRCS

Orthopaedic Department, Maidstone Hospital

Andrew Cook, MRCS

Orthopaedic Department, Maidstone Hospital

Ravi Ray, MRCS

Orthopaedic Department, Maidstone Hospital

Richard Goddard, FRCS(Orth)

Orthopaedic Department, Maidstone Hospital

Guy Slater, FRCS(Orth)

Orthopaedic Department, Maidstone Hospital